



HIGHWAY OCCUPANCY PERMIT

PERMIT NO. 05027118
 ORGANIZATION 055
 DATE ISSUED 090501
 PERMIT FEES 65.00
 ACCOUNT NO. _____
 COUNTY 48
 TOWNSHIP/BORO 210

PERMITTEE TEST PA BETHLEHEM LANDFILL COR
 ADDRESS 2535 APPLEBUTTER ROAD
 POST OFFICE BETHLEHEM PA ZIP CODE 18015

COUNTY NORTHAMPTON
 TOWNSHIP/BORO LOWER SAUCON

DESCRIPTION 523
 STATE ROUTE NO. 2012
 SEGMENTS 0030 0030
 OFFSET TO OFFSET 1988 1988

BOND/AGREEMENT NUMBER _____
 ALL WORK UNDER THIS PERMIT MAY BE STARTED ON 09/05/01
 AND SHALL BE COMPLETED ON OR BEFORE 09/05/02

(Immediately upon completion of the work, Permittee shall notify the permit office where application was made. Subject to all the conditions, restrictions, and regulations prescribed by the Pennsylvania Department of Transportation, (see in particular 87 Pa. Code, Chapter 203, 441 and 459) and subject to the plans, special conditions, or restrictions herein set forth or attached hereto. This permit shall be located at the work site and shall be available for inspection by any police officer or department representative.)

DESCRIPTION _____
 STATE ROUTE NO. _____
 SEGMENT(S) _____
 OFFSET TO OFFSET _____

DESCRIPTION OF WORK
 ALTER EXISTING LOW VOLUME DRIVEWAY AT
 SR 2012 SEG 0030 OFFSET 1988 TO SEG 0030 OFFSET 1988
 DEPT MUST BE NOTIFIED IN WRITING UPON COMPLETION
 OF WORK.
 IT IS THE PERMITTEE'S RESPONSIBILITY TO KEEP VEGETATION
 TRIMMED IN ORDER TO MAINTAIN MINIMUM SIGHT DISTANCE. NO
 OBJECTS MAY BE PLACED WITHIN THE LINE OF SIGHT.
 SHOULDERS MUST BE RESTORED IN ACCORDANCE WITH
 APPROPRIATE SECTION OF PUB. 408 AND ROADWAY
 CONSTRUCTION STANDARD RC-25.
 MINIMUM WORK ZONE TRAFFIC CONTROL TO BE IN ACCORDANCE
 WITH PUB. 203, FIGURE(S): 5, 10A, 24.
 PERMITTEE MUST MAINTAIN EXISTING SHOULDER DURING
 CONSTRUCTION.

DESCRIPTION _____
 STATE ROUTE NO. _____
 SEGMENT(S) _____
 OFFSET TO OFFSET _____

TOWNSHIP/BORO _____
 DESCRIPTION _____
 STATE ROUTE NO. _____
 SEGMENT(S) _____
 OFFSET TO OFFSET _____

THIS PERMIT IS NOT VALID UNTIL SIGNED BY THE DISTRICT ENGINEER OR HIS AUTHORIZED REPRESENTATIVE

Acknowledgement of Completion
 Permitted work has been completed.
 Date _____ By _____

Bradley L. Mallory
 BRADLEY L. MALLORY
 FOR _____
 Secretary of Transportation
 WALTER E. BORTREE, P.E.
 BY _____
 District Engineer

PERMITTEE

EXHIBIT
BLC 78
 exhibitstickcar.com

APPLICATION FOR HIGHWAY OCCUPANCY PERMIT

333222

INSTRUCTIONS ON REVERSE

ENGINEERING DISTRICT 5-0

Applicant - Owner IRSI PA Bethlehem Landfill Corp.	
Address 2335 Applebutter Road	
Bethlehem Post Office PA	Zip Code 18015
Lower Saucon Twp.	
Phone 610-317-3200	

Application	Inspection	Inspection	Inspection
	1	2	3
441/459 Ref. No.			
Unit Fee			
Number of Units	1		
Item Fee			
Permit Fee \$ _____			
Account No. _____			
Check or Money Order No. _____			

County Northampton County

Township/Boro Lower Saucon Township

Date work is scheduled to begin 8/1/01

Approximate date when work will be completed 10/1/01

If utility: Opening over 36" ft² along and/or across highway 110 FT. 110 FT. _____ FT.
(IN PAVEMENT) (IN SHOULDER) (OUTSIDE SHOULDER)

If utility: Installation Emergency Repair -- E.P.C. No. _____ Entry No. _____ Repair Replace Service Connection or Disconnection Removal

If driveway: Anticipated average daily traffic 324 ADT cars 130 ADT trucks 194 ADT buses 0 TOTAL ADT 324

One Call Serial No. 0651138

-STATE ROUTE LOCATION

DESCRIPTION OF PROPOSED WORK

S.R.	<u>2012</u>	<u>Widen driveway for a WB-62 to access the site without encroaching on adjacent travel lanes</u>	DEPARTMENT USE ONLY <u>523</u>
Segment	<u>0030</u>		
Offset(s)	<u>1988</u>		
S.R.			
Segment			
Offset(s)			
S.R.			
Segment			
Offset(s)			

Name of Applicant's Consultant(s) Martin & Martin, Inc & Pennoni Associates Inc By: _____ (SIGNATURE) Phone: 215-222-3000

Name of Permittee's Contractor(s) must be furnished to the District Office prior to start of work.

