



Department of
Environmental
Conservation

RECYCLABLES HANDLING & RECOVERY 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, 2021.

This annual report is for the year of operation from January 01, 2020 to December 31, 2020
SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Action Carting Environmental Svc. Inc DBA Action Environmental Solutions, LLC			
FACILITY LOCATION ADDRESS: 400 Casanova Street	FACILITY CITY: Bronx	STATE: NY	ZIP CODE: 10474
FACILITY TOWN: Bronx	FACILITY COUNTY: Bronx	FACILITY PHONE NUMBER:	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #:
360 PERMIT #: (Refer to DEC Permit) 03M93	DATE ISSUED: 2/1/08	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)
FACILITY CONTACT: Greg Galietti	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 917-731-5102	CONTACT FAX NUMBER: 917-731-5000
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Ronald Bergamini	OWNER PHONE NUMBER: 973-286-7174	OWNER FAX NUMBER: 973-286-7080	
OWNER ADDRESS: 300 Frank W Burr Blvd Ste. 39	OWNER CITY: Teaneck	STATE: NJ	ZIP CODE: 07666
OWNER CONTACT: Greg Galietti	OWNER CONTACT EMAIL ADDRESS: ggalietti@actioncarting.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 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 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

03/01/2021

Date

Nidia Patino

Name (Print or Type)

Senior Accountant

Title (Print or Type)

npatino@interstatewaste.com

Email (Print or Type)

300 Frank W Burr Blvd., Ste 39

Address

Teaneck

City

07666

State and Zip

(973) 286-7049

Phone Number

ATTACHMENTS: ☐ YES ☒ NO