



Department of  
Environmental  
Conservation

## PERMITTED TRANSFER FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email [swmannualreport@dec.ny.gov](mailto:swmannualreport@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: New Style Recycling Corp			
FACILITY LOCATION ADDRESS: 49-10 Grand Ave	FACILITY CITY: Maspeth	STATE: NY	ZIP CODE: 11378
FACILITY TOWN: Maspeth	FACILITY COUNTY: Queens	FACILITY PHONE NUMBER: 718-326-4175	
FACILITY NYS PLANNING UNIT: (A list of NYS <u>Planning Units</u> can be found at the end of this report). New York City			NYSDEC REGION #: 2
360 PERMIT #:(Refer to DEC Permit) 2-6304-00021/00003	DATE ISSUED: 3-10-2017	DATE EXPIRES: 3-9-2022	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit)
FACILITY CONTACT: Michael J Cristina	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 718-326-4175	CONTACT FAX NUMBER: 718-416-1913
CONTACT EMAIL ADDRESS: michael@newstylerecycling.com			
OWNER INFORMATION			
OWNER NAME: Antoinette Cristina	OWNER PHONE NUMBER: 718-326-4175	OWNER FAX NUMBER: 718-416-1913	
OWNER ADDRESS: 49-10 Grand Ave	OWNER CITY: Maspeth	STATE: NY	ZIP CODE: 11378
OWNER CONTACT: Michael J Cristina	OWNER CONTACT EMAIL ADDRESS: michael@newstylerecycling.com		
OPERATOR INFORMATION			
OPERATOR NAME: Michael J Cristina	<input type="checkbox"/> same as owner	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input 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 checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2021?  Yes; Complete this form.

No; Complete and submit Sections 1 and 11. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at: <http://www.dec.ny.gov/chemical/52706.html>.

## SECTION 2 - SOLID WASTE RECEIVED

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	2,391.86	1,623.93	2,704.66	2,581.02	2,436.20	2,895.55	2,641.15
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)							
Bulk Metal	2.10	5.11	7.33	4.36	7.27	1.47	.62
Mixed Dirt & Brick	64.98	11.31	151.94	109.83	84.78	210.04	323.67
Cardboard	22.65	18.32	20.80	20.33	16.46	30.95	25.44
Concrete		3.36				5.76	36.54
<b>Total Tons Received</b>	<b>2,481.59</b>	<b>1,662.03</b>	<b>2,884.73</b>	<b>2,715.54</b>	<b>2,544.71</b>	<b>3,143.77</b>	<b>3,027.42</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		2,604.49	2,875.48	3,161.58	2,750.28	2,776.83	31,443.03	100.45
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)								
Bulk Metal		3.13	.17	5.70	2.25	8.28	47.79	.15
Mixed Dirt & Brick		79.31	88.60	60.59	83.86	81.02	1,349.93	4.31
Cardboard		21.87	14.85	25.97	30.67	19.49	267.80	.85
Concrete		75.03	29.40	62.23	49.05	25.11	286.48	.91
<b>Total Tons Received</b>		<b>2,783.83</b>	<b>3,008.50</b>	<b>3,316.07</b>	<b>2,916.11</b>	<b>2,910.73</b>	<b>33,395.03</b>	<b>106.67</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): All \_\_\_\_\_ % 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>Concrete</b>	Direct Haul	NY	Kings County	New York City	51.12
	Direct Haul	NY	New York County	New York City	173.79
	Direct Haul	NY	Queens County	New York City	61.57
<b>Construction &amp; Demolition (C&amp;D) Debris</b>	Direct Haul	NY	Kings County	New York City	8,019.88
	Direct Haul	NY	Bronx County	New York City	384.67
	Direct Haul	NY	New York County	New York City	2,954.54
	Direct Haul	NY	Nassau County	Hempstead (Town)	48.90
	Direct Haul	NY	Queens County	New York City	20,020.22
	Direct Haul	NY	Richmond County	New York City	14.82
<b>Bulk Metal</b>	Direct Haul	NY	Kings County	New York City	7.35
	Direct Haul	NY	New York County	New York City	2.63
	Direct Haul	NY	Queens County	New York City	37.81

