



WASTE CONNECTIONS, INC.
Connect with the Future®

Waste Connections, Inc.

120 Wood Avenue South, Suite 302
Iselin, New Jersey 08830

T: (732) 902-4700

F: (732) 902-4720

January 13th, 2025

Mr. Paul Sierzenga
New York State Department of Environmental Conservation
Region 2
47-40 21st Street
Long Island City, NY 11101-5407

Re: 2024 NYCDEC Annual Report for the Waste Connections, Inc. Metropolitan Transfer Station
287 Halleck Street Bronx, NY 10474
NYCDEC Permit # 2-6107-00007/00001

Dear Mr. Paul Sierzenga,

I have included the 2024 NYCDEC Annual Report and a copy of the current Surety Bond in the amount of \$289,468.00 for the Waste Connections, Inc. 287 Halleck Street Bronx, NY Transfer Station.

If you have any questions or require any additional information, please contact me at (347) 672-7269 or via email at Jr.Rahman@wasteconnections.com.

Thank You

Sincerely,

Jr Rahman (District Manager)
Waste Connections, Inc.



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, 2025.

This annual report is for the year of operation from January 01, 2024 to December 31, 2024

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: WASTE CONNECTIONS, INC. METROPOLITAN TRANSFER STATION			
FACILITY LOCATION ADDRESS: 287 HALLECK STREET	FACILITY CITY: BRONX	STATE: NY	ZIP CODE: 10474
FACILITY TOWN: HUNTS POINT	FACILITY COUNTY: BRONX	FACILITY PHONE NUMBER: 718-589-7733	
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) 2-6007-00007/00001	DATE ISSUED: 01/12/2023	DATE EXPIRES: 01/11/2028	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit)
FACILITY CONTACT: JR RAHMAN	☐ public ☒ private	CONTACT PHONE NUMBER: 347-672-7269	CONTACT FAX NUMBER: 718-492-4336
CONTACT EMAIL ADDRESS: JR.RAHMAN@WASTECONNECTIONS.COM			
OWNER INFORMATION			
OWNER NAME: WASTE CONNECTIONS INC.	OWNER PHONE NUMBER: 732-902-4700	OWNER FAX NUMBER: 718-492-4336	
OWNER ADDRESS: 120 WOOD AVE SOUTH SUITE 302	OWNER CITY: ISELIN	STATE: NJ	ZIP CODE: 08830
OWNER CONTACT: JR RAHMAN	OWNER CONTACT EMAIL ADDRESS: JR.RAHMAN@WASTECONNECTIONS.COM		
OPERATOR INFORMATION			
OPERATOR NAME: ☒ same as owner		☐ public ☒ private	
PREFERENCES			
Preferred address to receive correspondence: ☒ Facility location address ☐ Owner address ☐ Other (provide):			
Preferred email address: ☒ Facility Contact ☐ Owner Contact ☐ Other (provide):			
Preferred individual to receive correspondence: ☒ Facility Contact ☐ Owner Contact ☐ Other (provide):			

Did you operate in 2024? ☒ 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:
https://extapps.dec.ny.gov/docs/materials_minerals_pdf/inactiveswmf.pdf

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: _____)

Types of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Asbestos							
Construction and Demolition (C&D)							
Debris							
Industrial Waste (Including Industrial Process Sludges)							
Mixed Municipal Solid Waste (MSW) (Residential, Institutional, & Commercial)	13,302.25	12,399.78	12,719.35	13,157.10	13,732.56	12,644.30	13,804.81
Oil/Gas Drilling Waste							
Petroleum							
Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Septage							
Other (specify)							
Total Tons Received	13,302.25	12,399.78	12,719.35	13,157.10	13,732.56	12,644.30	13,804.81

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)		13,999.22	12,436.84	13,767.59	13,594.23	13,437.19	158,995.22	521.29
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Septage								
Other (specify)								
Total Tons Received		13,999.22	12,436.84	13,767.59	13,594.23	13,437.19	158,995.22	521.29

