



## 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:			
FACILITY LOCATION ADDRESS:	FACILITY CITY:	STATE:	ZIP CODE:
FACILITY TOWN:	FACILITY COUNTY:	FACILITY PHONE NUMBER:	
FACILITY NYS PLANNING UNIT: (A list of NYS <a href="#">Planning Units</a> can be found at the end of this report).			NYSDEC REGION #:
360 PERMIT #:(Refer to DEC Permit)	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit)
FACILITY CONTACT:	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER:	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME:	OWNER PHONE NUMBER:	OWNER FAX NUMBER:	
OWNER ADDRESS:	OWNER CITY:	STATE:	ZIP CODE:
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner		<input type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input 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** (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)								
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>								

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:

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

SERVICE AREA OF SOLID WASTE RECEIVED <span style="color: red;">(where the waste is coming from)</span>					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <span style="color: blue;">(Name &amp; Address)</span> OR “ <span style="color: red;">Direct Haul</span> ”	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT <span style="color: blue;">(See Attached List of NYS Planning Units)</span>	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 " <i>Direct Haul</i> "	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
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)					
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> _____					

\* 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:

\_\_\_\_\_ % 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 <small>(Name &amp; Address)</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	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 <i>(Name &amp; Address)</i>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <i>(See Attached List of NYS Planning Units)</i>	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Municipal Solid Waste (MSW) <i>(Residential, Institutional &amp; Commercial)</i>							
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other <i>(specify)</i>							

**TOTAL SENT (tons):** \_\_\_\_\_

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 <a href="#">Planning Units</a>)</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:

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

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION <i>(Name &amp; Address)</i>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <i>(See Attached List of NYS Planning Units)</i>	TONS RECOVERED <i>(out of facility)</i>
Commingled Paper <i>(all grades)</i>					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper <i>(specify)</i>					
<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 <i>(Name &amp; Address)</i>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <i>(See Attached List of NYS <a href="#">Planning Units</a>)</i>	TONS RECOVERED <i>(out of facility)</i>
Commingled Plastic <i>(#1 - #7)</i>					
PET <i>(plastic #1)</i>					
HDPE <i>(plastic #2)</i>					
Other Rigid Plastics <i>(#3 - #7)</i>					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics <i>(specify)</i>					

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

**MISCELLANEOUS MATERIAL RECOVERED**

RECOVERED MATERIAL	DESTINATION <i>(Name &amp; Address)</i>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <i>(See Attached List of NYS <a href="#">Planning Units</a>)</i>	TONS RECOVERED <i>(out of facility)</i>
Electronics					
Textiles					
Other <i>(specify)</i>					

**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 <i>(Name &amp; Address)</i>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <i>(See Attached List of NYS Planning Units)</i>	TONS RECOVERED <i>(out of facility)</i>
Commingled Containers <i>(metal, glass, plastic)</i>					
Commingled Paper & Containers					
Single Stream <i>(total)</i>					
Other <i>(specify)</i>					

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

**ORGANIC MATERIAL RECOVERED**

RECOVERED MATERIAL	DESTINATION <i>(Name &amp; Address)</i>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <i>(See Attached List of NYS Planning Units)</i>	TONS RECOVERED <i>(out of facility)</i>
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste <i>(curbside)</i>					
Other <i>(specify)</i>					

**TOTAL ORGANIC 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 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

#### Radiation Monitoring

Does your facility use a fixed radiation monitor? \_\_\_\_ Yes \_\_\_\_ No

Identify Manufacturer \_\_\_\_\_ and Model \_\_\_\_\_ 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

### 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?



ATTACHMENT A

—  
INACTIVE SOLID WASTE MANAGEMENT  
FACILITY NOTIFICATION FORM  
&  
NYSDEC APPROVED FACILITY CLOSURE LETTER



Division of Materials Management  
 New York State Department of Environmental Conservation  
**INACTIVE SOLID WASTE MANAGEMENT  
 FACILITY OR ACTIVITY NOTIFICATION FORM**

