



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: Varick 1 Transfer Station			
FACILITY LOCATION ADDRESS: 215 Varick Avenue	FACILITY CITY: Brooklyn	STATE: NY	ZIP CODE: 11237
FACILITY TOWN: Brooklyn	FACILITY COUNTY: Kings	FACILITY PHONE NUMBER: 646-773-1814	
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) 2-6104-00010	DATE ISSUED: 8/1/22	DATE EXPIRES: 7/31/27	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit)
FACILITY CONTACT: Jay Kaplan	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 646-773-1814	CONTACT FAX NUMBER: 866-916-6759
CONTACT EMAIL ADDRESS: jkaplan2@wm.com			
OWNER INFORMATION			
OWNER NAME: Waste Management of New York, LLC	OWNER PHONE NUMBER: 646-773-1814	OWNER FAX NUMBER: 866-916-6759	
OWNER ADDRESS: 215 Varick Avenue	OWNER CITY: Brooklyn	STATE: NY	ZIP CODE: 11237
OWNER CONTACT: Jay Kaplan	OWNER CONTACT EMAIL ADDRESS: jkaplan2@wm.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input 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 type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 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)	July (tons)
Asbestos							
Construction and Demolition (C&D) Debris	49.52	152.31	142.05	122.02	296.02	190.18	143.81
Industrial Waste (Including Industrial Process Sludges)							
Mixed Municipal Solid Waste (MSW) (Residential, Institutional, & Commercial)	29,843.01	26,245.32	33,469.29	30,302.07	34,312.21	31,218.14	29,637.18
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	29,892.53	26,397.63	33,611.34	30,424.09	34,608.23	31,408.32	29,780.99

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		113.56	101.11	75.25	19.08	40.57	1,445.48	4.72
Industrial Waste (Including Industrial Process Sludges)								
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)		29,417.85	32,007.09	30,297.70	28,404.22	28,108.75	363,262.83	1,187.13
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		29,531.41	32,108.20	30,372.95	28,423.30	28,149.32	364,708.31	1,191.86

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): All Types _____ % 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 <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
Asbestos					
Construction & Demolition (C&D) Debris	Direct Haul	NY	Kings County	Kings County	1,445.48
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	Kings County	Kings County	363,262.83
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other (specify)					
TOTAL RECEIVED (tons):					364,708.31

* 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): _____
 _____ % 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 <small>(Name & Address)</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	AMOUNT TO TRANSFER DESTINATION <small>(TONS)</small>	AMOUNT TO DISPOSAL DESTINATION <small>(TONS)</small>	TOTAL YEAR <small>(TONS)</small>
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)	WM High Acres	NY	Monroe	Monroe		283,275.80	283,275.80
	WM Atlantic	VA	Sussex	Sussex		27,170.77	27,170.76
	WM Fairless	PA	Bucks	Bucks		0	0
	WM Amelia	VA	Amelia	Westchester		53,200.70	53,200.70
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
Tires	S&M Prompt Rubbish Removal	NY	Nassau	Nassau		12.21	12.21
					TOTAL SENT (tons): 363,659.47		

If the waste type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other waste name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other waste name.

SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

A. Recyclables Received

Is your facility also a permitted or registered Recyclables Handling & Recovery Facility?

Yes; Complete Section 5 for material recovered from the mixed solid waste stream. Complete a Recyclables Handling & Recovery Facility (RHRF) form for material received as source separated. The RHRF form is located at: <http://www.dec.ny.gov/chemical/52706.html>.

No; Complete Section 5 for material recovered from the mixed solid waste stream and for material received as source separated.

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers <i>(metal, glass, plastic)</i>								
Commingled Paper (all grades)								
Single Stream <i>(total)</i>								
Brush, Branches, Trees, & Stumps								
Food Scraps		5,114.72	4,889.48	5,877.55	4,780.97	5,750.64	5,634.73	4,168.07
Yard Waste <i>(curbside)</i>								
Other <i>(specify)</i>								
Total Tons Received		5,114.72	4,889.48	5,877.55	4,780.97	5,750.64	5,634.73	4,168.07
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 (all grades)								
Single Stream <i>(total)</i>								
Brush, Branches, Trees, & Stumps								
Food Scraps	5,055.02	5,588.62	6,570.06	7,053.81	6,313.08	66,796.75	218.29	
Yard Waste <i>(curbside)</i>								
Other <i>(specify)</i>								
Total Tons Received	5,055.02	5,588.62	6,570.06	7,053.81	6,313.08	66,796.75	218.29	

