



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 518-402-0074.)

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: Tully Environmental Inc.			
FACILITY LOCATION ADDRESS: 127-20 34th Ave	FACILITY CITY: Flushing	STATE: NY	ZIP CODE: 11368
FACILITY TOWN: Queens	FACILITY COUNTY: Queens	FACILITY PHONE NUMBER: 718 446 5001	
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) 2-6302-00259	DATE ISSUED: 10-7-19	DATE EXPIRES: 10-6-24	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit)
FACILITY CONTACT: Dean Devoe	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 718 446 7000	CONTACT FAX NUMBER: 718 458 5199
CONTACT EMAIL ADDRESS: <a href="mailto:ddevoe@tullyenvironmental.com">ddevoe@tullyenvironmental.com</a>			
OWNER INFORMATION			
OWNER NAME: Tully Environmental Inc.	OWNER PHONE NUMBER: 718 446 7000	OWNER FAX NUMBER: 718 458 5199	
OWNER ADDRESS: 127-50 Northern Blvd	OWNER CITY: Flushing	STATE: NY	ZIP CODE: 11368
OWNER CONTACT: Daniel Scully	OWNER CONTACT EMAIL ADDRESS: <a href="mailto:dscully@tullyenvironmental.com">dscully@tullyenvironmental.com</a>		
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 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/62706.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)	8465	5270	8040	7997	8270	8394	7006
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
Sewage Grit and Screenings	1364	1108	1536	1440	1512	1638	1055
<b>Total Tons Received</b>	<b>9829</b>	<b>6378</b>	<b>9576</b>	<b>9437</b>	<b>9782</b>	<b>10,032</b>	<b>8061</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)		6559	10,604	8019	8636	8284	95,544	262
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
Sewage Grit & Screenings		1618	1288	1276	1174	1227	16,236	44
<b>Total Tons Received</b>		<b>8177</b>	<b>11,892</b>	<b>9295</b>	<b>9810</b>	<b>9511</b>	<b>111,780</b>	<b>306</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): MSW, Sewage Grit & Screenings                      % Rail: Waste Type(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Waste Type(s): \_\_\_\_\_                      % Other (specify: \_\_\_\_\_): Waste Type(s): \_\_\_\_\_

SERVICE AREA OF SOLID WASTE RECEIVED <small>(Identify 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
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)	New York City	NY	Queens County	New York City	95,544
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Sewage Treatment Plant Sludge					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other (specify)					
Sewage Grit & Screenings	New York City	NY	Queens County	New York City	16,236
<b>TOTAL RECEIVED (tons):</b>					<b>111,780</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:

100 % Road: Waste Type(s): MSW, Sewage Grit & Screenings                      % 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)
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)	See attached distribution						111,067
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):</b> 111,067							

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>(write the material is coming from)</small>					
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:

100 % Road: Material(s): Bulk Metal \_\_\_\_\_ % Rail: Material(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Material(s): \_\_\_\_\_ % 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>					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper <small>(specify)</small>					
<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 <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>					

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

**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 <i>(from MSW)</i>	Intercounty Oceanside	NY	Nassau County	Hempstead (Town)	62
Bulk Metal <i>(from CD debris)</i>					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal <i>(specify)</i>					

**TOTAL METAL RECOVERED (tons):** *62*

*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 Ludlum and Model 3500-1000 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

### 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: SWMAnnualreport@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

1-27-22

Date

Daniel Scully

Vice President

718 446 7000

Name (Print or Type)

Title (Print or Type)

Phone Number

127-50 Northern Blvd

Flushing

NY 11368

Address

City

State and Zip

dscully@tullyenvironmental.com

Email (Print or Type)

ATTACHMENTS:  YES  NO (Please check appropriate line)

REPRINTED (12/21)

TULLY ENVIRONMENTAL, INC.  
FLUSHING, NEW YORK

TABLE 5  
CLOSURE COST ESTIMATE<sup>(1)</sup>

Description	Estimated Cost
Transport and dispose of 1345 tons of PSW and 50 tons of SGS <sup>(1)</sup>	\$139,500
Facility decommissioning	25,000
Inspection by professional engineer and closeout memorandum	2,500
Sampling and analysis of surfacing - residue removal/steam clean	10,000
Total estimated closure cost	\$177,000

NOTE:

- (1) Assumes waste stored at facility equal to one day throughput capacity.
- (2) Assumes waste stored at facility equal to 48 hours of throughput capacity.

