



# sanitation

Edward Grayson Commissioner

Adam Conanán  
Deputy Director  
Solid Waste Management

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

646-885-5056  
aconanan@dny.nyc.gov

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: 59<sup>th</sup> Street Marine Transfer Station  
NYSDEC Permit No. 2-6202-00005/00017  
2021 Annual Report

Dear Sir/Madam,

Attached, please find the 2021 Annual Report for the New York City Department of Sanitation's (DSNY's) 59<sup>th</sup> 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 be "Adam Conanán", written over a horizontal line.

Adam Conanán

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](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: 59th Street Marine Transfer Station			
FACILITY LOCATION ADDRESS: 901 12th Avenue NY,NY 10019	FACILITY CITY: Manhattan	STATE: NY	ZIP CODE: 10023
FACILITY TOWN: Manhattan	FACILITY COUNTY: New York	FACILITY PHONE NUMBER: 212-506-7438	
FACILITY NYS PLANNING UNIT: (A list of NYS <a href="#">Planning Units</a> can be found at the end of this report). New York City			NYSDEC REGION #: 2
360 PERMIT #: (Refer to DEC Permit) 2-6202-00005/00017	DATE ISSUED: 3/15/2021	DATE EXPIRES: 3/14/2026	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit) 31T04
FACILITY CONTACT: Adam Conanán	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 646-885-5056	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: <input type="checkbox"/> same as owner	<input checked="" type="checkbox"/> public <input 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 checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input 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** *(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 <i>(specify)</i>								
<b>Total Tons Received</b>								

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

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

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

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

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

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

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

SERVICE AREA OF SOLID WASTE RECEIVED <i>(where the waste is coming from)</i>					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <i>(Name &amp; Address) OR "Direct Haul"</i>	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
Municipal Solid Waste (MSW) <i>(Residential, Institutional &amp; Commercial)</i>					
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Sewage Treatment Plant Sludge					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other <i>(specify)</i>					
<b>TOTAL RECEIVED (tons):</b>					

\* List generators that provide you Certificates of Treatment forms and quantities of TRMW from each \_\_\_\_\_  
 If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

## SECTION 4 - TRANSFER OR DISPOSAL DESTINATION

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

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

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

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

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

**TRANSFER OR DISPOSAL DESTINATION**

TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT <i>(Name &amp; Address)</i>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <i>(See Attached List of NYS Planning Units)</i>	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
<b>Municipal Solid Waste (MSW)</b> <i>(Residential, Institutional &amp; Commercial)</i>							
<b>Oil/Gas Drilling Waste</b>							
<b>Petroleum Contaminated Soil</b>							
<b>Sewage Treatment Plant Sludge</b>							
<b>Treated Regulated Medical Waste</b>							
<b>Emergency Authorization Waste (Storm Debris)</b>							
<b>Other <i>(specify)</i></b>							
					<b>TOTAL SENT (tons):</b>		

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



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

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

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

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

### A. Service Area of Recyclable Material Received

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

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

SERVICE AREA OF RECYCLABLE MATERIAL RECEIVED <small>(where the material is coming from)</small>					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>(Name &amp; Address)</small> OR " <b>Direct Haul</b> "	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
<b>Commingled Containers</b> <small>(metal, glass, plastic)</small>					
<b>Commingled Paper</b> <small>(all grades)</small>	Direct Haul	New York	Manhattan <input type="checkbox"/>	New York City <input type="checkbox"/>	79,487
<b>Single Stream</b> <small>(total)</small>					
<b>Brush, Branches, Trees, &amp; Stumps</b>					
<b>Food Scraps</b>					
<b>Yard Waste</b> <small>(curbside)</small>					
<b>Other</b> <small>(specify)</small>					
<b>TOTAL RECEIVED (tons):</b>					79,487

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

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION <small>(Name &amp; Address)</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
Commingled Paper <small>(all grades)</small>	VISY/Pratt Paper Mill, 4435 Vicory Blvd, Staten Island NY 10314	New York	Richmond County	New York City	79,487
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper <small>(specify)</small>					
<b>TOTAL PAPER RECOVERED (tons):</b>					<b>79,487</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 <i>(Name &amp; Address)</i>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <i>(See Attached List of NYS Planning Units)</i>	TONS RECOVERED <i>(out of facility)</i>
Container Glass					
Industrial Scrap Glass					
Other Glass <i>(specify)</i>					
<b>TOTAL GLASS RECOVERED (tons):</b>					

**METAL RECOVERED**

RECOVERED MATERIAL	DESTINATION <i>(Name &amp; Address)</i>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <i>(See Attached List of NYS Planning Units)</i>	TONS RECOVERED <i>(out of facility)</i>
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>					
<b>TOTAL METAL 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**

**PLASTIC RECOVERED**

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

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

**MISCELLANEOUS MATERIAL RECOVERED**

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

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

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

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

**B. Material Recovered**

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

**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:

Obligating Event	Fiscal Year 2021		Fiscal Year 2020	
	Amount (in thousands)	Percentage	Amount (in thousands)	Percentage
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<sup>(1)</sup></u>	<u>100.00%</u>	<u>\$251,250<sup>(1)</sup></u>	<u>100.00%</u>

  

Pollution Type	Fiscal Year 2021		Fiscal Year 2020	
	Amount (in thousands)	Percentage	Amount (in thousands)	Percentage
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<sup>(1)</sup></u>	<u>100.00%</u>	<u>\$251,250<sup>(1)</sup></u>	<u>100.00%</u>

<sup>(1)</sup> 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**

	<b>FY19</b>	<b>FY20</b>	<b>FY21</b>	<b>NYCPI</b>	<b>Average</b>
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	<b>FY21</b>	<b>286.438</b>
West 59th Street	\$221	\$225	\$230		<b>1.020642</b>





Marine Transfer Charges  
 Calculation of Barge Towing Charge

Per discussions w/ DSNY manager of VISY contract, Greg Turek on 4/17/2019 and 4/18/2019		Comment
DSNY manages the barge transportation from the W 58th MTS to VISY		Under the existing contract, VISY reimburses DSNY for this cost, and pays a monthly fee for barge leasing. Under the closure scenario, no payments from VISY are anticipated.
Item	Amount	Note
Barge Transport Cost	\$478	per hour
Transit Time MTS to VISY	4.5	hours
Barges per Tow	2	Two barges per trip
Number of Barges to be towed	4	Possible to store/moor 4 barges at W 58th Street
Total Barge Transport Cost	\$4,311	Two trips @ 4.5 hours per trip @ \$478 per hour

**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

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