



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: Hi-Tech Resource Recovery Inc.			
FACILITY LOCATION ADDRESS: 130 Varick Avenue	FACILITY CITY: Brooklyn	STATE: NY	ZIP CODE: 11237
FACILITY TOWN: N/A	FACILITY COUNTY: Kings	FACILITY PHONE NUMBER: 718 386-5750	
FACILITY NYS PLANNING UNIT: (A list of NYS <u>Planning Units</u> can be found at the end of this report).			NYSDEC REGION #: 2
360 PERMIT #:(Refer to DEC Permit) 2-6104-00012/0001-0	DATE ISSUED: 05-05-2016	DATE EXPIRES: 05-04-2021	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit) 24T73 24W73
FACILITY CONTACT: Paul Zambrotta	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 718 386-5750	CONTACT FAX NUMBER: N/A
CONTACT EMAIL ADDRESS: Paul@mrtcarting.com			
OWNER INFORMATION			
OWNER NAME: Hi-Tech Resource Recovery Inc.	OWNER PHONE NUMBER: 718 366-0834	OWNER FAX NUMBER: N/A	
OWNER ADDRESS: 7310 Edsall Avenue	OWNER CITY: Glendale	STATE: NY	ZIP CODE: 11385
OWNER CONTACT: Tony Tarantola	OWNER CONTACT EMAIL ADDRESS: atarantola@mrtcarting.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 type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" 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:

$\frac{\quad}{100}$  % 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)	4078.38	5042.41	5759.80	5540.55	2386.04	5840.84	5840.94
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>4078.38</b>	<b>5042.41</b>	<b>5759.8</b>	<b>5540.55</b>	<b>2386.04</b>	<b>5840.84</b>	<b>5840.94</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)		5552.26	6650.36	5727.4	6191.37	5817.46	64427.81	205.8
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>5552.26</b>	<b>6650.36</b>	<b>5727.4</b>	<b>6191.37</b>	<b>5817.46</b>	<b>64427.81</b>	<b>205.8</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): C & D Debris \_\_\_\_\_ % 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 (Name & Address) 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
<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		64427.81
	*We believe, based on affiliated hauling company, that most of the inbound material comes from Kings County.				
	However, we have no way of knowing where all the material brought to the facility originates.				
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>					<u>64427.81</u>

\* 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): Commercial MSW \_\_\_\_\_ % 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>	BFI Poland-Carbon Limestone Landfill	OH	MAHONING			25329.35	25329.35
	Apex Sanitary Landfill	OH	JEFFERSON			26.46	26.46
	Conestoga Landfill	PA	BERKS			34316.02	34316.02
	Covanta Delaware Valley	PA	DELAWARE			3802.12	3802.12
MSW <del>Oil/Gas Drilling XXX</del> Municipal Solid Waste (MSW)	Waste Management-Atlantic Waste Disposal	VA	SUSSEX			394.51	394.51
	WMI-Charles City Landfill	VA	CHARLES CITY			936.03	936.03
<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>64804.49</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.

<b>SERVICE AREA OF RECYCLABLE MATERIAL RECEIVED</b> (where the material is coming from)					
MATERIAL	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
Commingled Containers (metal, glass, plastic)					
Commingled Paper (all grades)					
Single Stream (total)					
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
<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:

2 % Road: Material(s): \_\_\_\_\_ % Rail: Material(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Material(s): \_\_\_\_\_ 98 % 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)	LJS Scrap, 3425 Hampton Road, Oceanside, NY 11572	NY	Nassau County	R1	195.98
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					

