



WASTE CONNECTIONS, INC.
Connect with the Future

Waste Connections, Inc.

30 South Wood Avenue, Suite 310
Iselin, New Jersey 08830

T: (732) 902-4700

F: (732) 902-4720

February 07th, 2026

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

Re: 2025 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 2025 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.

This Bond Replaces Argonaut Insurance Company
Bond #SUR0054976 Effective May 10, 2024

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 Oblige ("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.

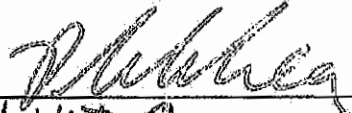
Signed and sealed this 10th day of May, 2024.

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 do 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.

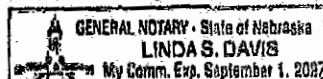
California Insurance Company, Continental Indemnity Company,
Illinois Insurance Company, Pennsylvania Insurance Company

By Jeffrey A. Silver Secretary

STATE OF NEBRASKA
COUNTY OF DOUGLAS SS:

On this 16th day of August A.D. 2023, before me Notary Public of the State of Nebraska, known 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.



Linda S. Davis
(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

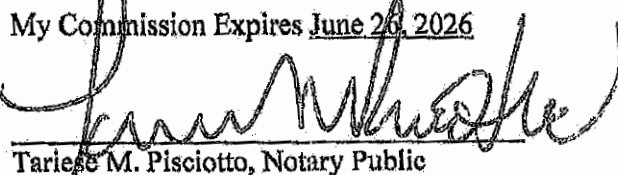
Jeffrey A. Silver
Jeffrey A. Silver, Secretary

State of Illinois}
County of DuPage } ss.

On May 10, 2024 before me, Tariese M. Pisciotto, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared James I. Moore known to me to be Attorney-in-Fact of Pennsylvania Insurance Company the corporation described in and that executed the within and foregoing instrument, and known to me to be the person who executed the said instrument in behalf of the said corporation, and he duly acknowledged to me that such corporation executed the same.

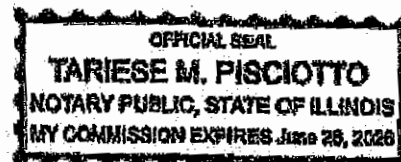
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year stated in this certificate above.

My Commission Expires June 26, 2026



Tariese M. Pisciotto, Notary Public

Commission No. 560807



This Bond Replaces Argonaut Insurance Company
Bond #SUR0054977 Effective May 10, 2024

FORM OF RESTORATION BOND

Bond No. SBP150242 027

KNOW ALL PERSONS BY THESE PRESENTS, that we, Metropolitan Transfer Station, Inc. (the "PRINCIPAL"), and Pennsylvania Insurance Company (the "SURETY" or "SURETIES"), licensed to do business as a surety in the State of New York, are held and firmly bound to the CITY OF NEW YORK (the "CITY") or its successors and assigns, in the penal sum of One Hundred Twenty Thousand and 00/100 (\$120,000.00) Dollars, lawful money of the United States, for the payment of which sum of money, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the PRINCIPAL has applied for a permit (the "PERMIT") from the City, acting by and through the DEPARTMENT OF SANITATION, to operate a solid waste transfer station at:

<u>2777</u> Block(s)	<u>420</u> Lot(s)
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Permit No. 25 - 287 Halleck Street, Bronx, NY 10407
Transfer Station Address

(the "Premises"), a copy of which Permit is annexed and made a part of this bond as though fully set forth herein, and,

WHEREAS, the CITY's issuance of the permit is conditioned upon the PRINCIPAL'S submission and maintenance of a bond guaranteeing the restoration of the Premises to its original condition and to the satisfaction of the CITY, including but not limited to, the removal of all solid or hazardous waste, debris, or any other materials, including recyclables or materials designated for reuse, which are determined by the CITY to constitute or give rise to a hazardous or offensive condition (the "Restoration Obligation");

THEREFORE, in consideration of the promises stated herein, the parties agree as follows:

