



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

**Solid Waste Management Facility Application – Part I**

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 Application Background Statement is required by 7 Del. C., Chapter 79, please complete the Solid Waste Facility Permit Application – Part II.

Has a Solid Waste Facility Permit Application – Part II been completed and attached?  Yes  No  
Is any information in the Solid Waste Facility Permit Application – Part II considered by the applicant to be confidential?  Yes  No

**INSTRUCTION:** The applicant may claim that some of the information presented in the 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: \_\_\_\_\_

\_\_\_\_\_



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

**Solid Waste Management Facility Application – Part II**  
**Application Background Statement**

PROVIDING ALL THE INFORMATION REQUESTED IN THIS FORM SATISFIES THE REQUIREMENTS OF 7 DEL. C., CHAPTER 79, UNLESS THE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL OR THE DEPARTMENT OF JUSTICE DETERMINES THAT ADDITIONAL SUBMISSIONS ARE NECESSARY. FAILURE TO PROVIDE THAT INFORMATION REQUESTED OR PROVIDING ERRONEOUS INFORMATION IS GROUNDS FOR DENYING OR REVOKING AN ENVIRONMENTAL PERMIT, AND FOR CIVIL OR CRIMINAL PENALTIES.

A. \*Attach a complete list of all current members of the Board of Directors, all current corporate officers, all persons owning more than 20 percent of the applicant's stock or other resources, all subsidiary companies, all parent companies, and all companies with which the applicant's company shares two or more members of the Board of Directors. In addition to providing the full name of each member, director, or corporate officer, please provide the following additional information for each individual:

1. Date of Birth
2. Driver's License Number (with name of State issuing license)
3. State of Residence

B. \*Attach a complete list of all affiliated companies. Affiliated companies are those companies owned by the same owners, corporate officers, or parent company. Also list any companies which have a common owner or common corporate officers. List name, address, nature of business, and business relationship of all company affiliates engaged in the business of solid or hazardous waste management, transport, treatment, storage, disposal, recovery, or reclamation. Check on of the following:

- No Company Affiliates  
 List of Affiliates Attached

C. Please check one of the following, showing type of ownership for the applicant company, and if applicable, in Section C2, please provide the parent company name and mailing address:

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Municipality       |
| <input type="checkbox"/> Partnership       | <input type="checkbox"/> Public Institution |
| <input type="checkbox"/> Corporation       | <input type="checkbox"/> Other _____        |

If company is a corporation, list city, state, date of incorporation, and Registered Agent:

\_\_\_\_\_  
\_\_\_\_\_

2. Parent Company Name: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_\_

D. Attach a description of any felony or other criminal conviction for any person or company identified in response to question "A" where the conviction resulted in a fine greater than \$1,000 or a sentence longer than seven days, regardless of whether any portion of such fine or sentence was suspended.

E. \*Have any of the following been issued to any person or entity specified in response to question "A" for any violation of any environmental statute, regulation, permit, license, approval or order, regardless of the state in which it occurred, during the five years prior to the date of the application?:

- |                          |                              |                             |
|--------------------------|------------------------------|-----------------------------|
| Notice of Violation      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Administrative Penalties | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Civil Penalties          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Criminal Citation        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Arrests                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Convictions              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Criminal Penalties       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

F. If you answered "Yes" to any of the items in question "E", attach a description of the incidents or events leading to the issuance of each enforcement action, the disposition of each action, and any actions that have been taken to correct the violations that led to such enforcement action.

G. Attach copies of any and all settlements of environmental claims associated with actions identified in response to question "E" above, whether or not such settlements were based on agreements where the applicant did not admit liability for the action.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant or Corporate Agent

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

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

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

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

\_\_\_\_\_

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