**TOTAL METAL RECOVERED (tons):** 195.98

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**

<b>PLASTIC RECOVERED</b>					
<b>RECOVERED MATERIAL</b>	<b>DESTINATION (Name &amp; Address)</b>	<b>DESTINATION STATE OR COUNTRY</b>	<b>DESTINATION COUNTY OR PROVINCE</b>	<b>DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)</b>	<b>TONS RECOVERED (out of facility)</b>
Commingled Plastic (#1 - #7)					
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)	Scholes Street Recycling Corp.	NY	Kings County	R2	19.14
	492 Scholes Street, Brooklyn, NY 11237				
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
<b>TOTAL PLASTIC RECOVERED (tons):</b>					<u>19.14</u>
<b>MISCELLANEOUS MATERIAL RECOVERED</b>					
<b>RECOVERED MATERIAL</b>	<b>DESTINATION (Name &amp; Address)</b>	<b>DESTINATION STATE OR COUNTRY</b>	<b>DESTINATION COUNTY OR PROVINCE</b>	<b>DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)</b>	<b>TONS RECOVERED (out of facility)</b>
Electronics					
Textiles					
Other (specify)					
<b>TOTAL MISCELLANEOUS 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 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)**

**B. Material Recovered**

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

**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 Reed and Model R8008 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

1/28/2022

Date

Thomas N. Toscano, Esq. MBA

Name (Print or Type)

CEO & President

Title (Print or Type)

718 303 3277

Phone Number

7310 Edsall Avenue

Address

Glendale

City

NY 11385

State and Zip

tnt71@mrtcarting.com

Email (Print or Type)

ATTACHMENTS:  YES  NO (Please check appropriate line)

STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

-----X  
In the Matter of the Violations of Article 27 of the New York  
State Environmental Conservation Law and Title 6 of the  
Official Compilation of Codes, Rules and Regulations of the  
State of New York,

**ORDER ON CONSENT**

NYSDEC File

No.  
R2-20210505-79

- by -

HI-TECH RESOURCE RECOVERY INC.,

Respondent.

-----X  
WHEREAS:

**JURISDICTION**

1. The New York State Department of Environmental Conservation ("NYSDEC" or the "Department") has administrative jurisdiction over the abatement and prevention of pollution of the land, waters and air of the state, and is responsible for the enforcement of the New York State Environmental Conservation Law ("ECL"), and Title 6 of the Official Compilation of Codes, Rules and Regulations of the State of New York ("NYCRR").

2. NYSDEC is and has been the agency of the State of New York with jurisdiction pursuant to the ECL §27-0703, and the Department's promulgated rules and regulations at 6 NYCRR Part 360 to regulate the design and operation of solid waste management facilities within the State of New York.

3. This Order on Consent (the "Order") is issued in accordance with NYSDEC's enforcement authority pursuant to NYS ECL Articles 3 and 71.

**PROVISIONS OF LAW**

4. NYS ECL §27-0703 authorizes NYSDEC to adopt and promulgate, amend and repeal rules and regulations governing the operation of solid waste management facilities (SWMFs). Pursuant to §27-0703, NYSDEC promulgated 6 NYCRR Parts 360, 361, 362, 363, and 365 governing the operation of SWMFs, effective November 4, 2017.

5. NYS ECL §27-0701(2) defines solid waste management facility, in part, as any facility employed beyond the initial solid waste collection process.

6. 6 NYCRR 360.4(b)(3), as the transition rule applicable to a facility permitted under the previously promulgated Part 360 in effect prior to November 4, 2017 (generally, as "Prior 360") that now continues to be a permitted facility under 6 NYCRR Part 360, requires that

such facilities must continue to operate in compliance with the conditions of the previously issued permit for the duration of that permit, or until a major modification or renewed SWMF permit is issued by the Department. Any facility operating under a Prior 360 Permit must comply with all applicable regulations under Prior 360. Therefore, all references in this order to 6 NYCRR Part 360 are to Prior 360.

7. 6 NYCRR 360-1.2(b)(117) defines person as, among other entities, any private corporation.

8. 6 NYCRR Part 360-1.8(f)(1) states, in part, that "Any permittee intending or required to continue construction or operation beyond the permitted period must file a complete application for renewal of the permit at least 180 days before the existing permit expires. A complete application for renewal of the permit must be made on forms authorized by the department and must include the information identified in subdivision 360-1.9(d) of this Subpart pertaining to the type of solid waste management facility covered by the permit."

