



sanitation

Jessica S. Tisch Commissioner

John Rossiello
Deputy Director
Solid Waste Management

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New York, NY 10013
nyc.gov/sanitation

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February 22, 2024

New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Permitting and Planning
625 Broadway, Albany NY, 12233-7260

RE: Southwest Marine Transfer Station
NYSDEC Permit No. 2-6106-00002/00022
2023 Annual Report

Dear Sir/Madam,

Attached, please find the 2023 Annual Report for the New York City Department of Sanitation's (DSNY's) Southwest Marine Transfer Station (MTS). As required, I have provided the Financial Assurance Plan (FAP) closure cost for the fiscal year. This information was inserted after section 7 of the Annual Report.

Please call me if you have any questions or require additional information.

Best Regards,

A handwritten signature in blue ink, appearing to read "John Rossiello", with a large, stylized flourish extending to the right.

John Rossiello

Attachment (1): 2023 Annual Report



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, 2024.

This annual report is for the year of operation from January 01, 2023 to December 31, 2023

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Southwest Marine Transfer Station			
FACILITY LOCATION ADDRESS: 400 Bay 41st Street	FACILITY CITY: Brooklyn	STATE: NY	ZIP CODE: 11214
FACILITY TOWN: Brooklyn	FACILITY COUNTY: Kings	FACILITY PHONE NUMBER: 718-368-8913	
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) 2-6106-00002-00022	DATE ISSUED: 1/19/2023	DATE EXPIRES: 1/18/2033	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit) 31T04
FACILITY CONTACT: John Rossiello	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 646-885-5056	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: jrossiello@dny.nyc.gov			
OWNER INFORMATION			
OWNER NAME: New York City Department of Sanitation	OWNER PHONE NUMBER: 646-885-4693	OWNER FAX NUMBER:	
OWNER ADDRESS: 125 Worth Street	OWNER CITY: New York	STATE: NY	ZIP CODE: 10013
OWNER CONTACT: John Capo	OWNER CONTACT EMAIL ADDRESS: jcapo@dny.nyc.gov		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner	<input checked="" type="checkbox"/> public <input type="checkbox"/> private		
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2023? 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)
Asbestos						
Construction and Demolition (C&D) Debris						
Mixed Municipal Solid Waste (MSW) (Residential, Institutional, & Commercial)	21,245.08	17,744.35	26,005.93	21,199.07	26,945.53	21,577.84
Oil/Gas Drilling Waste						
Petroleum Contaminated Soil						
Sewage Treatment Plant Sludge						
Treated Regulated Medical Waste						
Emergency Authorization Waste (Storm Debris)						
Other (specify)						
Total Tons Received	21,245.08	17,744.35	26,005.93	21,199.07	26,945.53	21,577.84

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)		22,669.18	21,470.76	21,417.71	25,862.71	20,437.28	265,624.44	888.4
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Other <i>(specify)</i>								
Total Tons Received		22,669.18	21,470.76	21,417.71	25,862.71	20,437.28	265,624.44	888.4

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): Residential Waste % Rail: Waste Type(s): _____
 _____ % Water: Waste Type(s): _____ % Other (specify: _____): Waste Type(s): _____

SERVICE AREA OF SOLID WASTE RECEIVED <small>(where the waste is coming from)</small>					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>(Name & Address)</small> OR " <i>Direct Haul</i> "	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
Asbestos					
Construction & Demolition (C&D) Debris					
Industrial Waste (Including Industrial Process Sludges)					

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)

TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Direct Haul	New York	Kings County	Southwest Marine	265,624.44
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other (specify)					
TOTAL RECEIVED (tons):					265,624.44

* 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:

_____ % Road: Waste Type(s): _____ _____ % Rail: Waste Type(s): _____
 100 % Water: Waste Type(s): Residential Waste _____ % Other (specify: _____): Waste Type(s): _____

TRANSFER OR DISPOSAL DESTINATION

TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT <i>(Name & Address)</i>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <i>(See Attached List of NYS Planning Units)</i>	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 <i>(Name & Address)</i>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <i>(See Attached List of NYS Planning Units)</i>	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	High Acres Landfill, 425 Perinton Pkwy Fairport NY 14450	NY	Monroe County				
	Atlantic Landfill, 3474 Atlantic Lane Waverly VA 23890	VA	Sussex County			8,670.05	8,760.05
	Amelia Landfill 2022 Maplewood Road Jetersville VA 23083	VA	Amelia County			248,975.43	248,975.43
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
					TOTAL SENT (tons): 257,645.48		

