



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): <input type="checkbox"/> Initial (New) <input type="checkbox"/> Renewal <input type="checkbox"/> Subsequent Landfill Stage (New) <input checked="" type="checkbox"/> Modification	2. APPLICANT IS: <input checked="" type="checkbox"/> Facility Owner <input checked="" type="checkbox"/> Facility Operator	3. IS APPLICATION FILED BY OR ON BEHALF OF A MUNICIPALITY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		If Yes, Name <input type="text"/>

4. FACILITY OWNER'S INFORMATION Name <input type="text"/> Hyland Facility Associates Address <input type="text"/> 25 Greens Hill Lane City <input type="text"/> Rutland State/Zip <input type="text"/> VT 05701 Phone <input type="text"/> 800-227-3552 Email <input type="text"/>	5. FACILITY OPERATOR'S INFORMATION Name <input type="text"/> Hyland Landfill Address <input type="text"/> 6653 Herdman Road City <input type="text"/> Angelica State/Zip <input type="text"/> NY 14709 Phone <input type="text"/> 585-466-7271 Email <input type="text"/>	6. ENGINEER'S INFORMATION Name <input type="text"/> Shawn Logan NY License # <input type="text"/> 079969 Phone <input type="text"/> 716-834-8932 Firm Name <input type="text"/> McMahon & Mann Cons. Eng. and Geo., P.C. Address <input type="text"/> 2495 Main St., Suite 432, Buffalo, NY 14214 Email <input type="text"/>
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7. FACILITY NAME AND LOCATION (Attach USGS Topo Map showing exact location) Name <input type="text"/> Hyland Landfill Street <input type="text"/> 6653 Herdman Road City/State/Zip <input type="text"/> Angelica, New York 14709 Town <input type="text"/> Angelica County <input type="text"/> Allegany Coordinates: NYTM--E <input type="text"/> 252.0 NYTM--N <input type="text"/> 4685.8	8. SITE OWNER'S INFORMATION Name <input type="text"/> Hyland Facility Associates Address <input type="text"/> 25 Greens Hill Lane City/Town <input type="text"/> Rutland State/Zip <input type="text"/> VT 05701 Phone <input type="text"/> 800-227-3552 Email <input type="text"/>
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9. TYPE OF FACILITY (Check all applicable boxes) <input type="checkbox"/> Combustion & Thermal Treatment (362-1) <input type="checkbox"/> Navigational Dredge Mat. Hlding & Recovery(361-9) <input type="checkbox"/> C & D Debris Handling & Recovery (361-5) <input type="checkbox"/> Nonspecific Facilities (360.17) <input type="checkbox"/> Composting & Other Organics Processing (361-3) <input type="checkbox"/> Recyclables Handling & Recovery (361-1) <input type="checkbox"/> Household Hazardous Waste Collection (362-4) <input type="checkbox"/> Research, Development, and Demonstration (360.18) <input type="checkbox"/> Land Application & Associated Storage (361-2) <input type="checkbox"/> Transfer (362-3) <input checked="" type="checkbox"/> Landfill (363) <input type="checkbox"/> Waste Oil (374-2) <input type="checkbox"/> Regulated Medical Waste (365) <input type="checkbox"/> Waste Tire Handling & Recovery (361-6) <input type="checkbox"/> Mulch Processing (361-4) <input type="checkbox"/> Used Cooking Oil & Yellow Grease (361-8) <input type="checkbox"/> Municipal Solid Waste Processing (362-2)	10. NAME(S) OF ALL MUNICIPALITIES SERVED: <input type="text"/> <input type="text"/> <input type="text"/>
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11. SOLID WASTES ACCEPTED: Identify facility capacity and throughput of each waste type, as applicable The existing "approved design capacity" is 465,000 tons per year. The proposed "approved design capacity" is 1,000,000 tons per year Hyland currently accepts non-hazardous wastes. The type of waste accepted is not proposed to change.	12. FACILITY SIZE a. Facility size proposed (acres) <input type="text"/> 104.1 acres b. Total site area (acres) <input type="text"/> 1,036 acres c. Landfill only: Facility size ultimately planned (acres) <input type="text"/> 180.4 acres d. Existing landfill area on this site and adjacent properties (acres) <input type="text"/> 76.3 acres e. Landfill only: Ultimate facility height above ground level (feet) <input type="text"/> 180 feet
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13. IS A VARIANCE REQUESTED FROM ANY PROVISION OF 6 NYCRR PART 360?
 Yes No If yes, cite specific provision(s) 363-6.7(a)(2)(i)

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) Vice President of (entity) Hyland Facility Associates

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 2/19/21 Signature  Print Name Larry Shilling

