

OCT 31 2012

47-19-2 (11/89)-10a

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
DIVISION OF SOLID WASTE

DEPARTMENT USE ONLY
DEC APPLICATION NUMBER
FACILITY CODE

**APPLICATION FOR A SOLID WASTE MANAGEMENT FACILITY PERMIT**

Please read all instructions before completing this application

Please TYPE or PRINT clearly

<b>1. TYPE OF APPLICATION (Check All Applicable Boxes):</b> <input type="checkbox"/> Permit to Construct <input type="checkbox"/> Permit to Operate <input checked="" type="checkbox"/> Initial (New) <input type="checkbox"/> Subsequent Stage (New) <input type="checkbox"/> Renewal <input type="checkbox"/> Modification		<b>2. APPLICANT IS THE:</b> <input checked="" type="checkbox"/> Facility Owner <input checked="" type="checkbox"/> Facility Operator	
<b>3. FACILITY OWNER'S NAME</b> Stan Travis Address: 2095 Eastwood Rd City: East Aurora State/Zip Code: NY, 14052 Telephone Number: (716) 652-4542		<b>4. FACILITY OPERATOR'S NAME</b> Stan Travis Address: 2095 Eastwood Rd City: East Aurora State/Zip Code: NY, 14052 Telephone Number: (716) 652-4542	
<b>5. ENGINEER'S NAME AND P.E. LICENSE NO.</b> Alan Johnson - P.E. 090702 Firm Name: quasar energy group, LLC Address: 7624 Riverview Rd City/State/Zip Code: Cleveland, OH 44141 Telephone Number: (216) 986-9999		<b>6. FACILITY NAME AND LOCATION (Attach USGS Topo Map showing exact location)</b> Name: Trav-co Farms Street: 2095 Eastwood Rd City, State, Zip Code: East Aurora, NY 14052 Town: Marilla County: Erie Coordinates: NYTM-E -78 28' 6" NYTM-N 72 49' 23"	
<b>7. SITE OWNER'S NAME</b> Stan Travis Address: 2095 Eastwood Rd City: East Aurora State/Zip Code: NY, 14052 Telephone: (716) 652-4542		<b>8. TYPE OF FACILITY (Check all applicable boxes)</b> <input type="checkbox"/> Landfill (Specify category) _____ <input type="checkbox"/> Research, Development and Demonstration <input type="checkbox"/> Land Application <input type="checkbox"/> Solid Waste Incineration <input type="checkbox"/> Refuse Derived Fuel Processing <input type="checkbox"/> Composting <input type="checkbox"/> Recyclables Handling and Recovery <input checked="" type="checkbox"/> Other (Describe) <u>Nonspecific Solid Waste Management</u>	
<b>9. IS APPLICATION BEING FILED BY OR ON BEHALF OF A MUNICIPALITY?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, name: _____		<b>10. FEE AMOUNT ENCLOSED</b> \$ _____	
<b>11. NAME(S) OF ALL MUNICIPALITIES SERVED</b> _____			
<b>12. SOLID WASTE HANDLED</b> a. List wastes to be accepted <u>manure, organic solids, food wastes, oil and grease</u> b. Quantity (Specify Units) Existing "approved design capacity" <u>N/A</u> Proposed "approved design capacity" <u>N/A</u>		<b>13. PROVIDE THE FOLLOWING INFORMATION WHERE APPLICABLE</b> a. Facility area proposed in the application <u>2</u> acres b. Facility area ultimately planned <u>2</u> acres c. Ultimate facility height above existing ground level <u>40</u> feet d. Total site area <u>5</u> acres e. Existing landfill area on this site and adjacent properties <u>0</u> acres	
<b>14. IS A VARIANCE REQUESTED FROM ANY PROVISION OF 6 NYCRR PART 360?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, cite the specific provision(s)			
<b>15. CERTIFICATION:</b> I hereby affirm under penalty of perjury that information provided herein 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 the authority or am authorized as _____ (Title) of _____ (Entity) 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: <u>10/26/12</u>  Alan Johnson Print Name			