

PROCEDURE FOR A FACILITY SEEKING INCLUSION IN THE ESSEX COUNTY DISTRICT SOLID WASTE MANAGEMENT PLAN

1. The applicant submits an application to the Essex County Utilities Authority(ECUA) located at:

Essex County Utilities Authority
Leroy Smith Jr. Public Safety Building
60 Nelson Place, 6th floor
Newark, New Jersey 07102
2. The application consists of 2 original applications, 3 copies of the site plan, application fee (Check made out to: ESSEX COUNTY TREASURER), appropriate municipal approvals, and endorsement letter from the host municipality. Also one copy of an 8-1/2" x 11" tax map identifying the location of the site, the street address, and the lot and block numbers. Please see the TECHNICAL INFORMATION section on pages 10-13 of the application for additional submission requirements.
3. The ECUA receives the application and refers it to the Essex County Health Department/CEHA Solid Waste Enforcement for its review.
4. The ECUA submits the application to the Solid Waste Advisory Council (SWAC) to discuss the facility and receive input from the SWAC members where the facility is proposed. A SWAC resolution recommending approval of the type of facility and its location is necessary for the application to be considered by the ECUA.
5. The ECUA reviews the application for compliance with Land Use, Solid Waste Management Plan requirements, other applicable County Codes and Regulations as well as suitability for inclusion in the Essex County District Solid Waste Management Plan.
6. The ECUA submits the application to the Essex County Board of Chosen Freeholders for its approval. The procedure before the Board of Chosen Freeholders requires approval by way of Ordinance on first reading, a duly advertised Public Hearing and approval on second reading and final passage.
7. All questions regarding the application process should be referred to: Essex County Utilities Authority Authority, Leroy Smith Jr. Public Safety Building, 60 Nelson Place, 6th Floor Newark, New Jersey 07102 973-792-9060 ext 631.
8. All Technical questions must be submitted in writing and directed to the Essex County Utilities Authority: Attention Wayne De Feo. Recycling Coordinator

9. The application will not be considered without an endorsement letter from the host municipality, in form and content satisfactory to the ECUA, supporting the location of the site of the proposed facility, and the specific designated solid waste type(s) and/or recyclable materials to be received at the proposed facility.

10. The ECUA may require that the applicant notify the Elected Representatives of the Municipality, Ward or District where the proposed facility is to be located of the pending application and may also require a neighborhood community meeting properly advertised, to receive and assess community sentiment for the placing of the facility at the proposed site.

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

This Application shall be submitted by any Person(s) who desires to have a Solid Waste Facility or a Recycling Center included within the Essex County Solid Waste Management District. Applicants are referred to the New Jersey Department of Environmental Protection (NJDEP) Procedure's for the Submittal and Review of Applications for the Inclusion of Solid Waste Facilities and Recycling Facilities in the Essex County Solid Waste Management Plan for definitions of terms used within this application form. Inclusion in the County Plan is subject to certification by the NJDEP.

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 Modification to an existing Facility.

Class A Recycling Center_____ New Facility_____

Class B Recycling Center_____ Modification to Existing Facility_____

Composting Facility_____

Class D Recycling Facility

Materials Recovery Facility_____

___ Regulated Medical Waste Facility_____

II. GENERAL INFORMATION

A. Name of Facility

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

Block # _____ Lot # _____

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.
2. State whether the person(s) that own or seek to own the Facility that is the subject of this Application is a corporation, partnership, sole proprietorship, limited liability company or a governmental entity.

Type of Ownership:

3. If the owner of the Facility is a corporation, list all Person(s) or limited liability company owning ten percent (10%) or more of such entity. If the owner is a partnership, list all general and limited partners. If the corporation or partnership is owned by another corporation or partnership, continue to disclose the ownership structure until the names and addresses of every known corporate stockholder, and individual partner exceeding 10 % ownership criteria have been listed (attach separate sheet if needed).
- 4.a If the Facility will be operated by someone other than the owner identified in Item B-1 above, identify the name, address and telephone number of the Person(s) that operate or seek to operate the proposed Facility.

- b. State whether the Person(s) operating or seeking to operate the Facility are a corporation, partnership, sole proprietorship, limited liability company or a governmental entity.

Type of ownership: _____

- c. If the operator of the Facility is a corporation, or limited liability company list all person(s) owning ten percent (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, NJDEP registration Number of any facility(ies) currently owned, operated by or being planned by the owner or operator of the facility which is the subject of this Application. If the owner or operator is a corporation or partnership, please list any existing or planned facilities owned or operated by any of the person(s) identified in response to items B,3 or B.4.c above (attach separate sheet if needed).

 - b. Please describe the nature of such facility(ies) and set forth the type, origin and average daily tonnage of all solid waste processed over the last year at said facility(ies). For Solid Waste Facilities, a copy of the prior year's registration submission to DEP together with copies of monthly reports submitted to DEP for 12 prior months will suffice. If facilities are planned, give anticipated data for first year of operation (attach separate sheet if needed).

 - c. For operating year identified in Paragraph 5.b. above, identify for each 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.

