



sanitation

Edward Grayson Commissioner

Adam Conanan
Deputy Director
Solid Waste Management

125 Worth Street, Rm 727
New York, NY 10013
nyc.gov/sanitation

646-885-5056
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February 28, 2022

New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Permitting and Planning
625 Broadway, Albany NY, 12233-7260

RE: 91st Street Marine Transfer Station
NYSDEC Permit No. 2-6204-00007/00016
2021 Annual Report

Dear Sir/Madam,

Attached, please find the 2021 Annual Report for the New York City Department of Sanitation's (DSNY's) 91st Street Marine Transfer Station (MTS). As required, I have provided the Financial Assurance Plan (FAP) closure cost for the fiscal year. This information was inserted after section 7 of the Annual Report.

Please call me if you have any questions or require additional information.

Best Regards,

A handwritten signature in black ink, appearing to read "A. Conanan", with a long horizontal flourish extending to the right.

Adam Conanan

Attachment (1): 2021 Annual Report



Department of
Environmental
Conservation

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: East 91 st Street Marine Transfer Station			
FACILITY LOCATION ADDRESS: 1740 York Avenue NY, NY 10128	FACILITY CITY: New York	STATE: NY	ZIP CODE: 10028
FACILITY TOWN: Manhattan	FACILITY COUNTY: New York	FACILITY PHONE NUMBER: 212-690-8100	
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) 2-6204-00007/00016	DATE ISSUED: 11/6/2015	DATE EXPIRES: 11/5/2025	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit) 31T04
FACILITY CONTACT: Adam Conanan	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 646-885-4693	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: aconanan@d sny.nyc.gov			
OWNER INFORMATION			
OWNER NAME: New York City Department of Sanitation	OWNER PHONE NUMBER: 646-885-4693	OWNER FAX NUMBER:	
OWNER ADDRESS: 125 Worth street	OWNER CITY: New York	STATE: NY	ZIP CODE: 10013
OWNER CONTACT: John Capo	OWNER CONTACT EMAIL ADDRESS: jcapo@d sny.nyc.gov		
OPERATOR INFORMATION			
OPERATOR NAME: <i>same as owner</i>		<input type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
<input checked="" type="checkbox"/> Preferred address to receive correspondence:		<input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address	
Other (provide): <input type="checkbox"/>			
<input checked="" type="checkbox"/> Preferred email address:		<input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact	
Other (provide):			
<input checked="" type="checkbox"/> Preferred individual to receive correspondence:		<input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact	
Other (provide): <input type="checkbox"/>			

Did you operate in 2020? 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:

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)	10,850	9,834	12,061	11,414	11,752	12,690	12,163
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sew age Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
Total Tons Received	10,850	9,834	12,061	11,414	11,752	12,690	12,163

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)		11,800	13,731	12,567	12,911	14,544	146,315	487
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sew age Treatment Plant Sludge								
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Other <i>(specify)</i>								
Total Tons Received		11,800	13,731	12,567	12,911	14,544	146,315	487

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

SECTION 3 – SERVICE AREA OF SOLID WASTE RECEIVED

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

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

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

100 % Road: Waste Type(s): _____ % Rail: Waste Type(s): _____
 Municipal Solid Waste

_____ % Water: Waste Type(s): _____ % Other (specify: _____): Waste Type(s): _____

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

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	New York	New York	91 st Street Marine Transfer Station	146,315
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Sewage Treatment Plant Sludge					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other (specify)					
TOTAL RECEIVED (tons): 146,315					

* 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): _____
 100 % Water: Waste Type(s): Residential Waste _____ % Other (specify: _____): Waste Type(s): _____

TRANSFER OR DISPOSAL DESTINATION

TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT <i>(Name & 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)
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 (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)
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Covanta Delaware Valley 10 Highland Ave Chester, PA 19013	PA	Delaware	Delaware County		38,213	38,213
	Covanta Niagara 100 Energy Blvd, Niagara Falls, NY 14304	NY	Niagara	Niagara County		106,935	106,935
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sew age Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
TOTAL SENT (tons):						145,148	