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 <i>(metal, glass, plastic)</i>								
Commingled Paper <i>(all grades)</i>								
Single Stream <i>(total)</i>								
Brush, Branches, Trees, & Stumps								
Food Scraps								
Yard Waste <i>(curbside)</i>								
Other <i>(specify)</i>								
Total Tons Received								
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers <i>(metal, glass, plastic)</i>								
Commingled Paper <i>(all grades)</i>								
Single Stream <i>(total)</i>								
Brush, Branches, Trees, & Stumps								
Food Scraps								
Yard Waste <i>(curbside)</i>								
Other <i>(specify)</i>								
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:

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

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

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

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION <i>(Name & Address)</i>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT <i>(See Attached List of NYS Planning Units)</i>	TONS RECOVERED <i>(out of facility)</i>
Commingled Paper <i>(all grades)</i>					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper <i>(specify)</i>					
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 <i>(metal, glass, plastic)</i>					
Commingled Paper & Containers					
Single Stream <i>(total)</i>					
Other <i>(specify)</i>					
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)
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste <i>(curbside)</i>					
Other <i>(specify)</i>					
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

Radiation Monitoring

Does your facility use a fixed radiation monitor? Yes No

Identify Manufacturer Ludlum and Model 375-P-1000 of fixed unit.

Does your facility use a portable radiation monitor? Yes No

Identify Manufacturer _____ and Model _____ of fixed unit.

If the radiation monitors have been triggered give information below for each incident:

Incident Number	Received		Hauler	Origin	Truck Number	Reading %	Disposal Status
	Date	Time					
2023-0024	1/17/2023	0655	DSNY	BK SOUTH	24AB-306	592%	COMPLETED
2023-0047	1/26/2023	0926	DSNY	BK SOUTH	25DY-627	86%	COMPLETED
2023-0049	1/27/2023	0930	DSNY	BK SOUTH	25DN-671	127%	COMPLETED
2023-0057	2/3/2023	0920	DSNY	BK SOUTH	25DN-754	111%	COMPLETED
2023-0072	2/10/2023	0910	DSNY	BK SOUTH	25DN-639	137%	COMPLETED
2023-0076	2/10/2023	2000	DSNY	BK SOUTH	25DN-420	274%	COMPLETED
2023-0080	2/14/2023	1524	DSNY	BK SOUTH	25DP-625	212%	COMPLETED
2023-0094	2/21/2023	2030	DSNY	BK SOUTH	25DN-425	156%	COMPLETED
2023-0099	2/24/2023	0833	DSNY	BK SOUTH	25DN-647	132%	COMPLETED
2023-0101	2/24/2023	1925	DSNY	BK SOUTH	25DY-129	399%	COMPLETED
2023-0104	2/28/2023	0300	DSNY	BK SOUTH	25DN-867	65%	COMPLETED
2023-0105	2/28/2023	0901	DSNY	BK SOUTH	25DT-015	3.29	COMPLETED
2023-0107	3/2/2023	0150	DSNY	BK SOUTH	25DY-244	55%	COMPLETED
2023-0121	3/13/2023	0157	DSNY	BK SOUTH	25DY-725	236%	COMPLETED
2023-0125	3/15/2023	0611	DSNY	BK SOUTH	25Y-411	1.03	COMPLETED
2023-0127	3/15/2023	2102	DSNY	BK SOUTH	25DN-428	102%	COMPLETED
2023-0135	3/20/2023	0845	DSNY	BK SOUTH	25DY-093	188%	COMPLETED
2023-0142	3/23/2023	0150	DSNY	BK SOUTH	25DN-432	42%	COMPLETED
2023-0152	3/29/2023	0830	DSNY	BK SOUTH	25DN-792	101%	COMPLETED
2023-0178	4/15/2023	2005	DSNY	BK SOUTH	25DY-018	0.88	COMPLETED
2023-0193	4/27/2023	0744	DSNY	BK SOUTH	25DN-649	653%	COMPLETED
2023-0196	4/28/2023	0849	DSNY	BK SOUTH	25DN-671	316%	COMPLETED
2023-0231	5/19/2023	0230	DSNY	BK SOUTH	25DN-057	288%	COMPLETED
2023-0259	6/9/2023	0640	DSNY	BK SOUTH	25DD-778	164%	COMPLETED
2023-0274	6/21/2023	0350	DSNY	BK SOUTH	25DN-441	61%	COMPLETED
2023-0281	6/24/2023	0804	DSNY	BK SOUTH	25DN-893	86%	COMPLETED
2023-0289	6/30/2023	1815	DSNY	BK SOUTH	25DK-218	109%	COMPLETED
2023-0293	7/1/2023	1910	DSNY	BK SOUTH	25DN-425	54%	COMPLETED
2023-0294	7/3/2023	0527	DSNY	BK SOUTH	25DN-426	88%	COMPLETED
2023-0296	7/6/2023	0011	DSNY	BK SOUTH	25DN-898	67%	COMPLETED
2023-0339	7/31/2023	0155	DSNY	BK SOUTH	25DY-244	110%	COMPLETED
2023-0356	8/14/2023	0134	DSNY	BK SOUTH	25DY-244	284%	COMPLETED
2023-0359	8/17/2023	0134	DSNY	BK SOUTH	25DRY-242	48%	COMPLETED
2023-0363	8/19/2023	0950	DSNY	BK SOUTH	23Y-412	44%	COMPLETED
2023-0468	10/18/2023	0845	DSNY	BK SOUTH	25DY-725	5886%	COMPLETED
2023-0478	10/25/2023	0940	DSNY	BK SOUTH	25DY-725	4963%	COMPLETED
2023-0508	11/10/2023	1745	DSNY	BK SOUTH	25DY-105	7192 CPS	COMPLETED
2023-0515	11/14/2023	1850	DSNY	BK SOUTH	25DY-241	4565 CPS	COMPLETED
2023-0586	12/16/2023	0907	DSNY	BK SOUTH	25DY-819	7892 CPS	COMPLETED
2023-0607	12/22/2023	1825	DSNY	BK SOUTH	25FB-008	4275 CPS	COMPLETED
2023-0612	12/26/2023	0708	DSNY	BK SOUTH	24AB-306	7930 CPS	COMPLETED