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): All Types _____ % 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 (Name & Address) 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 (all grades)					
Single Stream (total)					
Brush, Branches, Trees, & Stumps					
Food Scraps	Direct Haul	NY	Kings County	Kings County	66,796.75
Yard Waste (curbside)					
Other (specify)					
TOTAL RECEIVED (tons):					66,796.75

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): All Types _____ % 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 <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)	Empire Metal	NY	Kings	New York City	249.07

TOTAL METAL RECOVERED (tons): 249.07

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)
Brush, Branches, Trees, & Stumps	Reliable Paper Recycling	NJ	Hudson	Hudson	826.07
Food Scraps	Newtown Creek	NY	Kings	New York City	66,356.64
	Flora Core	NJ	Union	Union	233.80
Yard Waste (curbside)					
Other (specify)					
TOTAL ORGANIC MATERIAL RECOVERED (tons): 67,596.52					

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
Various	Waste Tires	Various Dates	SM Prompt, Suffolk Co, NY

Radiation Monitoring

Does your facility use a fixed radiation monitor? Yes No

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

Does your facility use a portable radiation monitor? Yes No

Identify Manufacturer _____ and Model _____ of fixed unit.

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

Incident Number	Received		Hauler	Origin	Truck Number	Reading	Disposal Status	Removed	
	Date	Time						Date	Time
See attached									

SECTION 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Are there required cost estimates and financial assurance documents for closure?

Yes No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

SECTION 8 – PROBLEMS

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

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

SECTION 9 – CHANGES

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

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

SECTION 10 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS

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

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

SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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

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

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

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

Jay Kaplan

Digitally signed by Jay Kaplan
Date: 2024.02.29 13:51:14 -05'00'

2/29/24

Signature

Date

Jay Kaplan

Environmental Manager

646 773 1814

Name (Print or Type)

Title (Print or Type)

Phone Number

215 Varick Avenue

Brooklyn

NY, 11237

Address

City

State and Zip

jkaplan2@wm.com

Email (Print or Type)

ATTACHMENTS: YES NO (Please check appropriate line)

Log#	TYPE	Down Date	Truck#	BORO	Transfer Station
0065	RADIATION	1/10/2023	25DP465	Brooklyn North	WASTE MANAGEMENT VARICK
0107	RADIATION	1/14/2023	25DN311	Brooklyn North	WASTE MANAGEMENT VARICK
0439	RADIATION	2/20/2023	25DN061	Brooklyn South	WASTE MANAGEMENT VARICK
0540	RADIATION	3/3/2023	23Z106	Brooklyn South	WASTE MANAGEMENT VARICK
0705	RADIATION	3/20/2023	25DD583	Brooklyn North	WASTE MANAGEMENT VARICK
0754	RADIATION	3/24/2023	25DY228	Brooklyn North	WASTE MANAGEMENT VARICK
1011	RADIATION	4/22/2023	25DY264	Brooklyn North	WASTE MANAGEMENT VARICK
1129	RADIATION	5/4/2023	25DY-234	Brooklyn North	WASTE MANAGEMENT VARICK

1351	RADIATION	5/25/2023		Brooklyn North	WASTE MANAGEMENT VARICK
1482	RADIATION	6/13/2023	25DY-231	Brooklyn North	WASTE MANAGEMENT VARICK
1519	RADIATION	6/17/2023	CONTAINER	Brooklyn South	WASTE MANAGEMENT VARICK
1784	RADIATION	7/21/2023	26AU302		WASTE MANAGEMENT VARICK
1800	RADIATION	7/22/2023	25DY615	Brooklyn North	WASTE MANAGEMENT VARICK
1819	RADIATION	7/25/2023	25DY717	Brooklyn North	WASTE MANAGEMENT VARICK
2334	RADIATION	9/22/2023	25DY-264	Brooklyn North	WASTE MANAGEMENT VARICK
2451	RADIATION	10/4/2023	23Y-410	Brooklyn North	WASTE MANAGEMENT VARICK

2497	RADIATION	10/10/2023	26AU-302	Queens West	WASTE MANAGEMENT VARICK
2493	RADIATION	10/10/2023	26AU-102	Brooklyn North	WASTE MANAGEMENT VARICK
2729	RADIATION	11/6/2023	25DY-795	Brooklyn North	WASTE MANAGEMENT VARICK
2847	RADIATION	11/21/2023	25DN-750	Brooklyn North	WASTE MANAGEMENT VARICK
3085	RADIATION	12/16/2023	25DY-801	Brooklyn North	WASTE MANAGEMENT VARICK
3110	RADIATION	12/19/2023	23Y-410	Brooklyn North	WASTE MANAGEMENT VARICK