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): _____
 _____ % 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 (See Attached List of NYS Planning Units)	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
	DIRECT HAUL	NY	NEW YORK COUNTY	NEW YORK CITY	158,995.22
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)					
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Septage					
Other (specify)					
TOTAL RECEIVED (tons):					158,995.22

* 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): _____ % 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)	SENECA (1786 SALCMAM RD, WATERLOO, NY 13165)	NY	SENECA COUNTY	SENECA COUNTY		19,135.72	19,135.72
	BETHLEHEM (2335 APPLEBUTTER ROAD, BETHLEHEM, PA 18015)	PA	NORTHAMPTON	NORTHAMPTON		0	0
	ARROWHEAD ENVIRO PARTNERS(91 BAY AVE NEWARK NJ 07660)	NJ	NEWARK	NEWARK COUNTY		139,941.75	139,941.75
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Septage							
Other (specify)							
TOTAL SENT (tons):						159,077.47	

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

A. Recyclables Received

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.

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)								
Single Stream (total)								
Tree Debris								
Food Scraps								
Yard Trimmings (curbside)								
Other (specify)								
Total Tons Received								
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)								
Single Stream (total)								
Tree Debris								
Food Scraps								
Yard Waste (curbside)								
Other (specify)								
Total Tons Received								

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

B. Service Area of Recyclable Material Received

Please identify where the 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 materials were generated.

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

100 % Road: Material(s): _____ % Rail: Material(s): _____
 % Water: Material(s): _____ % Other (specify): _____): Material(s): _____

SERVICE AREA OF RECYCLABLE MATERIAL RECEIVED (where the material is coming from)				
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	STATE OR COUNTRY	COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)
Commingled Containers (metal, glass, plastic)				
Commingled Paper (all grades)				
Single Stream (total)				
Tree Debris				
Food Scraps				
Yard Trimmings (curbside)				
Other (specify)				
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)

C. 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 Type(s): _____ % Rail: Material Type(s): _____
 _____ % Water: Material Type(s): _____ % Other (specify: _____): Material Type(s): _____

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Paper (all grades)					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
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)

C. Material Recovered

GLASS 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)
Container Glass					
Industrial Scrap Glass					
Other Glass (specify)					
TOTAL GLASS RECOVERED (tons):					
METAL 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)
Aluminum Foil / Trays					
Bulk Metal (from MSW)					
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
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)

D. 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)

C. 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)					
TOTAL MIXED MATERIAL RECOVERED (tons):					
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)
Tree Debris					
Food Scraps					
Yard Trimmings (curbside)					
Other (specify)					
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
NONE			

Radiation Monitoring

Does your facility use a fixed radiation monitor? ☒ Yes ☐ No

Identify Manufacturer LUDLUM MEASUREMENTS, INC and Model 375P 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
NONE									

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.

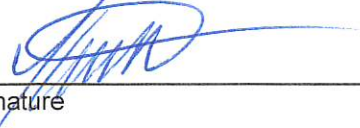
SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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

01/13/25
Date

JR RAHMAN
Name (Print or Type)

DISTRICT MANAGER
Title (Print or Type)

347 672 7269
Phone Number

287 HALLECK STREET
Address

BRONX
City

NY, 10474
State and Zip

JR.RAHMAN@WASTECONNECTIONS.COM
Email (Print or Type)

ATTACHMENTS: ____ YES ☒ NO (Please check appropriate line)

Bond No. SBP150242 026

KNOW ALL BY THESE PRESENTS, that we Metropolitan Transfer Station, Inc., as Principal (the "Principal"), and Pennsylvania Insurance Company, as Surety (the "Surety"), are held and firmly bound unto New York Department of Environmental Conservation, as Obligee ("DEC"), in the penal sum of Two Hundred Eighty Nine Thousand Four Hundred Sixty Eight and 00/100 Dollars (\$289,468.00), (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 August 11, 2015 applied for a permit (the "Permit") with the DEC for the operation of a Solid Waste Management Facility located at 287 Halleck Street, Bronx, NY 10474, (the "facility") and the proper closure thereof pursuant to DEC Permit No. 2-6007-00007/00004, 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. Whenever 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 the end of such grace, whichever is applicable, (a) remedy each such default (b) remove and properly dispose 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 the 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 if the DEC elects, upon determination by the DEC and the Surety jointly of the lowest responsible bidder), arrange for a contract between such bidder and the DEC, and make available as work progresses (even though there should be a default or a succession of defaults 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 to any modifications, amendments, alterations, renewals, and/or extensions of the Permit made by DEC, and hereby consents to any 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.

