



WASTE CONNECTIONS, INC.
Connect with the Future®

Waste Connections, Inc.

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

T: (732) 902-4700

F: (732) 902-4720

January 13th, 2025

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

Re: 2024 NYCDEC Annual Report for the Waste Connections, Inc. 50th Street Transfer Station
110-50th Street Brooklyn, NY 11232
NYCDEC Permit # 2-6102-00067/00004

Dear Mr. Paul Sierzenga,

I have included the 2024 NYCDEC Annual Report and a copy of the current Surety Bond in the amount of \$240,000.00 for the Waste Connections, Inc. 110-50th Street Brooklyn, NY Transfer Station.

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

Thank You

Sincerely,

Jr Rahman (District Manager)
Waste Connections, Inc.



PERMITTED TRANSFER FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-8678.)

Complete and submit this form by March 1, 2025.

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

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION				
FACILITY NAME: WASTE CONNECTIONS, INC. 110-50TH STREET TRANSFER STATION				
FACILITY LOCATION ADDRESS: 110-50TH STREET		FACILITY CITY: BROOKLYN		STATE: NY ZIP CODE: 11232
FACILITY TOWN: SUNSET PARK		FACILITY COUNTY: KINGS	FACILITY PHONE NUMBER: 718-680-3733	
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) 2-6102-00067/00004	DATE ISSUED: 04/05/2021	DATE EXPIRES: 04/04/2026	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit)	
FACILITY CONTACT: JR RAHMAN		☐ public ☒ private	CONTACT PHONE NUMBER: (347)672-7269	CONTACT FAX NUMBER: 718-492-4336
CONTACT EMAIL ADDRESS: JR.RAHMAN@WASTECONNECTIONS.COM				
OWNER INFORMATION				
OWNER NAME: WASTE CONNECTIONS INC.		OWNER PHONE NUMBER: (732)902-4700	OWNER FAX NUMBER: 718-492-4336	
OWNER ADDRESS: 120 WOOD AVE SOUTH SUITE 302		OWNER CITY: ISELIN	STATE: NJ ZIP CODE: 08830	
OWNER CONTACT: JR RAHMAN		OWNER CONTACT EMAIL ADDRESS: JR.RAHMAN@WASTECONNECTIONS.COM		
OPERATOR INFORMATION				
OPERATOR NAME: ☒ same as owner			☐ public ☒ private	
PREFERENCES				
Preferred address to receive correspondence: ☒ Facility location address ☐ Owner address ☐ Other (provide):				
Preferred email address: ☒ Facility Contact ☐ Owner Contact ☐ Other (provide):				
Preferred individual to receive correspondence: ☒ Facility Contact ☐ Owner Contact ☐ Other (provide):				

Did you operate in 2024? ☒ Yes; Complete this form.

☐ No; Complete and submit Sections 1 and 11. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at:
https://extapps.dec.ny.gov/docs/materials_minerals_pdf/inactiveswmf.pdf

SECTION 2 - SOLID WASTE RECEIVED

Please provide the tonnages of solid waste received. Include all waste received. Report Recyclable Materials in Section 5. DO NOT REPORT IN CUBIC YARDS!

Specify the methods used to measure the quantities disposed and the percentages measured by each method:

100 % Scale Weight

____ % Estimated

____ % Truck Count
____ % Other (Specify: _____)

Types of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Asbestos							
Construction and Demolition (C&D) Debris	2,051.24	2,102.77	2,087.42	2,010.06	2,646.28	2,041.91	2,800.76
Industrial Waste (Including Industrial Process Sludges)							
Mixed Municipal Solid Waste (MSW) (Residential, Institutional, & Commercial)	7,530.98	6,993.55	7,195.29	7,650.50	8,166.12	8,416.01	9,495.08
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Septage							
Other (specify)							
Total Tons Received	9,582.22	9,096.32	9,282.71	9,660.56	10,812.40	10,457.92	12,295.84

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		3,165.69	2,672.24	2,284.47	2,293.45	2,755.58	28,911.87	94.79
Industrial Waste (Including Industrial Process Sludges)								
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)		8,617.82	8,648.16	7,826.92	7,412.17	8,663.63	96,616.23	316.77
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Septage								
Other (specify)								
Total Tons Received		11,783.51	11,320.40	10,111.39	9,705.62	11,419.21	125,528.10	411.56

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	DIRECT HAUL	NY	NEW YORK COUNTY	NYC	28,911.87
Industrial Waste (Including Industrial Process Sludges)					

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
	DIRECT HAUL	NY	NEW YORK COUNTY	NEW YORK CITY	96,616.23
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)					
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Septage					
Other (specify)					
TOTAL RECEIVED (tons):					125,528.10

