

## 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: Bioenergy Innovation Center   |                                       |  |
|                                 | Street: 28338 Enviro Way   |                                       |  |
|                                 | City: Seaford County: Sussex   | State: DE                             |  |
|                                 | Zip: 19973 Phone(s): 302-628-23  | 60 <sub>Fax:</sub> 302-628-2382       |  |
|                                 |  | 38 36 11.0" N Longitude: 75.36 15.0 W |  |
| 3.                              | Owner Information:   |                                       |  |
|                                 | Owner's Name: Bioenergy Devco LLC  | s Name: Bioenergy Devco LLC           |  |
|                                 | Contact Person: Peter Ettinger   | Chief Development Officer             |  |
| Street Address: 50 State Circle |  |                                       |  |
|                                 | City: Annapolis State: MD  | Zip: 24101                            |  |
|                                 | Phone: 301-943-4860 Fax:   | Email:bioenergydevco.com              |  |
| 4.                              | Operator Information:  | í                                     |  |
|                                 | Operator's Name: BDG DE, LLC   |                                       |  |
|                                 | Contact Person: Taymour Abidi  | Title: Dir. Operations                |  |
|                                 | Street Address: 28338 Enviro Way   |                                       |  |
|                                 | City: Seaford State: DE  | Zip: 19973                            |  |
|                                 | Phone: 302-515-6845 Fax:   | Email: tabidi@bioenergydevco.com      |  |

| 5.  | Type of Facility:   |  |
|-----|---|--|
|     | □ Sanitary Landfill □ Industrial Landfill   □ Transfer Station ■ Materials Recovery Facility   □ Thermal Recovery □ Other   |  |
| 6.  | Types of Solid Waste to be Accepted (check all that apply):   |  |
|     | ☐ Municipal ☐ Industrial ☐ Infectious ☐ Other (specify) Agricultural  |  |
| 7.  | 7. Service Area (political jurisdictions and unincorporated area to be served by the facility):  35 mile radius/southern DE, Delmarva Peninsula   |  |
| 8.  | . Estimated Quantities of Waste Expected to be Handled at the Facility:   |  |
|     | A. Average daily tonnage expected during peak season (may be a range): 550-700 tpd  |  |
|     | B. Maximum daily tonnage expected:  |  |
|     | C. Average weekly tonnage expected during peak season (may be a range): 4,000-4,900 tpw   |  |
|     | D. Maximum weekly tonnage expected: 4,900 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):   |  |
|     |   |  |