

UNION COUNTY UTILITIES AUTHORITY  
APPLICATION FOR INCLUSION OF A SOLID WASTE FACILITY  
OR RECYCLING CENTER IN THE  
UNION COUNTY SOLID WASTE MANAGEMENT PLAN

This application shall be submitted by any person who desires to have the site of a Solid Waste Facility or a Recycling Center included within the Union County Solid Waste Management Plan as required by NJAC 7:26 et. seq.

I. TYPE OF APPLICATION

Please indicate by checking the appropriate space below as to the type of facility that the Applicant is requesting to be included in the Plan and whether the facility is new or a Major Modification to an existing facility.

- Class A Recycling Centers
- Class B Recycling Centers
- Class C Recycling Centers
- Class D Recycling Centers
- Materials Recovery Facility
- Regulated Medical Waste Destruction Facility
- Regulated Medical Waste Treatment Facility
  
- New Facility
- Major Modification to an Existing Facility
  
- Other: Please specify \_\_\_\_\_

II. GENERAL INFORMATION

A. 1. Name of Facility

Identify the name of the Facility or Recycling Center which is the subject of this application as well as the street address and municipal block and lot numbers.

\_\_\_\_\_

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\_\_\_\_\_

Block # \_\_\_\_\_ Lot # \_\_\_\_\_

2. Site Information

Please attach the following documents to this application:

- a. Three (3) copies of a conceptual site plan which identifies (plots) the placement of all equipment, buildings, activities and areas related to the receipt, storage, processing and transfer of all materials. The conceptual site plan shall also indicate the routing of vehicles between the facility and all nearby roadways serving the site. The conceptual site plan shall be drawn at a scale no smaller than 1" = 50' and sealed by a licensed Professional Engineer.
- b. A key map showing the boundary of the facility plotted on a 7 1/2 minute USGS Quadrangle Map.
- c. A municipal tax map showing the block and lot numbers of the site and adjoining properties, indicating the current land-use and zoning.
- d. A copy of the deed of record indicating that the applicant is the owner of the site. If the applicant is not the owner of the site, a copy of the lease for the site with its owner, and written documentation demonstrating that the owner is aware of the operations proposed for the site.

B. Owner/Operator Data

- 1. Identify the name, address and telephone number of the person(s) that own or seek to own the facility that is the subject of this application.

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- 2. State whether the person(s) that own or seek to own the facility that is the subject of this application are a corporation, partnership, sole proprietorship or a governmental entity:

Type of Ownership: \_\_\_\_\_

3. If the owner of the facility is a corporation, list all person(s) owning 10% or more of such entity. If the owner is a partnership, list all general and limited partners. If the corporation or partnership is itself owned by another corporation or partnership, continue to disclose the ownership structure until the name and address of every known corporate stockholder and individual partner exceeding the 10% ownership criteria have been listed (attach separate sheets if necessary)

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4. a. If the facility will be operated by someone other than the owner identified in B 1 above, identify the name, address and telephone number of the person(s) that operate or seek to operate the proposed facility.

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- b. State whether the person(s) operating or seeking to operate the facility are a corporation, partnership, sole proprietorship or a governmental entity.

Type of ownership: \_\_\_\_\_

- c. If the operator of the facility is a corporation, list all person(s) owning 10% or more of such entity in accordance with the instructions in item B 3 above.

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5. a. Provide the name, address, telephone number, and if applicable, DEP Registration Number of any facility(ies) currently owned or operated by or being planned by the owner or operator of the facility which is the subject of this application.

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- b. Please describe the nature of such facility(ies) and set forth the type, origin and daily permitted capacity of said facility(ies). If facilities(ies) are planned, give anticipated data for the first year of operation.

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- c. For the operating year identified in paragraph 5 b above, identify for each such facility the type, weight and amount of residue (i.e., all solid waste leaving such facility(ies) which is not recycled) and the point of disposal of such residue:

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6. Please identify the name, address, and telephone number of the owner of the site upon which the subject facility is or will be located.

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C. Material Received at Existing or to be Received at Proposed Facilities

Please identify the type and average daily weight of materials received or to be received, stored, processed or transferred at the facility.

1. DEP Solid Waste Types	Amount (Tons Per day)
Type 10	_____
Type 13	_____
Type 23	_____
Type 25	_____
Type 27	_____
Other (Identify each type)	_____
2. Class A Recyclable Materials	
Metal	_____
Glass	_____
Paper	_____
Plastic Containers	_____
Corrugated and Other Cardboard	_____
3. Class B Recyclable Materials	
Concrete, asphalt, brick	_____
Wood	_____
Construction and Demolition Waste	_____
Trees ó trunks, stumps, branches	_____
Leaves, brush	_____
Petroleum Contaminated Soil	_____
Other (Identify each type)	_____
4. Class C Recyclable Materials	
Source Separated Food Waste	_____
Source Separated Vegetative Food Waste	_____
Source Separated Yard Trimmings	_____
Other (Identify each type)	_____

5. Class D Recyclables Materials

Used Oil	_____
Batteries	_____
Pesticides	_____
Thermostats	_____
Latex Paint	_____
Oil Based Paint from Households or SQG	_____
Other (Identify each type)	_____

6. Regulated Medical Waste Treatment and/or Destruction Facilities

Cultures and Stocks	_____
Pathological Wastes	_____
Human Blood and Blood Products	_____
Sharps	_____
Animal Wastes	_____
Isolation Wastes	_____
Unused Sharps	_____
Other (Identify each type)	_____

7. Please provide a description of the source or point of generation of all materials received or to be received, stored, processed or transferred at the facility. If the source is from multiple generators, please list the type of waste, the source community and a breakdown between municipal and commercial sources.

