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: 91st Street Marine Transfer Station
NYSDEC Permit No. 2-6204-00007/00016
2024 Annual Report

Dear Sir/Madam,

Attached, please find the 2024 Annual Report for the New York City Department of Sanitation's (DSNY's) 91st Street Marine Transfer Station (MTS). As required, I have provided the Financial Assurance Plan (FAP) closure cost for the fiscal year. This information was inserted after section 7 of the Annual Report.

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

Best Regards,

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: East 91st Street Marine Transfer Station

FACILITY LOCATION ADDRESS:	FACILITY CITY:	STATE:	ZIP CODE:
1740 York Avenue NY, NY 10128	New York	NY	10028

FACILITY TOWN:	FACILITY COUNTY:	FACILITY PHONE NUMBER:
Manhattan	New York	212-690-8100

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)	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit)
2-6204-00007/00016	11/6/2015	11/5/2025	31T04

FACILITY CONTACT:	☒ public ☐ private	CONTACT PHONE NUMBER:	CONTACT FAX NUMBER:
John Rossiello		646-885-5056	

CONTACT EMAIL ADDRESS: JRossiello@dsny.nyc.gov

OWNER INFORMATION

OWNER NAME:	OWNER PHONE NUMBER:	OWNER FAX NUMBER:
New York City Department of Sanitation	646-885-4693	

OWNER ADDRESS:	OWNER CITY:	STATE:	ZIP CODE:
125 Worth Street	New York	NY	10013

OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:
John Capo	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)	13,242.07	10,192.66	11,118.04	11,235.95	14,735.04	11,831.91	13,743.86
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	13,242.07	10,192.66	11,118.04	11,235.95	14,735.04	11,831.91	13,743.86

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 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)		11,066.81	14,578.72	16,270.02	12,612.94	11,936.01	152,564.03	510.2
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		11,066.81	14,578.72	16,270.02	12,612.94	11,936.01	152,564.03	510.2

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	New York County	91st Street Marine	152,564.03
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Septage					
Other (specify)					
				TOTAL RECEIVED (tons):	152,564.03

* List generators that provide you Certificates of Treatment forms and quantities of TRMW from each _____

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

SECTION 4 - TRANSFER OR DISPOSAL DESTINATION

Please identify destination of waste. Please only include waste sent off-site for disposal or further transfer prior to disposal. Exclude Recyclable Material amounts reported in Section 5. DO NOT REPORT IN CUBIC YARDS!

- If the waste is being sent to another facility for transfer or processing prior to disposal (e.g. Transfer facility or C&D debris handling and recovery facility), please identify name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the transfer destination and the amount of waste transferred in the "*Amount to Transfer Destination*" column.
- If the waste is being sent to a landfill or combustor, please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the disposal destination and the amount of waste being sent for disposal in the "*Amount to Disposal Destination*" column.

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

_____% Road: Waste Type(s):_____ _____% Rail: Waste Type(s):_____

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

TRANSFER OR DISPOSAL DESTINATION							
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (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)	ReWorld Delaware Valley 10 Highland Ave Chester PA 19013	PA	Delaware County			61,720	61,720
	ReWorld Niagara 100 Energy Blvd Niagara Falls NY 14304	NY	Niagara County			67,190	67,190
	Lee County Landfill 1431 Sumter Hwy Bishopville SC 29010	SC	Lee County			0	0
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):	128,910