TULLY ENVIRONMENTAL, INC.  
 TRANSFER STATION  
 ANNUAL SOLID WASTE DISTRIBUTION  
 2021

FACILITY NAME	WASTE TYPE	LOCATION	TYPE OF FACILITY	TONNAGE
Commonwealth Landfill	PSW	Hegins, PA	Landfill	8,190
Seneca Meadows	PSW	Waterloo NY	Landfill	62,741
Keystone Landfill	PSW	Dunmore, PA	Landfill	39,668
Intercounty	Bulk Metal	Oceanside, NY	Transfer Station	62
Superior Greentree	PSW	Kersey, PA	Landfill	406

111,067  
**TOTAL TONS**



FEDERAL INSURANCE COMPANY  
15 Mountain View Road  
Walrus, New Jersey 07061

Bond No. 31245-12

KNOW ALL MEN BY THESE PRESENTS, that we, Fully Environmental, Inc.  
12250 Northern Blvd., Queens, NY 11368, as Principal (the "Principal"), and Federal Insurance  
Company, 15 Mountain View Road, Walrus, NJ 07061, as Surety (the "Surety"), do hereby bind our New York Department of Environmental Conservation, 47-30 21 Street,  
Long Island City, New York 11101, as obligee ("Obligee"), in the penal sum of Four Hundred Twenty Thousand and 00/100 (\$420,000.00) (the "Bond Amount") for  
the payment of which sum will and truly to be made, the Principal and Surety, bind  
ourselves, our heirs, executors, administrators, successors, and assigns, jointly and  
severally, firmly by these presents.

WHEREAS, the Principal has by a writing dated September 2th, 1990, applied for a permit  
(the "Permit") with the DEC for the operation of a Solid Waste Transfer Station located  
at 127-20 34th Avenue, Flushing, New York (the "Facility") and proper closure thereof  
pursuant to DEC Permit No. 2-6302-00259/00001, issued or to be issued by DEC, and the  
plans, terms, and conditions referred to therein and approved by DEC, which Permit is by  
reference made a part hereof.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the Principal shall  
promptly and faithfully comply with the terms and conditions set forth in the Permit,  
then this obligation shall be null and void, otherwise it shall remain in full force and  
effect;

1. However the Principal shall, upon the reasonable determination of DEC, be declared by  
DEC to be in default under the Permit and all applicable notice and grace periods shall  
have expired, the Surety shall, within one year following such notice or at the end of  
such grace periods, whichever is applicable, (a) remedy such such default (b) remove and  
properly dispose of all solid waste from the facility, (c) clean and secure the facility,  
and (d) close the facility in accordance with the closure Plan referenced directly or  
indirectly in the Permit.

2. However, if the Surety fails to comply with its obligation as stated in Paragraph 1  
above, the Surety shall, within one year following such notice or at the end of such  
grace periods described in Paragraph 1, above, whichever is applicable, make available to  
DEC sufficient funds to pay the cost of the work described in Paragraph 1, above, but not  
exceeding the Bond Amount set forth in this bond, and DEC, at its sole option, may:

- (a) perform the work described in Paragraph 1, above; or
- (b) obtain a bid or bids from alternative contractors to perform the work  
described in Paragraph 1, above, and upon determination by the Surety of  
the lowest responsible bidder (or in the DEC's case, upon determination by  
the DEC and the Surety jointly of the lowest responsible bidder), for a  
contract between such bidder and the DEC, and make available as work  
progresses (even though there should be a default or a suspension of  
payments under the Permit) sufficient funds to pay the cost of such work,  
but not exceeding the Bond Amount set forth in this bond.

3. The Surety hereby waives notice of any modifications, amendments, alterations, renewals, and/or extensions of the Permit made by DEC, and hereby consents to any such modifications, amendments, alterations, renewals, and/or extensions.

