



# sanitation

Jessica S. Tisch Commissioner

John Rossiello  
Deputy Director  
Solid Waste Management

125 Worth Street, Rm 727  
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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: Staten Island Transfer Station  
NYSDEC Permit No. 2-6403-000141/00001  
2023 Annual Report

Dear Sir/Madam,

Attached, please find the 2023 Annual Report for the New York City Department of Sanitation's (DSNY's) Staten Island Transfer Station (MTS).

Additionally, as noted in the Annual Report, the transfer station is operating under the above referenced expired Part 360 permit. The renewal application was completed 180 days prior to the expiration date and forwarded in a timely manner.

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 several loops and a long horizontal stroke 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](mailto: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: Staten Island Transfer Station			
FACILITY LOCATION ADDRESS: 600 West Service Road	FACILITY CITY: Staten Island	STATE: NY	ZIP CODE: 10314
FACILITY TOWN: Staten Island	FACILITY COUNTY: Richmond	FACILITY PHONE NUMBER: 718-494-1341	
FACILITY NYS PLANNING UNIT: (A list of NYS <a href="#">Planning Units</a> can be found at the end of this report). New York City			NYSDEC REGION #: 2
360 PERMIT #: (Refer to DEC Permit) 2-6203-00141/00001	DATE ISSUED: 11/03/2017	DATE EXPIRES: 11/02/2022	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: <a href="mailto:jrossiello@d sny.nyc.gov">jrossiello@d sny.nyc.gov</a>			
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: <a href="mailto:jcapo@d sny.nyc.gov">jcapo@d sny.nyc.gov</a>		
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](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)	15,607.27	15,212.77	18,348.92	16,948.62	20,791.36	16,908.05
Oil/Gas Drilling Waste						
Petroleum Contaminated Soil						
Sewage Treatment Plant Sludge						
Treated Regulated Medical Waste						
Emergency Authorization Waste (Storm Debris)						
Other (specify)						
<b>Total Tons Received</b>	<b>15,607.27</b>	<b>15,212.77</b>	<b>18,348.92</b>	<b>16,948.62</b>	<b>20,791.36</b>	<b>16,908.05</b>

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)		20,230.29	16,462.42	16,596.13	19,889.17	15,690.9	209,327.32	700.1
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
<b>Total Tons Received</b>		<b>20,230.29</b>	<b>16,462.42</b>	<b>16,596.13</b>	<b>19,889.17</b>	<b>15,690.9</b>	<b>209,327.32</b>	<b>700.1</b>

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 (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					
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	New York	Richmond County	Staten Island Trans	209,327.32
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other (specify)					
<b>TOTAL RECEIVED (tons):</b>					209,327.32

\* 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): \_\_\_\_\_      100 % Rail: Waste Type(s): Residential Waste  
 \_\_\_\_\_ % 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 &amp; 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 (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
<b>Asbestos</b>							
<b>Construction &amp; Demolition (C&amp;D) Debris</b>							
<b>Industrial Waste (Including Industrial Process Sludges)</b>							

**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)
<b>Municipal Solid Waste (MSW) (Residential, Institutional &amp; Commercial)</b>	Lee County Landfill, 1431 Sumter Hwy Bishopville, SC 29010	SC	Lee County				213,408.4
<b>Oil/Gas Drilling Waste</b>							
<b>Petroleum Contaminated Soil</b>							
<b>Sewage Treatment Plant Sludge</b>							
<b>Treated Regulated Medical Waste</b>							
<b>Emergency Authorization Waste (Storm Debris)</b>							
<b>Other (specify)</b>							
<b>TOTAL SENT (tons):</b>							213,408.4

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

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): \_\_\_\_\_

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

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 (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)					
<b>TOTAL PAPER RECOVERED (tons):</b>					

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**

<b>MIXED MATERIAL RECOVERED</b>					
<b>RECOVERED MIXED MATERIAL</b>	<b>DESTINATION (Name &amp; Address)</b>	<b>DESTINATION STATE OR COUNTRY</b>	<b>DESTINATION COUNTY OR PROVINCE</b>	<b>DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)</b>	<b>TONS RECOVERED (out of facility)</b>
<b>Commingled Containers</b> <i>(metal, glass, plastic)</i>					
<b>Commingled Paper &amp; Containers</b>					
<b>Single Stream</b> <i>(total)</i>					
<b>Other</b> <i>(specify)</i>					
<b>TOTAL MIXED MATERIAL RECOVERED (tons):</b>					
<b>ORGANIC MATERIAL RECOVERED</b>					
<b>RECOVERED MATERIAL</b>	<b>DESTINATION (Name &amp; Address)</b>	<b>DESTINATION STATE OR COUNTRY</b>	<b>DESTINATION COUNTY OR PROVINCE</b>	<b>DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)</b>	<b>TONS RECOVERED (out of facility)</b>
<b>Brush, Branches, Trees, &amp; Stumps</b>					
<b>Food Scraps</b>					
<b>Yard Waste</b> <i>(curbside)</i>					
<b>Other</b> <i>(specify)</i>					
<b>TOTAL ORGANIC MATERIAL RECOVERED (tons):</b>					

