



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

**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.**

\_\_\_\_\_

Signature of Applicant or Corporate Agent

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_