



DEPARTMENT USE ONLY	
DEC APPLICATION NO.	<input type="text"/>
ACTIVITY NUMBER(S)	<input type="text"/>

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):

Initial (New) Modification Renewal (Existing permit expiration date: )

2. APPLICANT IS:

Facility Owner Facility Operator

3. IS APPLICATION FILED BY OR ON BEHALF OF A MUNICIPALITY?

YES (Name of municipality: ) NO

4. FACILITY NAME AND LOCATION (Attach USGS Topo Map showing exact location)

Name: ARG Disposal & Transfer
Address: 366 Washington Street
Town: Village of Albion County: Orleans
Coordinates: NYTM-E 239633 NYTM-N 4792754
Existing solid waste management facility permit number (if applicable): 8-3420-00085/00001
Check here if facility owner, operator and/or real property owner has changed since last application was submitted.

5. FACILITY OWNER'S INFORMATION

Name: ARG Services of WNY Inc.
Address: 366 Washington Street
City/State/Zip: Albion, NY 14411
Phone number: (585) 205-1847
Email: AGramuglia@argdisposal.com

6. FACILITY OPERATOR'S INFORMATION

Name: ARG Services of WNY Inc.
Address: 366 Washington Street
City/State/Zip: Albion, NY 14411
Phone number: (585) 205-1847
Email: AGramuglia@argdisposal.com

7. ENGINEER'S INFORMATION

Name: Thomas Fromberger, P.E.
NYS Professional Engineer License #: 086072
Firm Name: MRB Group
Address: 145 Culver Road, Suite 160
City/State/Zip: Rochester, NY 14620
Phone number: (585) 381-9250
Email: tfromberger@mrbgroup.com

8. REAL PROPERTY OWNER'S INFORMATION

Name: ARG Services of WNY Inc.
Address: 366 Washington Street
City/State/Zip: Albion, NY 14411
Phone number: (585) 205-1847
Email: AGramuglia@argdisposal.com

Check here if facility owner is not real property owner. See instruction page for written permission requirement.

9. TYPE OF FACILITY (CHECK ALL APPLICABLE BOXES)

Combustion & Thermal Treatment (362-1)
C & D Debris Handling & Recovery (361-5)
Composting & Other Organics Processing (361-3)
Household Hazardous Waste Collection (362-4)
Land Application & Associated Storage (361-2)
Landfill (363)
Regulated Medical Waste (365)
Mulch Processing (361-4)
Municipal Solid Waste Processing (362-2)
Navigational Dredge Material Handling & Recovery (361-9)
Nonspecific Facilities (360.17)
Recyclables Handling & Recovery (361-1)
Research, Development, and Demonstration (360.18)
Transfer (362-3)
Waste Oil (374-2)
Waste Tire Handling & Recovery (361-6)
Used Cooking Oil & Yellow Grease (361-8)

**10. NAME(S) OF ALL MUNICIPALITIES IN SERVICE AREA:**

Potentially serving all municipalities within the counties of Orleans, Monroe, Genesee, Erie, and Niagara.

**11. SOLID WASTE ACCEPTED: Identify facility capacity and throughput of each waste type, as applicable**

Modify existing 150 TPD C&D facility permit to include the transfer of Municipal Solid Waste and Recyclables. The maximum permitted design throughput of materials would be 350 TPD. 75-100 TPD C&D, 242-267 TPD MSW, 8 TPD Recycling.

**FOR MODIFICATION APPLICATION ONLY**

**12. DOES THE MODIFICATION APPLICATION INVOLVE (CHECK ALL APPLICABLE BOXES):**

New waste type  New equipment  Waste acceptance rate increase  Facility expansion (including landfill)

**SKIP QUESTION #13 AND #14 IF APPLYING FOR RENEWAL ONLY**

**13. APPLICATION DESCRIPTION**

*Include a brief description of new or modification request*

Application for modification to an existing permit. The existing facility is approved for 150 tons per day (TPD) for construction and demolition debris. The permit modification would allow the facility to accept and transfer municipal solid waste and recyclables to a maximum throughput of 350 TPD. 75-100 TPD C&D, 242-267 TPD MSW, 8 TPD Recycling.

**14. FACILITY SIZE**

a. Facility size proposed (acres) 4.28  
b. Total site area (acres) 4.28

**For modification application ONLY**

c. Associated facility size change (acres) 0

**For Landfill ONLY**

d. Facility size ultimately planned (acres) \_\_\_\_\_  
e. Existing landfill area on this site and adjacent properties (acres) \_\_\_\_\_  
f. Ultimate facility height above ground level (feet) \_\_\_\_\_

**15. IS A VARIANCE REQUESTED FROM ANY PROVISION OF 6 NYCRR PART 360 SERIES?**

Yes  No If yes, submit an application for variance and cite specific provision(s) here: \_\_\_\_\_

**16. REAL PROPERTY OWNER CERTIFICATION**

Corporation  Partnership  Sole Proprietorship  Municipality/other government entity  Other: \_\_\_\_\_

I hereby attest that I am the owner of the real property on which the facility is located or the proposed or modified facility will be located and am signing in my individual capacity.

Or if signing in a representative capacity: I hereby attest that I am the (indicate title or capacity) President, an authorized representative of the owner of the real property on which the facility is located or the proposed or modified facility will be located. I am duly authorized on behalf of said owner to sign make this certification on this application.

I grant permission for the applicant to apply for the permit, and construct and operate the facility described in the application in accordance with a final DEC permit or approval. I also grant permission for the department to access the above-described real property, including any adjacent areas, during all reasonable times (including but not limited to 7:00 am to 7:00 pm Monday through Friday, and additional facility hours of operation, and as appropriate during emergencies and similar exigent circumstances) without the property owner, applicant or other representative of the property owner or facility present. If the property is posted with "keep out" signs or fenced with an unlocked gate, department staff may still enter the property. Department staff may traverse the property, inspect the facility, take measurements, analyze site physical characteristics, take soil and vegetation samples, sketch and photograph the property, and conduct other activities necessary to evaluate the permit application or assess the facility's compliance with the permit and any other applicable statutory or regulatory requirements.

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.

Signature: [Signature] Print Name: Anthony Gramuscia Date: 11/8/24  
Title or Representation if signing in a representative capacity: \_\_\_\_\_

**17. APPLICANT CERTIFICATION**

Corporation  Partnership  Sole Proprietorship  Municipality/other government entity  Other: \_\_\_\_\_

I hereby attest that I am the (check one)  President/Vice President  General Partner  Sole Proprietor  Duly Authorized Municipal Representative of (APPLICANT) ARG Services of WNY INC. and the legally responsible party for this application as presented to NYSDEC. I affirm that the statements and information provided on this application and all attachments submitted herewith are true, accurate, and complete.

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. I accept full responsibility for all damage, direct or indirect, of whatever nature, and by whomever suffered, arising out of the project described herein and agree to indemnify and hold harmless the State from any and all causes of action in law or equity, resulting from the said project.

Signature: [Signature] Print Name: Anthony Gramuscia Date: 11/8/24