



WASTE CONNECTIONS, INC.  
*Connect with the Future™*

Waste Connections, Inc.

170 Wood Avenue South, Suite 302

Iselin, New Jersey 08830

T: (732) 902-4700

F: (732) 902-4720

January 11<sup>th</sup>, 2021

Mr. Joseph O'Connell  
New York State Department of Environmental Conservation  
Region 2  
47-40 21<sup>st</sup> Street  
Long Island City, NY 11101-5407

Re: 2021 NYCDEC Annual Report for the Waste Connections, Inc. Metropolitan Transfer Station  
287 Halleck Street Bronx, NY 10474  
NYCDEC Permit # 2-6107-00007/00001

Dear Mr. Joseph O'Connell,

I have included the 2021 NYCDEC Annual Report and a copy of the current Surety Bond in the amount of \$289,468.00 for the Waste Connections, Inc. 287 Halleck Street Bronx, NY Transfer Station.

If you have any questions or require any additional information, please contact me at (347) 672-7269 or via email at [Jr.Rahman@wasteconnections.com](mailto:Jr.Rahman@wasteconnections.com).

Thank You

Sincerely,

Jr Rahman (District Manager)  
Waste Connections, Inc.



Department of  
Environmental  
Conservation

## PERMITTED TRANSFER FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email [swmfannualreport@dec.ny.gov](mailto:swmfannualreport@dec.ny.gov) or call 518-402-8678.)

**Complete and submit this form by March 1, 2022.**

This annual report is for the year of operation from January 01, 2021 to December 31, 2021

### SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: WASTE CONNECTIONS, INC. METROPOLITAN TRANSFER STATION			
FACILITY LOCATION ADDRESS: 287 HALLECK STREET	FACILITY CITY: BRONX	STATE: NY	ZIP CODE: 10474
FACILITY TOWN: HUNTS POINT	FACILITY COUNTY: BRONX	FACILITY PHONE NUMBER: (718)589-7733	
FACILITY NYS PLANNING UNIT: (A list of NYS <a href="#">Planning Units</a> can be found at the end of this report). NEW YORK CITY			NYSDEC REGION #: 2
360 PERMIT #:(Refer to DEC Permit) 2-6007-00007/00001	DATE ISSUED: 08/11/2015	DATE EXPIRES: 08/11/2020	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit)
FACILITY CONTACT: JR RAHMAN	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 347-672-7269	CONTACT FAX NUMBER: 718-492-4336
CONTACT EMAIL ADDRESS: JR.RAHMAN@WASTECONNECTIONS.COM			
OWNER INFORMATION			
OWNER NAME: WASTE CONNECTIONS INC.	OWNER PHONE NUMBER: (732)902-4700	OWNER FAX NUMBER: (718)492-4336	
OWNER ADDRESS: 120 WOOD AVE SOUTH SUITE 302	OWNER CITY: ISELIN	STATE: NJ	ZIP CODE: 08830
OWNER CONTACT: JR RAHMAN	OWNER CONTACT EMAIL ADDRESS: JR.RAHMAN@WASTECONNECTIONS.COM		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2021?  Yes; Complete this form.

No; Complete and submit Sections 1 and 11. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at: <http://www.dec.ny.gov/chemical/52706.html>.

## SECTION 2 - SOLID WASTE RECEIVED

**Please provide the tonnages of solid waste received.** Include all waste received. Report Recyclable Materials in Section 5. DO NOT REPORT IN CUBIC YARDS!

Specify the methods used to measure the quantities disposed and the percentages measured by each method:

$\frac{100}{\text{_____}}$  % Scale Weight

$\frac{\text{_____}}{\text{_____}}$  % Estimated

$\frac{\text{_____}}{\text{_____}}$  % Truck Count

$\frac{\text{_____}}{\text{_____}}$  % Other (Specify: \_\_\_\_\_)

Type of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Asbestos							
Construction & Demolition (C&D) Debris							
Industrial Waste (Including Industrial Process Sludges)							
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	10,609.66	10,037.28	12,941.17	12,573.52	11,827.25	14,019.64	13,793.81
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
<b>Total Tons Received</b>	<b>10,609.66</b>	<b>10,037.28</b>	<b>12,941.17</b>	<b>12,573.52</b>	<b>11,827.25</b>	<b>14,019.64</b>	<b>13,793.81</b>

