MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land and Materials Administration • Resource Management Program 1800 Washington Boulevard • Suite 610 • Baltimore, Maryland 21230-1719 410-537-3314 • 800-633-6101 x3314 • 410-537-3321 (Fax) • www.mde.maryland.gov

For office use only	For office us	se only	
Primary Scrap	Tire Collection Facilit	ty License Application	
Authority: Title 9, Environment Article	, Annotated Code of Maryland, and C	Code of Maryland Regulations (COMAR) 26.04.08	
	a scrap tire collection facility where one time as defined in COMAR 26.04.	1,501 scrap tires or more are accumulated on a site at a .08.02B(11)	any
Section I Proposed Licensee/Owner/	Operator Information		
Application for: □ New License □ Re Proposed Licensee's Status: □ Individual	enewal License	Other	
Renewal Information (if applicable): Existing Collection License No.:	Issued Date: / /	Expiration Date: / /	
Existing Hauler License No.:RTH	Issued Date: / /	Expiration Date: //	
Proposed Licensee's Legal Name (Corporation, indiv	idual or government entity as it will appear o	on the license certificate as the licensee.)	
Proposed Licensee's <i>Mailing</i> Address	City	State Zip Code	
1 0			
Proposed Licensee's Telephone No.	Facsimile No.		—
Proposed Licensee's Email Address			
Emergency Contact Name	Title	Telephone No.	—
Section II. Facility Information (location	where scrap tires will be collected)		
Facility/Site Name			
Facility/Site Address	City	State Zip Code	
Baltimore City County:		-	
· · · · · · · · · · · · · · · · · · ·			
Tax Map/Lot/Parcel No.	County Zoning Map No.	Deed Liber/Folio No.	
Latitude/Longitude (Degree/Minute/Second)	Site Acreage	Facility Acreage	
Section III. Business/Individual Regist	ration Identification Informatio	n	

Note that a business/entity must be registered to do business in Maryland before a license can be issued. The business or entity's information provided in this application must match the information in the S DAT register and the account must be in good standing.

Corporation or Government Applicant:

Federal Tax Identification No.:

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

This is different from the Sales and Use Tax No. The SDAT Department ID No. should start with a capital letter followed by numbers.

Or

Sole Proprietorship or Individual Applicant:

Social Security No .: _

State of Maryland Sole Proprietorship ID No.:

Section IV. Workers' Compensation Information

Proof of workers' compensation coverage is required under \$1-202 of the Environment Article. Please provide <u>one</u> of the following:

(1) Workers' Compensation Insurance Policy/Binder No.:

Or

(2) If you are exempt from Workers' Compensation requirements, a copy of a Certificate of Compliance issued by the Maryland Workers' Compensation Commission (WCC).

Section V. Property Owner Information

Property Owner's Name

Property Owner's Telephone No.

P	roperty O	wner's N	Iailing A	Address	City	State	Zip Code
a			. •	1 7 0			

Section VI. Operational Information

(1) Hours of Operation:

	Open (AM)	Close (PM)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

- (2) Provide a general description of the facility's operations:
- (3) Provide a technical description of the methods and procedures used at the facility for handling scrap tires:
- (4) Describe the manner in which scrap tires shall be collected or stored at the facility:
- (5) Explain how the accumulation of scrap tires at the facility shall be managed as well as the storage capacity at the facility, including drop boxes, containers, trailers, other fully enclosed structures, and stockpiles:
- (6) What is the average quantity (by number or weight, please specify) projected to be on site at the facility at any given time:

Scrap Tire Type	Avg. Amount: Quantity / Tons (circle one)
Passenger/Car	
Trucks	
Other	
Total	

(7) What is the **maximum** quantity (by number or weight, please specify) projected to be **on site at the facility at any given time**:

Scrap Tire Type	Max. Amount: Quantity / Tons (circle one)
Passenger/Car	
Trucks	
Other	
Total	