9. Permit Condition #7 of the Facility's Solid Waste Permit No. 2-6104-00012/00004 (the "Permit"), states that the "Permittee must submit a renewal application at least 180 days before permit expiration for Solid Waste Management Facilities."

#### PARTY

10. Respondent, Hi-Tech Resource Recovery Inc. ("Respondent") is a domestic business corporation registered in the State of New York under New York State Department of State ID # 1201299, with a place of business located at 130 Varick Avenue, Brooklyn, New York. Respondent is a person as defined by 6 NYCRR 360-1.2(b)(117).

11. Respondent owns and operates, a SWMF as defined by NYS ECL §27-0701(2), located at 130 Varick Avenue, Brooklyn, New York (the "Facility").

#### FACTS

12. Respondent signed a prior Order on Consent, Case No. R2-20170703-280 ("2019 Order"), which was fully executed on February 21, 2019.

13. The facts from the 2019 Order states that a NYSDEC inspection of the Facility on April 27, 2017 revealed that the Respondent failed to keep all facility doors closed during facility operations on three separate incidents observed by the NYSDEC inspector.

14. Each incident was a separate violation of the Facility's permit, specifically a special permit condition labeled "Closed Door Policy." That special condition states that: "Each door of each subject facility building must remain closed, except to allow vehicles, equipment, or personnel to enter or exit such building."

15. The 2019 Order required Respondent to comply with the following "Schedule A":



<p><b>Item 1</b> Within seven (7) calendar days from the effective date of this order.</p>	<p>Respondent must revise and resubmit the preliminary August 8, 2018 conceptual design to the department as a permit modification request.</p>
<p><b>Item 2</b> Within thirty (30) calendar days from the effective date of the permit modification approval, or approval of the building permit for the construction, whichever is later.</p>	<p>Respondent must commence construction as per the approved construction Gantt Chart.</p>
<p><b>Item 3</b> At least five (5) days prior to the commencement of construction.</p>	<p>Respondent must notify the Regional Solid Materials Engineer in writing as to the construction start date.</p>
<p><b>Item 4</b> If there is any deviation from the approved construction Gantt Chart.</p>	<p>Respondent immediately must notify the Regional Solid Materials Engineer by phone at (718) 482-4996 or electronic mail at <a href="mailto:R2DMM@dec.ny.gov">R2DMM@dec.ny.gov</a> . Within three (3) business days of the notification referenced above, Respondent must submit a written explanation for the deviation and a proposal for corrective action. Both must be acceptable to the Department.</p>
<p><b>Item 5</b> Within fifteen (15) calendar days after the completion of construction.</p>	<p>The Permittee must have a professional engineer, licensed by the State of New York, deliver to the Regional Solid Materials Engineer a certification that the subject facility is constructed in conformance with the approved documents.</p>

16. Respondent made an application to do a minor modification of its permit, and the modified permit was issued effective date July 9, 2019. The modified permit included as incorporated into Permit Condition #2, an April 19, 2019 document providing the plans and schedule for construction of the reconfigured loading bay. The schedule was in the form of a Gantt Chart which showed that the duration of the construction work would be approximately 1 month.

17. Richard D. Galli of Galli Engineering P.C. applied for a permit with the New York City Department of Buildings (DOB) for the construction activities, and the application was approved by DOB on September 10, 2020.

18. Richard D. Galli of Galli Engineering P.C. sent an email on January 5, 2021 to Kenneth Brezner, the Department's Region 2 Regional Materials Management Engineer, and to Joseph O'Connell, the Department's Region 2 Regional Solid Materials Engineer, providing notification that the "the loading dock construction work is beginning at Hi-Tech Resources . . . "

19. However, Respondent did not comply with Items 2, 3, 4 and 5 in the above Schedule A from the 2019 Order. Therefore, Respondent violated the 2019 Order by the following:

- a. Respondent did not commence construction within the timeframe required by the above Schedule A, Item 2;
- b. Respondent did not provide the Department with the construction start date, as required by the above Schedule A, Item 3;
- c. Respondent did not provide the Department with any notification of deviations from the approved Gantt Chart and did not provide any written explanation for the deviation, as required by the above Schedule A, Item 4; and
- d. Respondent did not provide the Department with the certification required by the above Schedule A, Item 5.