<b>FACILITY NAME:</b> Environmental Transload Services, LLC				
<b>FACILITY ADDRESS:</b> 100 Oak Point Avenue				
<b>FACILITY CITY:</b> Bronx	<b>STATE:</b> NY	<b>ZIP CODE:</b> 10474		
<b>TYPE OF INACTIVE FACILITY OR ACTIVITY:</b> (Check all applicable boxes)				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Anaerobic Digestion – permit  <input type="checkbox"/> Anaerobic Digestion – registration  <input type="checkbox"/> C&amp;D Processing – permit  <input type="checkbox"/> C&amp;D Processing – registration  <input type="checkbox"/> Composting – Source Separated Organic Waste – permit  <input type="checkbox"/> Composting – Source Separated Organic Waste – registration  <input type="checkbox"/> Composting – Yard Waste – permit  <input type="checkbox"/> Composting – Yard Waste – registration  <input type="checkbox"/> Composting/other Processing – Biosolids/other   <input type="checkbox"/> Household Hazardous Waste  <input type="checkbox"/> Land Application – Biosolids/Septage/other – permit  <input type="checkbox"/> Land Application – Nonrecognizable Food Processing Waste – registration  <input type="checkbox"/> Land Application – Septage - registration  <input type="checkbox"/> Landfill – Construction &amp; Demolition Debris  <input type="checkbox"/> Landfill – Industrial/Commercial  <input type="checkbox"/> Landfill – Land Clearing Debris         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Landfill – Long Island  <input type="checkbox"/> Landfill – Municipal Solid Waste  <input type="checkbox"/> Mobile Vehicle Crushers  <input type="checkbox"/> Municipal Waste Combustor  <input type="checkbox"/> Recyclable Handling &amp; Recovery  <input type="checkbox"/> Regulated Medical Waste – Radiopharmacy  <input type="checkbox"/> Regulated Medical Waste – Onsite Treatment  <input type="checkbox"/> Regulated Medical Waste – Commercial Treatment  <input type="checkbox"/> Regulated Medical Waste – Transfer Station  <input type="checkbox"/> Storage – Biosolids/Septage – permit  <input type="checkbox"/> Storage – Nonrecognizable Food Processing Waste  <input type="checkbox"/> Storage – Septage – registration  <input checked="" type="checkbox"/> Transfer Station – permit  <input type="checkbox"/> Transfer Station – registration  <input type="checkbox"/> Vehicle Dismantling Facility  <input type="checkbox"/> Waste Tire Storage – Dealer  <input type="checkbox"/> Waste Tire Storage – New Product Manufacturing  <input type="checkbox"/> Waste Tire Storage – Onsite Energy Recovery  <input type="checkbox"/> Waste Tire Storage – permitted  <input type="checkbox"/> Waste Tire Storage – Retreader  <input type="checkbox"/> Other _____         </td> </tr> </table>			<input type="checkbox"/> Anaerobic Digestion – permit <input type="checkbox"/> Anaerobic Digestion – registration <input type="checkbox"/> C&D Processing – permit <input type="checkbox"/> C&D Processing – registration <input type="checkbox"/> Composting – Source Separated Organic Waste – permit <input type="checkbox"/> Composting – Source Separated Organic Waste – registration <input type="checkbox"/> Composting – Yard Waste – permit <input type="checkbox"/> Composting – Yard Waste – registration <input type="checkbox"/> Composting/other Processing – Biosolids/other  <input type="checkbox"/> Household Hazardous Waste <input type="checkbox"/> Land Application – Biosolids/Septage/other – permit <input type="checkbox"/> Land Application – Nonrecognizable Food Processing Waste – registration <input type="checkbox"/> Land Application – Septage - registration <input type="checkbox"/> Landfill – Construction & Demolition Debris <input type="checkbox"/> Landfill – Industrial/Commercial <input type="checkbox"/> Landfill – Land Clearing Debris	<input type="checkbox"/> Landfill – Long Island <input type="checkbox"/> Landfill – Municipal Solid Waste <input type="checkbox"/> Mobile Vehicle Crushers <input type="checkbox"/> Municipal Waste Combustor <input type="checkbox"/> Recyclable Handling & Recovery <input type="checkbox"/> Regulated Medical Waste – Radiopharmacy <input type="checkbox"/> Regulated Medical Waste – Onsite Treatment <input type="checkbox"/> Regulated Medical Waste – Commercial Treatment <input type="checkbox"/> Regulated Medical Waste – Transfer Station <input type="checkbox"/> Storage – Biosolids/Septage – permit <input type="checkbox"/> Storage – Nonrecognizable Food Processing Waste <input type="checkbox"/> Storage – Septage – registration <input checked="" type="checkbox"/> Transfer Station – permit <input type="checkbox"/> Transfer Station – registration <input type="checkbox"/> Vehicle Dismantling Facility <input type="checkbox"/> Waste Tire Storage – Dealer <input type="checkbox"/> Waste Tire Storage – New Product Manufacturing <input type="checkbox"/> Waste Tire Storage – Onsite Energy Recovery <input type="checkbox"/> Waste Tire Storage – permitted <input type="checkbox"/> Waste Tire Storage – Retreader <input type="checkbox"/> Other _____
<input type="checkbox"/> Anaerobic Digestion – permit <input type="checkbox"/> Anaerobic Digestion – registration <input type="checkbox"/> C&D Processing – permit <input type="checkbox"/> C&D Processing – registration <input type="checkbox"/> Composting – Source Separated Organic Waste – permit <input type="checkbox"/> Composting – Source Separated Organic Waste – registration <input type="checkbox"/> Composting – Yard Waste – permit <input type="checkbox"/> Composting – Yard Waste – registration <input type="checkbox"/> Composting/other Processing – Biosolids/other  <input type="checkbox"/> Household Hazardous Waste <input type="checkbox"/> Land Application – Biosolids/Septage/other – permit <input type="checkbox"/> Land Application – Nonrecognizable Food Processing Waste – registration <input type="checkbox"/> Land Application – Septage - registration <input type="checkbox"/> Landfill – Construction & Demolition Debris <input type="checkbox"/> Landfill – Industrial/Commercial <input type="checkbox"/> Landfill – Land Clearing Debris	<input type="checkbox"/> Landfill – Long Island <input type="checkbox"/> Landfill – Municipal Solid Waste <input type="checkbox"/> Mobile Vehicle Crushers <input type="checkbox"/> Municipal Waste Combustor <input type="checkbox"/> Recyclable Handling & Recovery <input type="checkbox"/> Regulated Medical Waste – Radiopharmacy <input type="checkbox"/> Regulated Medical Waste – Onsite Treatment <input type="checkbox"/> Regulated Medical Waste – Commercial Treatment <input type="checkbox"/> Regulated Medical Waste – Transfer Station <input type="checkbox"/> Storage – Biosolids/Septage – permit <input type="checkbox"/> Storage – Nonrecognizable Food Processing Waste <input type="checkbox"/> Storage – Septage – registration <input checked="" type="checkbox"/> Transfer Station – permit <input type="checkbox"/> Transfer Station – registration <input type="checkbox"/> Vehicle Dismantling Facility <input type="checkbox"/> Waste Tire Storage – Dealer <input type="checkbox"/> Waste Tire Storage – New Product Manufacturing <input type="checkbox"/> Waste Tire Storage – Onsite Energy Recovery <input type="checkbox"/> Waste Tire Storage – permitted <input type="checkbox"/> Waste Tire Storage – Retreader <input type="checkbox"/> Other _____			
<b>DEC ACTIVITY CODE(S) OR REGISTRATION NUMBER(S):</b> 14-DS-Int-010	<b>FACILITY COUNTY:</b> Bronx County	<b>NYSDEC REGION #:</b> 2		