* 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)
Asbestos						
Construction & Demolition (C&D) Debris	BRADS (1061 BURMA ROAD, SAINT CLAIR, PA 17970)	PA	SCHUYIKILL	SCHUYIKILL COUNTY	11,457.91	11,457.91
	ARROWHEAD ENVIRO PARTNERS(91 BAY AVE NEWARK NJ 07660)	NY	NEWARK	NEWARK COUNTY	17,453.96	17,453.96
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)	BETHLEHEM (2335 APPLEBUTTER ROAD, BETHLEHEM, PA 18015)	PA	NORTHAMPTON	NORTHAMPTON		37,208.87	37,208.87
	ARROWHEAD ENVIRO PARTNERS(91 BAY AVE NEWARK NJ 07660)	NJ	NEWARK	NEWARK		59,076.08	59,076.08
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Septage							
Other (specify)							
TOTAL SENT (tons):					125,196.82		

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)
Commingle Containers (metal, glass, plastic)								
Commingle 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)	
Commingle Containers (metal, glass, plastic)								
Commingle Paper (all grades)								
Single Stream (total)								
Tree Debris								
Food Scraps								
Yard Waste (curbside)								
Other (specify)								
Total Tons Received								

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

SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

B. Service Area of Recyclable Material Received

Please identify where the materials are coming from. DO NOT REPORT IN CUBIC YARDS!

- If the materials **WERE** received from another solid waste management facility, please write in the name and address of the facility along with the appropriate state, county and planning unit/municipality.
- If the materials **WERE NOT** received from another solid waste management facility, please write in "**Direct Haul**" along with the appropriate state, county and planning unit/municipality where the materials were generated.

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

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

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

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

SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)
C. Material Recovered

Please identify destination of recovered materials. Indicate the name of the facility, address, corresponding State/Country, County/Province, Destination Planning Unit/Municipality and the amount of material transferred. DO NOT REPORT IN CUBIC YARDS!

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

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

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

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

SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

C. Material Recovered

GLASS RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Container Glass					
Industrial Scrap Glass					
Other Glass (specify)					
TOTAL GLASS RECOVERED (tons):					
METAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Aluminum Foil / Trays					
Bulk Metal (from MSW)					
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
TOTAL METAL RECOVERED (tons):					

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

SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

D. Material Recovered

PLASTIC RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Plastic (#1 - #7)					
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
TOTAL PLASTIC RECOVERED (tons):					
MISCELLANEOUS MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Electronics					
Textiles					
Other (specify)					
TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):					

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

SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)
C. Material Recovered

MIXED MATERIAL RECOVERED					
RECOVERED MIXED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
TOTAL MIXED MATERIAL RECOVERED (tons):					
ORGANIC MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Tree Debris					
Food Scraps					
Yard Trimmings (curbside)					
Other (specify)					
TOTAL ORGANIC MATERIAL RECOVERED (tons):					

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

SECTION 6 – UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received at the facility during the reporting period?

☐ Yes ☒ No If yes, give information below for each incident (attach additional sheets if necessary):

Date Received	Type Received	Date Disposed	Disposal Method & Location
NONE			

Radiation Monitoring

Does your facility use a fixed radiation monitor? ☒ Yes ☐ No
 Identify Manufacturer LUDLUM MEASUREMENTS, INC. and Model 375P of fixed unit.

Does your facility use a portable radiation monitor? ☐ Yes ☒ No
 Identify Manufacturer _____ and Model _____ of fixed unit.

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

Incident Number	Received		Hauler	Origin	Truck Number	Reading	Disposal Status	Removed	
	Date	Time						Date	Time
NONE									

SECTION 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

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

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

SECTION 8 – PROBLEMS

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

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

SECTION 9 – CHANGES

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

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

SECTION 10 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS

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

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

SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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

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

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

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



Signature

01/13/25

Date

JR RAHMAN

Name (Print or Type)

DISTRICT MANAGER

Title (Print or Type)

347 672 7269

Phone Number

110-50TH STREET

Address

BROOKLYN

City

NY, 11232

State and Zip

JR.RAHMAN@WASTECONNECTIONS.COM

Email (Print or Type)

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

VERIFICATION CERTIFICATE

SURETY: Berkley Insurance Company

PRINCIPAL: Waste Connections of New York, Inc.

OBLIGEE: New York Department of Environmental Conservation

BOND NO.: 0255360

BOND AMOUNT: \$240,000.00

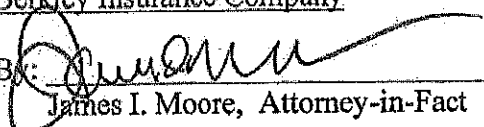
ORIGINAL EFFECTIVE DATE: 9/11/2023

EFFECTIVE RENEWAL TERM: 9/11/2024-9/11/2025

This is to certify that this company has not terminated its suretyship under the above described bond and that such bond according to its records is still in full force and effect.

