

RECYCLABLES HANDLING & RECOVERY 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, 2020.

This annual report is for the year of operation from January 01, 2019 to December 31, 2019

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Allocco Recycling, Ltd.			
FACILITY LOCATION ADDRESS: 606 Meserole Street	FACILITY CITY: Brooklyn	STATE: NY	ZIP CODE: 11237
FACILITY TOWN: Brooklyn	FACILITY COUNTY: Kings	FACILITY PHONE NUMBER: (718) 349-3094	
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: 08/23/2017	DATE EXPIRES: 05/03/2021	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) #24MH2
FACILITY CONTACT: Michael Allocco, Jr.	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: (718) 349-3094	CONTACT FAX NUMBER: (718) 349-3097
CONTACT EMAIL ADDRESS: mike@alloccorecycling.com			
OWNER INFORMATION			
OWNER NAME: Michael Allocco	OWNER PHONE NUMBER: (718) 349-3094	OWNER FAX NUMBER: (718) 349-3097	
OWNER ADDRESS: 540 Kingsland Avenue	OWNER CITY: Brooklyn	STATE: NY	ZIP CODE: 11222
OWNER CONTACT: Michael Allocco, Jr.	OWNER CONTACT EMAIL ADDRESS: mike@alloccorecycling.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 type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" 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 2019? 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> .


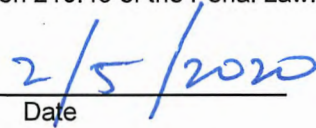
SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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	 _____ Date
Michael Allocco, Jr. _____ Name (Print or Type)	General Manager _____ Title (Print or Type)
mike@alloccorecycling.com _____ Email (Print or Type)	
540 Kingsland Avenue _____ Address	Brooklyn _____ City
NY 11222 _____ State and Zip	(718) 349-3094 _____ Phone Number

ATTACHMENTS: YES NO