



GEORGE D. CASCINO, P.E., P.P.
CONSULTING ENGINEER

Federal Express
April 13, 2018

Thomas Byrne, Section Chief
NJDEP - TS/MRF & RRF Unit
Bureau of Solid Waste Permitting
401 East State Street
Trenton, NJ 08625

Re: GDC File #15-4
Old Quarry Road Associates, LLC,
Application to NJDEP

Dear Mr. Byrne:

As you will recall at our pre-application meeting on 3/13/18, I represent Old Quarry Road Associates, LLC, in relation to their proposed 100 tpd transfer station/materials recovery facility in Bernardsville. As you will recall, at the meeting you presented certain comments regarding the preliminary documents we had sent to you on 2/8/18.

Since that time we have revised and finalized the application documents for the facility. Please find enclosed for your review the following documents:

Solid Waste Facility Application Form – Signed by Peter Rubinetti on behalf of Old Quarry Road Associates, LLC.

Environmental Impact Statement & Engineering Design Report – Prepared by Cascino Engineering, dated March 23, 2018, including:

NJDEP Commissioner's Certification, dated 5/9/17 (Appendix A)

Operations & Maintenance Manual, dated 3/23/18 (Appendix B)

Noise Report, revised 3/25/18 (Appendix C)

Traffic Impact Analysis, dated 3/21/18 (Appendix D)

Engineering Plans – (Appendix G)

Site Plan, Sheet 1 of 5, dated 5/23/16, revised 3/23/18

Drainage & Grading Plan, Sheet 2 of 5, dated 5/23/16, revised through 3/23/18

Traffic Plan, Sheet 3 of 5, dated 5/23/16, revised through 3/23/18

Soil Erosion Plan, Sheet 4 of 5, dated 3/23/18

Lighting Plan, Sheet 5 of 5, dated 3/23/18

You will note that the applicant/owner has been listed as Old Quarry Road Associates, LLC, and that the applicant/operator is listed as Old Quarry Road Associates, LLC, t/a Red Ruby Recycling. For your information be advised that the A-901 application will be filed.

MAILING ADDRESS: 2 EAST GREENBROOK ROAD • NORTH CALDWELL, NEW JERSEY 07006

OFFICE ADDRESS: 1055 BLOOMFIELD AVENUE • WEST CALDWELL, NEW JERSEY 07006

TELEPHONE (973) 882-2950

FAX (973) 882-0511

E-MAIL: CASCINOENGINEERING@YAHOO.COM

VISIT US AT: WWW.CASCINOENGINEERING.COM



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If you have any questions during your review of this application, please do not hesitate to contact me.

Sincerely yours,

George D. Cascino, P.E., P.P.
Consulting Engineer & Planner

Cc: Joseph Ferrante, Esq., w/encl.
Peter Rubinetti & Tom Luciano, w/encl.

GDC/lc



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID AND HAZARDOUS WASTE MANAGEMENT PROGRAM
P.O. BOX 414 401 E. STATE STREET
TRENTON, NEW JERSEY 08625-0414
TELEPHONE: 609-984-6985 TELECOPIER: 609-633-9839
http://www.state.nj.us/dep/dshw

SOLID WASTE FACILITY APPLICATION FORM

PLEASE PRINT OR TYPE

1A. Applicant/Owner: Old Quarry Road Associates, LLC Telephone: 973-377-3926

Permanent Legal Address: 16 Chelsea Drive

City: Randolph State: NJ Zip Code: 07869

Federal Tax I.D #: 57-1188449

1B. Applicant/Operator Old Quarry Road Associates, LLC t/a/ Red Ruby Recycling

Telephone: 973-377-3926

Permanent Legal Address: 16 CHELSEA DRIVE

City: RANDOLPH State: NJ Zip Code: 07869

1C. Co-permittee: N/A Telephone:

Permanent Legal Address:

City: State: Zip Code:

2. Location of Work:

Name of Facility: Old Quarry Road Associates Materials Recovery Facility

Address (Street/Road): 33 Old Quarry Road

Lot #: 238

Block #: 100

Municipality: Bernardsville County: Somerset

NJEMS Preferred ID #:

SW Facility ID #:

EPA ID #:

3. **Professional Engineer:**

Name: George D. Cascino, P.E. N.J. License P.E. #: 18411

Name of Firm: Consulting Engineer

Address: 2 East Greenbrook Road

City: North Caldwell State: NJ Zip Code: 07006

Telephone: 973-882-2950

4. **Application Type:** (Circle applicable letter)

- A. Initial Solid Waste Facility (SWF) Permit**
- B. Existing SWF Annual Update
- C. SWF Permit Modification (check here if expansion)
- D. SWF Permit Renewal
- E. SWF Transfer of Ownership
- F. Closure/Post-Closure Plan
- G. Disruption Approval
- H. Other - describe here _____

5. **Facility Type:** (Circle all that apply)

- A. Sanitary Landfill
- B. Incinerator/Resource Recovery Facility
- C. Transfer Station
- D. Transfer Station/Materials Recovery Facility**
- E. Intermodal Container Facility
- F. Compost
- G. Other - describe here _____

6. **Waste Types:** (Circle all types of waste requested for acceptance at this facility by numbers.)