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?

The following represents the City's total landfill and hazardous waste sites liability which is recorded in the government-wide Statement of Net Position:

	2023	2022
	(in thousands)	
Landfill	\$1,027,060	\$1,011,361
Hazardous waste sites	110,917	108,180
Total landfill and hazardous waste sites liability	<u>\$1,137,977</u>	<u>\$1,119,541</u>

Pollution Remediation Obligations

The pollution remediation obligations (PROs) at June 30, 2023 and June 30, 2022, summarized by obligating event and pollution type, respectively, are as follows:

Obligating Event	Fiscal Year 2023		Fiscal Year 2022	
	Amount (in thousands)	Percentage	Amount (in thousands)	Percentage
Imminent endangerment	\$ 15	0.01%	\$ 15	0.01%
Named by regulator as a potentially responsible party	65,033	19.89	67,332	21.79
Voluntary commencement	261,761	80.10	241,559	78.20
Total	<u>\$326,809⁽¹⁾</u>	<u>100.00%</u>	<u>\$308,906⁽¹⁾</u>	<u>100.00%</u>

Pollution Type	Fiscal Year 2023		Fiscal Year 2022	
	Amount (in thousands)	Percentage	Amount (in thousands)	Percentage
Asbestos removal	\$199,103	60.93%	\$183,557	59.43%
Lead paint removal	17,059	5.22	17,106	5.54
Soil remediation	21,648	6.62	27,255	8.82
Water remediation	50,796	15.54	50,796	16.44
Other	38,203	11.69	30,192	9.77
Total	<u>\$326,809⁽¹⁾</u>	<u>100.00%</u>	<u>\$308,906⁽¹⁾</u>	<u>100.00%</u>

⁽¹⁾ There are no expected recoveries to reduce the liability.