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 (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
2024-0018	1/16/24	1459	DSNY	MANHATTAN	25DY-201	40804% CPS	COMPLETED
2024-0099	3/9/24	0939	DSNY	MANHATTAN	25DN-862	3200% CPS	COMPLETED
2024-0106	3/12/24	0858	DSNY	MANHATTAN	25DY-784	15288% CPS	COMPLETED
2024-0132	3/23/24	0937	DSNY	MANHATTAN	25DY-005	13116% CPS	COMPLETED
2024-0135	3/25/24	0845	DSNY	MANHATTAN	25DY-790	13404% CPS	COMPLETED
2024-0143	3/28/24	0930	DSNY	MANHATTAN	25DY-304	9202% CPS	COMPLETED
2024-0145	3/28/24	2130	DSNY	MANHATTAN	25DY-006	5920% CPS	COMPLETED
2024-0148	3/29/24	1905	DSNY	MANHATTAN	25DN-860	2883% CPS	COMPLETED
2024-0150	3/30/24	1930	DSNY	MANHATTAN	25DY-005	3810% CPS	COMPLETED
2024-0173	4/12/24	0901	DSNY	MANHATTAN	25DN-960	10155% CPS	COMPLETED
2024-0186	4/26/24	0840	DSNY	MANHATTAN	25DY-205	12160% CPS	COMPLETED
2024-0205	5/10/24	0820	DSNY	MANHATTAN	25DY-515	4106% CPS	COMPLETED
2024-0207	5/11/24	0845	DSNY	MANHATTAN	25DY-006	4470% CPS	COMPLETED
2024-0230	5/24/24	0739	DSNY	MANHATTAN	25DN-930	9248% CPS	COMPLETED
2024-0253	6/4/24	1915	DSNY	MANHATTAN	25DN-740	4759% CPS	COMPLETED
2024-0282	6/25/24	0725	DSNY	MANHATTAN	25DY-784	8169% CPS	COMPLETED
2024-2346	7/2/24	0735	DSNY	MANHATTAN	25DN-910	2583% CPS	COMPLETED
2024-2401	7/6/24	0300	DSNY	MANHATTAN	25DN-739	3099% CPS	COMPLETED
2024-0367	1/3/00	0315	DSNY	MANHATTAN	25DN-960	2425% CPS	COMPLETED
2024-0383	9/7/24	0800	DSNY	MANHATTAN	25DN-797	5091% CPS	COMPLETED
2024-0454	10/30/24	1730	DSNY	MANHATTAN	25DN-783	5056% CPS	COMPLETED
2024-0458	11/1/24	0800	DSNY	MANHATTAN	25FA-012	5109% CPS	COMPLETED
2024-0493	11/15/2024	0815	DSNY	MANHATTAN	25DN-960	6694% CPS	COMPLETED
2024-0505	11/25/24	1700	DSNY	MANHATTAN	25FA-038	18354% CPS	COMPLETED

SECTION 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

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

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

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

	2024	2023
	(in thousands)	
Landfill	$1,064,506	$1,027,060
Hazardous waste sites	111,361	110,917
Total landfill and hazardous waste sites liability	$1,175,867	$1,137,977

Pollution Remediation Obligations

The pollution remediation obligations (PROs) at June 30, 2024 and June 30, 2023, summarized by obligating event and pollution type, respectively, are as follows:

Obligating Event	Fiscal Year 2024		Fiscal Year 2023	
	Amount	Percentage	Amount	Percentage
	(in thousands)		(in thousands)	
Imminent endangerment	$ 15	0.02%	$ 15	0.01%
Named by regulator as a potentially responsible party	65,267	22.41	65,033	19.89
Voluntary commencement	225,818	77.57	261,761	80.10
Total	$291,100[1]	100.00%	$326,809[1]	100.00%

Pollution Type	Amount	Percentage	Amount	Percentage
	(in thousands)		(in thousands)	
Asbestos removal	$166,599	57.23%	$199,103	60.93%
Lead paint removal	12,546	4.31	17,059	5.22
Soil remediation	19,129	6.57	21,648	6.62
Water remediation	50,791	17.45	50,796	15.54
Other	42,035	14.44	38,203	11.69
Total	$291,100[1]	100.00%	$326,809[1]	100.00%

[1] There are no expected recoveries to reduce the liability.

