



June 8, 2021

Project No. 18106700-1  
Via FedEx

**Mr. Robert Confer, Chief Bureau of Landfill & Hazardous Waste Permitting**

New Jersey Department of Environmental Protection  
Bureau of Hazardous Waste and Transfer Facilities  
401 East State Street, 2nd Floor  
P.O. Box 414  
Trenton, New Jersey 08625-0414

**RE: NJDEP SOLID WASTE PERMIT RENEWAL APPLICATION (PERMIT NO. RMF 130001)  
STERICYCLE MEDICAL WASTE TREATMENT AND TRANSFER FACILITY  
75 CROWS MILL ROAD, KEASBEY, MIDDLESEX COUNTY, NEW JERSEY**

Dear Mr. Confer:

On behalf of Stericycle, Inc. (Stericycle), Golder Associates Inc. (Golder) hereby submits one original and two copies of a Solid Waste Facility Permit Renewal Application for the proposed Stericycle Medical Waste Treatment Facility located at 75 Crows Mill Road in Keasbey, Middlesex County, New Jersey. The New Jersey Department of Environmental Protection (NJDEP) issued a Solid Waste Permit #RMF130001 to Stericycle on September 13, 2016 for the above referenced Facility. This submission for the renewal of the permit is in accordance with the New Jersey Administrative Code (N.J.A.C.) 7:26-2.7(b) et. seq..

The revisions contained in this permit renewal application consist of the following items:

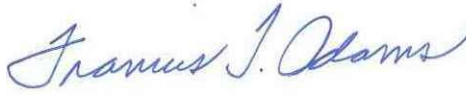
1. Statement regarding fees as required by N.J.A.C. 7:26-4
2. District Solid Waste Facility Applicability
3. Disclosure Statements (Individual and Corporate)
4. Registration Statement – NJDEP “Solid Waste Facility Application Form”
5. Environmental Health & Impact Statement
6. Engineering Design Report

Thank you for your cooperation. If you have any questions concerning this application or if you require more information, please contact the undersigned.

Sincerely,

**Golder Associates Inc.**

  
Claire B. Mackler, PMP  
Senior Project Manager

  
Francis T. Adams, PE  
Practice Leader and Associate

CBM/FTA/bjb

CC: M. Bowers, Stericycle  
B. Nolton, Stericycle

**ITEM 1**

## Statement Regarding Fees

# **ITEM 1**

## **SOLID WASTE FACILITY PERMIT RENEWAL APPLICATION STERICYCLE MEDICAL WASTE TREATMENT AND TRANSFER FACILITY**

**75 CROWS MILL ROAD  
KEASBEY, MIDDLESEX COUNTY, NEW JERSEY**

## **STATEMENT REGARDING FEES**

Upon discussions with a representative of the New Jersey Department of Environmental Protection (NJDEP) Solid Waste and Hazardous Waste Program on January 7, 2013, it was acknowledged that since there is no fee schedule for review of a medical waste treatment facility, the applicant would pay a review fee based on the NJDEP time required for the review.

**ITEM 2**

# District Solid Waste Facility Applicability

## **ITEM 2**

### **SOLID WASTE FACILITY PERMIT RENEWAL APPLICATION STERICYCLE MEDICAL WASTE TREATMENT AND TRANSFER FACILITY**

**75 CROWS MILL ROAD  
KEASBEY, MIDDLESEX COUNTY, NEW JERSEY**

## **DISTRICT SOLID WASTE FACILITY APPLICABILITY**

Pursuant to N.J.S.A. 13:1E-19, every county in the State of New Jersey is designated as a solid waste district. The facility is in Keasbey, located in Woodbridge Township, NJ which is managed by the Middlesex County Solid Waste Management Plan (Plan). The New Jersey Department of Environmental Protection Solid and Hazardous Waste Management Program approved the County Plan to include the Stericycle, Inc. Commercial Collection Facility for Medical Waste in a letter dated October 14, 2012. Also, the County of Middlesex Department of Public Safety and Health in a letter dated October 23, 2012, acknowledged the NJDEP letter to provide a clarification that both treatment and transfer activities will occur at the RMW treatment facility. Supporting documentation is included in Appendix D of the Engineering Design Report (Item 6).

**ITEM 3**

## Disclosure Statement

## **ITEM 3**

**SOLID WASTE FACILITY PERMIT RENEWAL APPLICATION  
STERICYCLE MEDICAL WASTE TREATMENT AND TRANSFER FACILITY**

**75 CROWS MILL ROAD  
KEASBEY, MIDDLESEX COUNTY, NEW JERSEY**

### **DISCLOSURE STATEMENT (INDIVIDUAL AND CORPORATE)**

Stericycle, Inc. has a current A901 Disclosure on file with NJDEP Division of Law and has submitted a 2021 annual update on November 25, 2020.