The PRO liability is derived from registered multi-year contracts which offsets cumulative expenditures (liquidated/unliquidated) against original encumbered contractual amounts. The potential for changes to existing PRO estimates is recognized due to such factors as: additional remediation work arising during the remediation of an existing pollution project; remediation activities may find unanticipated site conditions resulting in necessary modifications to work plans; changes in methodology during the course of a project may cause cost estimates to change, e.g., the new ambient air quality standard for lead considered a drastic change will trigger the adoption of new/revised technologies for compliance purposes; and changes in the quantity which is paid based on actual field measured quantity for unit price items measured in cubic meters, linear meters, etc. Consequently, changes to original estimates are processed as change orders. Further, regarding pollution remediation liabilities that are not yet recognized because they are not reasonably estimable, the Law Department relates that the City has approximately 52 cases in total, 51 cases involving hazardous substances, including spills from above and underground storage tanks, and other contamination on, or caused by facilities on City-owned property; and there is one case involving Drinking Water. Due to the uncertainty of the legal proceedings, future liabilities cannot be estimated.

The City, in compliance with the State Department of Environmental Conservation Permit Numbers 2-6302-00007/00019, 2-6102-00010/00013, 2-6106-00002/00022, 2-6204-007/00013, and 2-6202-00005/00017 issued pursuant to 6 NYCRR Part 360, must provide financial assurance for the closure of the following Marine Transfer Stations: North Shore, Hamilton Avenue, Southwest Brooklyn, East 91st Street, and West 59th Street. Such surety instrument must conform to the requirements of 6 NYCRR Part 360.12. The liability for closure as of June 30, 2023, which equates to the total current closure cost, is \$1.17 million for North Shore, \$1.03 million for Hamilton Avenue, \$970 thousand for Southwest Brooklyn, \$1.12 million for East 91st Street, and \$254 thousand for West 59th Street. The cost estimates are based on current data and are representative of the cost that would be incurred by an independent party. The estimates are subject to adjustment for inflation and to account for changes in regulatory requirements or cost estimates. For government-wide financial statements, the liability for closures is based on total estimated current costs. For fund financial statements, expenditures are recognized using the modified accrual basis of accounting when the closure costs are incurred, and the payment is due. The total liability equaling the total closure costs for the transfer stations of \$4.54 million is included under the Pollution Type "Other" in the table above.

CPI for All Urban Consumers (CPI-U)
Original Data Value

Series Id: CUURS12ASA0

Not Seasonally Adjusted

Series: All items in New York-Newark-Jersey City, NY-NJ-PA, all
Title: urban consumers, not seasonally adjusted
Area: New York-Newark-Jersey City, NY-NJ-PA
Item: All items
Base: 1982-84=100
Period:
Years: 2010 to 2023

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual	HALF1	HALF2
2010	238.970	238.862	240.101	240.529	241.075	240.817	241.147	241.569	241.485	241.981	241.960	241.874	240.864	240.059	241.669
2011	242.639	243.832	245.617	246.489	248.073	248.506	249.164	250.058	250.559	250.051	249.317	248.307	247.718	245.859	249.576
2012	249.322	250.285	251.887	252.349	252.652	252.406	252.016	253.472	254.554	254.277	254.286	253.555	252.588	251.484	253.693
2013	254.807	256.234	256.589	255.967	256.270	256.911	257.326	257.669	258.504	257.069	257.377	257.284	256.833	256.130	257.537
2014	259.596	259.019	259.971	259.985	261.225	261.350	261.498	261.075	261.074	260.500	259.382	258.080	260.230	260.191	260.268
2015	268.376	259.240	259.647	259.959	261.066	261.512	261.199	261.347	261.887	261.516	261.009	259.941	260.558	259.967	261.150
2016	260.342	260.875	261.508	262.619	263.312	263.877	263.722	264.160	264.602	264.738	265.203	265.421	263.365	262.089	264.641
2017	266.917	267.662	267.582	267.948	268.183	268.666	268.051	268.657	270.059	269.575	269.381	269.584	268.520	267.826	269.215
2018	270.771	272.214	272.196	272.950	274.001	274.170	274.073	274.441	275.455	275.101	274.478	273.836	273.641	272.717	274.564 FY19
2019	275.144	275.823	276.570	277.441	278.088	278.802	279.817	279.428	279.338	279.255	279.468	279.816	278.164	276.975	279.354 FY20
2020	282.020	282.577	281.975	280.623	282.092	282.333	283.624	283.478	284.551	284.121	283.291	284.35	282.92	281.937	283.903 FY21
2021	285.525	286.474	287.481	289.493	290.991	293.872	293.553	293.927	295.488	296.472	297.49	296.865	292.303	288.973	295.633 FY22
2022	300.164	301.151	305.024	307.781	309.243	313.589	312.615	313.28	313.88	314.338	314.975	315.656	310.141	306.159	314.124 FY23
2023	318.151	319.295	319.038	319.211	320.002	321.29	322.496	324.38						319.498	323.438

