



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Waste Engineering & Enforcement Division

RENEWAL Application for a Permit to Construct and Operate a Solid Waste Facility

Use the Instructions for Completing the Renewal Application to Construct and Operate a Solid Waste Facility (DEEP-SW-INST-106) to assist in completing this form. Print or type unless otherwise noted. Your submittal to DEEP must include: This completed Permit Application Form (DEEP SW-APP-106) and all required supporting documents, including a copy of the published notice of permit application and the completed Certification of Notice Form and the fee.

A renewal application cannot include any proposed changes to the existing design, capacity, process or operation of the facility, including the Facility Plan engineering drawings and the Operation and Maintenance Plan, that would require a modified permit pursuant to section 22a-208a(d)(1) of the Connecticut General Statutes ("CGS"). For those proposed modifications, a pre-application meeting must be scheduled by contacting the Bureau of Materials Management and Compliance Assurance at 860-424-3366. If you are seeking to transfer ownership of an existing solid waste facility license, you must use the License Transfer Form (DEEP-APP-006).

Part I: Permit Type

- In the table below, check only one box in the left column to identify the type of solid waste facility for which you currently hold a permit. Provide the existing permit number and expiration date. Complete one permit application for each solid waste facility requiring a permit renewal.

✓	Solid Waste Facility Types (Check the type of permit you are renewing)	Renewal Fee	Permit No.	Expiration Date	DEEP Use Only
					PROG/REV. ID
Volume Reduction Plants					
<input type="checkbox"/>	Construction and Demolition Waste Processing Facility ≤100 tons/day	\$660.00			Volume reduction plant/ [2098]
<input type="checkbox"/>	Construction and Demolition Waste Processing Facility >100 tons/day	\$660.00			Volume reduction plant/ [2097]
<input type="checkbox"/>	Intermediate Processing Center	\$660.00			Volume reduction plant/ [2094]
<input type="checkbox"/>	Land Clearing/Clean Wood Processing Facility	\$660.00			Volume reduction plant/ [2095]
<input type="checkbox"/>	Source-Separated Organic Material Composting Facility ≤100 tons/day	\$330.00			Volume reduction plant/ [310]
<input type="checkbox"/>	Source Separated Organic Composting Facility >100 tons/day	\$330.00			Volume reduction plant/ [2092]
<input type="checkbox"/>	Resources Recovery Facility	\$1,400.00			Volume reduction plant/ [308]
<input type="checkbox"/>	Sludge Processing Facility	\$660.00			Volume reduction plant/ [2096]

CPPU USE ONLY
App #: _____
Doc #: _____
Check #: _____
Program/Environmental Interest: See Below

Part I: Permit Type (continued)

√	Solid Waste Facility Types (Check the type of permit you are renewing)	Renewal Fee	Permit No.	Expiration Date	DEEP Use Only
Volume Reduction Plants					
<input type="checkbox"/>	All Other Volume Reduction Plants Refer to instructions Specify:	\$660.00			Volume reduction plant/ [311]
Transfer Stations					
<input checked="" type="checkbox"/>	Transfer Station ≤ 75 tons/day	\$660.00	02501314-PCO	9-3-2024	Transfer facility/ [309]
<input type="checkbox"/>	Transfer Station > 75 and ≤ 150 tons/day	\$660.00			Transfer facility/ [309]
<input type="checkbox"/>	Transfer Station > 150 tons/day	\$660.00			Transfer facility/ [309]
Biomedical Waste Treatment Facility					
<input type="checkbox"/>	Biomedical Waste Treatment Facility	\$660.00			Volume reduction plant/ [312]
Existing Permit Information					
2. Town where the facility is located : <u>Cheshire</u>					
3. Brief description of Operations/Activities: 42 tons per day Biomedical and 2 ton per day non-hazardous pharmaceutical waste Pharmacurail waste transfer station.					
4. Additional Permit Information					
If the facility is licensed by any other Solid Waste or Hazardous Waste individual permit, general permit or an emergency or temporary authorization, provide:					
Permit or Authorization Number(s)		Expiration Date		License Type (Individual Permit, General Permit, Emergency Authorization, Approval letter)	
02501314-PCO		9-3-2024		Individual Permit	

