



architects + engineers

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October 5, 2020

Regional Permit Administrator Sue Ackerman
New York State Department of Environmental Conservation
50 Circle Road
Stony Brook, NY 11790-3409

**Re: Application for a Solid Waste Management Facility
Peconic Environmental Services Corp. – C&D Transfer Facility
100 Peconic Ave., Medford, New York
SCTM: 200-736-2-8.3
H2M Project No: GSRC 1901**

Dear Ms. Ackerman

As consulting engineers for Peconic Environmental Services Corp. we are herewith submitting a completed application package for your review and consideration. Attached please find two (2) copies of the following:

1. Application for a Solid Waste Management Facility
2. Record of Compliance – Permit Application Supplement
3. Record of Compliance – Supplemental Information Form
 - 3.1. Addendum to question 4 – listing of companies
 - 3.2. Copy of Permit No. 1-2820-03393/00001
 - 3.3. Copy of Consent Order No. R1-20110629-63
 - 3.4. Copy of Consent Order No. R2-20160210-58
 - 3.5. Notice of Violation, dated 1/6/2016, Inspection No. 47493
4. Engineering Report, dated August 31, 2020
5. Facility Manual, dated August 2020
6. Regional Map
7. Vicinity Map
8. Site Plan dated July 27, 2020 and prepared by Barrett Bonacci & Van Weele, PC. (BBV)
9. Civil Site Plan dated July 9, 2020 and prepared by Barrett Bonacci & Van Weele, PC. (BBV)
10. Full Environmental Assessment Form

RECEIVED

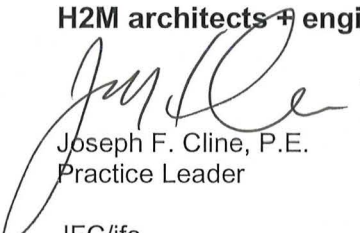
OCT 6 - 2020

NEW YORK STATE
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
ENVIRONMENTAL PERMITS

If you have any questions or require any additional information, please contact me at (631) 569-0061

Very truly yours,

H2M architects + engineers


Joseph F. Cline, P.E.
Practice Leader

JFC/jfc

Cc: Kevin Gershowitz



Department of Environmental Conservation

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

Division of Materials Management
APPLICATION FOR A SOLID WASTE MANAGEMENT FACILITY PERMIT

Please read all instructions before completing this application

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?

4. FACILITY OWNER'S INFORMATION
5. FACILITY OPERATOR'S INFORMATION
6. ENGINEER'S INFORMATION

7. FACILITY NAME AND LOCATION (Attach USGS Topo Map showing exact location)
8. SITE OWNER'S INFORMATION

9. TYPE OF FACILITY (Check all applicable boxes)
10. NAME(S) OF ALL MUNICIPALITIES SERVED:

11. SOLID WASTES ACCEPTED:
12. FACILITY SIZE

13. IS A VARIANCE REQUESTED FROM ANY PROVISION OF 6 NYCRR PART 360?

14. CERTIFICATION:
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
Date 10/02/2020 Signature Kevin Gershowitz Print Name Kevin Gershowitz