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					
2023-0007	01/06/23	1730	DSNY	STATEN ISLAND	24AB-314	2378 BKG5	COMPLETED
2023-0013	01/10/23	0920	DSNY	STATEN ISLAND	24AB-208	3266	COMPLETED
2023-0058	02/03/23	1015	DSNY	STATEN ISLAND	25DN-607	3292	COMPLETED
2023-0060	02/04/23	812	DSNY	STATEN ISLAND	25DY-251	33.24	COMPLETED
2023-0064	02/07/23	0303	DSNY	STATEN ISLAND	25DY-269	33.58	COMPLETED
2023-0065	02/07/23	0916	DSNY	STATEN ISLAND	25DN-307	3391	COMPLETED
2023-0112	03/08/23	1006	DSNY	STATEN ISLAND	25DN-727	3036	COMPLETED
2023-0120	03/11/23	0855	DSNY	STATEN ISLAND	25DN-607	3306	COMPLETED
2023-0159	04/03/23	0845	DSNY	STATEN ISLAND	25DH-110	3317	COMPLETED
2023-0163	04/04/23	1329	DSNY	STATEN ISLAND	25DY-038	3179	COMPLETED
2023-0169	04/06/23	0833	DSNY	STATEN ISLAND	25DN-673	3280	COMPLETED
2023-0171	04/10/23	0725	DSNY	STATEN ISLAND	25DN-617	725	COMPLETED
2023-0188	04/21/23	0939	DSNY	STATEN ISLAND	25DN-973	4123	COMPLETED
2023-0195	04/27/23	0915	DSNY	STATEN ISLAND	25DY-350	3108	COMPLETED
2023-0204	05/03/23	0721	DSNY	STATEN ISLAND	25DN-787	3322	COMPLETED
2023-0210	05/05/23	0810	DSNY	STATEN ISLAND	25DT-025	3140	COMPLETED
2023-0213	05/06/23	0715	DSNY	STATEN ISLAND	25DT-085	3157	COMPLETED
2023-0222	05/11/23	0824	DSNY	STATEN ISLAND	25DY-039	3199	COMPLETED
2023-0224	05/13/23	0824	DSNY	STATEN ISLAND	25DN-925	3679	COMPLETED
2023-0235	05/20/23	1045	DSNY	STATEN ISLAND	25DY-806	3665	COMPLETED
2023-0247	05/30/23	1307	DSNY	STATEN ISLAND	25DN-924	3137	COMPLETED
2023-0253	06/02/23	0747	DSNY	STATEN ISLAND	25DN-929	3461	COMPLETED
2023-0284	06/28/23	0825	DSNY	STATEN ISLAND	25DN-972	3347	COMPLETED
2023-0285	06/29/23	0817	DSNY	STATEN ISLAND	25DN-211	3596	COMPLETED
2023-0292	07/01/23	0829	DSNY	STATEN ISLAND	25DN-226	3582	COMPLETED
2023-0301	07/08/23	0838	DSNY	STATEN ISLAND	25DN-973	3677	COMPLETED
2023-0309	07/13/23	0907	DSNY	STATEN ISLAND	25DY-623	4015	COMPLETED
2023-0316	07/18/23	0834	DSNY	STATEN ISLAND	25DY-057	3755	COMPLETED
2023-0318	07/19/23	1015	DSNY	STATEN ISLAND	25DY-036	4096	COMPLETED
2023-0326	07/22/23	0808	DSNY	STATEN ISLAND	25DN-724	3596	COMPLETED
2023-0331	07/24/23	0850	DSNY	STATEN ISLAND	25DD-921	3421	COMPLETED
2023-0364	08/19/23	0905	DSNY	STATEN ISLAND	25DN-972	3582	COMPLETED
2023-0366	08/21/23	0640	DSNY	STATEN ISLAND	23Z-413	2689	COMPLETED
2023-0382	08/30/23	0853	DSNY	STATEN ISLAND	25DN-305	3591	COMPLETED
2023-0412	09/21/23	0913	DSNY	STATEN ISLAND	25DY-623	3483	COMPLETED
2023-0418	09/23/23	0721	DSNY	STATEN ISLAND	25DN-803	3340	COMPLETED
2023-0422	09/25/23	0824	DSNY	STATEN ISLAND	25DN-931	3646	COMPLETED
2023-0423	09/25/23	0852	DSNY	STATEN ISLAND	25DN-783	3911	COMPLETED
2023-0491	10/31/23	1310	DSNY	STATEN ISLAND	25DY-350	4363	COMPLETED
2023-0542	11/25/23	1035	DSNY	STATEN ISLAND	25DY-945	3792	COMPLETED
2023-0551	11/29/23	0908	DSNY	STATEN ISLAND	25DN-724	1841	COMPLETED
2023-0561	12/02/23	1159	DSNY	STATEN ISLAND	25dn-972	3454	COMPLETED
2023-0589	12/16/23	1015	DSNY	STATEN ISLAND	25DY-922	3673	COMPLETED
2023-0595	12/19/23	0035	DSNY	STATEN ISLAND	25DN-727	3435	COMPLETED
2023-0603	12/21/2023	853	DSNY	STATEN ISLAND	25FA-240	3519	COMPLETED
2023-0616	12/28/2023	1735	DSNY	STATEN ISLAND	25DY-943	5224	COMPLETED
2023-0620	12/30/2023	0426	DSNY	STATEN ISLAND	25DN-305	3511	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?

**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**

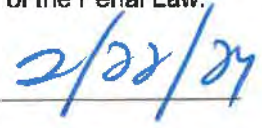
Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management Contacts).

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 Msnagement  
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

  
Date

**John Capo**  
Name (Print or Type)

Director of Solid Waste Management  
Title (Print or Type)

**646 885 4693**  
Phone Number

**125 Worth Street**  
Address

**New York**  
City

**NY 10013**  
State and Zip

**jcapo@d sny.nyc.gov**  
Email (Print or Type)

ATTACHMENTS:  YES  NO (Please check appropriate line)