



Department of Environmental Conservation

Division of Materials Management

APPLICATION FOR A SOLID WASTE MANAGEMENT FACILITY PERMIT

Please read all instructions before completing this application

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

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 (title) president of (entity) Dicksons Environmental Services, Inc. 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 6/17/21 Signature Philip M Dickson Print Name Philip Dickson

