

Refuse Disposal Permit Application

Authority: Title 9, Environment Article, Annotated Code of Maryland, and Code of Maryland Regulations (COMAR) 26.04.07
 Municipal landfills also see 40 CFR Part 258 and EPA guidance for additional requirements.

Application for: **New Permit** **Renewal Permit**

Existing Permit No. _____ - _____ - _____ Issued Date: ____/____/____ Expiration Date: ____/____/____

Applicant's Legal Name: Geocycle USA

Applicant's Status: **Individual** **Corporation** **Government** **Other:**

Federal Employer Identification No.: _____

Maryland State Department of Assessments and Taxation (SDAT) ID No.: _____

Please note that a business/entity must be registered to do business in Maryland before a permit can be issued. The business or entity's information provided in this application must match the information in the SDAT register.

Proof of workers' compensation coverage is required under § 1-202 of the Environment Article. Please provide one of the following:
 (1) A copy of a Certificate of Compliance issued by the Maryland Workers' Compensation Commission; or
 (2) Workers' Compensation Insurance Policy/Binder Number: _____

Applicant's Mailing Address: Geocycle LLC 6211 N Ann Arbor Rd City: Dundee State: MI Zip Code: 48131

Applicant's Telephone No. (866) 302-4456 Facsimile No.: () 844-817-4924 -

Emergency Contact Name & Title: Paolo Carollo East Region VP Telephone No.: (803) 971-3569

Facility/Site Name: Geocycle Cumberland

Facility/Site Address: 17300 Barton Park Drive City: Cumberland State: MD Zip Code: 21502

County: Allegheny Maryland Grid Coordinates: 693 , 595.388 N / 788 , 012.833 E Lot/Parcel No.: _____

County Zoning Map No.: _____ 0156 Deed/Liber/Folio No. 02135/00088 Local Council / Election District: House

State Legislative District: 1 District 6 Latitude/Longitude (Deg/Min/Sec): 39 - 33 - 22 N / 78 - 51 - 33 W

Bay Tributary Watershed Code: 02141001 Facility Acreage (Estimated): 1 acre

Site Acreage: 27 Type of Solid Waste _____

Acceptance Facility : Processor Facility

Municipal Landfill ^{1,4} **Rubble Landfill** ^{1,3,4} **Industrial Landfill** ^{1,4} **Land Clearing Debris Landfill** ¹

Incinerator ^{1,2,4} **Transfer Station** ¹ **Processing Facility** ² **Processing Facility & Transfer Station** ^{1,2}

Notes: 1. Financial Security is required for a privately owned facility. 2. Air Quality Permit may be required. 3. Groundwater Discharge Permit may be required.
 4. Environmental Justice Score Required refer to <https://mdewin64.mde.state.md.us/EJ/>

Proposed Days & Hours of Operation: Monday - Friday 6 am - 6 pm Sat 7 am - 12:00 pm

Provide a brief description of solid waste handling and other activities to be conducted at this facility: Inbound materials will be received in bulk units - Bales, Boxes, Pallatized. The materials will be pre-blended, process shredded, and homogenized into a fluff-like 2" finished size for outbound shipping to customer locations. See Geocycle Business Description attached.
 If available, attach the following documentation required for permit issuance:

- A written statement from the County in which the proposed facility is to be located, demonstrating that the proposed facility meets all applicable County zoning and land use requirements and is in conformity with the County Solid Waste Management Plan, in accordance with §9- 210(a)(3) of the Environment Article.
- For an incinerator, a written statement from the County where the proposed facility is to be located, demonstrating that the County has an approved Recycling Plan in accordance with §9-204.1 and §9-505 of the Environment Article.
- For a rubble landfill, a written statement from the County in which the proposed facility is to be located, demonstrating that the County has specified in the County Solid Waste Plan the types of waste that may be disposed of in the facility, in accordance with §9-210(c) of the Environment Article.

Provide the estimated amount of solid waste to be accepted in Tons (T) or Cubic Yards (CY) from the following facilities and sources:

A. Intermediate Facilities:	B. Origin Of Waste By Region:
Processing Facilities <u>25,000 tons/year</u>	Within Jurisdiction <u>x</u>
Transfer Stations _____	Out-of-County in Maryland <u>x</u>
Incinerators _____	Out-of-State (Specify Name) _____

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, process residuals from industrial or manufacturing operations or processes)	25,000 Tons	50,000 - 75,000 Tons
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 MDE 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

Jim LaDue
Applicant's Name (Print)

Date 05/05/23

President, Innovative Waste Strategies, LLC
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 MDE at (410) 537-3315