

**Agency of Natural Resources
Department of Environmental Conservation
Solid Waste Management Program**

CATEGORICAL RECYCLING FACILITY CERTIFICATION APPLICATION FORM
March 6, 2006

Please print the information requested in items 1-5 below

1. Facility Name: _____

Address: _____

Telephone # _____

2. Applicant (operator) _____

Address: _____

Telephone #: _____

3. Landowner: _____

Address: _____

Telephone #: _____

4. Days and Hours of Operation:

Days: _____ Hours: _____

5. Recyclable Materials To Be Accepted

List the estimated amount for each material to be accepted. The total estimated amount of recyclable materials cannot exceed 400 tons per year.

<u>Type of Recyclable Material:</u>	<u>Amount (tons/year)</u>
Single Stream (fibers & containers)	_____
Containers	
Co-mingled containers	_____
Glass containers	_____
Metal cans (aluminum, bi-metal)	_____
Plastics, PET #1	_____
Plastics, HDPE #2	_____
Other Plastic Container	_____
Fibers	
Co-mingled paper	_____
Books	_____
Boxboard/Paperboard	_____
Corrugated Cardboard	_____
Magazines	_____
Mixed Paper	_____
Newspaper	_____
Other Materials	
Asphalt Bricks and Concrete	_____
C&D Waste	_____
Drywall (Sheet Rock)	_____
Scrap Metals, Appliances & White Goods	_____
Other Special Materials	
Antifreeze	_____
Electronics, Including Cathode Ray Tubes	_____
Other electronics (list)	_____
_____	_____
_____	_____
_____	_____
Fluorescent Bulbs	_____
Lead Acid Batteries	_____
Mercury Thermostats	_____
Used Motor Oil (Not Burned)	_____
Used Oil Filters	_____
Other Recyclable Materials (list)	
_____	_____
_____	_____
_____	_____

ATTACHMENTS

Please include the following attachments with the application:

- a. A site location map with the location of the facility clearly shown.
- b. A diagram showing the facility size and the limits on its development.
- c. Evidence that the facility is either acceptable or is included in the solid waste implementation plan, if any.
- d. A copy of the Notice of Application to Municipality

SIGNATURES

Operator: _____ Date: _____

Landowner: _____ Date: _____

Note: Landowner, your signature constitutes approval to use this site for the recycling facility

Notice of Application To Municipality

I _____ am submitting an application to the State of Vermont,
Applicant, Print Name

Solid Waste Management Program, for a Categorical Recycling Facility. The Facility is

located at: _____ in _____, Vermont.
street address municipality

A copy of the application is included with this notice.

Signature of Applicant

Date

Received by: _____
Municipal Official

Date

Bordering Municipality, if applicable:

Received by: _____
Municipal Official

Date

Please include a copy of this completed notice with the application you submit to the Solid Waste Program and retain a copy for your records. Please ensure that a copy of this notice is maintained at the municipality (s) where the application was filed.