C. Material Received at Existing or Proposed Facility

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

DEP Solid Waste Types	Amount (Tons per Day)
Type 10	_____
Type 13	_____
Type 23	_____
Type 25	_____
Type 27	_____
Other (Identify each type)	_____
 Class A Recyclable Materials	
Metal	_____
Glass	_____
Paper	_____
Plastic Containers	_____
Corrugated and other Cardboard	_____
 Class B Recyclable Materials	
Source Separated Recyclable Material such as;	
Concrete	_____
Asphalt	_____
Brick	_____

Black asphalt based roofing scrap _____

Wood _____

Whole trees, tree trunks, tree parts, tree stumps, _____

Branch and leaves (other than compost) _____

Scrap Tires Petroleum _____

Contaminated soil for production of asphalt _____

Class D Recyclable Materials

Amount (Tons per Day)

Source Separated Recyclable Material, such as;

Used Oil _____

Antifreeze _____

Latex Paints _____

Lamps (Light Bulbs) _____

Oil-based Finishes _____

Batteries _____

Mercury Containing Equipment _____

Consumer Electronics _____

Amount (Tons per Day)

Regulated Medical Waste Facility Cultures & Stocks Pathological Wastes _____

Human Blood and Blood Products Sharps _____

Animal Waste _____

Isolation Waste Unused Sharps Other (Identify each type) _____

Compost Facility Waste Leaves _____

Grass Clippings Tree Parts	_____
Shrubbery	_____
Garden Waste	_____
Food	_____
Other	_____

(Attach separate sheet if needed)

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. Be as specific as possible. If specific generators can be identified, please do so by indicating name, address, and type of waste. If the source is from multiple generators, such as from a municipal recycling operation, please list the type of waste, the source community and a breakdown between municipal and commercial sources.

D. Disposition of Material Received, Stored, Transferred

1. Residue Management (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.
- b. Please describe the residue tracking system.
- c. Identify the type and quantity of any such residue that will be sent to other facilities for extraction of further recyclables
- 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 versus 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 facility that residue will be disposed, please list each facility along with the type and quantity of residue to be disposed at that facility. (There shall be no overnight storage of process residue).

E. Recycled Materials

Please list all proposed end uses for all materials that are to be recycled, including the name, address and telephone number of all markets for the recycled materials, (Where more than one market will be used, please list markets individually by material and weight).

F. Violation of Environmental Law:

1. Has the/or any owner or operator of the facility as set forth in Item II.B.1, 3 or 4; or the property owner of the site of the proposed facility ever been determined or alleged by the NJDEP 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 _____

(Applicants need not respond in the affirmative in the case of past allegations which were decided in favor of the party charged. This application is only concerned with actions currently pending or upon which a final decision has been rendered against the party charged).

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

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 as follows:

New Facility	\$2500
Modification to Existing Facility	\$1500

The application fee must be in the form of a certified check, bank cashier's check, or Money Order made payable to the ESSEX COUNTY TREASURER.

III. TECHNICAL INFORMATION

The following information shall be considered with regard to suitability for inclusion in the Solid Waste Management Plan.

A. 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'.

- 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 Lot and Block number(s) 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 a lease for the site with its owner, and written documentation demonstrating that the owner is aware of the operations proposed for the site.

B. 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 number of days per week and the hours of operation for the Facility.

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

2. **Operating Description**

Attach a narrative description of Facility operations addressing type of vehicles used and frequency of material deliveries; loading and unloading procedures; traffic

control procedures; delivery inspection procedures; a functional description of processing methods and equipment (supplement with process schematic diagram when appropriate or if requested by Department); 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 equipment manufacturer, model number and operating capacity.
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 accepted at the facility and that all recyclables and residue are transported to legally permitted end use facility as set forth in this Application.
5. Describe the methods and equipment that will be utilized to control odor to comply with applicable State and Federal air pollution control laws.
6. Describe the methods that will be utilized to control noise in accordance with the New Jersey Noise Control Regulations (N.J.A.C 7:29-1 et. seq.)
7. Describe the methods and procedures that will be used to control litter on the site.
7. Describe equipment, methods and procedures that will be employed to prevent and fight fires at the facility. Please provide the fire fighting capacity of the on-site water supply.

The ECUA may require (1) an environmental impact study (2) a traffic study (3) or other expert study depending upon the location and type of facility being proposed; to be paid for by the applicant.

C. Evidence of Approvals

1. Please provide proof that the proposed facility has obtained all necessary municipal site, construction code, soil erosion and sediment control approvals

Failure to submit this information at time of application will not result in a determination that the application is incomplete for purposes of review by staff and consultants. However, no applications will be recommended for

approval by the Board of Chosen Freeholders until all required approvals are submitted.

2. Please list such other Municipal, County, State and/or Federal approvals which are required for this facility and describe the status of any such applications that are required in connection with said approvals.

D. Evidence of Markets for Recyclables

1. Please provide proof that the proposed Facility has obtained markets for its recyclables (i.e., copies of executed contracts or letters of intent)

Signature

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and that all attachments are true, accurate and complete.

BY:

APPLICANT: _____

SIGNATURE: _____

(Signature of Applicant's Authorized Representative)

NAME: _____

(Print or type name of Authorized Representative)

TITLE: _____

DATE: _____