



Department of
Environmental
Conservation

WASTE TIRE HANDLING & RECOVERY FACILITY ANNUAL REPORT

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

Submit the Annual Report no later than March 1, 2022.

This annual report is for the year of operation from January 01, 2021 to December 31, 2021

SECTION 1 - GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: A+J The Repair Inc.			
FACILITY LOCATION ADDRESS: 2246 Forest Ave	FACILITY CITY: Staten Island	STATE: NY	ZIP CODE: 10303
FACILITY TOWN:	FACILITY COUNTY: Richmond	FACILITY PHONE NUMBER: 718.720-6920	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). NY City			NYSDEC REGION #: R2
360 PERMIT #:	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 2.6401.00251100001
FACILITY CONTACT: Alex Kazdan	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 347-203-7129	CONTACT FAX NUMBER: 718.720-5861
CONTACT EMAIL ADDRESS: ALXKZD@CS.COM			
OWNER INFORMATION			
OWNER NAME: Alex Kazdan	OWNER PHONE NUMBER: 347.203.7129	OWNER FAX NUMBER: 718.720.5861	
OWNER ADDRESS: 160 W. Cedarview Ave	OWNER CITY: Staten Island	STATE: NY	ZIP CODE: 10306
OWNER CONTACT: Same as contact	OWNER CONTACT EMAIL ADDRESS: ALXKZD@CS.COM		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner			<input type="checkbox"/> public <input checked="" type="checkbox"/> private
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input 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 2021? ☒ 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: <http://www.dec.ny.gov/chemical/52706.html>.

SECTION 2 - WASTE TIRES RECEIVED

Provide the tonnages of waste tires received. Include all types of waste tires received. **DO NOT REPORT IN NUMBER OF TIRES!**

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

_____ % Scale Weight

_____ % Estimated

_____ % Truck Count

_____ % Other (Specify: _____)

Type of Waste Tire	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Whole Tires - passenger	11	10	7	6	6	7	7
Whole Tires - truck							
Whole Tires - OTR							
Tire Chips							
Other (specify)							
Total Tons Received							

SECTION 2 - WASTE TIRES RECEIVED (continued)

Type of Waste Tire	Tip Fee (\$/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Whole Tires - passenger		8	7	7	9	11	96	.267
Whole Tires - truck								
Whole Tires - OTR								
Tire Chips								
Other (specify)								
Total Tons Received								

Waste tires Removed
(tons) 95

SECTION 3 – SERVICE AREA OF WASTE TIRES 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 NUMBER OF TIRES!

- 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:

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

SERVICE AREA OF WASTE TIRES RECEIVED					
TYPE OF WASTE TIRE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul" AND PART 364 TRANSPORTER PERMIT #	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Whole Tires - passenger					
Whole Tires - truck					
Whole Tires - OTR					

SERVICE AREA OF WASTE TIRES RECEIVED					
TYPE OF WASTE TIRE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul" AND PART 364 TRANSPORTER PERMIT #	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Tire Chips					
Other (specify)					
TOTAL RECEIVED (tons):					

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 - DESTINATION

Identify the destination of waste tires removed by indicating the name of the facility to which waste tires were sent from your facility, the transporter permit number, the type of waste tires Part 364 transporter permit number, the corresponding State/Country, the County/Province, the NYS Planning Unit of the destination facility, and the amount. Refer to the list of NYS Planning Units that can be found at the end of this report.

DO NOT REPORT IN NUMBER OF TIRES!

Transport (specify percentages):

_____ % Road _____ % Rail
 _____ % Water _____ % Other (specify: _____)

Explain which waste types and destinations below are included in these transport methods _____

DESTINATION					
TYPE OF WASTE TIRE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address) AND PART 364 TRANSPORTER PERMIT #	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TOTAL YEAR (TONS)
Whole Tires - passenger					
Whole Tires - truck					
Whole Tires - OTR					
Tire Chips					
Other (specify)					
TOTAL SENT (tons):					

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SECTION 5 – WASTE TIRE STORAGE

Provide the **tonnage** of waste tires stored. **DO NOT** REPORT IN NUMBER OF TIRES!

WASTE TIRE STORAGE		
TYPE OF WASTE TIRE	TONS AT THE BEGINNING OF THE REPORTING PERIOD	TONS AT THE END OF THE REPORTING PERIOD
Whole Tires - passenger	43	44
Whole Tires - truck		
Whole Tires - OTR		
Tire Chips		
Other (specify)		
TOTAL	43	44

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

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

1/31/22
Date

Alex Kazdan
Name (Print or Type)

President
Title (Print or Type)

ALXKZD@CS.COM
Email (Print or Type)

2246 Forest Ave
Address

Staten Island
City

SF NY 10303
State and Zip

(347) 203-7129
Phone Number

ATTACHMENTS: ☐ YES ☐ NO

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