1. The SURETY (SURETIES), for value received, hereby stipulates and agrees that, upon written notice from the CITY of the PRINCIPAL'S failure to perform or to complete the Restoration Obligation within forty-eight (48) hours following the occurrence of one or more of the events specified in Paragraph 2 hereof, such SURETY or SURETIES will fully perform and complete such Restoration Obligation or will pay to the CITY, in an amount not to exceed the penal sum of this bond, the full cost (the "Restoration Costs") to the CITY of performing the Restoration Obligation, as determined by the CITY.
2. The SURETY'S (SURETIES') obligation to perform shall arise unconditionally upon the PRINCIPAL'S failure to perform the Restoration Obligation as defined herein within forty-eight (48) hours after the occurrence of one or more of the following events:

- a) The expiration, suspension, termination or revocation of the Permit; b) the PRINCIPAL'S abandonment of the Premises; or c) a cessation of use of the Premises as a transfer station.

The CITY's actual incurrence of costs for performance of the Restoration Obligation shall not be a condition precedent to the SURETY'S (SURETIES) liability for payment. The SURETY (SURETIES) agrees to commence performance or tender payment for Restoration Costs within fifteen (15) days following written notice from the CITY.

3. This bond shall remain in full force and affect until one hundred eighty (180) days following the expiration of the Permit or the occurrence of one or more of the events specified in Paragraph 2 hereof, whichever is later.

IN WITNESS WHEREOF, the PRINCIPAL and the SURETY (SURETIES) have caused this bond to be executed by their duly authorized representatives and have fixed their corporate seals as of this 10th day of May 2024.

Metropolitan Transfer Station, Inc.

Principal

By:

Patrick J. Shea

Executive Vice President, General Counsel and Secretary

Pennsylvania Insurance Company

Surety

By:

James I. Moore

James I. Moore, Attorney-in-Fact

(SEAL)

No Seal

(SEAL)

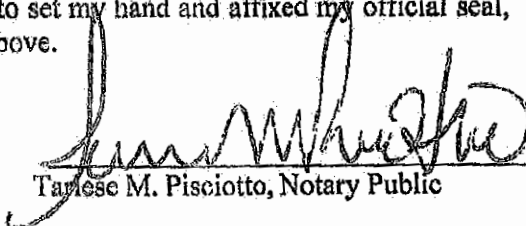
STATE OF ILLINOIS

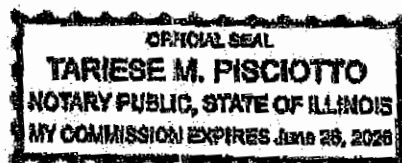
COUNTY OF DUPAGE}

On May 10, 2024, before me, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared, James I. Moore known to me to be Attorney-in-Fact of Pennsylvania Insurance Company the corporation described in and that executed the within and foregoing instrument, and known to me to be the person who executed the said instrument on behalf of the said corporation, and duly acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year stated in this certificate above.

My Commission Expires, June 26, 2026


Tariese M. Pisciotto, Notary Public



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.

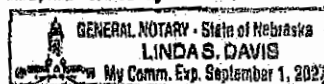
California Insurance Company, Continental Indemnity Company,
Illinois Insurance Company, Pennsylvania Insurance Company

By Jeffrey A. Silver
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.



Linda S. Davis
(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
Jeffrey A. Silver, Secretary



Department of
Environmental
Conservation

PERMITTED TRANSFER FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-8878.)

Complete and submit this form by March 1, 2026.

This annual report is for the year of operation from January 01, 2025 to December 31, 2025

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 <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) 2-6007-00007/00001	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: 212-268-1322	OWNER FAX NUMBER: 718-492-4336
OWNER ADDRESS: 33 SOUTH WOOD AVE, SUITE 810		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 2025? ☒ 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)	12,988.28	12,199.62	13,797.49	14,192.47	14,595.42	13,740.35	14,173.84
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Septage							
Other (ORGANICS)	842.49	656.75	537.63	1,111.48	1,768.39	1,365.27	1,094.60
Total Tons Received	13,830.77	12,856.37	14,335.12	15,303.95	16,363.81	15,105.62	15,268.44