(8) What is the **maximum** quantity (by number or weight, please specify) that can be **accepted at the facility on a daily basis**:

Scrap Tire Type	Max. Amount: Quantity / Tons (circle one)
Passenger/Car	
Trucks	
Other	
Total	

- (9) Detail the weight and use restrictions on the access road that leads to the facility:
- (10) Describe the types of vehicles that will deliver scrap tires to the facility:
- (11) List all on-site equipment that will be used for the placement, movement, and transportation of scrap tires (Please use additional sheets, if necessary):

Equipment	Description
III Zoning Information	

Section VII. Zoning Information

- (1) Current zoning designation:
- (2) Describe the use of the land at the facility:
- (3) Describe the use of land within a $\frac{1}{4}$ mile radius of the facility:

Section VIII. Financial Assurance

Financial assurance for the closure of a primary scrap tire collection facility shall be established by obtaining one or more of the financial assurance mechanisms approved by the Maryland Department of the Environment (the "Department"), including a deposit of cash, performance bond, letter of credit, insurance policy, or negotiable securities. The amount of financial assurance to be provided for scrap tire facilities shall be at least equal to 125% of the estimated closure cost (Section XIII. "Closure Cost Estimate", Line 33). Publicly owned or operated scrap tire facilities are exempt from financial assurance provisions (COMAR 26.04.08.21(E)).

Section IX. Topographic Map

Provide a topographic map of the facility and ¹/₄ mile radius area in detail. **Include the map scale and directional orientation**. The topographic map should depict the following:

- U Wetlands, floodplains, shorelands, intermittent streams, and other surface waters
- Legal boundaries and land ownership, including county and municipal boundaries, and easements and rights-of-way
- □ The location of all wells
- □ Occupied dwellings

Section X. Facility Conceptual Design Map

Provide a conceptual design map of the facility and ¹/₄ mile radius area in detail. **Include the map scale and directional orientation**. The facility conceptual design map should depict the following:

- U Wetlands, floodplains, shorelands, intermittent streams, and other surface waters
- Legal boundaries and land ownership, including county and municipal boundaries, and easements and rights-of-way
- \Box The location of all wells
- □ Occupied dwellings
- □ Location of all scrap tire collection and storage areas, including fire lanes
- □ All existing and planned structures and buildings at the facility, including those used for scrap tire accumulation, storage, recycling, or processing operations
- □ Loading and unloading areas
- Access and internal all-weather roads
- □ Runoff control measures, ditches, and dikes
- □ The location of the areas used for processing of scrap tires
- □ The total land area in square feet or acreage

Section XI. Storage

If you intend to accumulate in excess of 15,000 cubic feet (approximately 5,550 passenger scrap tires or 1,100 truck tires) of noncontainerized scrap tires on site at any one time, you are considered to be storing scrap tires. Do you intend to store scrap tires? \Box Yes \Box No

If yes, please complete the remainder of this Section, otherwise continue with Section XII. "Closure Plan".

- (1) Describe how you will comply with indoor and outdoor storage standards for scrap tires under the specifications described in "Standard for Storage of Rubber Tires," National Fire Protection Association (NFPA), 231D:
- (2) Describe how you will control mosquitoes and other insect infestation to prevent public nuisances or health hazards:
- (3) Describe the measures that will be taken in construction of the facility to keep liquid runoff from entering the waters of the State in the event of a tire fire:
- (4) Develop an emergency preparedness manual:
 - a. List the names and telephone numbers of persons to contact in the event of a fire, flood, and any other emergency involving the facility (please use additional sheets, if necessary):

Contact Name	Contact Phone #

b. List the emergency response equipment present at the facility or available for use at the facility, the location of the equipment, and how it should be used in the event of a fire or other emergency (please use additional sheets, if necessary):

