



**Department of
Environmental
Conservation**

Division of Materials Management

APPLICATION FOR A SOLID WASTE MANAGEMENT FACILITY PERMIT

Please read all instructions before completing this application

DEPARTMENT USE ONLY	
DEC APPLICATION NO.	
ACTIVITY NUMBER(S)	

Reset Form

Please **TYPE** or **PRINT** clearly

1. APPLICATION TYPE (CHECK ALL APPLICABLE BOXES):		2. APPLICANT IS:	3. IS APPLICATION FILED BY OR ON BEHALF OF A MUNICIPALITY? ☐ Yes ☒ No
☐ Initial (New)	☐ Renewal	☒ Facility Owner	If Yes, Name
☐ Subsequent Landfill Stage (New)	☒ Modification	☐ Facility Operator	

4. FACILITY OWNER'S INFORMATION		5. FACILITY OPERATOR'S INFORMATION		6. ENGINEER'S INFORMATION	
Name	WASTE MANAGEMENT OF NY, LLC	Name	WASTE MANAGEMENT OF NY, LLC	Name	Paul Czerwinski P.E.
Address	100 Boat Street, Port of Albany	Address	100 Boat Street, Port of Albany	NY License #	061233-1 Phone (315) 457-5200
City	Albany	City	ALBANY	Firm Name	Barton and Loguidice, D.P.C.
State/Zip	NY 12202 Phone (518)636-2141	State/Zip	NY 12202 Phone (518) 636-2141	Address	10 Airline Drive, Suite 200 Albany NY 12025
Email		Email	wharri11@wm.com	Email	Pczerwinski@bartonandloguidice.com

7. FACILITY NAME AND LOCATION (Attach USGS Topo Map showing exact location)		8. SITE OWNER'S INFORMATION	
Name	WMNY - Port of Albany Transfer Station	Name	Port of Albany
Street	100 Boat Street, Port of Albany	Address	106 Smith Boulevard
City/State/Zip	ALBANY NY 12022	City/Town	Albany
Town	ALBANY	State/Zip	NY 12022 Phone (315) 463-8763
Coordinates: NYTM-E	601.7	NYTM-N	4720.2
		Email	

9. TYPE OF FACILITY (Check all applicable boxes)		10. NAME(S) OF ALL MUNICIPALITIES SERVED:
☐ Combustion & Thermal Treatment (362-1)	☐ Navigational Dredge Mat. H'lding & Recovery(361-9)	Albany County NY, Columbia County NY, Fulton County NY, Greene County NY, Montgomery County NY, Rensselaer County NY, Saratoga County NY, Schenectady County NY, Schoharie County NY, Washington County NY.
☐ C & D Debris Handling & Recovery (361-5)	☐ Nonspecific Facilities (360.17)	
☐ Composting & Other Organics Processing (361-3)	☒ Recyclables Handling & Recovery (361-1)	
☐ Household Hazardous Waste Collection (362-4)	☐ Research, Development, and Demonstration (360.18)	
☐ Land Application & Associated Storage (361-2)	☒ Transfer (362-3)	
☐ Landfill (363)	☐ Waste Oil (374-2)	
☐ Regulated Medical Waste (365)	☐ Waste Tire Handling & Recovery (361-6)	
☐ Mulch Processing (361-4)	☐ Used Cooking Oil & Yellow Grease (361-8)	
☐ Municipal Solid Waste Processing (362-2)		

11. SOLID WASTES ACCEPTED: Identify facility capacity and throughput of each waste type, as applicable	12. FACILITY SIZE
Continued operation of a transfer station and recyclables handling facility that accepts putrescible waste (MSW), non-putrescible wastes (paper, metals, glass, plastics, corrugated cardboard), Recyclable Commercial Wastes, Dry Commercial Wastes, Construction and Demolition Debris, in total quantities of up to 749 tons per day.	a. Facility size proposed (acres) ~1.9
	b. Total site area (acres) ~6
	c. Landfill only: Facility size ultimately planned (acres)
	d. Existing landfill area on this site and adjacent properties (acres)
	e. Landfill only: Ultimate facility height above ground level (feet)

13. IS A VARIANCE REQUESTED FROM ANY PROVISION OF 6 NYCRR PART 360?
☐ Yes ☒ No If yes, cite specific provision(s)

14. CERTIFICATION: ☒ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Municipality

I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have authority or am authorized as

(title) Sr. District Manager of (entity) Waste Management of NY, LLC

to sign this application pursuant to 6 NYCRR Part 360. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Date 12/6/19 Signature *Warren Harris* Print Name Warren Harris