



Department of
Environmental
Conservation

REGULATED MEDICAL WASTE FACILITY ANNUAL REPORT

This Regulated Medical Waste Facility Annual Report is for the year of operation from January 01, 2021 to December 31, 2021

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Sharps Compliance, Inc. of Texas			
FACILITY LOCATION ADDRESS: 893 Shepherd Avenue	FACILITY CITY: Brooklyn	STATE: NY	ZIP CODE: 11208
FACILITY TOWN:	FACILITY COUNTY: Kings	FACILITY PHONE NUMBER: 903-693-2525	
FACILITY NYS PLANNING UNIT: A list of NYS Planning Units can be found at the end of this report . Kings			NYSDEC REGION #: 2
360 PERMIT #: 2-6105-00889	DATE ISSUED: 8/19/2021	DATE EXPIRES: 8/18/2026	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 00001
FACILITY CONTACT: Jason Folker	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 717-951-2901	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: jfolker@sharpsinc.com			
OWNER INFORMATION			
OWNER NAME: Issac Turkieh	OWNER PHONE NUMBER: 516-322-7753	OWNER FAX NUMBER:	
OWNER ADDRESS: SIT Realty 2326 West Street	OWNER CITY: Brooklyn	STATE: NY	ZIP CODE: 11223
OWNER CONTACT: Issac Turkieh	OWNER CONTACT EMAIL ADDRESS: aryehrealty@aol.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner Sharps Compliance, Inc. of Texas		<input checked="" type="checkbox"/> public <input 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 checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other provide):			

Did you operate in 2021? Yes; Complete this form.

We did not begin operating until 1/24/2022.

Unable to locate section 10, completed section 9.

No; Complete and submit Sections 1 and 10. 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 9 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit the completed form by email or mail to the appropriate Regional Office (See attachment for Regional Office email & mailing addresses and Solid Waste 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 hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this report form pursuant to 6 NYCRR Part 360. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Curtis Knisley
Signature

2/10/2022
Date

Curtis Knisley
Name (Print or Type)

Director, Quality Assurance
Title (Print or Type)

cknisley@sharpsinc.com
Email (Print or Type)

2730 Reed Rd. Suite 200
Address

Houston
City

TX 77051
State and Zip

(713) 660-3544
Phone Number

ATTACHMENTS: YES No Attachments