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)		13,396.35	11,966.28	14,146.48	11,600.72	11,952.16	158,749.46	520.49
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Septage								
Other (ORGANICS)		936.11	1,408.60	1,626.31	1,411.71	1,208.80	14,233.35	46.66
Total Tons Received		14,332.46	13,374.88	15,772.79	13,012.43	13,160.96	172,982.81	567.15

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
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	DIRECT HAUL	NY	NEW YORK COUNTY	NEW YORK CITY	158,749.46
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Septage					
Other (ORGANICS)	DIRECT HAUL	NY	NEW YORK COUNTY	NEW YORK CITY	14,233.35
TOTAL RECEIVED (tons):					172,982.81

* 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		24,767.46	24,767.46
	ARROWHEAD ENVIRO PARTNERS(91 BAY AVE NEWARK NJ 07660)	NJ	NEWARK	NEWARK		131,829.37	131,829.37
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Septage							
Other (ORGANICS)	DENALI WATER SOLUTIONS(220 S. COMMERCE AVE RUSSELLVILLE AR 72801)	AR	RUSSELLVILLE			14,114.13	14,114.13
TOTAL SENT (tons):						170,710.96	

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)	TONS RECEIVED
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? X Yes ___ No

Identify Manufacturer LUDLUM MEASUREMENTS, INC and Model 375P of fixed unit.

Does your facility use a portable radiation monitor? ___ Yes X 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?

*This page for reference only. Please do not return with submittal.

**Division of Materials Management
New York State Department of Environmental Conservation
Albany, New York 12233-7260**

TRANSFER FACILITY

A transfer facility is a solid waste management facility that receives solid waste, including source-separated recyclables, for the purpose of transfer to another solid waste management facility for processing, treatment, disposal or further transfer. Further information and a listing of the transfer facility are available online at <https://www.dec.ny.gov/environmental-protection/waste-management/solid-waste-management-facilities/transfer-facilities>.

If your facility is authorized to process construction and demolition debris you need to submit a Construction & Demolition Debris Handling and Recovery Facility Annual Report. If your facility is authorized to operate as a transfer facility and to process construction and demolition debris you must submit both annual reports.

If your facility is authorized to operate as a recyclables handling and recovery facility you need to submit a Recyclables Handling and Recovery Facility Annual Report instead of a Transfer Facility Annual Report. If your facility is authorized to operate as a transfer facility and a recyclables handling & recovery facility you must submit both annual reports.

Forms for all solid waste management facilities can be found at <https://www.dec.ny.gov/environmental-protection/waste-management/solid-waste-management-facilities/forms> and a brief description of each type of facility can be found at <https://www.dec.ny.gov/environmental-protection/waste-management/solid-waste-management-facilities>.

Annual Report

Submit the Annual Report no later than March 1, 2026.

Reporting of the information indicated on this Transfer Facility Annual Report form is required pursuant to the 6 NYCRR Part 360 Series. Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to DEC's Regional Office that has jurisdiction over your facility and to DEC's Central Office is required to meet the Annual Report requirements of 6 NYCRR Part 362-3.6(b) and 6 NYCRR Part 360.19(k)(3).

Where the Annual Report requirements have been modified, appropriate Sections (as necessary to reflect the modification) must be completed and submitted with a copy of the Department's written notification which allows the modification.

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

Solid Waste Volume To Weight Conversion Factors

MATERIAL	EQUIVALENT	
Mixed Construction and Demolition Debris	1 cubic yard	0.25 tons
Compacted Solid Waste	1 cubic yard	0.5 tons
Uncompacted Solid Waste	1 cubic yard	0.1 tons