Part II: Public Notice Information

PUBLIC NOTICE INFORMATION		
The public notice of application must be published <i>prior</i> to submitting an application, as required in section 22a-6g of the CGS. A copy of the published notice of application and the completed Certification of Notice Form must be included as Attachment AA to this application. Your application will not be processed if Attachment AA is not included.		Date of Publication

Part III: Applicant Information

- If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the registrant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database (CONCORD).
- If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last name; Suffix (Jr, Sr, II, III, etc.). If there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the Request to Change Company/Individual Information to the address indicated on the form. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at 860-424-3003. For any other changes you must contact the specific program from which you hold a current DEEP license.

1. Applicant

a) Applicant Name: Stericycle, Inc.

Mailing Address: 2355 Waukegan Road

City/Town: Bannockburn

State: IL

Zip Code: 60015

Business Phone: 8667837422

ext.:

Contact Person: Marvin Bowers

Phone: 4432713928

ext.

*E-mail: mbowers@stericycle.com

*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application, in addition to receiving notices or documents that are required by law to be sent by certified mail or registered mail. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

b) Applicant Type (check one):

individual federal agency state agency municipality tribal

*business entity (*If a business entity complete i through iii):

i) business type: corporation limited liability company limited partnership

limited liability partnership statutory trust

Other: _____

ii) Secretary of State business ID #: 0302256 _____ This information can be accessed at the Secretary of State's database (CONCORD).

iii) Check here if your business is **NOT** registered with the Secretary of State's office.

If not registered with the Secretary of State's office check type:

Sole Proprietorship General Partnership

c) Applicant's interest in property at which the existing activity is to be located (check all that apply):

site owner option holder lessee

easement holder operator other (specify): _____

Check if any co-applicants. If so, attach additional sheet(s) with the required information as requested above.

Part III: Applicant Information (continued)

2. Billing contact, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Fax:

Contact Person:

Phone:

ext.

*E-mail:

3. Primary contact for departmental correspondence and inquiries, if different than the applicant.

Name: **Kempey Engineering**

Mailing Address: 1569 East Beecher Hill Road

City/Town: Owego

State: NY

Zip Code: 13827

Business Phone: (607) 223 - 4653

ext.:

Contact Person: Eugene Kempey

Phone: (631) 387-1873 ext.

*E-mail: Eugene@Kempey-engineering.com

4. Attorney, if applicable:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney:

Phone:

ext.

5. Facility Operator, if different than the applicant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Title:

On-Site Phone:

ext.

*E-mail:

Operator Type (check one):

Individual

Private company

Federal

State

Municipal

Part III: Applicant Information (continued)

6. Site Owner (Owner of the property on which the facility is located) if different than the applicant:

Name: **Nosal Properties, Inc.**

Mailing Address: 85 Fieldstone Ct

City/Town: Cheshire

State: CT Zip Code: 06410

Business Phone: 203-439-9320

ext.: 301

Contact Person: Joseph Nosal

Phone: 203-439-9320 ext. 301

*E-mail:

- Check here if there are additional owners. If so, label and attach additional sheet(s) with the required information as requested above

7. Connecticut Licensed Professional Engineer (P.E.):

The applicant must retain the services of a qualified P.E. to review and certify the supporting documentation for the subject facility.

Name: **Eugene G. Kempey, P. E.**

Mailing Address: 1569 East Beecher Hill Road

City/Town: Owego

State: NY Zip Code: 13827

Business Phone: 607-223-4653

ext.:

Contact Person: Eugene G. Kempey

Phone: 607-223*4653 ext.

*E-mail: Eugene@Kempey-Engineering.com

Service Provided: **General Engineering Services for Permit renewal and engineering support.**

8. Engineer(s) or other consultant(s) employed or retained to assist in preparing this application.

Name:

Mailing Address:

City/Town:

State: Zip Code:

Business Phone:

ext.:

Contact Person:

Phone: ext.