Equipment	Location	Use

- c. Describe the procedures to be followed by facility personnel from discovery of an emergency until the situation is corrected, including the measures that shall be taken to minimize the occurrence, recurrence, or spread of fire, explosions, and releases:
- d. List the location of known water supplies, fire hydrants, dry chemical extinguishers, or other materials that may be used for firefighting purposes (please use additional sheets, if necessary):

Supply	Location

- e. Discuss the procedure for reporting emergency situations to the Department without delay:
- f. Discuss the provisions for familiarizing all employees with the requirements of the emergency preparedness manual:

Section XII. Closure Plan

- (1) Describe the facility's operations:
- (2) What is the maximum inventory (by number or weight) of scrap tires, *including processed portions and waste residuals*, that shall be on site at the facility at any one time during the operating life of the facility:
- (3) Describe the manner in which all scrap tires, processed portions, and waste residuals will be removed from the facility upon closure:
- (4) Provide a schedule for closure in accordance with COMAR 26.04.08.19. Closure procedures shall be completed within 90 calendar days of cessation of facility operations, license revocation, license denial, or final order of the Department. Estimate the number of calendar days it will take to complete each of the following closure procedures:

Closure Procedure	# of Days
Close to public access	
Post a gate notice indicating to the public that the facility is closed and indicating that the Department may be contacted	
for information regarding alternative sites where scrap tires can be deposited	
60 calendar days before closure, notify the Department, local units of government, local land use authorities, and fire and	
health authorities of the closing of the facility	
Remove all solid wastes to a permitted solid waste acceptance facility	
Remove and transfer all scrap tires to a scrap tire collection facility, scrap tire recycler, or other approved facility, or return	
the scrap tires to the marketplace	
Notify the Department when the closure activities are completed	
Section XIII. Closure Cost Estimate	

(1) Identify the approved scrap tire facility or marketplace where scrap tires will be transported upon closure:

Facility/Site Name

Facility/Site Address City State Zip Code Complete the table below to estimate the costs for the transfer of the scrap tires to an approved scrap tire facility or to the marketplace: Line Description **Cost Factor** Estimate Miles (M): Line 1 is the total # of miles *roundtrip* from Mileage 1 your facility to the approved facility (Section XIII. (1)) to which the scrap tires and solid waste will be transported. Loads (L): 2 Quantity of Scrap Tires per load Line 2 is the amount of scrap tires that can be transported per load. Line 3 is the amount in tons of scrap tires that can be transported *per load*. 3 Tons of Scrap Tires per load Line 4 is the total # of loads required to transport all scrap tires and solid waste from your facility to the approved facility (Section XIII. (1)). by quantity 4 Total Loads by Quantity (Section VI. (6), Total ÷ Line 2) Line 5 is the total # of loads required to transport all scrap tires and solid waste from 5 Total Loads by Tons (Section VI. (6), Total ÷ Line 3) your facility to the approved facility (Section XIII. (1)). by tons 6 Transportation \$ Transportation Costs (TC): 7 \$ Equipment For lines 6 - 12, estimate the average expense per load. 8 Fuel \$ 9 Driver Wages \$ 10 Tolls \$

