



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

COMPOSTING PERMIT APPLICATION

INSTRUCTION: The applicant may claim that some of the information presented in this Application 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. The applicant must 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.

BRIEF DESCRIPTION OF TYPE OF COMPOSTING PROCESS TO BE USED AND FEEDSTOCKS TO BE ACCEPTED

FACILITY INFORMATION

Facility Name:		
Address:		
City:	County:	State:
Zip Code:	Phone:	Fax:
Total Site Area (Acres):	Latitude:	Longitude:
Tax Parcel Number (s):		
Expected Service Area:		

BUSINESS OWNER INFORMATION

Owner's Name:		
Contact Person:	Title:	
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:

FACILITY OPERATOR INFORMATION

Operator's Name:		
Contact Person:	Title:	
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:

OPERATING HOURS

Daily Operating Hours:	Daily Business Hours (Open to Public):
Days of Operation:	Number of Operating Days Per Year:



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ESTIMATED QUANTITIES OF COMPOSTABLE MATERIAL AND PRODUCT:

Maximum Amount of All Compostable Material to be Accepted (Tons) : Daily Weekly

Maximum Tonnage of All Compostable Material to be Stored (at any given time):

Maximum Tonnage of Product to be Stored (at any given time):

NOTE: Maximum daily and weekly tonnages must consider operating hours and days specified on previous page.

Type of Compostable Material:

1.

Amount to Be Accepted: Units: Daily Weekly

Amount to Be Stored: Units:

2.

Amount to Be Accepted: Units: Daily Weekly

Amount to Be Stored: Units:

3.

Amount to Be Accepted: Units: Daily Weekly

Amount to Be Stored: Units:

4.

Amount to Be Accepted: Units: Daily Weekly

Amount to Be Stored: Units:

5.

Amount to Be Accepted: Units: Daily Weekly

Amount to Be Stored: Units:

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

Signature of applicant: _____ Date: _____

Printed Name: _____ Phone: _____

Title: _____ Email: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____