



3308 Bernice Avenue
Russellville, Arkansas 72802
479-498-0500

November 15th, 2022

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

RE: 2021 NYCDEC Annual Report for the Waste Connections, Inc. Casanova Street Transfer Station (325 Casanova Street Bronx, NY 10474; NYCDEC Permit # 2-6007-00058/00003)

Mr. O'Connell,

Please find attached the 2021 NYS DEC Annual Report for the transfer station at 325 Casanova St. in the Bronx. Please accept our sincerest apologies for this late submission; due to a transition in staff and responsibilities, this reporting requirement was unfortunately missed and brought to our attention this day, November 15th, 2022. In February 2020, WeCare Denali, LLC entered into a lease agreement with Waste Connections of New York, Inc. to operate this facility as an organics-only transfer station. DEC approval of a permit modification for this use is still pending. WeCare Denali, therefore, has not yet begun operations, but is handling annual reporting for 2021 and future years. No loads were transferred this year under the current permit.

I have also included a copy of the current Surety Bond for closure costs in the amount of \$56,092.

Please do not hesitate to contact me with any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read "Dannah Leeman", written in a cursive style.

Dannah Leeman
Senior Environmental Manager
WeCare Denali
479-518-8645
dannah.leeman@denaliwater.com



PERMITTED TRANSFER FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email 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 Casanova Street Transfer Station			
FACILITY LOCATION ADDRESS: 325-327 Casanova St	FACILITY CITY: Bronx	STATE: NY	ZIP CODE: 10474
FACILITY TOWN: Hunts Point	FACILITY COUNTY: Bronx	FACILITY PHONE NUMBER: 585-358-4154	
FACILITY NYS PLANNING UNIT: A list of NYS Planning Units can be found at the end of this report . New York City			NYSDEC REGION #: 2
360 PERMIT #: Refer to DEC Permit 2-6007-00058/00003	DATE ISSUED: 3/13/2017	DATE EXPIRES: 3/12/2022 (awaiting renewal)	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit)
FACILITY CONTACT: Richard Brunner	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 914-588-4001	CONTACT FAX NUMBER: NA
CONTACT EMAIL ADDRESS: richard.brunner@denaliwater.com			
OWNER INFORMATION			
OWNER NAME: Waste Connections of New York, 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 type="checkbox"/> same as owner WeCare Denali, LLC.		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input checked="" type="checkbox"/> Other (provide): 250-B Lucius Gordon Drive, Suite 8, West Henrietta, NY, 14586			
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input checked="" type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input checked="" 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:
 _____ % Scale Weight _____ % Estimated
 _____ % Truck Count _____ % 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)							
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris							
Other (specify							
Total Tons Received							

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)								
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris								
Other (specify								
Total Tons Received								

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 where the waste is coming from					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>(Name Address)</small> OR “Direct Haul”	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
Asbestos					
Construction Demolition C D) Debris					
Industrial Waste Including Industrial Process Sludges					

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 Address</small> OR "Direct Haul"	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	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 <small>(specify)</small>						
					TOTAL RECEIVED (tons) :	

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 materials 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 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)		
Asbestos									
Construction Demolition C D) Debris									
Industrial Waste Including Industrial Process Sludges									

TRANSFER OR DISPOSAL DESTINATION

TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT <small>Name 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)
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)							

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 Address</small>	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>					
TOTAL RECEIVED (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

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

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 <small>Name Address</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	TONS RECOVERED <small>out of facility</small>	
Commingled Plastic #1 - #7)						
PET plastic #1)						
HDPE plastic #2)						
Other Rigid Plastics #3 - #7)						
Industrial Scrap Plastic						
Plastic Film Bags						
Other Plastics <i>specify</i>						
TOTAL PLASTIC RECOVERED (tons) :						
MISCELLANEOUS MATERIAL RECOVERED						
RECOVERED MATERIAL	DESTINATION <small>Name Address</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	TONS RECOVERED <small>out of facility</small>	
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 <small>Name Address</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	TONS RECOVERED <small>out of facility</small>	
Commingled Containers <small>metal, glass, plastic</small>						
Commingled Paper Containers						
Single Stream <small>(total)</small>						
Other <small>(specify)</small>						
TOTAL MIXED MATERIAL RECOVERED (tons) : _____						
ORGANIC MATERIAL RECOVERED						
RECOVERED MATERIAL	DESTINATION <small>Name Address</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	TONS RECOVERED <small>out of facility</small>	
Brush, Branches, Trees, Stumps						
Food Scraps						
Yard Waste <small>curbside</small>						
Other <small>(specify)</small>						
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?

