sanitation
Javier D. Lojan Acting Commissioner

John Rossiello
Deputy Director
Solid Waste Management

125 Worth Street, Rm 727
New York, NY 10013
nyc.gov/sanitation

646-885-5056
jrossiello@dsny.nyc.gov

February 21, 2025

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. 2-6403-00141/00001
2024 Annual Report

Dear Sir/Madam,

Attached, please find the 2024 Annual Report for the New York City Department of Sanitation's (DSNY's) Staten Island Transfer Station Transfer Station (MTS).

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

Best Regards,

John Rossiello
Attachment (1): 2024 Annual Report

NEW YORK STATE | Department of Environmental Conservation

PERMITTED TRANSFER FACILITY ANNUAL REPORT

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

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: 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 Planning Units can be found at the end of this report). New York City		**NYSDEC REGION #:** 2	

360 PERMIT #: (Refer to DEC Permit) 2-6403-00141/00001	**DATE ISSUED:** 10/30/2024	**DATE EXPIRES:** 10/29/2034	**NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:** (Refer to DEC Permit) 31T04

FACILITY CONTACT: John Rossiello	■ **public** ☐ **private**	**CONTACT PHONE NUMBER:** 646-885-5056	**CONTACT FAX NUMBER:**
CONTACT EMAIL ADDRESS: JRossiello@dsny.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@dsny.nyc.gov		

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							
Industrial Waste (Including Industrial Process Sludges)							
Mixed Municipal Solid Waste (MSW) (Residential, Institutional, & Commercial)	18,221.5	13,811.64	15,681.12	16,464.04	22,520.17	17,784.15	21,256.24
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	18,221.5	13,811.64	15,681.12	16,464.04	22,520.17	17,784.15	21,256.24

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)		16,244.8	17,605.45	23,348.19	15,675.79	15,345.96	213,959.05	715.6
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		16,244.8	17,605.45	23,348.19	15,675.79	15,345.96	213,959.05	715.6

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 (See Attached List of NYS Planning Units**	**TONS RECEIVED**
Asbestos					
Construction & Demolition (C&D) Debris					
Industrial Waste (Including Industrial Process Sludges)					

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF SOLID WASTE	**SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"**	**SERVICE AREA STATE OR COUNTRY**	**SERVICE AREA COUNTY OR PROVINCE**	**SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units**	**TONS RECEIVED**
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)					
	Direct Haul	New York	Richmond County	Staten Island Trar	213,959.05
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Septage					
Other (specify)					
				TOTAL RECEIVED (tons):	213,959.05

* 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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Asbestos							
Construction & Demolition (C&D) Debris							
Industrial Waste (Including Industrial Process Sludges)							

TRANSFER OR DISPOSAL DESTINATION							
TYPE OF SOLID WASTE	**SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address)**	**DESTINATION STATE OR COUNTRY**	**DESTINATION COUNTY OR PROVINCE**	**DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units**	**AMOUNT TO TRANSFER DESTINATION (TONS)**	**AMOUNT TO DISPOSAL DESTINATION (TONS)**	**TOTAL YEAR (TONS)**
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Lee County Landfill, 1431 Sumter Hwy Bishopsville, SC 29010	SC	Lee County			223,273.36	223,273.36
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):	223,273.36	

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 <u>also</u> a permitted or registered Recyclables Handling & Recovery Facility?

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

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

Material	Tip Fee ($/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)								
Single Stream (total)								
Tree Debris								
Food Scraps								
Yard Trimmings (curbside)								
Other (specify)								
Total Tons Received								

Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)							
Commingled Paper (all grades)							
Single Stream (total)							
Tree Debris							
Food Scraps							
Yard Waste (curbside)							
Other (specify)							
Total Tons Received							

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

SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

B. Service Area of Recyclable Material Received

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

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

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

_____% Road: Material(s):_____ _____% Rail: Material(s):_____

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

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

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

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

C. Material Recovered

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

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

_____% 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

Radiation Monitoring

Does your facility use a fixed radiation monitor? X Yes _____ No

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

Does your facility use a portable radiation monitor? _____ Yes X No

Identify Manufacturer _____ and Model _____ of fixed unit.