- | | |
|---|---|
| 10. Municipal Waste | 27. Dry Industrial Waste |
| 12. Dry Sewage Sludge | 27A. Asbestos Containing Waste |
| <input checked="" type="radio"/> 13.* Bulky Waste | 27I. Incinerator Ash/Ash Containing Waste |
| <input checked="" type="radio"/> 13C.* Construction and Demolition Waste | 72. Bulk Liquid and Semi-Liquid |
| 23. Vegetative Waste | 73. Septic Tank Clean-Out Wastes |
| 25. Animal and Food Processing Waste | 74. Liquid Sewage Sludge |

Treated Regulated Medical Waste Untreated Regulated Medical Waste

7. **Facility Life and Capacity:**

	YEARS	TONS	CUBIC YDS
A. Currently Permitted/Authorized	<u>N/A</u>	_____	_____
B. Proposed in this Application	<u>30</u>	<u>1 mil. estimated</u>	_____

8. **Utility Regulation:**

- A. It (will) (be) Public _____
- B. Certificate of Public Convenience & Necessity (CPCN) # _____

USE ADDITIONAL PAPER, IF REQUIRED, IN ORDER TO GIVE FULL AND COMPLETE DISCLOSURES TO THE FOLLOWING ITEMS.

9. **Type of Organization:** (Circle appropriate letter.)

- | | | |
|-------------------|-------------------------|------------------------|
| A. Proprietorship | D. Municipal Government | G. Authority |
| B. Partnership | E. County Government | H. Federal |
| C. Corporation | F. State Government | X. *Other <u>NJLLC</u> |

10. **Organization Data:** Old Quarry Road Associates, L.L.C. t/a Red Ruby Recycling

- A. **LLC DATA** - State the name and address of each **member**, including silent or limited, and their interest:

NAME	ADDRESS	PORTION OF INTEREST
<u>Thomas Dominick Luciano</u>	_____	<u>50%</u>
<u>Peter Rubinetti</u>	_____	<u>50%</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Registered in State: New Jersey County: Morris

Date of Filing: 12/17/02

Agent's Name: Peter Rubinetti

Street Address: 16 Chelsea Drive Telephone: 973-377-3926

City: Randolph State: New Jersey Zip Code: 07869

B. Limited Liability Company DATA

Date of Formation: 12/17/02

Agent's Name: Peter Rubinetti

Street Address: 16 Chelsea Drive Telephone: 973-377-3926

City: Randolph State: N.J. Zip Code: 07869

Corporate Officers:

OFFICIAL TITLE	NAME	BUSINESS ADDRESS
<u>Managing Member</u>	<u>Thomas D. Luciano</u>	<u>17 Union Schoolhouse Rd., Mendham</u>
<u>Managing Member</u>	<u>Peter Rubinetti</u>	<u>16 Chelsea Drive, Randolph</u>
_____	_____	_____
_____	_____	_____

Directors: N.A.

NAME	RESIDENCE	TERM OF OFFICE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Identify below any individual, corporation or other business organization having ownership or a controlling interest in the applicant. If applicable, the chain of ownership or control should be traced to the main parent company.

NAME: None

ADDRESS: _____

NATURE OF CONTROL: _____

Principal Security Holders and Voting Power. Identify owner(s) of all securities in the applicant corporation having more than ten (10) percent of value.

NAME	ADDRESS	TYPE OF SECURITIES*	NUMBER OF VOTES
<u>Thomas D. Luciano</u>	<u>17 Union Schoolhouse Rd., Mendham</u>	<u>membership inter.</u>	<u>50%</u>
<u>Peter Rubinetti</u>	<u>16 Chelsea Drive, Randolph</u>	<u>membership inter.</u>	<u>50%</u>
_____	_____	_____	_____
_____	_____	_____	_____

* (membership interests)

11. Other Permits Applied for or Obtained

<u>PERMIT TYPE:</u> (Use additional sheets if necessary)	<u>N.A.</u>	<u>APPLICATION STATUS</u>		<u>Date Applied for or Project Number</u>
		<u>Pending</u>	<u>Approved</u>	
A. CAFRA	<u>X</u>	_____	_____	_____
B. Waterfront Development	<u>X</u>	_____	_____	_____
C. Tidal or Coastal Wetlands	<u>X</u>	_____	_____	_____
D. Freshwater Wetlands Permit	<u>X</u>	_____	_____	_____
E. Freshwater Wetlands Transitional Area Waiver (after July 1, 1989)	<u>X</u>	_____	_____	_____
F. Stream Encroachment	<u>X</u>	_____	_____	_____
G. Water Quality Certificate (Section 401)	<u>X</u>	_____	_____	_____
H. Open Water Fill	<u>X</u>	_____	_____	_____
I. Tidelands (Riparian) Grant, Lease or License	<u>X</u>	_____	_____	_____
J. Divert Surface Waters for Private Use	<u>X</u>	_____	_____	_____
K. Temporary Water Lowering	<u>X</u>	_____	_____	_____
L. Sewer Systems: Collectors, Pump Station, etc	<u>X</u>	_____	_____	_____
M. Underground Storage Tanks	<u>X</u>	_____	_____	_____
N. Hazardous Waste Permits Specify: _____	<u>X</u>	_____	_____	_____