The PRO liability is derived from registered multi-year contracts which offsets cumulative expenditures (liquidated/unliquidated) against original encumbered contractual amounts. The potential for changes to existing PRO estimates is recognized due to such factors as: additional remediation work arising during the remediation of an existing pollution project; remediation activities may find unanticipated site conditions resulting in necessary modifications to work plans; changes in methodology during the course of a project may cause cost estimates to change, e.g., the new ambient air quality standard for lead considered a drastic change will trigger the adoption of new/revised technologies for compliance purposes; and changes in the quantity which is paid based on actual field measured quantity for unit price items measured in cubic meters, linear meters, etc. Consequently, changes to original estimates are processed as change orders. Further, regarding pollution remediation liabilities that are not yet recognized because they are not reasonably estimable, the Law Department relates that the City has approximately 52 cases in total, 56 cases involving hazardous substances, including spills from above and underground storage tanks, and other contamination on, or caused by facilities on City-owned property; and there are two case involving Drinking Water and one miscellaneous case. Due to the uncertainty of the legal proceedings, future liabilities cannot be estimated.

The City, in compliance with the State Department of Environmental Conservation Permit Numbers 2-6302-00007/00019, 2-6102-00010/00013, 2-6106-00002/00022, 2-6204-007/00013, and 2-6202-00005/00017 issued pursuant to 6 NYCRR Part 360, must provide financial assurance for the closure of the following Marine Transfer Stations: North Shore, Hamilton Avenue, Southwest Brooklyn, East 91st Street, and West 59th Street. Such surety instrument must conform to the requirements of 6 NYCRR Part 360.12. The liability for closure as of June 30, 2024, which equates to the total current closure cost, is $1.21 million for North Shore, $1.07 million for Hamilton Avenue, $1 million for Southwest Brooklyn, $1.16 million for East 91st Street, and $263 thousand for West 59th Street. The cost estimates are based on current data and are representative of the cost that would be incurred by an independent party. The estimates are subject to adjustment for inflation and to account for changes in regulatory requirements or cost estimates. For government-wide financial statements, the liability for closures is based on total estimated current costs. For fund financial statements, expenditures are recognized using the modified accrual basis of accounting when the closure costs are incurred, and the payment is due. The total liability equaling the total closure costs for the transfer stations of $4.7 million is included under the Pollution Type "Other" in the table above.

Financial Assurance

	FY19	FY20	FY21	FY22	FY23	FY24
North Shore	$1.02	$1.04	$1.06	$1.11	$1.17	$1.21
Hamilton Avenue	$896	$912	$931	$978	$1,029	$1,065
Southwest Brooklyn	$844	$859	$877	$921	$970	$1,003
East 91st Street	$976	$993	$1,014	$1,065	$1,121	$1,160
West 59th Street	$221	$225	$230	$241	$254	$263

NYCPI	Average
FY19	275.769
FY20	280.645
	1.017681
FY21	286.438
	1.020642
FY22	300.896
	1.050475
FY23	316.811
	1.052892
FY24	327.676
	1.034295

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

Series Id: CUURS12ASA0

Not Seasonally Adjusted
Series Title: All items in New York-Newark-Jersey City, NY-NJ-PA, all urban consumers, not seasonally adjusted
Area: New York-Newark-Jersey City, NY-NJ-PA
Item: All items
Base Period: 1982-84=100
Years: 2014 to 2024