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 (where the material is coming from)

MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>(Name & Address) OR "Direct Haul"</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 <i>(Name & 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>					
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 <i>(Name & 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>
Container Glass					
Industrial Scrap Glass					
Other Glass <i>(specify)</i>					

TOTAL GLASS RECOVERED (tons): _____

METAL RECOVERED

RECOVERED MATERIAL	DESTINATION <i>(Name & 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>
Aluminum Foil / Trays					
Bulk Metal (from MSW)					
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal <i>(specify)</i>					

TOTAL METAL RECOVERED (tons): _____

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

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

B. Material Recovered

PLASTIC RECOVERED

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

TOTAL PLASTIC RECOVERED (tons): _____

MISCELLANEOUS MATERIAL RECOVERED

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

TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons): _____

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

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

B. Material Recovered

MIXED MATERIAL RECOVERED

RECOVERED MIXED MATERIAL	DESTINATION <i>(Name & 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 & 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 Ludlum and Model 375-P-1000 of fixed unit.

Does your facility use a portable radiation monitor? Yes No

Identify Manufacturer _____ and Model _____ of fixed unit.

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

Incident Number	Received		Hauler	Origin	Truck Number	Reading	Disposal Status	Removed	
	Date	Time						Date	Time
2021-0435	9/7/21	1026	DSNY	BRONX	25DN-587	737	COMPLETED		
2021-0065	2/16/2021	0915	DSNY	MANHATTAN	23Z-103	4.0	COMPLETED		
2021-0069	2/20/2021	1557	DSNY	MANHATTAN	25DN-732	1127	COMPLETED		
2021-0074	2/25/2021	1129	DSNY	MANHATTAN	25DY-060	135	COMPLETED		
2021-0082	3/4/2021	0730	DSNY	MANHATTAN	25DD-891	735	COMPLETED		
2021-0087	3/6/2021	1150	DSNY	MANHATTAN	25DN-479	159	COMPLETED		
2021-0114	3/16/2021	1739	DSNY	MANHATTAN	25DY-204	66	COMPLETED		

2021-0132	3/24/21	0215	DSNY	MANHATTAN	25DY-206	2280	COMPLETED		
2021-0137	3/25/21	2040	DSNY	MANHATTAN	25DY-060	50	COMPLETED		
2021-0157	4/3/21	0745	DSNY	MANHATTAN	25DN-793	152	COMPLETED		
2021-0163	4/8/21	0755	DSNY	MANHATTAN	25DN-904	800	COMPLETED		
2021-0174	4/15/21	0755	DSNY	MANHATTAN	25DY-068	145	COMPLETED		
2021-0180	4/17/21	0900	DSNY	MANHATTAN	25DN-778	136	COMPLETED		
2021-0210	4/29/21	2002	DSNY	MANHATTAN	25DN-899	109	COMPLETED		
2021-0228	5/11/21	0822	DSNY	MANHATTAN	25DN-412	218	COMPLETED		
2021-0237	5/15/21	1023	DSNY	MANHATTAN	25DN-114	80	COMPLETED		
2021-0245	5/19/21	2210	DSNY	MANHATTAN	25DD-618	36	COMPLETED		
2021-0247	5/21/21	0900	DSNY	MANHATTAN	25DN-778	442	COMPLETED		
2021-0286	6/12/21	2049	DSNY	MANHATTAN	25DN-418	700	COMPLETED		
2021-0290	6/15/21	2130	DSNY	MANHATTAN	25DN-741	585	COMPLETED		
2021-0303	6/21/21	0830	DSNY	MANHATTAN	25DN-793	213	COMPLETED		
2021-0337	7/6/21	1414	DSNY	MANHATTAN	25DN-128	565	COMPLETED		
2021-0346	7/13/21	1453	DSNY	MANHATTAN	25DT-003	164	COMPLETED		
2021-0352	7/9/21	0955	DSNY	MANHATTAN	25DN-411	485	COMPLETED		
2021-0376	8/9/21	1143	DSNY	MANHATTAN	25DY-202	1315	COMPLETED		
2021-0459	9/18/21	1920	DSNY	MANHATTAN	25DY-005	185	COMPLETED		
2021-0466	9/22/21	0100	DSNY	MANHATTAN	25DN-504	587	COMPLETED		
2021-0491	10/5/21	0900	DSNY	MANHATTAN	25DD-837	125	COMPLETED		
2021-0498	10/7/21	2022	DSNY	MANHATTAN	25DN-805	165	COMPLETED		
2021-0499	10/7/21	2022	DSNY	MANHATTAN	25DD-981	35	COMPLETED		
2021-0532	10/26/21	1440	DSNY	MANHATTAN	24AB-003	3.9	COMPLETED		
2021-0540	10/30/21	1233	DSNY	MANHATTAN	25DY-066	83	COMPLETED		
2021-0545	11/2/21	0130	DSNY	MANHATTAN	25DN-937	636	COMPLETED		