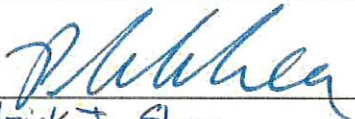
Signed and sealed this 10th day of May, 2024.

Witness or Attest:

New York Department of Environmental Conservation

By: _____
Name:
Title:

Principal: **Metropolitan Transfer Station, Inc.**

By: 
Name: Patrick J. Shea
Title: Executive Vice President, General Counsel and Secretary

Surety: **Pennsylvania Insurance Company**

By: 
Name: James I. Moore
Title: Attorney-in-Fact

California Insurance Company · Continental Indemnity Company · Illinois Insurance Company · Pennsylvania Insurance Company

10805 Old Mill Road · Omaha, Nebraska 68154

POWER OF ATTORNEY NO. HUBCHI01_0323

KNOW ALL MEN BY THESE PRESENTS: That the California Insurance Company, duly organized and existing under the laws of the State of California and having its principal office in the County of San Mateo, California, and Continental Indemnity Company, Illinois Insurance Company and Pennsylvania Insurance Company, corporations duly organized and existing under the laws of the State of New Mexico and having their principal office in the County of Santa Fe, New Mexico does hereby nominate, constitute and appoint:

Martin Moss, Stephen T. Kazmer, James I. Moore

Its true and lawful agent and attorney-in-fact, to make, execute, seal and deliver for and on its behalf as surety, and its act and deed any and all bonds, contracts, agreements of indemnity and other undertakings in suretyship (NOT INCLUDING bonds without a fixed penalty or financial guarantee) provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of:

"Unlimited"

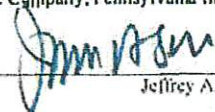
This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of California Insurance Company, Continental Indemnity Company, Illinois Insurance Company and Pennsylvania Insurance Company.

"RESOLVED, That the President, Senior Vice President, Vice President, Assisted Vice President, Secretary, Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney of the Company, qualifying the attorney or attorneys named in given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the California Insurance Company, Continental Indemnity Company, Illinois Insurance Company and Pennsylvania Insurance Company, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

IN WITNESS WHEREOF, California Insurance Company, Continental Indemnity Company, Illinois Insurance Company and Pennsylvania Insurance Company, has caused its official seal to be hereunto affixed and these presents to be signed by its duly authorized officer the 16th day of August 2023.

California Insurance Company, Continental Indemnity Company,
Illinois Insurance Company, Pennsylvania Insurance Company

By

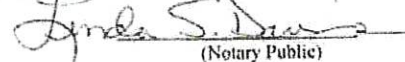
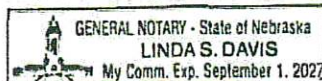


Jeffrey A. Silver, Secretary

STATE OF NEBRASKA
COUNTY OF DOUGLAS SS:

On this 16th day of August, A.D. 2023, before me a Notary Public of the State of Nebraska, in and for the County of Douglas, duly commissioned and qualified, came THE ABOVE OFFICER OF THE COMPANY, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposed and said that he is the officer of the said Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said corporation, and that Resolution adopted by the Board of Directors of said Company, referred to in the preceding instrument is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Douglas, the day and year first above written.


(Notary Public)

I, the undersigned Officer of the California Insurance Company, a California Corporation of Foster City, California, Continental Indemnity Company, Illinois Insurance Company and Pennsylvania Insurance Company, New Mexico Corporations of Santa Fe, New Mexico, do hereby certify that the original POWER OF ATTORNEY of which the foregoing is full, true and correct copy is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed the Seal of said Company, on the 10th day of May, 2024



Jeffrey A. Silver, Secretary