



Delaware Department of Natural Resources and Environmental Control
Solid & Hazardous Waste Management Section

Solid Waste Management Facility Application

Please type or print all information

1. Facility Permit Information: (if applicable)

A. Permit Number: _____

B. Date of Expiration: _____

C. Are you requesting any changes to the conditions required by the current solid waste facility permit?
 Yes No (If "Yes", please attach the request and supporting documents.)

2. Facility Information:

Facility Name: _____

Street: _____

City: _____ County: _____ State: _____

Zip: _____ Phone(s): _____ Fax: _____

Total Site Area (Acres): _____ Latitude: _____ Longitude: _____

3. Owner Information:

Owner's Name: _____

Contact Person: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

4. Operator Information:

Operator's Name: _____

Contact Person: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

5. Type of Facility:

- Sanitary Landfill
- Transfer Station
- Thermal Recovery

- Industrial Landfill
- Materials Recovery Facility
- Other _____

6. Types of Solid Waste to be Accepted (check all that apply):

- Municipal
- Industrial
- Infectious
- Other (specify) _____

7. Service Area (political jurisdictions and unincorporated area to be served by the facility):

8. Estimated Quantities of Waste Expected to be Handled at the Facility:

A. Average daily tonnage expected during peak season (may be a range): _____

B. Maximum daily tonnage expected: _____ tons

C. Average weekly tonnage expected during peak season (may be a range): _____

D. Maximum weekly tonnage expected: _____ tons

Note: Maximum daily and weekly tonnages must consider operating hours and days specified in Section 11 of this form. Analysis required by the Environmental Assessment must consider maximum expected tonnages whenever estimates of waste handling activity are needed. The Engineering Report required by the DRGSW must indicate the maximum tonnage which the facility is designed to process (per hour/per day).

9. Disposal Capacity of Proposed Landfill Cells (if applicable):

A. Cell Designation: _____

B. Cell Acreage: _____

C. Cell Capacity (years): _____

D. Cell Capacity (cubic yards): _____

10. Disposal Capacity Remaining in Existing Landfill (if applicable):

11. Operating Hours:

A. Daily Operating Hours (include all time periods when waste may be handled): _____

B. Daily Business Hours (i.e. hours open to the public): _____

C. Days of Operation: _____

D. Operating Days Per Year: _____

12. Applicant Background Information:

If an Environmental Permit Application Background Statement is required by 7 Del. C., Chapter 79, please complete the Environmental Permit Application Background Statement.

Has an Environmental Permit Application Background Statement been completed and attached?

Yes No

Is any information in the Environmental Permit Application Background Statement considered by the applicant to be confidential? Yes No

INSTRUCTION: The applicant may claim that some of the information presented in the Environmental Permit Applicant Background Statement is confidential. An applicant wishing to make such a claim should write, preferably in red ink, "claimed confidential information" at each point in the response where such confidentiality is claimed, and provide an explanation of why the release of such information would constitute an invasion of personal privacy or would seriously affect the applicant's business or competitive situation. The confidentiality determination will be subject to the **FOIA Regulation**, Section 6.

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in the application and all attachments and that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

Name: _____ Phone: _____

Title: _____ Email: _____

Company: _____

Address: _____