2021-0562	11/8/21	0315	DSNY	MANHATTAN	23Z-303	.4MR	COMPLETED		
2021-0592	11/19/21	0400	DSNY	MANHATTAN	25DN-128	102	COMPLETED		
2021-0593	11/19/21	0420	DSNY	MANHATTAN	25DN-809	453	COMPLETED		
2021-0594	11/20/21	2145	DSNY	MANHATTAN	25DY-068	101	COMPLETED		
2021-0598	11/23/21	2205	DSNY	MANHATTAN	25DD-618	136	COMPLETED		
2021-0601	11/24/21	1319	DSNY	MANHATTAN	25DN-949	872	COMPLETED		
2021-0630	12/13/21	2100	DSNY	MANHATTAN	25DY-206	5812	COMPLETED		
2021-0632	12/14/21	2035	DSNY	MANHATTAN	25DY-070	0.7	COMPLETED		
2021-0642	12/21/21	1912	DSNY	MANHATTAN	25DY-206	997	COMPLETED		
2021-0646	12/23/21	1543	DSNY	MANHATTAN	25DN-805	429	COMPLETED		

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?

**THE CITY
OF
NEW YORK
NEW YORK**



**ANNUAL COMPREHENSIVE
FINANCIAL REPORT
OF THE
COMPTROLLER
FOR THE
FISCAL YEARS ENDED JUNE 30, 2021 AND 2020**

SCOTT M. STRINGER
Comptroller

Pollution Remediation Obligations

The pollution remediation obligations (PROs) at June 30, 2021 and June 30, 2020, summarized by obligating event and pollution type, respectively, are as follows:

<u>Obligating Event</u>	<u>Fiscal Year 2021</u>		<u>Fiscal Year 2020</u>	
	<u>Amount</u> (in thousands)	<u>Percentage</u>	<u>Amount</u> (in thousands)	<u>Percentage</u>
Imminent endangerment	\$ 15	0.01%	\$ 17	0.01%
Named by regulator as a potentially responsible party	67,794	30.53	68,500	27.26
Voluntary commencement	154,244	69.46	182,733	72.73
Total	<u>\$222,053⁽¹⁾</u>	<u>100.00%</u>	<u>\$251,250⁽¹⁾</u>	<u>100.00%</u>

<u>Pollution Type</u>	<u>Fiscal Year 2021</u>		<u>Fiscal Year 2020</u>	
	<u>Amount</u> (in thousands)	<u>Percentage</u>	<u>Amount</u> (in thousands)	<u>Percentage</u>
Asbestos removal	\$105,984	47.73%	\$111,044	44.20%
Lead paint removal	20,831	9.38	36,226	14.42
Soil remediation	25,447	11.46	34,510	13.74
Water remediation	50,796	22.88	57,815	23.01
Other	18,995	8.55	11,655	4.63
Total	<u>\$222,053⁽¹⁾</u>	<u>100.00%</u>	<u>\$251,250⁽¹⁾</u>	<u>100.00%</u>

⁽¹⁾ There are no expected recoveries to reduce the liability.