20. Respondent operates a NYSDEC permitted (DEC Permit No. 2-6104-00012/00004) solid waste transfer station. As per its NYSDEC permit, the Facility is allowed to receive and handle only putrescible solid waste and construction and demolition debris.

21. The Facility's permit expired on May 4, 2021.

22. 6 NYCRR 360-1.8(f)(1) requires that applications for renewal of solid waste management facility permits ("SWMP") must be filed with the Department no less than 180 days prior to the permit's expiration. In addition, SWMP Condition #7 of the Permit requires submission of a permit renewal application at least 180 days before permit expiration.

23. The Department received the Respondent's permit renewal application for its SWMF on May 3, 2021. The permit renewal application was submitted one hundred and seventy-nine (179) days past the deadline date.

24. The Facility is not allowed to operate without a permit, and a property owner allowing operation of a Facility in violation of the Department's regulations is a violation by the property owner.

#### VIOLATIONS

25. Respondent violated the 2019 Order on Consent, Case No. R2-20170703-280, by not fully complying with Schedule A of the 2019 Order.

26. Respondent violated 6 NYCRR 360-1.8(f)(1) and Condition # 7 of the Permit, by not filing with the Department the permit renewal application no less than 180 days prior to the permit's expiration.

27. ECL §71-2703 provides that any person who violates any provision of, or who fails to perform any duty imposed by Title 3 or 7 of ECL Article 27 or any rule or regulation promulgated thereto, or any term or condition of any certificate or permit issued pursuant thereto, or any final determination or order of the Commissioner shall be liable for a civil penalty not to exceed \$7,500 for each such violation, and an additional penalty of up to \$1,500 for each day the violation continues.

28. In settlement of the Respondent's civil liability for the aforesaid violation, the Respondent admits the violations, waives its right to a hearing herein as provided by law and consents to the issuing and entering of this Order on Consent pursuant to the provisions of Articles 27 and 71 of the ECL, and agrees to be bound by the provisions, terms and conditions herein.

**NOW, having considered this matter and being duly advised, it is ORDERED:**

**I. Compliance.** Respondent is bound by, and agrees to follow and comply with the terms, provisions, and requirements set forth in this Order, including Compliance Schedule A, which is incorporated and made enforceable herein.

**II. Civil Penalty.** Respondent is hereby assessed a civil penalty in the amount of **THREE HUNDRED AND FIFTY-THREE THOUSAND TWO HUNDRED DOLLARS (\$353,200.00)**. Of that amount Respondent shall pay **FORTY THOUSAND DOLLARS (\$40,000.00)** to the Department as follows:

a. The civil penalty shall be paid within 30 days of the Department's execution of this Order by electronic payment at <http://www.dec.ny.gov/about/6106.html#On-Line> or by bank check or certified check made payable to the order of the "New York State Department of Environmental Conservation," with the enclosed invoice and the Case Number of this Order on Consent (**Hi-Tech Resource Recovery/R2-20210505-79**) written in the memo section of the check, which shall be sent to the Department of Environmental Conservation, Division of Management and Budget Services, 625 Broadway, 10<sup>th</sup> Floor, Albany, NY 12233-4900.

b. This signed Order on Consent shall be mailed to: Meredith Kaufer, Assistant Regional Attorney, NYSDEC, Office of General Counsel, 47-40 21<sup>st</sup> Street, Long Island City, NY 11101-5407.

c. The remainder of the penalty in the amount of **THREE HUNDRED THIRTEEN THOUSAND TWO HUNDRED DOLLARS (\$313,200.00)** shall be suspended,

provided Respondent strictly and timely complies with the requirements of this Order and the attached Schedule of Compliance ("Schedule A").

d. The suspended portion of the civil penalty shall become payable immediately upon service of a Notice of Non-Compliance to Respondent.

e. Payment of the civil penalty shall not in any way alter Respondent's obligation to complete performance under the terms of this Order and comply with all applicable laws and rules.