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
Cardboard	Direct Haul	NY	Kings County	New York City	42.98
	Direct Haul	NY	Bronx County	New York City	1.31
	Direct Haul	NY	New York County	New York City	17.15
	Direct Haul	NY	Queens County	New York City	206.36
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Sewage Treatment Plant Sludge					
Mixed Brick & Dirt	Direct Haul	NY	Kings County	New York City	496.35
	Direct Haul	NY	Bronx County	New York City	.18
	Direct Haul	NY	New York County	New York City	330.16
	Direct Haul	NY	Queens County	New York City	523.24
Other (specify)					
<b>TOTAL RECEIVED (tons):</b>					<u>33,395.03</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): All \_\_\_\_\_ % 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>	110 Sand Company, 136 Spagnoli Road, Melville	NY	Nassau County	Huntington (Town)		91.55	91.55
	Blythe Recycling & Demolition Site, 1061 Burma Road, Saint Clair	PA	Schuylkill County			14,472.74	14,472.74
	Chemung Landfill, 1488 County Road 60, Elmira	NY	Chemung County	Chemung County		396.87	396.87
	Coastal Distribution Llc., 1633 New Highway, Farmingdale	NY	Nassau County	Oyster Bay Solid Waste	30.32		30.32
	Cooper Recycling, 123 Varick Avenue, Brooklyn	NY	Kings County	New York City	295.86		295.86
	Hakes C&D Landfill, 4376 Manning Ridge Road, Painted Post	NY	Steuben County	Steuben County		14,620.93	14,620.93
	Hyland Facility Associates, 6653 Herdman Road, Angelica	NY	Allegany County	Allegany County		33.58	33.58
Ontario County Landfill, 1879 NY-5, Stanley	NY	Ontario County	Ontario County		1,273.44	1,273.44	
<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)
Mixed Dirt & Brick	Jose Lema Industires, 246 Gale Road, Mongaup Valley	NY	Sullivan County	Sullivan County	1,199.22		1,199.22
	Sky Materials Corp., 4331 Middle Country Road, Calverton	NY	Suffolk County	Riverhead (Town)	425.62		425.62
	Taylor Holdings Group Ltd., 350 Neelytown Road, Montgomery	NY	Orange County	Orange County	763.09		763.09
	Westbury Recycling Inc., 117 Magnolia Avenue, Westbury	NY	Nassau County	Not Affiliated - Westbury	526.89		526.89
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
					<b>TOTAL SENT (tons): 34,130.11</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
<b>Commingled Containers</b> (metal, glass, plastic)					
<b>Commingled Paper</b> (all grades)					
<b>Single Stream</b> (total)					
<b>Brush, Branches, Trees, &amp; Stumps</b>					
<b>Food Scraps</b>					
<b>Yard Waste</b> (curbside)					
<b>Other</b> (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:

100 % Road: Material(s): All \_\_\_\_\_ % Rail: Material(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Material(s): \_\_\_\_\_ % 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	Empire State Cardboard Paper Recycling Corp., 3 Railroad Place, Maspeth	NY	Queens County	New York City	384.83
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
<b>TOTAL PAPER RECOVERED (tons):</b>					<b>384.83</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>GLASS 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>
Container Glass					
Industrial Scrap Glass					
Other Glass (specify)					
<b>TOTAL GLASS RECOVERED (tons):</b>					
<b>METAL 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>
Aluminum Foil / Trays					
Bulk Metal (from MSW)					
Bulk Metal (from CD debris)	Brooklyn Resource Recovery Inc., 5811 Preston Court, Brooklyn	NY	Kings County	New York City	4.88
	Empire Metal Trading Llc., 1301 Grand Street, Brooklyn	NY	Kings County	New York City	255.03
	TNT Scrap Metal, 340 Maspeth Avenue, Brooklyn	NY	Kings County	New York City	445.06
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
<b>TOTAL METAL RECOVERED (tons):</b>					704.97

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)					
<b>TOTAL PLASTIC RECOVERED (tons):</b>					
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					
Tires	Casings Inc., 1811 Harrison Avenue, Bayshore	NY	Suffolk County	Islip Resource Recovery Ag	3.43
<b>TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):</b>					3.43

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 (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 Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
<b>TOTAL MIXED MATERIAL RECOVERED (tons):</b> _____					
ORGANIC 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)
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
<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?

**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

2/7/2022  
Date

Michael J Cristina  
Name (Print or Type)

Manager  
Title (Print or Type)

718 326 4175  
Phone Number

49-10 Grand Avenue  
Address

Maspeth  
City

NY 11378  
State and Zip

Michael@newstylerecycling.com  
Email (Print or Type)

ATTACHMENTS:  YES  NO (Please check appropriate line)