The PRO liability is derived from registered multi-year contracts which offsets cumulative expenditures (liquidated/unliquidated) against original encumbered contractual amounts. The potential for changes to existing PRO estimates is recognized due to such factors as: additional remediation work arising during the remediation of an existing pollution project; remediation activities may find unanticipated site conditions resulting in necessary modifications to work plans; changes in methodology during the course of a project may cause cost estimates to change, e.g., the new ambient air quality standard for lead considered a drastic change will trigger the adoption of new/revised technologies for compliance purposes; and changes in the quantity which is paid based on actual field measured quantity for unit price items measured in cubic meters, linear meters, etc. Consequently, changes to original estimates are processed as change orders. Further, regarding pollution remediation liabilities that are not yet recognized because they are not reasonably estimable, the Law Department relates that the City has approximately 37 cases involving hazardous substances, including spills from above and underground storage tanks, and other contamination on, or caused by facilities on City-owned property; and there is also one case involving Solid Waste and one City Wastewater Treatment/Stormwater Treatment and Sewers case. Due to the uncertainty of the legal proceedings, future liabilities cannot be estimated.

The City, in compliance with the State Department of Environmental Conservation Permit Numbers 2-6302-00007/00019, 2-6102-00010/00013, 2-6106-00002/00022, 2-6204-00007/00013, and 2-6202-00005/00017 issued pursuant to 6 NYCRR Part 360, must provide financial assurance for the closure of the following Marine Transfer Stations: North Shore, Hamilton Avenue, Southwest Brooklyn, East 91st Street, and West 59th Street. Such surety instrument must conform to the requirements of 6 NYCRR Part 360.12. The liability for closure as of June 30, 2021, which equates to the total current closure cost, is \$1.06 million for North Shore, \$931 thousand for Hamilton Avenue, \$877 thousand for Southwest Brooklyn, \$1.01 million for East 91st Street, and \$230 thousand for West 59th Street. The cost estimates are based on current data and are representative of the cost that would be incurred by an independent party. The estimates are subject to adjustment for inflation and to account for changes in regulatory requirements or cost estimates. For government-wide financial statements, the liability for closures are based on total estimated current costs. For fund financial statements, expenditures are recognized using the modified accrual basis of accounting when the closure costs are incurred and the payment is due. The total liability equaling the total closure costs for the transfer stations of \$4.11 million is included under the Pollution Type "Other" in the table above.

On Monday, October 29, 2012, Superstorm Sandy hit the Mid-Atlantic East Coast. The storm caused widespread damage to the coastal and other low lying areas of the City and power failures in various parts of the City, including most of downtown Manhattan. On January 29, 2013, President Obama signed legislation providing for approximately \$50.5 billion in storm-related aid for the region affected by the storm. Although it is not possible for the City to quantify the full, long-term impact of the storm on the City and its economy, the current estimate of the direct costs to the City, NYCHH and NYCHA is approximately \$10.7 billion (comprised of approximately \$1.8 billion of expense costs and approximately \$8.9 billion of capital project costs). Such direct costs represent funding for emergency response, debris removal, emergency protective measures, repair of damaged infrastructure and long-term hazard mitigation investments. In

Financial Assurance

	FY19	FY20	FY21	NYCPI	Average
North Shore	\$1.02	\$1.04	\$1.06	FY19	275.769
Hamilton Avenue	\$896	\$912	\$931	FY20	280.645
Southwest Brooklyn	\$844	\$859	\$877		1.017681
East 91st Street	\$976	\$993	\$1,014	FY21	286.438
West 59th Street	\$221	\$225	\$230		1.020642

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.

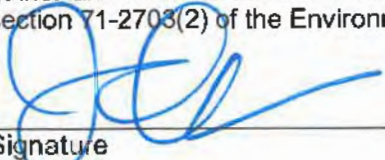
SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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

2/28/22
Date

John Capo
Name (Print or Type)

Director of Solid Waste Management
Title (Print or Type)

646 885 4693
Phone Number

125 Worth Street
Address

New York
City

NY 10013
State and Zip

jcapo@dsny.nyc.gov
Email (Print or Type)

ATTACHMENTS: YES NO (Please check appropriate line)