Source	Tons Per Day
_____	_____
_____	_____
_____	_____
_____	_____

D. Disposition of Materials Received, Stored, Processed or Transferred

1. Residue (i.e. material not sent to recycling markets directly from the subject facility)

a. Please describe the nature and quantity (in tons per year) of residue which the proposed facility will generate.

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b. Identify the type and quantity of any such residue that will be sent to other facilities for further extraction of recyclables.

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c. Provide the name, address, and telephone number of any facilities identified in D b. above.

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d. For that portion of residue which is not to be processed for further recycling, please provide the following information:

i. The percentage, by weight of residue verses the total weight of materials to be received, stored, processed or transferred.

\_\_\_\_\_ %

- ii. Provide the name, address and telephone number of the facility at which the residue will be disposed. If there is more than one site at which the residue will be disposed, please list each site along with the type and quantity of residue to be disposed at that site.

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E. Recycled Materials

Please list all proposed end markets for the recycled materials. Include name of Contact person and telephone number.

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F. Violation of Environmental Laws

- 1. Has the facility which is subject of this application, any owner or operator of the facility as set forth in item II.B.I, 3 or 4, or the owner of the proposed facility ever been determined or alleged by the DEP to be in violation of any environmental laws or regulations which violation has or continues to threaten or impair the environment or the public health, safety or welfare?

Yes \_\_\_\_\_

No \_\_\_\_\_

2. If the answer to the foregoing question is affirmative, please identify any such action by stating the nature of the violation, the type of enforcement action initiated by DEP, and sufficient other information such as the docket number, etc. as will allow the Authority to obtain such other information from the DEP as it deems necessary.

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G. Application Fee

1. Is the facility which is the subject of this application a public facility (i.e. one that is owned by a division of New Jersey Government such as State, County or Municipal Government, County or Municipal Utilities Authorities, etc.)?

\_\_\_\_\_Yes                      \_\_\_\_\_No

No application fee will be charged for Public Facilities.

2. For non-public facilities the amount of the application fee which shall be enclosed is \$3,500.00

III. TECHNICAL INFORMATION

The following information shall be considered by the Authority only with regard to suitability for inclusion in the Solid Waste Management Plan. It is not the Authority's intention to perform a detailed review of specific information submitted. The Authority will use this information only to verify that the applicant has performed sufficient planning to merit inclusion of the facility in the Union County Solid Waste Management Plan.

A. Facility Design

1. Capacity

- a. State the proposed facility's maximum design capacity.

\_\_\_\_\_ Tons Per Day

- b. State the number of operating hours per day that the above capacity was based on.

\_\_\_\_\_ Hours

- c. Indicate the days of the week and the hours of operation of the facility.

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- d. List the source(s) and type (s) of materials to be processed at the proposed facility.

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2. Operating Description

Attach a narrative description of facility operations addressing types of vehicles used and frequency of material deliveries, loading and unloading procedures, special handling requirements; traffic control procedures; delivery inspection procedures; a description of processing methods and equipment; and the provisions to handle peak loads and loads in excess of planned design capacity.

3. Describe all equipment to be utilized for the receipt, storage, processing or transfer of each material, including the name of the equipment manufacturer, model number and operating capacity. The manufacturer's, printed, equipment specifications will satisfy this requirement.

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4. Describe the methods and procedures that will be utilized to inspect incoming and outgoing materials to make sure that only materials which the facility is legally allowed to receive, store, process or transfer are in fact accepted at the facility and that all recyclables and residue are transported to legally permitted end users and points of disposal, as set forth in this application.

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5. Describe the methods that will be utilized to control odor and describe the methods and equipment that will be utilized to comply with applicable state and federal air pollution control laws.

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6. Describe the methods that will be utilized to control noise in accordance with the requirements of the New Jersey Noise Control regulations.

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7. Describe the methods and procedures that will be used to control litter on site.

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8. Describe equipment, methods and procedures that will be employed to prevent and fight fires at the facility.

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B. Evidence of Approvals

1. Please provide proof that the facility has obtained all necessary municipal site, construction code and soil erosion and sediment control approvals.
2. Please provide a letter from the Mayor or Council of the host municipality indicating their support of the proposed facility.

C. Evidence of Markets for Recyclables

1. Please provide proof that the proposed facility has obtained markets for its recyclables. (i.e. letters of intent or contract)

IV. SIGNATURE

I certify that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete.

By: \_\_\_\_\_  
(Name of Applicant)

Signature: \_\_\_\_\_  
(Signature of Applicants Authorized Representative)

Name: \_\_\_\_\_  
(Print or Type Name of Authorized Representative)

Title: \_\_\_\_\_

Date: \_\_\_\_\_