4. Any suit under this bond shall be instituted before the expiration of two (2) years from the date of the expiration of the Permit, as specified therein or such earlier date as determined by the DEC. If the provisions of this paragraph are void or prohibited by law, the minimum period of limitation available to the Surety as a defense in the jurisdiction of the suit shall be applicable.

5. No right of action shall accrue on this bond to or for the use of any person or corporation other than the DEC named herein or the successors of the DEC.

6. The Surety affirms that it is authorized by the State of New York to transact business and that it possesses a certificate of qualification issued by the Superintendent of Insurance pursuant to Section 1111 of the Insurance Law of the State of New York.

7. Annually, by 15 February, the Surety shall deliver to the Department a bond amendment, which shall adjust the Bond Amount. This amendment shall be on Surety letterhead and shall include the following information: (1) the bond number (2) the name of the Principal, (3) the complete street address and Permit number of the facility, (4) the Bond Amount for the preceding year, (5) the change in the New York/Northeastern New Jersey consumer price index that occurred between January 1 and December 31 of the preceding year, as determined by the US Department of Labor, Bureau of Labor Statistics, and (6) a new Bond Amount adjusted at a rate equivalent to the change in the New York/Northeastern New Jersey consumer price index that occurred between January 1 and December 31 of the preceding year, as determined by the US Department of Labor, Bureau of Labor Statistics. If the Surety fails to so deliver such bond amendment, the Principal shall be considered in default under the Permit.

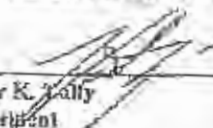
Signed and sealed this 1<sup>st</sup> day of December, 2010.

Witness or Attest:

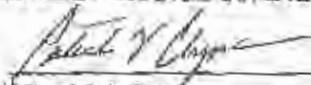
NYS DEPARTMENT OF ENVIRONMENTAL CONSERVATION

By \_\_\_\_\_  
Name:  
Title:

TULLY ENVIRONMENTAL, INC.

By  \_\_\_\_\_  
Name: Peter K. Tully  
Title: President

FEDERAL INSURANCE COMPANY

 \_\_\_\_\_  
Name: Patrick J. Clyné  
Title: Attorney-in-Fact

Federal Insurance Company  
Warren, NJ 07059

ATTORNEY-IN-FACT JUSTIFICATION  
PRINCIPAL'S ACKNOWLEDGMENT - IF A CORPORATION

State of New York  
County of Queens

On this 1<sup>st</sup> day of December, 2014, before me personally appeared Peter K. Tully, to me known, who being by me duly sworn, depose and say: That he/she resides in Longwood, New York, that he/she is the President of Tully Environmental, Inc. the corporation described in and which executed the within instrument, that he/she knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation, and that he/she signed the same in my presence.



County  
COMMISSIONER  
CAROL R. GORDON  
Notary Public, State of New York  
No. 01604680187  
Qualified in Queens County  
Commission Expires April 30, 2014

SURETY COMPANY'S ACKNOWLEDGMENT

State of New York  
County of Albany

On this 1<sup>st</sup> day of December, 2014, before me personally appeared Patrick J. Glynn to me known, who, being by me duly sworn, do depose and say: That he/she resides in Delmar, New York, that he/she is Attorney-in-Fact of Federal Insurance Company, the corporation described in and which executed the within instrument, that he/she knows the corporate seal of said Company; that the seal affixed to said instrument is such corporate seal; and that he/she signed said instrument as Attorney-in-Fact by authority of the Board of Directors of said Company; and affiant did further depose and say that the Superintendent of Insurance of the State of New York has, pursuant to Chapter 84 of the Laws of the State of New York for the year 1999, certifying chapter 84 of the Consolidating Laws of the State of New York as the Insurance Law is amended, issued to Federal Insurance Company a letter certifying that said Company is qualified to become and be accepted as surety or guarantor on all bonds, undertakings, recognizances, guarantees, and other obligations required or permitted by law; and that such certificate has not been revoked.



Notary Public  
Albany County  
Commission Expires 12/31/2014