Recyclables Volume To Weight Conversion Factors

MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT	
GLASS – whole bottles	1 cubic yard	0.35 tons	PLASTIC – PET – whole	1 cubic yard	0.015 tons
GLASS - semi crushed	1 cubic yard	0.70 tons	PLASTIC – PET – flattened	1 cubic yard	0.04 tons
GLASS - crushed	1 cubic yard	0.88 tons	PLASTIC – PET – baled	1 cubic yard	0.38 tons
GLASS - uncrushed	55 gallon	0.16 tons	PLASTIC – styrofoam	1 cubic yard	0.02 tons
			PLASTIC – HDPE – whole	1 cubic yard	0.012 tons
PAPER - high grade loose	1 cubic yard	0.18 tons	PLASTIC – HDPE – flattened 1	1 cubic yard	0.03 tons
PAPER - high grade baled	1 cubic yard	0.36 tons	PLASTIC – HDPE – baled	1 cubic yard	0.38 tons
PAPER - mixed loose	1 cubic yard	0.15 tons	PLASTIC – mixed (grocery bags)	45 gallon bag	0.01 tons
NEWSPRINT - loose	1 cubic yard	0.29 tons			
NEWSPRINT - compacted	1 cubic yard	0.43 tons	ALUMINUM – cans – whole	1 cubic yard	0.03 tons
CORRUGATED – loose	1 cubic yard	0.015 tons	ALUMINUM – cans – flattened	1 cubic yard	0.125 tons
CORRUGATED - baled	1 cubic yard	0.55 tons	FERROUS METAL - cans whole	1 cubic yard	0.08 tons
			FERROUS METAL - cans	1 cubic yard	0.43 tons
			WHITE GOODS - uncompacted	1 cubic yard	0.10 tons

*This page for reference only. Please do not return with submittal.

	WHITE GOODS - compacted	1 cubic yard	0.5 tons
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SECTION 3 – SERVICE AREA OF SOLID WASTE RECEIVED

Identify the facility's service area by indicating the type of solid waste received, the Solid Waste Management facility (SWMF) from which it was received by your facility (or Direct Haul), the corresponding State/Country, the County/Province, and the NYS Planning Unit from which waste was received. **Refer to the list of NYS Planning Units that can be found at the end of this report.** The Total Tons Received reported below should equal the Total Tons Received in Section 2 (Solid Waste Received). **DO NOT REPORT IN CUBIC YARDS!**

Additional Service Area Guidance:

- 1) Direct hauled from the generator of the waste. In the case where the waste is hauled to your facility from the generator (i.e. hauled from residences, commercial establishments, etc.), "Direct Haul" is the appropriate response in Column 2 under "Service Area." Please report the tonnage by waste type and identify the state, county and planning unit where it was generated;
- 2) Sent to your transfer facility from another solid waste management facility. Waste may be sent to your transfer facility from another solid waste management facility. In this case, please report the tonnage by waste type from each sending solid waste management facility, as well as the sending facility's name, address, county, and the planning unit where the sending facility is located.

SECTION 5 – TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

A. Service Area of Recyclable Material Received

Identify the facility's service area by indicating the type of material received, the Solid Waste Management facility (SWMF) from which it was received by your facility (or Direct Haul), the corresponding State/Country, the County/Province, the NYS Planning Unit from which waste was received. **Refer to the list of NYS Planning Units that can be found at the end of this report.** **DO NOT REPORT IN CUBIC YARDS!**

Additional Service Area Guidance:

- 1) Direct hauled from the generator of the recyclables. In the case where the recyclables are hauled to your transfer facility from the generator (i.e. hauled from residences, commercial establishments, etc.), "Direct Haul" would be the appropriate response in Column 2 under "Service Area". Please report the tonnage by material type and identify the state, county and planning unit where it was generated; or
- 2) Sent to your transfer facility from another solid waste management facility. Recyclables may be sent to your transfer facility from another solid waste management facility. In this case, please report the tonnage by material type from each sending solid waste management facility, as well as the sending facility's name, address, county, and the planning unit where the sending facility is located.

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.

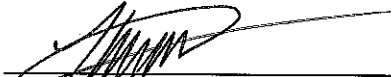
SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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

02/07/26

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)

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New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Solid Waste Management

MATERIAL MANAGEMENT PROGRAM CONTACTS

CENTRAL OFFICE

Bureau of Solid Waste Management
625 Broadway
Albany, NY 12233-7260
Phone: (518) 402-8678

For Submission of Solid Waste Management Facility Annual Reports only:

Fax: (518) 402-9041

Email: swmfannualreport@dec.ny.gov

REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON

REGION 1 (Nassau, Suffolk)

James Wade
SUNY @ Stony Brook
50 Circle Road
Stony Brook, NY 11790
Phone: (631) 444-0375
SWMFannualreportR1@dec.ny.gov