Description	Line	Cost Factor	Estimate
Line 13 subtotals the estimated TC for one	11	Vehicle Maintenance	\$
load.	12	Other	\$
Line 14 calculates the total TC to remove all	13	Subtotal Transportation Costs (Line 6 + Line 7 + Line 8 + Line 9 + Line 10 + Line 11 + Line 12)	\$
scrap tires and solid waste from the site.	14	Total Transportation Costs / Load (Line13 x Line 4 or Line 5)	\$
Labor Costs (LC):	15	Worker Wages	\$
For lines 15 – 17, estimate the average expense to load and unload <i>one</i> vehicle.	16	Pro-rated expenses for rental or lease of equipment	\$
Line 18 subtotals the estimated LC for one	17	Other	\$
load. Line 19 calculates the total LC to remove all	18	Subtotal Labor Costs (Line 15 + Line 16 + Line 17)	\$
scrap tires and solid waste from the site.	19	Total Labor Costs / Load (Line 18 x Line 4 or Line 5)	\$
Scrap Tire Tipping Fees (STTF):			
Line 20 is the cost (per quantity or ton) for disposal of the scrap tires.	20	Scrap Tire Tipping / Disposal Fees	\$ quantity tons
Line 21 calculates the total STTF to remove all scrap tires from the site. The maximum amount of scrap tires on site at any one time (SectionVI. (6)) is used to estimate the total STTF. Use quantity or tons based on the selection in Line 20.		Total Scrap Tire Disposal Costs (Line 20 x Section VI. (6))	(circle one) \$
Solid Waste Tipping Fees (SWTF): Line 22 is the maximum tons of solid waste	22	Tons of Solid Waste	
projected to be on site at any one time Line 23 is the cost (per ton) for disposal of solid waste	23	Solid Waste Tipping / Disposal Fees	\$
Line 24 calculates the total SWTF to remove all solid waste from the site.	24	Total Solid Waste Disposal Costs (Line 22 x Line 23)	\$
Administrative Costs (AC):	25	Personnel Wages	\$
For Lines $25 - 27$, estimate the expenses for <i>overseeing</i> the cleanup and closure of your	26	Operating Expenses	\$
facility.	27	Other	\$
Line 28 estimates the total AC for the facility closure.	28	Total Administrative Costs (Line 25 + Line 26 + Line 27)	\$
Security Costs (SC):	29	Fencing Installation	\$
For Lines $29 - 32$, estimate the expenses to	30	Lighting Installation or Repair	\$
provide security for the entire closure operation.	31	Security Guard Wages	\$
-	32	Other	\$
Line 33 estimates the total SC for the facility closure.	33	Total Security Costs (Line 29 + Line 30 + Line 31 + Line 32)	\$
Fotal Closure Cost Estimate (TCC): Line estimates the TCC for facility closure.	34	Total Cost Estimate Closure (Line 14 + Line 19 + Line 21 + Line 24 + Line 28 + Line 33)	\$
Financial Assurance	35	Line 34 x 1.25	\$

Section XIV. Application Checklist

The following documents must be submitted with this application:

□ Topographic Map (Section IX.)

- □ Facility Conceptual Design Map (Section (X.)
- Financial Assurance (Section VIII.)

Section XV. Instructions for Application Submittal

All Applicants (New and Renewal): Submit one signed copy of your application to the Department. Keep a copy of any documents submitted to the Department for your records.

New Applicants Only: After the Department determines the application is complete, 12 additional copies of the application need to be submitted to the Department to be distributed to the agencies listed in COMAR 26.04.08.09(B)(3). A person receiving a copy of the application shall be invited by the Department to inspect the proposed site. Concurrently, the applicant is required to give notice of the application in a regularly published newspaper of general circulation in the Maryland county or Baltimore City where the proposed facility is to be located in accordance with COMAR 26.04.08.09(B)(1). The Department may conduct a public information meeting in the county where the proposed primary scrap tire collection facility is to be located.

Section XVI. Signature

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.

Applicant's Name (Print)	Title	Signatu	re of Applicant	Date		
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 Maryland Department of the Environment to verify that an applicant for a license 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.						
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 (PIA), pursuant to Md. Code Ann., Gen. Prov. ("GP") § 4-101, et seq. 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.						
For questions regarding this application form, please contact the Department at 410.537.3314						
MAIL COMPLETED APPLI	CATION TO:	OR FAX	X COMPLETED APPLICATIO	ON TO:		

MAIL COMPLETED AFFLICATION TO.	<u>011</u>	TAX CONFELTED AFFLICATION
☐ MARYLAND DEPARTMENT OF THE ENVIRONMENT	лπЛ	410-537-3321
RESOURCE MANAGEMENT PROGRAM		
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