This document certifies that the type of facility or activity identified above is no longer operational. The owner/operator relinquishes their NYSDEC permit/registration and retains no other permit, registrations, or licenses related to the identified activity. It is recognized that in order to resume operation, a new permit application or registration form must be submitted to the Department for processing and approval. This notification does not excuse the facility from any closure, post-closure, or other requirements identified in 6 NYCRR Part 360.

I hereby affirm under penalty of perjury that information provided on this form 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 the authority to sign this form 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.

<u>Clay Cox</u>	<u>Vice President</u>	<u>(281) 381-9631</u>
Name (Print or Type)	Title (Print or Type)	Phone Number
<u>8 Viaduct Road</u>	<u>Stamford</u>	<u>CT 06907</u>
Address	City	State and Zip Code
<u><i>Clay Cox</i></u>	<u>2/16/22</u>	
Signature	Date	



# NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Materials Management, Region 2

47-40 21st Street, Long Island City, NY 11101

P: (718) 482-4996 | F: (718) 482-6391

www.dec.ny.gov

Sent via email only

1/31/2022

Don Kerik  
Vice President of Transfer Stations  
Tunnel Hill Partners, L.P.  
8 Viaduct Road  
Stamford, CT 06907

Re: Environmental Transload Services LLC  
100 Oak Point Avenue, Bronx  
Permit ID 2-6007-00882/00001  
Facility Closure

Dear Mr. Kerik,

The Department received and has reviewed various documents and information on the closure of the subject facility prepared by Kristen M. Thordahl, P.E., Cornerstone Engineering and Geology, PLLC (Cornerstone), including but not limited to the April 29, 2021 Closure Report, the October 11, 2021 letter documenting the removal of the modular trailer, and the December 10, 2020 letter from CSX to Environmental Transload Services which describes the property improvements to remain. In addition, the Department conducted an inspection of the facility on May 4, 2021, after the facility had ceased solid waste acceptance.

Based on the above, including the Department's observations that there is no remaining solid waste or equipment from the solid waste management facility, the closure activities completed are acceptable to the Department, and the closure requirements of 6 NYCRR 360.21 have been met. As such, with the facility deemed closed, the solid waste management facility permit as referenced above is no longer valid.

Please contact me at (718) 482-4892 or by email at [joseph.oconnell@dec.ny.gov](mailto:joseph.oconnell@dec.ny.gov) to make arrangements for return of financial surety documents, if any, or with any questions on this letter.

Sincerely,



Joseph M. O'Connell, P.E.  
Regional Solid Materials Engineer

ec: K. Thordahl, Cornerstone  
D. Grattan/K. Brezner/W. Frank, NYSDEC



Department of  
Environmental  
Conservation