

Please indicate the estimated amount of solid waste in Tons (T) or Cubic Yards (CY) to be accepted at this facility. This list will be used to determine the type of permit and the list of acceptable materials that will be allowed under the permit for which you are applying.

Type of Waste	1 st Year (units)	5 th Year (units)
Residential (household refuse, domestic waste, garbage, etc.)		
Commercial (waste from businesses, stores, offices, etc.)		
Industrial (non-hazardous sludge, dust, off-spec products, etc. from industrial or manufacturing operations or processes)		
Construction and Demolition (lumber, masonry, drywall, etc.)		
Land Clearing Debris (stumps, limbs, leaves, earthen material, etc.)		
Agricultural (crop residue, manure, unprocessed materials, etc.)		
Institutional (non-hazardous waste from schools, hospitals, etc.)		
Special Medical Waste (infectious waste from hospitals, doctor's offices, research labs, etc.)		
Animal Carcasses (road kills, farm animals, etc.)		
Bulky Waste (appliances, furniture, etc.)		
Litter (street sweepings, municipal wastebaskets, etc.)		
Scrap Tires (automobiles, trucks, etc.) - Requires a separate license for handling or managing tires.		
Sewage Sludge or Septage - Requires separate permit for sewage sludge utilization.		
Water Treatment Plant Sludge (alum precipitate, etc.)		
Hazardous Waste (from chemical plants, gas stations, etc.)		
Asbestos (shingles, insulation, etc.) - Requires special training and handling		
Incinerator Ash (from incinerators, waste-to-energy incinerators, special medical waste incinerators, boilers, etc.)		
Fly Ash (pollution abatement equipment dusts & bottom ash from coal fired electric generating plants)		
Other (list):		
Total		

By signing this form, I the applicant or duly authorized representative, do solemnly affirm under the penalties of perjury that the contents of this application are true to the best of my knowledge, information, and belief. I hereby authorize the representatives of the Department to have access to the site of the proposed facility for inspection and to records relating to this application at any reasonable time.

I acknowledge that depending on the type of facility applied for, other permits or approvals may be required.

Signature of Applicant

Date

Applicant's Name (Print)

Title

This Notice is provided pursuant to §10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by Federal or State law.

Privacy Act Notice: This Notice is provided pursuant to the Federal Privacy Act of 1974, 5 U.S.C. §552.a. Disclosure of your Social Security Number or Federal Employer Identification Number on this application is mandatory pursuant to the provisions of §1-203 (2003), Environment Article, Annotated Code of Maryland, which requires the MDE to verify that an applicant for a permit has paid all undisputed taxes and unemployment insurance. Social Security or Federal Employer Identification Numbers will not be used for any purposes other than those described in this Notice.

For questions regarding this application form, please contact the Department at (410) 537-3315