E-mail:

Service Provided:

- Check here if additional sheets are necessary, and label and attach them to this sheet.

Part IV: Site Information

1. SITE NAME AND LOCATION	
Name of Site: Stericycle - Cheshire	
Street Address or Location Description: 85 Fieldstone Ct	
City/Town: Cheshire	State: CT Zip Code: 06410
2. CONSERVATION OR PRESERVATION RESTRICTION: Is the property subject to a conservation or preservation restriction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, proof of written notice of this application to the holder of such restriction or a letter from the holder of such restriction verifying that this application is in compliance with the terms of the restriction, must be submitted and labelled as "Conservation or Preservation Restriction Information".	
3. WETLAND AREA: Is the site located in a wetland area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. GROUNDWATER CLASSIFICATION: Ground water classification of the site: GA	
5. SURFACE WATER BODIES: Identify surface water bodies which may be impacted: (Attach additional sheets if necessary)	
Name:	Surface Water Classification:
Name:	Surface Water Classification:
Name:	Surface Water Classification:
Name:	Surface Water Classification:

Part V: Supporting Documents

Select and submit, from the table below, only those documents where minor changes have been made to such documents which were previously submitted and approved by the Department and which do not require the submission of an application to modify the permit. If no changes have been made to such documents, the documents may be incorporated by reference in Part VI of this application, with the exception of Attachments AA and A which must be submitted with this application.

Check the appropriate box for each attachment being submitted to verify that *all* applicable attachments have been submitted. When submitting any supporting documents:

- (1) label each document with its respective title (e.g., Executive Summary, etc.);
- (2) include the applicant's name as entered on Part III of this *Permit Application Form*; and
- (3) be sure to read the instructions (DEEP-SW-INST-106) for information on completing the following attachments.

Attachment AA: a copy of the published notice of permit application, as described in the instructions, attached to a completed Certification of Notice Form (DEEP-APP-005A) (required to be submitted)

Attachment A: Executive Summary (required to be submitted)

The following documents need only be submitted if there have been minor changes since such documents were previously submitted and approved by the department. Please check the appropriate box(es).

Applicant Compliance Information Form (DEEP-APP-002)

Conservation or Preservation Restriction Information, if applicable.

Background Information (DEEP-SW-APP-101)

Statement of Consistency with the current Statewide Comprehensive Materials Management Strategy (DEEP-SW-APP-102)

Business Information (DEEP-SW-APP-103)

List of all written approvals issued by the Commissioner with associated dates (e.g. "A.6" approvals), to be provided on a separate sheet with a brief description of what was approved and issuance date(s).

Note: If there are proposed changes to any other supporting documentation not listed in this Part, including the previously submitted and approved Facility Plan engineering drawings and Operation and Maintenance Plan, a pre-application meeting must be scheduled to discuss proposed changes. Do not submit revised Facility Plan documents with this application.

Part VI: Documents to be Incorporated by Reference

Certain supporting documents should be incorporated by reference into a renewal application where there has been **NO** change in such documents previously approved by DEEP and where such documents accurately represent current operations. Do not resubmit such documents unless requested by DEEP. The documents that are eligible for incorporation by reference are listed below.

Check the appropriate boxes indicating which documents you are proposing to incorporate into this application by reference and provide the latest date that each document was approved by DEEP.