**ITEM 4**

# Registration Statement



# **ITEM 4**

**SOLID WASTE FACILITY PERMIT RENEWAL APPLICATION  
STERICYCLE MEDICAL WASTE TREATMENT AND TRANSFER FACILITY**

**75 CROWS MILL ROAD  
KEASBEY, MIDDLESEX COUNTY, NEW JERSEY**

**REGISTRATION STATEMENT**



## 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:** Stericycle, Inc. Telephone: \_\_\_\_\_

Permanent Legal Address: 75 Crows Mill Road

City: Keasbey State: NJ Zip Code: 08832

Federal Tax I.D #: 363640402

1B. **Applicant/Operator:** Stericycle, Inc. Telephone: \_\_\_\_\_

Permanent Legal Address: 2355 Waukegan Rd.

City: Bannockburn State: IL Zip Code: 60015

1C. **Co-permittee:** NA Telephone: \_\_\_\_\_

Permanent Legal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. **Location of Work:**

Name of Facility: Stericycle, Inc.

Address (Street/Road): 75 Crows Mill Road

Lot #: Lots 1.012, 3.02, 4.01 & 4.02./Lots 1.02, 2, 2.01 & 2.03

Block #: 41.03/51

Municipality: Keasbey (Woodbridge Township) County: Middlesex

NJEMS Preferred ID #: \_\_\_\_\_

SW Facility ID #: 59940

EPA ID #: \_\_\_\_\_

3. **Professional Engineer:**

Name: Francis T. Adams N.J. License P.E. #: 24GE03833000

Name of Firm: Golder Associates Inc.

Address: 200 Century Parkway, Suite C

City: Mt. Laurel State: NJ Zip Code: 08054

Telephone: 856-793-2005

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 - Medical Waste Treatment Facility

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            |
| 13. Bulky Waste                        | 27I. Incinerator Ash/Ash Containing Waste |
| 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	_____	150 TPD	_____
B. Proposed in this Application	_____	_____	_____

8. **Utility Regulation:**

A. Is (will) this facility (be) Public or Sole Source? (circle one)

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
<input checked="" type="checkbox"/> C. Corporation	F. State Government	X. Other

10. **Organization Data:**

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

NAME	ADDRESS	PORTION OF INTEREST
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Registered in State: \_\_\_\_\_ County: \_\_\_\_\_

Date of Filing: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



B. CORPORATE DATA

Date of Incorporation: March 21, 1989

Agent's Name: The Corporation System

Street Address: 820 Bear Tavern Road, 3rd Floor Telephone: \_\_\_\_\_

City: W. Trenton State: NJ Zip Code: 08628

Corporate Officers:

OFFICIAL TITLE	NAME	BUSINESS ADDRESS
<u>President &amp; CEO</u>	<u>Cindy J. Miller</u>	<u>2355 Waukegan Rd. Bannockburn, IL 60015</u>
<u>Exec VP, CFO, &amp; CIO</u>	<u>Janet H. Zelenka</u>	<u>2355 Waukegan Rd. Bannockburn, IL 60015</u>
<u>Exec VP, NA Operations</u>	<u>Richard M. Moore</u>	<u>2355 Waukegan Rd. Bannockburn, IL 60015</u>
<u>Exec VP &amp; CCO</u>	<u>S. Cory White</u>	<u>2355 Waukegan Rd. Bannockburn, IL 60015</u>

Directors:

NAME	RESIDENCE	TERM OF OFFICE
<u>Robert S. Murley, Chairman</u>	<u>2355 Waukegan Rd. Bannockburn, IL 60015</u>	<u>Appointed Annually</u>
<u>Brian P. Anderson</u>	<u>2355 Waukegan Rd. Bannockburn, IL 60015</u>	<u>Appointed Annually</u>
<u>Lynn D. Bleil</u>	<u>2355 Waukegan Rd. Bannockburn, IL 60015</u>	<u>Appointed Annually</u>
<u>Thomas F. Chen</u>	<u>2355 Waukegan Rd. Bannockburn, IL 60015</u>	<u>Appointed Annually</u>
<u>J. Joel Hackney, Jr.</u>	<u>2355 Waukegan Rd. Bannockburn, IL 60015</u>	<u>Appointed Annually</u>
<u>Veronica M. Hagen</u>	<u>2355 Waukegan Rd. Bannockburn, IL 60015</u>	<u>Appointed Annually</u>
<u>Stephen C. Hooley</u>	<u>2355 Waukegan Rd. Bannockburn, IL 60015</u>	<u>Appointed Annually</u>
<u>James J. Martell</u>	<u>2355 Waukegan Rd. Bannockburn, IL 60015</u>	<u>Appointed Annually</u>
<u>Cindy J. Miller</u>	<u>2355 Waukegan Rd. Bannockburn, IL 60015</u>	<u>Appointed Annually</u>
<u>Kay G. Priestly</u>	<u>2355 Waukegan Rd. Bannockburn, IL 60015</u>	<u>Appointed Annually</u>
<u>James L. Welch</u>	<u>2355 Waukegan Rd. Bannockburn, IL 60015</u>	<u>Appointed Annually</u>
<u>Mike S. Zafirovski</u>	<u>2355 Waukegan Rd. Bannockburn, IL 60015</u>	<u>Appointed Annually</u>

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. **NA**

NAME: \_\_\_\_\_

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>N/A</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*(Common stock, Preferred stock, etc.)