Under and subject to all the conditions, restrictions and regulations prescribed by the Pennsylvania Department of Transportation (see in particular 67 PA Code, Chapters 203, 441 and 459) and on the issued Permit, Form M-945P, and attachments thereto. The applicant certifies that this application, information and documentation therein or required by the Department is accurate, pursuant to 18 PA C.S. §4904 relating to false swearing to authorities, and that it has or will have all insurance, bonds, and other security required by the Department prior to performing any work authorized by the permit.

The Applicant is (an individual) (a partnership) (a corporation incorporated under the laws of Pennsylvania)

Signed on 7/10/01 (DATE) _____ (NAME OF APPLICANT)

Witness or Attest R. B. ... (TITLE) By R. B. ... (TITLE)

Plans are Satisfactory?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO (Returned on _____)
Traffic Control Plan consistent with Chapter No. 203	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO (Returned on _____)
Driveway Classification(s)	<u>MU</u>	<u>LV</u> <u>HV</u>
M-930	<input type="checkbox"/> was	<input checked="" type="checkbox"/> was not used.
Limited Access Highway	<input type="checkbox"/> is	<input checked="" type="checkbox"/> is not involved.
Continuous Inspection	<input type="checkbox"/> is	<input checked="" type="checkbox"/> is not planned.
Drainage Problem	<input type="checkbox"/> is	<input checked="" type="checkbox"/> is not anticipated.
Permit	<input type="checkbox"/> will	<input checked="" type="checkbox"/> will not be recorded.
E.P.C.: Expiration Date:	_____	Field Viewed by _____ (SIGNATURE) _____ (DATE)

DEPARTMENT USE ONLY

APPLICANT: RETAIN FOR YOUR RECORDS

APPLICATION FOR HIGHWAY OCCUPANCY PERMIT

333222



INSTRUCTIONS ON REVERSE

ENGINEERING DISTRICT 5-0 30-01

Applicant - Owner	
IESI PA Bethlehem Landfill Corp.	
Address	
2335 Applebutter Road	
Bethlehem Post Office PA	Zip Code
Lower Saucon Twp.	18015
Phone	
610-317-3200	

Application Ref. No.	Inspection		
	1	2	3
441/459			
-Unit-Fee			
Number of Units	1		
Item Fee			
Permit Fee \$ _____			
Account No. _____			
Check or Money Order No. _____			

County Northampton County 210

Township/Boro Lower Saucon Township

Date work is scheduled to begin 8-1/01

Approximate date when work will be completed 10/1/01

If utility: Opening over 96 ft² along and/or across highway 770 FT. 770 FT. 0 FT.
(IN PAVEMENT) (IN SHOULDER) (OUTSIDE SHOULDER)

If utility: Installation Emergency Repair - E.P.C. No. _____ Entry No. _____ Repair Replace Service Connection or Disconnection Removal

If driveway: Anticipated average daily traffic 324 ADT cars 130 ADT trucks 194 ADT buses 0 TOTAL ADT 324

One Call Serial No. 0651138

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Segment	<u>0030</u>			
Offset(s)	<u>1988</u>			
S.R.				
Segment				
Offset(s)				
S.R.				
Segment				
Offset(s)				

Name of Applicant's Consultant(s) Pennoni Associates Inc By: [Signature] (SIGNATURE) Phone: 215-222-3000

Name of Permittee's Contractor(s) must be furnished to the District Office prior to start of work.

Under and subject to all the conditions, restrictions and regulations prescribed by the Pennsylvania Department of Transportation (see in particular 67 PA Code, Chapters 203, 441 and 459) and on the issued Permit, Form M-945A, and attachments thereto. The applicant certifies that this application, information and documentation therein or required by the Department is accurate, pursuant to 18 PA C.S. §4904 relating to false swearing to authorities, and that it has or will have all insurance, bonds, and other security required by the Department prior to performing any work authorized by the permit.

The Applicant is (an individual) (a partnership) (a corporation incorporated under the laws of Pennsylvania)

Signed on [Signature] 7/10/01 (DATE) [Signature] (NAME OF APPLICANT)

Witness or Attest [Signature] - ENGINEER By [Signature] - ENGINEER (TITLE)

Plans are Satisfactory?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO (Returned on _____)
Traffic Control Plan consistent with Chapter No. 203	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO (Returned on _____)
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Drainage Problem	<input type="checkbox"/> is	<input checked="" type="checkbox"/> is not anticipated.
Permit	<input type="checkbox"/> will	<input checked="" type="checkbox"/> will not be recorded.
E.P.C.: Expiration Date:	_____	Field Viewed by <u>[Signature]</u> (SIGNATURE) <u>7-26-01</u> (DATE)

DEPARTMENT USE ONLY

PERMITTEE