Signed and Sealed this 8th day of September, 2024.

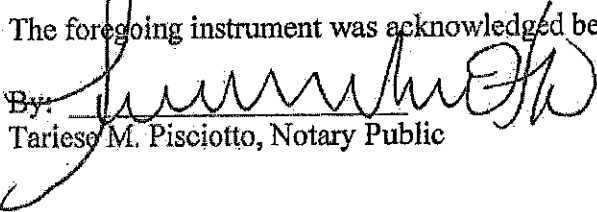
Berkley Insurance Company

By: 

James I. Moore, Attorney-in-Fact

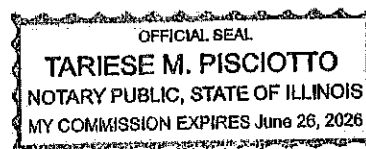
STATE OF ILLINOIS
COUNTY OF DU PAGE

The foregoing instrument was acknowledged before me this 8th day of September, 2024

By: 

Tariese M. Pisciotto, Notary Public

My commission expires on: 6/26/2026



**POWER OF ATTORNEY
BERKLEY INSURANCE COMPANY
WILMINGTON, DELAWARE**

KNOW ALL MEN BY THESE PRESENTS, that BERKLEY INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Delaware, having its principal office in Greenwich, CT, has made, constituted and appointed, and does by these presents make, constitute and appoint: *James I. Moore; Stephen T. Kazmer; Kelly A. Gardner; Jennifer J. McComb; Melissa Schmidt; Tariese M. Pisciotto; Diane M. Rubright; Sinem Nava; Martin Moss; or Maria A. Gonzalez of HUB International Midwest Limited of Downers Grove, IL* its true and lawful Attorney-in-Fact, to sign its name as surety only as delineated below and to execute, seal, acknowledge and deliver any and all bonds and undertakings, with the exception of Financial Guaranty Insurance, providing that no single obligation shall exceed **One Hundred Million and 00/100 U.S. Dollars (U.S.\$100,000,000.00)**, to the same extent as if such bonds had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office in their own proper persons.

This Power of Attorney shall be construed and enforced in accordance with, and governed by, the laws of the State of Delaware, without giving effect to the principles of conflicts of laws thereof. This Power of Attorney is granted pursuant to the following resolutions which were duly and validly adopted at a meeting of the Board of Directors of the Company held on January 25, 2010:

RESOLVED, that, with respect to the Surety business written by Berkley Surety, the Chairman of the Board, Chief Executive Officer, President or any Vice President of the Company, in conjunction with the Secretary or any Assistant Secretary are hereby authorized to execute powers of attorney authorizing and qualifying the attorney-in-fact named therein to execute bonds, undertakings, recognizances, or other suretyship obligations on behalf of the Company, and to affix the corporate seal of the Company to powers of attorney executed pursuant hereto; and said officers may remove any such attorney-in-fact and revoke any power of attorney previously granted; and further

RESOLVED, that such power of attorney limits the acts of those named therein to the bonds, undertakings, recognizances, or other suretyship obligations specifically named therein, and they have no authority to bind the Company except in the manner and to the extent therein stated; and further

RESOLVED, that such power of attorney revokes all previous powers issued on behalf of the attorney-in-fact named; and further

RESOLVED, that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any power of attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligation of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed. The Company may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Company, notwithstanding the fact that they may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, the Company has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 2nd day of May, 2024.



Attest:

By

Philip S. Welt
Executive Vice President & Secretary

Berkley Insurance Company

By

Jeffrey M. Hafter
Senior Vice President

STATE OF CONNECTICUT)

) ss:

COUNTY OF FAIRFIELD)

Sworn to before me, a Notary Public in the State of Connecticut, this 2nd day of May, 2024, by Philip S. Welt and Jeffrey M. Hafter who are sworn to me to be the Executive Vice President and Secretary, and the Senior Vice President, respectively, of Berkley Insurance Company.

MARIA G. RUNDBAKEN
NOTARY PUBLIC
CONNECTICUT

MY COMMISSION EXPIRES 04-30-2029

Notary Public, State of Connecticut

CERTIFICATE

I, the undersigned, Assistant Secretary of BERKLEY INSURANCE COMPANY, DO HEREBY CERTIFY that the foregoing is a true, correct and complete copy of the original Power of Attorney; that said Power of Attorney has not been revoked or rescinded and that the authority of the Attorney-in-Fact set forth therein, who executed the bond or undertaking to which this Power of Attorney is attached, is in full force and effect as of this date.



Given under my hand and seal of the Company, this 8th day of September, 2024.

Vincent P. Forte