- | | | |
|-------------------------------------|---|------------------------|
| <input checked="" type="checkbox"/> | Conservation or Preservation Restriction Information | Approval Date: 9/3/19 |
| <input checked="" type="checkbox"/> | <u>Background Information</u> (DEEP-SW-APP-101): | Approval Date: 9/3/19 |
| | <input type="checkbox"/> Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Operator | |
| <input checked="" type="checkbox"/> | <u>Statement of Consistency with the current Statewide Comprehensive Materials Management Strategy</u> (DEEP-SW-APP-102) | Approval Date: 9/3/19 |
| <input checked="" type="checkbox"/> | <u>Business Information</u> (DEEP-SW-APP-103) | Approval Date: 9/3/19 |
| | <input type="checkbox"/> Land Ownership Documents | |
| | <input type="checkbox"/> Ownership, control, and use agreements between all parties involved in the project for the Facility | |
| | <input type="checkbox"/> Service agreements and/or contracts with markets, users, final disposal sites, or other processing facilities | |
| | <input type="checkbox"/> Organization Chart which illustrates the relationship between all parties involved in the ownership and management of the facility. | |
| | <input type="checkbox"/> Planning and zoning approval (required only for applications to construct and operate landfills, incinerators, or resources recovery facilities) | |
| <input checked="" type="checkbox"/> | Facility Plan (not required for applications to construct and operate a solid waste disposal area, e.g. landfill): | Approval Date: 2/11/20 |
| | <input checked="" type="checkbox"/> Engineering Drawings | |
| | <input checked="" type="checkbox"/> Operation and Management Plan | |

Part VII: Certification

The applicant, the individual(s) responsible for actually preparing the application and a professional engineer must sign this part. An application will be considered incomplete unless all required original signatures are provided **and represent the proper signatory authority as specified in Part VII of the instructions**. If the applicant is the preparer, please mark N/A in the spaces provided for the preparer. (Additional signature pages may be submitted.)

I have examined all information in support of this renewal application for a solid waste facility permit for the activities which are the subject of this application, including all supporting documentation. I certify that to the best of my knowledge and belief, with the exception of those documents specifically identified in Part V of this renewal application, that *NO* modifications or changes have been made to the existing design, capacity, process or operation of the existing facility, including the Facility Plan engineered drawings and the Operation and Management Plan, since the most recent date such facility's operation was authorized by the Department of Energy and Environmental Protection. Only those documents selected in Part V of this application have changes and therefore are being resubmitted to the department for approval. Supporting documentation, specifically identified in Part VI of this application including the facility plan engineered drawings and the Operation and Management Plan, are being incorporated by reference and are not being resubmitted since such documents were previously submitted and approved by the Department of Energy and Environmental Protection. I further certify that I will submit any documents incorporated by reference to this application or any additional information to the Department of Energy and Environmental Protection upon written request.

I also certify:


- that I have reviewed the most recent DEEP approved coastal boundary maps in the area where existing activities are authorized and if required have submitted a Coastal Consistency Review Form (DEEP-APP-004), as well as the Site Plan and Operation and Management Plan for the facility to the Office of Long Island Sound Programs. Information on the coastal boundary is available at: 1) www.cteco.uconn.edu/map_catalog.asp (Select the town and then select coastal boundary. If the town is not within the coastal boundary you will not be able to select the coastal boundary map.) or 2) the local town hall or 3) on the "Coastal Boundary Map" available at DEEP Maps and Publications (860-424-3555). If applicable, provide the most recent date of submission of the Coastal Consistency Review Form to the Office of Long Island Sound Programs _____.
- that I have reviewed the most recent "State and Federal Listed Species and Natural Communities Map" to determine if the existing activities are located within an area identified as a habitat for endangered, threatened or special concern species and if required I have submitted the Connecticut Natural Diversity Data Base (CT NDDB) Review Request Form (DEEP-APP-007) to the address specified on the form.
If applicable, provide the most recent date of submission of the CT NDDB Review Request Form: _____.
- that I have determined if the site is located within a municipality required to establish Aquifer Protection Areas, as defined in section 22a-354a through 354bb of the General Statutes (CGS) and if located within a delineated aquifer protection area, I have registered with the municipal Aquifer Protection Agency or the Department of Energy and Environmental Protection. If applicable, provide the most recent date of submission of registration and specify the agency: _____.

I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute.

I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I, the Applicant, certify that I will comply with all notice requirements as listed in Section 22a-6g of the General Statutes.