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual	HALF1	HALF2		
2010	238.970	238.862	240.101	240.529	241.075	240.817	241.147	241.569	241.485	241.981	241.960	241.874	240.864	240.059	241.669		
2011	242.639	243.832	245.617	246.489	248.073	248.505	249.164	250.058	250.559	250.051	249.317	248.307	247.718	245.859	249.576		
2012	249.322	250.285	251.887	252.349	252.652	252.406	252.016	253.472	254.554	254.277	254.285	253.555	252.588	251.484	253.693		
2013	254.807	256.234	256.589	255.967	256.270	256.911	257.326	257.659	258.504	257.069	257.377	257.284	256.833	256.130	257.537		
2014	259.596	259.019	259.971	259.985	261.225	261.350	261.498	261.075	261.074	260.500	259.382	258.080	260.230	260.191	260.268		
2015	258.376	259.240	259.647	259.959	261.066	261.512	261.199	261.347	261.887	261.515	261.009	259.941	260.558	259.967	261.150		
2016	260.342	260.875	261.508	262.619	263.312	263.877	263.722	264.160	264.602	264.738	265.203	265.421	263.365	262.089	264.641		
2017	266.917	267.662	267.582	267.948	268.183	268.666	268.051	268.657	270.059	269.575	269.381	269.564	268.520	267.826	269.215		
2018	270.771	272.214	272.196	272.950	274.001	274.170	274.073	274.441	275.455	275.101	274.478	273.836	273.641	272.717	274.564	FY19	275.7693
2019	275.144	275.823	276.570	277.441	278.068	278.802	278.817	279.428	279.338	279.255	279.468	279.816	278.164	276.975	279.354	FY20	280.6452
2020	282.020	282.577	281.975	280.623	282.092	282.333	283.624	283.478	284.551	284.121	283.291	284.35	282.92	281.937	283.903	FY21	286.4376
2021	285.525	286.474	287.481	289.493	290.991	293.872	293.553	293.927	295.488	296.472	297.49	296.865	292.303	288.973	295.633	FY22	300.8956
2022	300.164	301.151	305.024	307.781	309.243	313.589	312.615	313.28	313.88	314.338	314.975	315.656	310.141	306.159	314.124	FY23	316.811
2023	318.151	319.295	319.038	319.211	320.002	321.29	322.496	324.38	325.613	325.288	324.520	324.691	321.998	319.498	324.498	FY24	327.676
2024	328.006	328.606	329.829	331.270	332.633	334.782	335.642	336.534						330.854			

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

Data extracted on: September 26, 2024 (8:40:49 AM)

Consumer Price Index for All Urban Consumers (CPI-U)

Series Id: CUURS12ASA0,CUUSS12ASA0
Not Seasonally Adjusted
Series Title: All items in New York-Newark-Jersey City, NY-NJ-PA, all urban consumers, not seasonally adjusted
Area: New York-Newark-Jersey City, NY-NJ-PA
Item: All items
Base Period: 1982-84=100

Download: xlsx

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual	HALF1	HALF2
2014	259.596	259.019	259.971	259.985	261.225	261.350	261.498	261.075	261.074	260.500	259.382	258.080	260.230	260.191	260.268
2015	258.376	259.240	259.647	259.959	261.066	261.512	261.199	261.347	261.887	261.515	261.009	259.941	260.558	259.967	261.150
2016	260.342	260.875	261.508	262.619	263.312	263.877	263.722	264.160	264.602	264.738	265.203	265.421	263.365	262.089	264.641
2017	266.917	267.662	267.582	267.948	268.183	268.666	268.051	268.657	270.059	269.575	269.381	269.564	268.520	267.826	269.215
2018	270.771	272.214	272.196	272.950	274.001	274.170	274.073	274.441	275.455	275.101	274.478	273.836	273.641	272.717	274.564
2019	275.144	275.823	276.570	277.441	278.068	278.802	278.817	279.428	279.338	279.255	279.468	279.816	278.164	276.975	279.354
2020	282.020	282.577	281.975	280.623	282.092	282.333	283.624	283.478	284.551	284.121	283.291	284.350	282.920	281.937	283.903
2021	285.525	286.474	287.481	289.493	290.991	293.872	293.553	293.927	295.488	296.472	297.490	296.865	292.303	288.973	295.633
2022	300.164	301.151	305.024	307.781	309.243	313.589	312.615	313.280	313.880	314.338	314.975	315.656	310.141	306.159	314.124
2023	318.151	319.295	319.038	319.211	320.002	321.290	322.496	324.380	325.613	325.288	324.520	324.691	321.998	319.498	324.498
2024	328.006	328.606	329.829	331.270	332.633	334.782	335.642	336.534						330.854	

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

02/21/25
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@dsny.nyc.gov
Email (Print or Type)

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