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.


Signature

11/15/2022
Date

Dannah Leeman
Name (Print or Type)

Senior Environmental Manager
Title (Print or Type)

479 518 8645
Phone Number

3308 E Bernice Ave
Address

Russellville
City

AR 72802
State and Zip

dannah.leeman@denaliwater.com
Email (Print or Type)

ATTACHMENTS: YES NO (Please check appropriate line)

Increase PENALTY RIDER

BOND AMOUNT \$56,092.00

BOND NO. 0231365 PREMIUM \$701.00

To be attached and form a part of Bond No. 0231365 dated the 30th day of July, 2020, executed by Berkley Insurance Company as surety, on behalf of WeCare Denali LLC as current principal of record, and in favor of New York City Department of Sanitation and New York State Department of Environmental Conservation, as Obligee, and in the amount of Fifty Six Thousand Ninety Two Dollars and 00/100 (\$56,092.00).

In consideration of the agreed premium charged for this bond, it is understood and agreed that Berkley Insurance Company hereby consents that effective from the 29th day of April, 2021, said bond shall be amended as follows:

THE BOND PENALTY SHALL BE Increased:

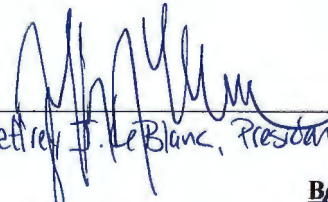
FROM: Fifty Six Thousand Ninety Two Dollars and 00/100 (\$56,092.00)

TO: Sixty Two Thousand Three Hundred Five Dollars and 00/100 (\$62,305.00)

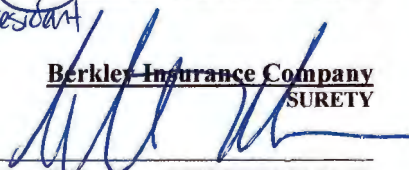
The Increase of said bond penalty shall be effective as of the 29th day of April, 2021, and does hereby agree that the continuity of protection under said bond subject to changes in penalty shall not be impaired hereby, provided that the aggregate liability of the above mentioned bond shall not exceed the amount of liability assumed by it at the time the act and/or acts of default were committed and in no event shall such liability be cumulative.

Signed, sealed and dated this 30th day of April, 2021.

WeCare Denali LLC
PRINCIPAL

BY: 
Jeffrey D. LeBlanc, President

Berkley Insurance Company
SURETY

BY: 
William T. Krumm, ATTORNEY-IN-FACT

THE ABOVE BOND IS HEREBY AGREED TO AND ACCEPTED BY:

New York City Department of Sanitation
OBLIGEE

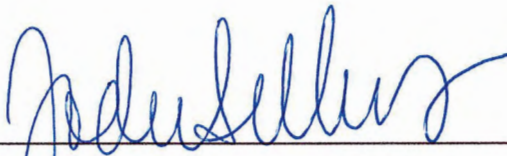
BY: _____
TITLE

SURETY ACKNOWLEDGMENT (ATTY-IN-FACT)

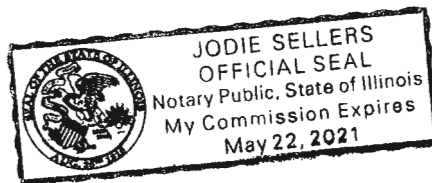
State of Illinois
County of Cook

I, Jodie Sellers, Notary Public, do hereby certify that William T. Krumm Attorney-in-Fact, of Berkley Insurance Company who is personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered said instrument, for and on behalf of Berkley Insurance Company for the uses and purposes therein set forth.