https://data.bls.gov/pdq/SurveyOutputServlet?data_tool=dropmap&series_id=CUURS12ASA0,CUUSS12ASA0

CPI for All Urban Consumers (CPI-U)

Series Id: CUURS12ASA0,CUUSS12ASA0

Not Seasonally Adjusted

Series Title: All items in New York-Newark-Jersey City, NY-NJ-PA, all urban consumers, not seasonally adjusted

Area: New York-Newark-Jersey City, NY-NJ-PA

Item: All items

Base Period: 1982-84=100

Download:

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual	HALF1	HALF2
2013	254.807	256.234	256.589	255.967	256.270	256.911	257.326	257.659	258.504	257.069	257.377	257.284	256.833	256.130	257.537
2014	259.596	259.019	259.971	259.985	261.225	261.350	261.498	261.075	261.074	260.500	259.382	258.080	260.230	260.191	260.268
2015	268.376	259.240	259.647	259.959	261.066	261.512	261.199	261.347	261.887	261.516	261.009	259.941	260.558	259.967	261.150
2016	260.342	260.875	261.508	262.619	263.312	263.877	263.722	264.160	264.602	264.738	265.203	265.421	263.365	262.089	264.641
2017	266.917	267.662	267.582	267.948	268.183	268.666	268.051	268.657	270.059	269.575	269.381	269.584	268.520	267.826	269.215
2018	270.771	272.214	272.196	272.950	274.001	274.170	274.073	274.441	275.455	275.101	274.478	273.836	273.641	272.717	274.564
2019	275.144	275.823	276.570	277.441	278.088	278.802	279.817	279.428	279.338	279.255	279.468	279.816	278.164	276.975	279.354
2020	282.020	282.577	281.975	280.623	282.092	282.333	283.624	283.478	284.551	284.121	283.291	284.350	282.920	281.937	283.903
2021	285.525	286.474	287.481	289.493	290.991	293.872	293.553	293.927	295.488	296.472	297.490	296.865	292.303	288.973	295.633
2022	300.164	301.151	305.024	307.781	309.243	313.589	312.615	313.280	313.880	314.338	314.975	315.656	310.141	306.159	314.124
2023	318.151	319.295	319.038	319.211	320.002	321.290	322.496	324.380						319.498	

SECTION 8 – PROBLEMS

Were any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures)?

Yes No If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.

SECTION 9 – CHANGES

Were there any changes from approved reports, plans, specifications, and permit conditions?

Yes No If yes, attach additional sheets identifying changes with a justification for each change.

SECTION 10 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form?

Yes No If yes, attach additional sheets identifying the reporting requirements with their respective responses.

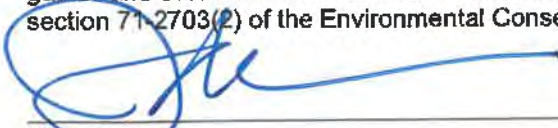
SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management Contacts).

The Owner or Operator must also submit one copy by email, fax or mail to:

**New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Solid Waste Management
625 Broadway
Albany, New York 12233-7260
Fax 518-402-9041
Email address: SWMFannualreport@dec.ny.gov**

I certify, under penalty of law, that the data and other information identified in this report have been prepared under my direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuant to section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.


Signature

2/22/24
Date

John Capo

Director of Solid Waste Management

646 885 4693

Name (Print or Type)

Title (Print or Type)

Phone Number

125 Worth Street

New York

NY 10013

Address

City

State and Zip

jcapo@dny.nyc.gov

Email (Print or Type)

ATTACHMENTS: ___ YES NO (Please check appropriate line)