**III. Bridge Authority.** Respondent may resume operations of the Facility in accordance with the following: a.) Facility operations are in compliance with NYSDEC permit # 2-6104-00012/00004, except with respect to the permit expiration date; and b.) Facility operations are authorized upon the effective date of this Order on Consent only for the period of time and under the conditions as described in Compliance Schedule A.

**IV. Default of Payment.** The penalty assessed in this Order constitutes a debt owed to the State of New York. Failure to pay the assessed penalty, or any part thereof, in accordance with the schedule contained in the Order, may result in referral to the New York State Attorney General for collection of the entire amount owed (including the assessment of interest, and a charge to cover the cost of collecting the debt), or referral to the New York State Department of Taxation and Finance, which may offset any tax refund or other monies that may be owed to you by the State of New York by the penalty amount. Any suspended and/or stipulated penalty provided for in this Order will constitute a debt owed to the State of New York when and if such penalty becomes due.

**V. Scope of Settlement.** This Order shall be in full settlement of all claims for civil and administrative penalties that have been or could be asserted by the Department against Respondents, their trustees, officers, employees, successors and assigns for the above-referenced violations. This Order shall not be construed as being in settlement of events regarding which the Department lacks knowledge, or which occur after the effective date of this Order.

**VI. Reservation of Rights.** This Order on Consent does not bar, diminish, adjudicate or in any way affect the Department's rights or authorities, except as set forth in the Order on Consent, including but not limited to, exercising summary abatement powers, recovery of any Natural Resource Damages, the collect of regulatory fees, and requiring the Respondent to undertake any additional measures required for the protection of human health or the environment.

**VII. Access.** To monitoring or determining compliance with this order, employees and agents of the Respondents shall provide access to any facility, site, or records owned, operated, controlled, or maintained by the Respondent, in order to inspect and/or perform such tests as the Department may deem appropriate, to copy such records, or to perform any other lawful duty or responsibility.

**VIII. Force Majeure.** If Respondent cannot comply with a deadline or requirement of this Order on Consent, because of natural disaster, epidemic or pandemic, war, terrorist attack, strike, riot, judicial injunction, or other, similar unforeseeable event which was not caused by the negligence or willful misconduct of Respondent and which could not have been avoided by the Respondent through the exercise of due care, Respondent shall apply in writing to the Department within a reasonable time after obtaining knowledge of such fact and request an extension or modification of the deadline or requirement. Respondent shall include in such application the measures taken by Respondent to prevent and/or minimize any delays. Failure to give such notice constitutes a waiver of any claim that a delay is not subject to penalties. Respondent shall have the burden of proving that an event is a defense to a claim of non-compliance with this Order on Consent pursuant to this subparagraph.

**IX. Default.** Respondent's failure to comply fully and in timely fashion with any provision, term, or condition of this Order shall constitute a default and a failure to perform an obligation under this Order and under the ECL.

**X. Communication.** Except as otherwise specified in this Order, any reports, submissions, and notices herein required shall be made to:

Kenneth B. Brezner, P.E.  
Regional Materials Management Engineer  
New York State Department of Environmental Conservation,  
47-40 21<sup>st</sup> Street, 4<sup>th</sup> Floor, Long Island City, New York, 11101-5407  
[kenneth.brezner@dec.ny.gov](mailto:kenneth.brezner@dec.ny.gov)

**XI. Modification.** No change or modification to this Order will become effective except as specifically set forth in writing and approved by the Commissioner or a duly authorized representative. All modification requests shall be submitted in writing to the Commissioner, or his/her designee. All modification requests shall include the case number, the named Respondent, and an explanation for the request. Any requests to modify a milestone date must be submitted to the Department prior to the milestone date and include a justification for the requested extended timeframe.