REGION 2 (Bronx, Kings, New York, Queens,

Brian Lee
47-40 21st Street
Long Island City, NY 11101-5407
Phone: (718) 482-4996
SWMFannualreportR2@dec.ny.gov

REGION 3 (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester)

Douglas Upright
21 South Putt Corners Road
New Paltz, NY 12561
Phone: (845) 255-3760
SWMFannualreportR3@dec.ny.gov

REGION 4 (Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady, Schoharie)

Brian Maglienti
1130 North Westcott Road
Schenectady, NY 12306
Phone: (518) 357-2085
SWMFannualreportR4@dec.ny.gov

REGION 5 (Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington)

Jessie Sangster
1115 State Route 86, PO Box 296
Ray Brook, NY 12977
Phone: (518) 897-1266
SWMFannualreportR5@dec.ny.gov

REGION 6 (Herkimer, Jefferson, Lewis, Oneida, St. Lawrence)

Jennifer Lauzon
317 Washington Street
Watertown, NY 13601
Phone: (315) 785-2513
SWMFannualreportR6@dec.ny.gov

REGION 7 (Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins)

Steve Perrigo
NYSDEC
5786 Widewaters Parkway
Syracuse, NY 13214
Phone: (315) 426-7419
SWMFannualreportR7@dec.ny.gov

REGION 8 (Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Yates)

Tara Blum
6274 East Avon-Lima Road
Avon, NY 14414
Phone: (585) 226-5411
SWMFannualreportR8@dec.ny.gov

REGION 9 (Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Wyoming)

Efrat Forgette
700 Delaware Avenue
Buffalo, NY 14209
Phone: (716) 851-7220
SWMFannualreportR9@dec.ny.gov

December 2025

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New York State Planning Units & Regions

When completing the annual report, please use the *Planning Unit* listed below that corresponds with the municipality and county. Note: The Planning Unit is not the DEC Region.

DEC Region	Planning Unit	County	Municipality
1	Glen Cove	Nassau	Glen Cove (City)
	Hempstead		Hempstead (Town)
	Long Beach		Long Beach (City)
	Town of North Hempstead		North Hempstead (Town), except 8 villages (see below)
	Oyster Bay Solid Waste Disposal District		Oyster Bay (Town), except 16 villages (see below)
	Babylon	Suffolk	Babylon (Town)
	Brookhaven		Brookhaven (Town)
	East Hampton		East Hampton (Town)
	Fishers Island Waste Management District		Fishers Island
	Huntington		Huntington (Town)
	Islip Resource Recovery Agency		Islip (Town)
	Riverhead		Riverhead (Town)
	Shelter Island		Shelter Island (Town)
	Smithtown		Smithtown (Town)
	Southampton		Southampton (Town)
	Southold		Southold (Town), except Fishers Island
2	New York City	Bronx	Bronx
		Kings	Kings (Brooklyn)
		New York	New York (Manhattan)
		Queens	Queens
		Richmond	Richmond (Staten Island)
3	Dutchess County	Dutchess	
	Orange County	Orange	
	Putnam County	Putnam	
	Rockland County Solid Waste Management Authority (RCSWMA)	Rockland	
	Sullivan County	Sullivan	
	Ulster County Resource Recovery Agency (UCRRA)	Ulster	
	Westchester County	Westchester	
4	Colonie	Albany	Cohoes (City)
			Colonie (Town)
			Colonie (Village)
			Menands (Village)
			Watervliet (City)
	Capital Region Solid Waste Management Partnership	Albany	Albany (City)
			Altamont (Village)
			Berne (Town)
			Bethlehem (Town)
			Green Island (Town/Village)
			Guilderland (Town)
			Knox (Town)
			New Scotland (Town)
			Rensselaerville (Town)
			Voorheesville (Village)
			Westerlo (Town)