Given under my hand and notarial seal at my office in the City of Rolling Meadows in said County, this 30th day of April, 2021.



Notary Public Jodie Sellers
My Commission expires: 05/22/2021



POWER OF ATTORNEY
BERKLEY INSURANCE COMPANY
WILMINGTON, DELAWARE

NOTICE: The warning found elsewhere in this Power of Attorney affects the validity thereof. Please review carefully.

KNOW ALL MEN BY THESE PRESENTS, that BERKLEY INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Delaware, having its principal office in Greenwich, CT, has made, constituted and appointed, and does by these presents make, constitute and appoint: William T. Krumm; Michael R. Pesch; Jodie Sellers; Sharon A. Foulk; or Jon Schroeder of Arthur J. Gallagher Risk Management Services of Rolling Meadows, IL its true and lawful Attorney-in-Fact, to sign its name as surety only as delineated below and to execute, seal, acknowledge and deliver any and all bonds and undertakings, with the exception of Financial Guaranty Insurance, providing that no single obligation shall exceed Fifty Million and 00/100 U.S. Dollars (U.S.\$50,000,000.00), to the same extent as if such bonds had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office in their own proper persons.

This Power of Attorney shall be construed and enforced in accordance with, and governed by, the laws of the State of Delaware, without giving effect to the principles of conflicts of laws thereof. This Power of Attorney is granted pursuant to the following resolutions which were duly and validly adopted at a meeting of the Board of Directors of the Company held on January 25, 2010:

RESOLVED, that, with respect to the Surety business written by Berkley Surety, the Chairman of the Board, Chief Executive Officer, President or any Vice President of the Company, in conjunction with the Secretary or any Assistant Secretary are hereby authorized to execute powers of attorney authorizing and qualifying the attorney-in-fact named therein to execute bonds, undertakings, recognizances, or other suretyship obligations on behalf of the Company, and to affix the corporate seal of the Company to powers of attorney executed pursuant hereto; and said officers may remove any such attorney-in-fact and revoke any power of attorney previously granted; and further

RESOLVED, that such power of attorney limits the acts of those named therein to the bonds, undertakings, recognizances, or other suretyship obligations specifically named therein, and they have no authority to bind the Company except in the manner and to the extent therein stated; and further

RESOLVED, that such power of attorney revokes all previous powers issued on behalf of the attorney-in-fact named; and further

RESOLVED, that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any power of attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligation of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed. The Company may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Company, notwithstanding the fact that they may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, the Company has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 6th day of May, 2020.



Attest:
By [Signature]
Ira S. Lederman
Executive Vice President & Secretary

Berkley Insurance Company
By [Signature]
Jeffrey M. Hafner
Senior Vice President

STATE OF CONNECTICUT)
) ss:
COUNTY OF FAIRFIELD)

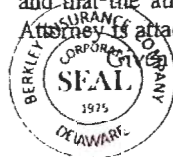
Sworn to before me, a Notary Public in the State of Connecticut, this 6th day of May, 2020, by Ira S. Lederman and Jeffrey M. Hafner who are sworn to me to be the Executive Vice President and Secretary, and the Senior Vice President, respectively, of Berkley Insurance Company.

MARIA C RUNDBAKEN
NOTARY PUBLIC
CONNECTICUT
MY COMMISSION EXPIRES
APRIL 30, 2024

[Signature]
Notary Public, State of Connecticut

CERTIFICATE

I, the undersigned, Assistant Secretary of BERKLEY INSURANCE COMPANY, DO HEREBY CERTIFY that the foregoing is a true, correct and complete copy of the original Power of Attorney; that said Power of Attorney has not been revoked or rescinded and that the authority of the Attorney-in-Fact set forth therein, who executed the bond or undertaking to which this Power of Attorney is attached, is in full force and effect as of this date, 30th day of April, 2021, under my hand and seal of the Company, this 30th day of April, 2021.



[Signature]
Vincent P. Forte