<u>PERMIT TYPE:</u> (Use additional sheets if necessary)	<u>N.A.</u>	<u>APPLICATION STATUS</u>		<u>Date Applied for or Project Number</u>
		<u>Pending</u>	<u>Approved</u>	
O. Air Quality Permits _____				To be obtained
P. Delaware and Raritan Canal Review Zone "Certificate of Approval" _____	X			
Q. Pinelands Certificate _____	X			
R. Green Acres Program Review _____	X			
S. Other State Agencies' Permit Type of Permit: _____	X			
T. Federal Permit Type of Permit: _____	X			

Brief Description of the Proposed Project and Intended Use:

The MRF facility is proposed at a capacity of 100 tons per day and will process Type 13 (bulky waste) and Type 13C (construction & demolition waste) within a proposed 8,362 s.f. building. The facility proposes to recycle concrete/brick, wood, metals, and cardboard for re-entry into the marketplace. Resultant residue will be disposed of out of state.

12. **Certifications:**

A. **APPLICANT'S CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I understand that, in addition to criminal penalties, I may be liable for a civil administrative penalty pursuant to N.J.A.C. 7:26-5 and that submitting false information may be grounds for denial, revocation or termination of any solid waste facility permit or vehicle registration for which I may be seeking approval or now hold.

Old Quarry Road Associates, L.L.C.

PETER RUSIETTI

Print/Type Applicant/Owner Name

4/13/18

Date



Signature of Applicant/Owner

Managing Member

Title

Old Quarry Road Associates, L.L.C. t/a Red Ruby

Recycling

Print/Type App./Operator Name

Date

Signature of Applicant/Operator

Managing Member

Title

Print/Type Co-Applicant Name

Date

Signature of Co-Applicant

Title

B. PROPERTY OWNER'S CERTIFICATION

I hereby certify that Old Quarry Road Associates, L.L.C.

Property Owner's Name
is the owner of the property upon which the proposed work is to be done. This endorsement is certification that the owner grants permission for the conduct of the proposed activity and authorizes that staff of DEP may conduct on-site inspections as necessary for the review of this application.

In addition, the aforementioned property owner shall certify:

1. Whether any work is to be done within an easement -

Yes PK (Initial) No X (Initial)

2. Whether any part of the entire project will be located within property belonging to the State of New Jersey -

Yes PK (Initial) No X (Initial)

3. Whether any part of the entire project will be located within property belonging to a municipality or county -

Yes PK (Initial) No X (Initial)

PETER RUBINETTI
Type or Print Name and Address of Owner
if different from Item 1 on Page 1

4/13/18
Date


Signature of Owner

C. APPLICANT'S AGENT

I, PETER RUBINETTI and/or _____
(Applicant/Owner) (App./Operator or Co-Permittee)
authorize to act as my agent/representative in all matters pertaining
to my application the following person:

Name: George D. Cascino, P.E.

Title: Consulting Engineer

Firm: Consulting Engineer

Address: 2 East Greenbrook Road

City: North Caldwell State: NJ Zip Code: 07006

Telephone: 973-882-2950

Occupation/Profession: Engineer

[Signature] 4/13/18
(Signature of Applicant/Owner)

(Signature of Applicant/Operator)

(Signature of Co-permittee)*

AGENT'S CERTIFICATION

Sworn before me
this 13 day of
APRIL 2018

[Signature]
Notary Public

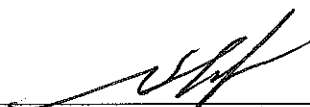
GENEVIEVE TRISTON
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES JUNE 28, 2021

I agree to serve as agent for the
above-mentioned applicant

[Signature]
(Signature of Agent)
GEORGE CASCINO

D. STATEMENT OF PREPARER OF PLANS, SPECIFICATIONS, SURVEYOR'S OR ENGINEER'S REPORT

I hereby certify that the engineering plans, specifications and engineer's reports applicable to this project comply with the current rules and regulations of the State Department of Environmental Protection with the exceptions as noted.



Signature of Engineer
George D. Cascino

Print or Type Name
Owner

Position
Consulting Engineer

Name of Firm

Date 4/13/18

**PROFESSIONAL ENGINEER'S/ARCHITECT'S
EMBOSSSED SEAL**