	APRIL 19, 2024
Signature of Applicant	Date
RICHARD M. MOORE	EVP NORTH AMERICA OPERATIONS
Printed Name of Applicant	Title
_____	_____
Signature of Preparer	Date
_____	_____
Printed Name of Preparer	Title (if applicable)
_____	_____
Signature of Professional Engineer	Date
Eugene G. Kempey PE	Affix Stamp
Printed Name of Professional Engineer	_____

Part VII: Certification

The applicant, the individual(s) responsible for actually preparing the application and a professional engineer must sign this part. An application will be considered incomplete unless all required original signatures are provided **and represent the proper signatory authority as specified in Part VII of the instructions**. If the applicant is the preparer, please mark N/A in the spaces provided for the preparer. (Additional signature pages may be submitted.)

I have examined all information in support of this renewal application for a solid waste facility permit for the activities which are the subject of this application, including all supporting documentation. I certify that to the best of my knowledge and belief, with the exception of those documents specifically identified in Part V of this renewal application, that **NO** modifications or changes have been made to the existing design, capacity, process or operation of the existing facility, including the Facility Plan engineered drawings and the Operation and Management Plan, since the most recent date such facility's operation was authorized by the Department of Energy and Environmental Protection. Only those documents selected in Part V of this application have changes and therefore are being resubmitted to the department for approval. Supporting documentation, specifically identified in Part VI of this application including the facility plan engineered drawings and the Operation and Management Plan, are being incorporated by reference and are not being resubmitted since such documents were previously submitted and approved by the Department of Energy and Environmental Protection. I further certify that I will submit any documents incorporated by reference to this application or any additional information to the Department of Energy and Environmental Protection upon written request.

I also certify:

- that I have reviewed the most recent DEEP approved coastal boundary maps in the area where existing activities are authorized and if required have submitted a Coastal Consistency Review Form (DEEP-APP-004), as well as the Site Plan and Operation and Management Plan for the facility to the Office of Long Island Sound Programs. Information on the coastal boundary is available at: 1) www.cteco.uconn.edu/map_catalog.asp (Select the town and then select coastal boundary. If the town is not within the coastal boundary you will not be able to select the coastal boundary map.) or 2) the local town hall or 3) on the "Coastal Boundary Map" available at DEEP Maps and Publications (860-424-3555). If applicable, provide the most recent date of submission of the Coastal Consistency Review Form to the Office of Long Island Sound Programs _____;
- that I have reviewed the most recent "State and Federal Listed Species and Natural Communities Map" to determine if the existing activities are located within an area identified as a habitat for endangered, threatened or special concern species and if required I have submitted the Connecticut Natural Diversity Data Base (CT NDDB) Review Request Form (DEEP-APP-007) to the address specified on the form.
If applicable, provide the most recent date of submission of the CT NDDB Review Request Form: _____;
- that I have determined if the site is located within a municipality required to establish Aquifer Protection Areas, as defined in section 22a-354a through 354bb of the General Statutes (CGS) and if located within a delineated aquifer protection area, I have registered with the municipal Aquifer Protection Agency or the Department of Energy and Environmental Protection. If applicable, provide the most recent date of submission of registration and specify the agency: _____.

I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute.

I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I, the Applicant, certify that I will comply with all notice requirements as listed in Section 22a-6g of the General Statutes.

Richard M. Moore
Signature of Applicant

APRIL 19, 2024
Date

RICHARD M. MOORE
Printed Name of Applicant

EVP NORTH AMERICA OPERATIONS
Title

Stephen Kempey
Signature of Preparer

APRIL 23, 2024
Date

Stephen Kempey
Printed Name of Preparer

Project Engineer
Title (if applicable)

Eugene G. Kempey PE
Signature of Professional Engineer

APRIL 23, 2024
Date

Eugene G. Kempey PE
Printed Name of Professional Engineer



Please submit: (1) completed Application Form;
(2) all required Supporting Documents;
(3) One copy of the entire package; and
(4) Fee.

To: CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

Please remember to publish notice of the permit application prior to submitting your completed application to DEEP. Send a copy of the published notice to the chief elected official of the municipality in which the regulated activity is proposed, within five business days of the date the application is filed with DEEP and provide DEEP with a copy of the published notice, as described in the instructions, attached to a completed Certification of Notice Form (DEEP-APP-005A) as Attachment AA to this application.