



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, 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: Safeguard Waste Solutions Inc			
FACILITY LOCATION ADDRESS: 6 Brown Road	FACILITY CITY: Albany	STATE: NY	ZIP CODE: 12205
FACILITY TOWN: Colonie	FACILITY COUNTY: Albany	FACILITY PHONE NUMBER: 888-315-9783	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Colonie			NYSDEC REGION #: 4
360 PERMIT #: (Refer to DEC Permit) 4-0126-00790-00001	DATE ISSUED: 11/15/2018	DATE EXPIRES: 11/14/2028	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit)
FACILITY CONTACT: Frank Marotta	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 518-376-2699	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: frank@safeguard-solutions.net			
OWNER INFORMATION			
OWNER NAME: Steven Schaap	OWNER PHONE NUMBER: 239-848-5568	OWNER FAX NUMBER:	
OWNER ADDRESS: 128 Henry Street Unit 205	OWNER CITY: Saratoga Springs	STATE: NY	ZIP CODE: 12866
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: SSchaap@Schaapmoving.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 checked="" type="checkbox"/> Facility Contact <input 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 facility, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at: <http://www.dec.ny.gov/chemical/52706.html>.

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).

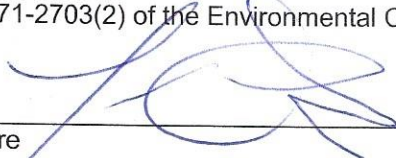
The Owner or Operator must also submit one copy by email, fax or mail to:

**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



Date

8/15/2022

Frank A. Marotta

Partner

518 376 2699

Name (Print or Type)

Title (Print or Type)

Phone Number

6 Brown Road

Albany

NY 12205

Address

City

State and Zip

frank@safeguard-solutions.net

Email (Print or Type)

ATTACHMENTS: YES NO (Please check appropriate line)