**XII. Indemnification.** Respondent will indemnify and hold the Department, the State of New York, and their representatives and employees harmless for all claims, suits, actions, damages, and costs of every name and description arising out of or resulting from the acts and/or omissions of Respondent, its trustees, officers, employees, servants, agents, successors, or assigns, resulting from the compliance or attempted compliance with the provisions of this Order.

**XIII. Binding Effect.** The provisions, terms, and conditions of this Order shall be deemed to bind Respondent, its heirs, its employees, servants, agents, successors and assigns, and all persons, firms, and corporations acting subordinate thereto.

**XIV. Entirety of Order.** The provisions of this Order constitute the complete and entire Order issued to the Respondent, concerning resolution of the violations identified in this

Order. Terms, conditions, understandings or agreements purporting to modify or vary any term hereof shall not be binding unless made in writing and subscribed by the party to be bound, pursuant to the Modification paragraph of this Order. No oral or written advice, guidance, suggestion or comment by the Department regarding any report, proposal, plan, specification, schedule, comment or statement made or submitted by the Respondent shall be construed as relieving the Respondent of its obligations to obtain such formal approvals as may be required by this Order.

**XV. Obligations.** This Order is not a permit, or a modification of any permit, under any federal, State, or local laws or regulations. Unless otherwise allowed by statute or regulation, Respondent is responsible for achieving and maintaining complete compliance with all applicable federal, State, and local laws, regulations, and permits. Respondent's compliance with this Order on Consent shall be no defense to any action commenced pursuant to any laws, regulations, or permits, except as set forth herein.


**XVI. Effective Date and Period of Order.** The effective date of this Order shall be the date upon which it is signed on behalf of the Department. This Order shall terminate when all requirements imposed by this Order on Consent are completed to the Department's satisfaction.

Dated: Long Island City, New York

MAY 20, 2021

BASIL SEGGOS  
Commissioner  
New York State Department of  
Environmental Conservation

By:



PATRICK E. FOSTER  
Acting Regional Director  
NYSDEC - Region 2



**SCHEDULE A**  
**COMPLIANCE SCHEDULE**  
**HI-TECH RESOURCE RECOVERY INC.**

1. Authorization of Facility operations by this Order on Consent shall cease immediately upon any of the following:

A. Upon issuance of a renewed solid waste management facility permit for the Facility; or

B. The end of the Temporary Operating Authority Period (TOAP), under the following conditions:

1. The TOAP duration starts at sixty (60) calendar days upon the effective date of the Order and will countdown when the Department is awaiting a response from Respondent to any Department Notice of Incomplete Application (NOIA) and/or any Department Permit Renewal Information Required Letter (PRIR) for Respondent's permit renewal application for permit # 2-6104-00012/00004:
  - TOAP countdown is suspended at the time of Respondent's submission to the Department of a full and complete response;
  - TOAP countdown resumes at the time of the Department's transmission of a Notice of Incomplete Application or Permit Renewal Information Required letter to Respondent; and
  - The end of the TOAP is when zero (0) days remain;

C. Upon the Respondent's failure to respond within five (5) business days of Department's notice of determination that the doors enclosing the loading dock are not closable during loading and the operation of the Facility, with a response that provides a detailed explanation that refutes the Department's determination.

2. All filings by Respondent hereunder shall comply with the following:

- A. A full and complete response from Respondent will address each item from the Department's most recent NOIA or PRIR, will include a cover letter which responds to each item from the Department NOIA or PRIR, and will include the remaining TOAP time at the time of Respondent's submission; and
- B. Respondent's responses shall be delivered in the format(s) and by the means as specified in the NOIA, PRIR or as otherwise requested by the Department.

3. Uniform Procedures Act timeframes are suspended.

4. The Department reserves the right to extend the TOAP upon its sole discretion that the Respondent has acted in good faith in attempting to complete its tasks in a timely manner.