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4		Rensselaer	East Greenbush (Town)
			Rensselaer (City)
	Eastern Rensselaer County Solid Waste Management Authority	Rensselaer	Castleton-on-Hudson (Village)
			Hoosick Falls (Village)
			Nassau (Village)
			Pittstown (Town)
			Schaghticoke (Town/Village)
			Stephentown (Town)
			Valley Falls (Village)
	Columbia County	Columbia	
	Delaware County	Delaware	
5	Greene County	Greene	
	Montgomery County	Montgomery	
	Otsego County	Otsego	
	Schoharie County	Schoharie	
	Schenectady County	Schenectady	
	Clinton County	Clinton	
	Essex County	Essex	
	County of Franklin Solid Waste Management Authority (CFSWMA)	Franklin	
6	Fulton County	Fulton	
	Hamilton County	Hamilton	
	Saratoga County	Saratoga	
	Warren County	Warren	
7	Washington County	Washington	
	Development Authority of the North Country (DANC)	Jefferson	
		Lewis	
		St. Lawrence	
	Oneida-Herkimer Solid Waste Authority	Oneida	
8		Herkimer	
	Broome County	Broome	
	Cayuga County	Cayuga	
	Chenango County	Chenango	
	Cortland County	Cortland	
	Madison County	Madison	
	Onondaga County	Onondaga	All municipalities, except Town and Village of Skaneateles (See below)
	Oswego County	Oswego	
	Tioga County	Tioga	
	Tompkins County	Tompkins	
9	Chemung County	Chemung	
	GLOW Region Solid Waste Management Committee	Genesee	
		Livingston	
	Monroe County	Monroe	
	Ontario County	Ontario	
	Orleans County	Orleans	
	Schuyler County	Schuyler	
	Seneca County	Seneca	
	Steuben County	Steuben	
	Wayne County	Wayne	
9	Yates County	Yates	
	Allegany County	Allegany	
	Cattaraugus County	Cattaraugus	
	Chautauqua County	Chautauqua	

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9	GLOW Region Solid Waste Management Committee	Wyoming	
	Niagara	Niagara	
	Northeast-Southtowns Solid Waste Management Board (NEST)	Erie	Akron (Village) Alden (Town/Village) Angola (Village) Aurora (Town) Blasdell (Village) Boston (Town) Brant (Town) Cheektowaga (Town) Clarence (Town) Colden (Town) Collins (Town) Concord (Town) Depew (Village) East Aurora (Village) Eden (Town) Elma (Town) Evans (Town) Farnham (Village) Gowanda (Village) Hamburg (Town/Village) Holland (Town) Lackawanna (City) Lancaster (Town/Village) Marilla (Town) Newstead (Town) North Collins (Town/Village) Orchard Park (Town/Village) Sardinia (Town) Sloan (Village) Springville (Village) Wales (Town) West Seneca (Town)
	Northwest Communities Solid Waste Management Board (NWCB)	Erie	Amherst (Town) Grand Island (Town) Kenmore (Village) Tonawanda (Town/Village) Williamsville (Village)

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Municipalities Not Currently Affiliated With a Recognized Planning Unit

DEC Region	County	Non-Member Municipality	
1	Nassau	North Hempstead	Great Neck Estates (Village)
			Great Neck Plaza (Village)
			Mineola (Village)
			New Hyde Park (Village)
			Plandome (Village)
			Plandome Manor (Village)
			Westbury (Village)
			Williston Park (Village)
		Oyster Bay	Bayville (Village)
			Brookville (Village)
			Centre Island (Village)
			Cove Neck (Village)
			Glenwood – Glen Head Garbage District
			Lattington (Village)
			Laurel Hollow (Village)
			Matinecock (Village)
			Mill Neck (Village)
			Muttontown (Village)
			Old Brookville (Village)
			Old Westbury (Village) (portion)
			Oyster Bay Cove (Village)
			Roslyn Harbor (Village) (portion)
			Sea Cliff (Village)
			Upper Brookville (Village)
4	Albany		Coeymans (Town)
			Ravena (Village)
	Rensselaer		Berlin (Town)
			Brunswick (Town)
			Grafton (Town)
			Hoosick (Town)
			Nassau (Town)
			Petersburg (Town)
			Poestenkill (Town)
			North Greenbush (Town)
			Sand Lake (Town)
			Schodack (Town)
			Troy (City)
7	Onondaga		Skaneateles (Town/Village)
9	Erie		Buffalo (City)