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

**SECTION 2 - SOLID WASTE RECEIVED** (continued)

Type of Solid Waste	Tip Fee (\$/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Asbestos								
Construction & Demolition (C&D) Debris								
Industrial Waste (Including Industrial Process Sludges)								
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)		13,399.28	14,167.50	14,223.44	12,890.64	12,035.15	152,518.34	500.06
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
<b>Total Tons Received</b>		<b>13,399.28</b>	<b>14,167.50</b>	<b>14,223.44</b>	<b>12,890.64</b>	<b>12,035.15</b>	<b>152,518.34</b>	<b>500.06</b>

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

### SECTION 3 – SERVICE AREA OF SOLID WASTE RECEIVED

**Please identify where the waste is coming from.** The total tons received reported below should equal the total tons received in Section 2 (Solid Waste Received).  
**DO NOT REPORT IN CUBIC YARDS!**

- If the waste **WAS** received from another solid waste management facility, please write in the name *and address* of the facility along with the appropriate state, county and planning unit/municipality.
- If the waste **WAS NOT** received from another solid waste management facility, please write in "**Direct Haul**" along with the appropriate state, county and planning unit/municipality where the waste was generated.

Specify transport method, list type of material(s) and percentages of total waste transported by each:

100 % Road: Waste Type(s): \_\_\_\_\_ % Rail: Waste Type(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Waste Type(s): \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Waste Type(s): \_\_\_\_\_

SERVICE AREA OF SOLID WASTE RECEIVED <small>(where the waste is coming from)</small>					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>(Name &amp; Address)</small> OR " <b>Direct Haul</b> "	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
<b>Asbestos</b>					
<b>Construction &amp; Demolition (C&amp;D) Debris</b>					
<b>Industrial Waste (Including Industrial Process Sludges)</b>					

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	DIRECT HAUL	NY	New York County	New York City	152,518.34
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Sewage Treatment Plant Sludge					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other (specify)					
<b>TOTAL RECEIVED (tons):</b>					152,518.34

\* List generators that provide you Certificates of Treatment forms and quantities of TRMW from each \_\_\_\_\_

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

## SECTION 4 - TRANSFER OR DISPOSAL DESTINATION

**Please identify destination of waste. Please only include waste sent off-site for disposal or further transfer prior to disposal. Exclude Recyclable Material amounts reported in Section 5. DO NOT REPORT IN CUBIC YARDS!**

- If the waste is being sent to another facility for transfer or processing prior to disposal (e.g. Transfer facility or C&D debris handling and recovery facility), please identify name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the transfer destination and the amount of waste transferred in the "Amount to Transfer Destination" column.
- If the waste is being sent to a landfill or combustor, please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the disposal destination and the amount of waste being sent for disposal in the "Amount to Disposal Destination" column.

Specify transport method, list type of material(s) and percentages of total waste transported by each:

100 % Road: Waste Type(s): \_\_\_\_\_ % Rail: Waste Type(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Waste Type(s): \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Waste Type(s): \_\_\_\_\_

TRANSFER OR DISPOSAL DESTINATION							
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
<b>Asbestos</b>							
<b>Construction &amp; Demolition (C&amp;D) Debris</b>							
<b>Industrial Waste (Including Industrial Process Sludges)</b>							

**TRANSFER OR DISPOSAL DESTINATION**

TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)	
<b>Municipal Solid Waste (MSW) (Residential, Institutional &amp; Commercial)</b>	SENECA (1786 SALCMAN ROAD, WATERLOO, NY 13165)	NY	Seneca County	Seneca County		152,028	152,028	
	BETHLEHEM (2335 APPLEBUTTER ROAD, BETHLEHEM, PA 18015)	PA	NORTHAMPTON	NORTHAMPTON		0	0	
	BLUERIDGE (3747 WHITE CHURCH RD, CHAMBERSBURG, PA 17202)	PA	FRANKLIN CO	FRANKLIN COUNTY		0	0	
	TULLY(200 BORDENTOWN ROAD, TULLYTOWN, PA 19007)	PA	BUCKS COUNTY	BUCKS COUNTY, PA		90	90	
<b>Oil/Gas Drilling Waste</b>								
<b>Petroleum Contaminated Soil</b>								
<b>Sewage Treatment Plant Sludge</b>								
<b>Treated Regulated Medical Waste</b>								
<b>Emergency Authorization Waste (Storm Debris)</b>								
<b>Other (specify)</b>								
<b>TOTAL SENT (tons):</b>							<b>152,118</b>	

If the waste type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other waste name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other waste name.



## SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

**Is your facility also a permitted or registered Recyclables Handling & Recovery Facility?**

Yes; Complete Section 5 for material recovered from the mixed solid waste stream. Complete a Recyclables Handling & Recovery Facility (RHRF) form for material received as source separated. The RHRF form is located at: <http://www.dec.ny.gov/chemical/52706.html> .

No; Complete Section 5 for material recovered from the mixed solid waste stream and for material received as source separated.

### A. Service Area of Recyclable Material Received

**Please identify where the recyclable materials are coming from. DO NOT REPORT IN CUBIC YARDS!**

- If the materials **WERE** received from another solid waste management facility, please write in the name and address of the facility along with the appropriate state, county and planning unit/municipality.
- If the materials **WERE NOT** received from another solid waste management facility, please write in "**Direct Haul**" along with the appropriate state, county and planning unit/municipality where the recyclables were generated.

SERVICE AREA OF RECYCLABLE MATERIAL RECEIVED <small>(where the material is coming from)</small>					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>(Name &amp; Address)</small> OR " <b>Direct Haul</b> "	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
Commingled Containers <small>(metal, glass, plastic)</small>					
Commingled Paper <small>(all grades)</small>					
Single Stream <small>(total)</small>					
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste <small>(curbside)</small>					
Other <small>(specify)</small>					
<b>TOTAL RECEIVED (tons):</b>					

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

**SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS** (continued)

**B. Material Recovered**

**Please identify destination of recovered materials.** Indicate the name of the facility, address, corresponding State/Country, County/Province, Destination Planning Unit/Municipality and the amount of material transferred. **DO NOT REPORT IN CUBIC YARDS!**

Specify transport method, list type of material(s) and percentages of total waste transported by each:

100 % Road: Material(s): \_\_\_\_\_ % Rail: Material(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Material(s): \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Material(s): \_\_\_\_\_

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Paper (all grades)					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
<b>TOTAL PAPER RECOVERED (tons):</b>					_____

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

**SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS** (continued)

**B. Material Recovered**

**GLASS RECOVERED**

RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Container Glass					
Industrial Scrap Glass					
Other Glass (specify)					

**TOTAL GLASS RECOVERED (tons):** \_\_\_\_\_

**METAL RECOVERED**

RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Aluminum Foil / Trays					
Bulk Metal (from MSW)					
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					

**TOTAL METAL RECOVERED (tons):** \_\_\_\_\_

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

**SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS** (continued)

**B. Material Recovered**

**PLASTIC RECOVERED**

RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Plastic (#1 - #7)					
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					

**TOTAL PLASTIC RECOVERED (tons):** \_\_\_\_\_

**MISCELLANEOUS MATERIAL RECOVERED**

RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Electronics					
Textiles					
Other (specify)					

**TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):** \_\_\_\_\_

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

**SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS** (continued)

**B. Material Recovered**

MIXED MATERIAL RECOVERED					
RECOVERED MIXED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
<b>TOTAL MIXED MATERIAL RECOVERED (tons):</b> _____					
ORGANIC MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
<b>TOTAL ORGANIC MATERIAL RECOVERED (tons):</b> _____					

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

**SECTION 6 – UNAUTHORIZED SOLID WASTE**

Has unauthorized solid waste been received at the facility during the reporting period?

Yes  No If yes, give information below for each incident (attach additional sheets if necessary):

Date Received	Type Received	Date Disposed	Disposal Method & Location
NONE			

**Radiation Monitoring**

Does your facility use a fixed radiation monitor?  Yes  No

Identify Manufacturer LUDLUM and Model 375-P-1000 of fixed unit.

Does your facility use a portable radiation monitor?  Yes  No

Identify Manufacturer \_\_\_\_\_ and Model \_\_\_\_\_ of fixed unit.

If the radiation monitors have been triggered give information below for each incident:

Incident Number	Received		Hauler	Origin	Truck Number	Reading	Disposal Status	Removed	
	Date	Time						Date	Time
NONE									

**SECTION 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS**

Are there required cost estimates and financial assurance documents for closure?

Yes  No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

**SECTION 8 – PROBLEMS**

Were any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures)?

Yes  No If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.

**SECTION 9 – CHANGES**

Were there any changes from approved reports, plans, specifications, and permit conditions?

Yes  No If yes, attach additional sheets identifying changes with a justification for each change.

**SECTION 10 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS**

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form?

Yes  No If yes, attach additional sheets identifying the reporting requirements with their respective responses.

**SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR**

Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management Contacts).

The Owner or Operator must also submit one copy by email, fax or mail to:

**New York State Department of Environmental Conservation  
Division of Materials Management  
Bureau of Solid Waste Management  
625 Broadway  
Albany, New York 12233-7260  
Fax 518-402-9041  
Email address: SWMFannualreport@dec.ny.gov**

I certify, under penalty of law, that the data and other information identified in this report have been prepared under my direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuant to section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.



01/11/2022

Signature

Date

JR RAHMAN

DISTRICT MANAGER

347 672 7269

Name (Print or Type)

Title (Print or Type)

Phone Number

110-50TH STREET

BROOKLYN

NY, 11232

Address

City

State and Zip

JR.RAHMAN@WASTECONNECTIONS.COM

Email (Print or Type)

ATTACHMENTS:  YES  NO (Please check appropriate line)


**VERIFICATION CERTIFICATE FOR  
INDEFINITE TERM SURETY BOND**

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THIS IS TO CERTIFY that Bond No. SUR0054976 issued by Argonaut Insurance Company dated this 10th day of May, 2019, in the amount of Two Hundred Eighty Nine Thousand Four Hundred Sixty Eight and 00/100 Dollars (\$289,468.00), on behalf of Metropolitan Transfer Station, Inc.(as Principal), and in favor of New York Department of Environmental Conservation (as Obligee) , covers a term which began on the 10th day of May , 2019, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated April 24, 2020

Argonaut Insurance Company

BY:   
James I. Moore  
Attorney-in-Fact



5/10/2020  
Current renewal date.

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**Argonaut Insurance Company**  
**Deliveries Only: 225 W. Washington, 24th Floor**  
**Chicago, IL 60606**

**United States Postal Service: P.O. Box 469011, San Antonio, TX 78246**

**POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the Argonaut Insurance Company, a Corporation duly organized and existing under the laws of the State of Illinois and having its principal office in the County of Cook, Illinois does hereby nominate, constitute and appoint:

Stephen T. Kazmer, James I. Moore, Dawn L. Morgan, Diane M. Rubright, Jennifer J. McComb, Amy Wickett, Martin Moss, Kelly A. Gardner, Melissa Schmidt

Their true and lawful agent(s) and attorney(s)-in-fact, each in their separate capacity if more than one is named above, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all bonds, contracts, agreements of indemnity and other undertakings in suretyship provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of:

\$85,000,000.00

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of Argonaut Insurance Company:

"RESOLVED, That the President, Senior Vice President, Vice President, Assistant Vice President, Secretary, Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney, of the Company, qualifying the attorney or attorneys named in the given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the Argonaut Insurance Company, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

IN WITNESS WHEREOF, Argonaut Insurance Company has caused its official seal to be hereunto affixed and these presents to be signed by its duly authorized officer on the 8th day of May, 2017.

Argonaut Insurance Company



by:

Joshua C. Betz, Senior Vice President

STATE OF TEXAS  
COUNTY OF HARRIS SS:

On this 8th day of May, 2017 A.D., before me, a Notary Public of the State of Texas, in and for the County of Harris, duly commissioned and qualified, came THE ABOVE OFFICER OF THE COMPANY, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of same, and being by me duly sworn, deposed and said that he is the officer of the said Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate Seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said corporation, and that Resolution adopted by the Board of Directors of said Company, referred to in the preceding instrument is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Harris, the day and year first above written.



(Notary Public)

I, the undersigned Officer of the Argonaut Insurance Company, Illinois Corporation, do hereby certify that the original POWER OF ATTORNEY of which the foregoing is a full, true and correct copy is still in full force and effect and has not been revoked.

24th

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed the Seal of said Company, on the \_\_\_\_\_ day of April, 2020.



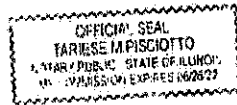
James Bluzard, Vice President-Surety

State of Illinois}
} ss.
County of DuPage }

On April 24, 2020, before me, Tariese M. Pisciotto, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared James I. Moore known to me to be Attorney-in-Fact of Argonaut Insurance Company the corporation described in and that executed the within and foregoing instrument, and known to me to be the person who executed the said instrument in behalf of the said corporation, and he duly acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year stated in this certificate above.

My Commission Expires June 26, 2022



Tariese M. Pisciotto (handwritten signature)

Tariese M. Pisciotto, Notary Public

Commission No. 560807