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>	<u>28235</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 _____	_____	_____	X _____	PCP 140001 _____
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:

Stericycle specializes in the collection and disposal of medical waste and recalled and expired medical products. Stericycle services both the large-quantity regulated waste generators, such as hospitals and pharmaceutical manufacturers, and also the small-quantity generators of regulated waste, which includes outpatient clinics, and medical and dental offices.

Stericycle's regulated medical waste destination and transfer facility is located on property owned by Recycling Technology Development, LLC, holding company of the Bayshore Recycling Corp family of companies (hereafter referred to as "Bayshore") in Woodbridge, New Jersey. Stericycle was issued a Solid Waste Facility Permit (RMF130001) from the New Jersey Department of Environmental Protection (NJDEP) on September 13, 2016 for the operation of the Regulated Medical Waste Treatment and Collection Facility (RMW Facility) in Keasbey located in Woodbridge Township, Middlesex County, New Jersey (Site). The permit was valid for five (5) years from the date of issuance. This permit renewal application is being submitted to continue the ability to operate as a RMW Facility. The facility is currently under construction and is expected to be online and operating in the 4th quarter of this year.



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.

RICHARD M MOORE  
Print/Type Applicant/Owner Name  
3 JUNE 2021  
Date

*Richard M Moore*  
Signature of Applicant/Owner  
EVP NORTH AMERICAN OPERATIONS  
Title

RICHARD M MOORE  
Print/Type App./Operator Name  
3 JUNE 2021  
Date

*Richard M Moore*  
Signature of Applicant/Operator  
EVP NORTH AMERICAN OPERATION  
Title

\_\_\_\_\_  
Print/Type Co-Applicant Name  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant  
\_\_\_\_\_  
Title



B. PROPERTY OWNER'S CERTIFICATION

I hereby certify that

Valerie

Montecalvo

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 \_\_\_\_\_  
(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 \_\_\_\_\_  
(Initial)

No **X** \_\_\_\_\_  
(Initial)

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

Yes \_\_\_\_\_  
(Initial)

No **X** \_\_\_\_\_  
(Initial)

**Valerie Montecalvo**

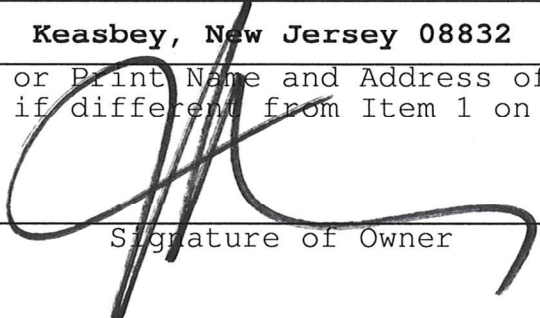
**75 Crows Mill Road, PO Box 290**

**Keasbey, New Jersey 08832**

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

6/8/2021

Date



Signature of Owner

C. APPLICANT'S AGENT

I, \_\_\_\_\_ 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: Paul Schonfeld

Title: District Operations Manager

Firm: Stericycle, Inc.

Address: 75 Crows Mill Road

City: Keasbey State: NJ Zip Code: 08832

Telephone: (732) 672-6610

Occupation/Profession: Systems Engineer

\_\_\_\_\_  
(Signature of Applicant/Owner)

\_\_\_\_\_  
(Signature of Applicant/Operator)

\_\_\_\_\_  
(Signature of Co-permittee)\*

AGENT'S CERTIFICATION

Sworn before me  
this \_\_\_\_\_ day of  
\_\_\_\_\_

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

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(Signature of Agent)

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.

*Francis T. Adams*

\_\_\_\_\_  
Signature of Engineer

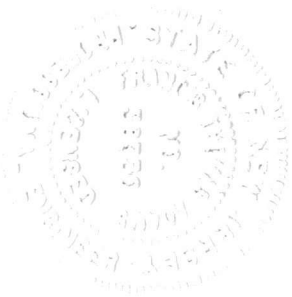
Francis T. Adams

\_\_\_\_\_  
Print or Type Name

Practice Leader and Associate  
\_\_\_\_\_  
Position

Golder Associates Inc.  
\_\_\_\_\_  
Name of Firm

06/08/2021  
\_\_\_\_\_  
Date



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