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

	Received						
Incident Number	Date	Time	Hauler	Origin	Truck Number	Reading %	Disposal Status
2024-0016	01/13/24	08:40	DSNY	STATEN ISLAND	25DN-787	3436 CPS	COMPLETED
2024-0019	01/16/24	1611	DSNY	STATEN ISLAND	25dn-476	3664 CPS	COMPLETED
2024-0025	01/18/24	0500	DSNY	STATEN ISLAND	25DN-673	3482 CPS	COMPLETED
2024-0069	02/24/24	0329	DSNY	STATEN ISLAND	25DY-251	3494 CPS	COMPLETED
2024-0073	02/24/24	1750	DSNY	STATEN ISLAND	25FA-222	3352 CPS	COMPLETED
2024-0082	03/01/24	0849	DSNY	STATEN ISLAND	25DN-931	3376 CPS	COMPLETED
2024-0090	03/04/24	1035	DSNY	STATEN ISLAND	25DN-922	3300% CPS	COMPLETED
2024-0116	03/16/24	1716	DSNY	STATEN ISLAND	25DY-924	3440 CPS	COMPLETED
2024-0118	03/18/24	0830	DSNY	STATEN ISLAND	25DY-926	3449 CPS	COMPLETED
2024-0129	03/22/24	0415	DSNY	STATEN ISLAND	25DN-725	3387CPS	COMPLETED
2024-0155	04/04/24	0936	DSNY	STATEN ISLAND	25DN-930	3328 CPS	COMPLETED
2024-0157	04/05/24	0920	DSNY	STATEN ISLAND	25DN-303	3376 CPS	COMPLETED
2024-0175	04/13/24	0900	DSNY	STATEN ISLAND	25DY-649	3512% CPS	COMPLETED
2024-0184	04/25/24	0251	DSNY	STATEN ISLAND	25FA-221	3350 CPS	COMPLETED
2024-0190	04/27/24	0750	DSNY	STATEN ISLAND	25DY-269	3390 CPS	COMPLETED
2024-0191	04/27/24	0740	DSNY	STATEN ISLAND	25DY-036	3205 CPS	COMPLETED
2024-0195	05/01/24	1845	DSNY	STATEN ISLAND	25DY-350	3585 CPS	COMPLETED
2024-0196	05/01/24	1945	DSNY	STATEN ISLAND	25DN-607	3487 CPS	COMPLETED
2024-0245	06/01/24	1015	DSNY	STATEN ISLAND	25DN-787	3338 CPS	COMPLETED
2024-0278	06/21/24	0100	DSNY	STATEN ISLAND	25SL-001	Receipt printer down	COMPLETED
2024-0397	09/21/24	0850	DSNY	STATEN ISLAND	25FA-016	1940% CPS	COMPLETED
2024-0413	10/04/24	0930	DSNY	STATEN ISLAND	25DN-673	2704 CPS	COMPLETED
2024-0428	10/15/24	0936	DSNY	STATEN ISLAND	24AB-316	2717% CPS	COMPLETED
2024-0443	10/25/24	1920	DSNY	STATEN ISLAND	25DY-273	2170 CPS	COMPLETED
2024-0462	11/02/24	0815	DSNY	STATEN ISLAND	25DY-648	2529 CPS	COMPLETED
2024-0485	11/12/24	1439	DSNY	STATEN ISLAND	25FB-203	3105% CPS	COMPLETED
2024-0489	11/13/24	1403	DSNY	STATEN ISLAND	25DP-992	3329% CPS	COMPLETED
2024-0495	11/18/24	1910	DSNY	STATEN ISLAND	25DZ-050	2338 CPS	COMPLETED
2024-0511	12/04/24	1037	DSNY	STATEN ISLAND	25DY-268	3698 CPS	COMPLETED
2024-0513	12/05/24	0930	DSNY	STATEN ISLAND	25DP-902	3508 CPS	COMPLETED
2024-0516	12/09/24	2010	DSNY	STATEN ISLAND	25DP-499	3496 CPS	COMPLETED
2024-0519	12/10/24	0930	DSNY	STATEN ISLAND	25FA-222	3746 CPS	COMPLETED
2024-0520	12/10/24	0935	DSNY	STATEN ISLAND	25ND-973	2497 CPS	COMPLETED
2024-0522	12/11/24	0430	DSNY	STATEN ISLAND	25DP-406	3363% CPS	COMPLETED

2024-0525	12/13/24	0430	DSNY	STATEN ISLAND	25DP-541	3372% CPS	COMPLETED
2024-0530	12/17/24	1000	DSNY	STATEN ISLAND	25FB-206	3344% CPS	COMPLETED
2024-0531	12/17/24	1023	DSNY	STATEN ISLAND	25DY-721	3131% CPS	COMPLETED
2024-0536	12/19/24	0928	DSNY	STATEN ISLAND	25DP-946	3286% CPS	COMPLETED
2024-0539	12/20/24	1225	DSNY	STATEN ISLAND	25FB-199	3195% CPS	COMPLETED
2024-0543	12/24/24	0442	DSNY	STATEN ISLAND	25Dy-924	3291% CPS	COMPLETED
2024-0547	12/27/24	0030	DSNY	STATEN ISLAND	25DP-990	2373% 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?

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

Signature

02/21/25
Date

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