



Department of
Environmental
Conservation

REGULATED DEAL STE FÆ L TY ANNUAL REPORT

This Regu ated Medica Waste Faci lty Annu a Report is for the year of operation from January 01, 2022 to December 31, 2022

SECTION 1 – GENERAL INFORMATION

| FACILITY INFORMATION | | | |
|---|--|--|---|
| FACILITY NAME: CMW Industries LLC | | | |
| FACILITY LOCATION ADDR SS: 10002 Farragut Road | FACILITY CITY: Brooklyn | STAT : NY 1 | ZIP COD : 1236 |
| FACILITY TOWN: | FACILITY COUNTY: Kings | FACILITY PHON NUMB R:I 718-372-3887 | |
| FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). New York City | | | NYSD C I R GION #: 2 |
| 360 P RMIT #: I 2-6105-00872 | DAT ISSU D: 3/10/2016 | DAT XPIR S: 03/09/2021 | NYS D C ACTI IY COD ORI R GISTRATION NUMB R:I 00001 |
| FACILITY CONTACT: Avi Svirsky | <input type="checkbox"/> public <input checked="" type="checkbox"/> private | CONTACT PHON NUMB R: 203-706-6410 | CONTACT FAX NUMB R:I I N/A |
| CONTACT IMAILADDR SS: | | | |
| OWN R INFORMATION | | | |
| OWN R NAME: I Gers on Klein | OWN R PHON NUMB R:I 718-257-5551 | OWN R FAX NUMB R:I N/A | |
| OWN R ADDR SS: 1238 ast 26t Street I | OWN R CITY: Brooklyn | STAT : NY | ZIP COD : I 11210 I |
| OWN R CONTACT: I 718-257-5551 | OWN R CONTACT MAIL ADDR SS: gers onklein ot ail co | | |
| OP RATOR INFORMATION | | | |
| OP RATOR NAME: I <input checked="" type="checkbox"/> same as owne | | <input type="checkbox"/> public I <input checked="" type="checkbox"/> pri ate | |
| PR F R NC S | | | |
| e e e a ess to e eive o espon en e: <input checked="" type="checkbox"/> Fa ility lo ation a ess I <input type="checkbox"/> Owne a ess I <input type="checkbox"/> Othe (p ovi e): | | | |
| e e e email a ess: <input checked="" type="checkbox"/> Fa ility Conta t I <input type="checkbox"/> Owne Conta t I <input type="checkbox"/> Othe (p ovi e): | | | |
| e e e in ivi ual to e eive o espon en e: <input checked="" type="checkbox"/> Fa ility Conta t I <input type="checkbox"/> Owne Conta t I <input type="checkbox"/> Othe (p ovi e): | | | |

Did you operate in 2022? es; ompete ths or

No; Complete and submit Sections 1 and 9. 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: I

<http://www.dec.ny.gov/chemical/52706.html>.

SECTION E TATED WASTE T ANSFE^{MO} ORT EAT NT FACILITIES i

| | AMOUNT i GENERATED OR RECEIVED FOR PROCESSING (tons) | AMOUNT TRANSFERRED TO TREATMENT FACILITY (tons) | AMOUNT TREATED (tons) | AMOUNT BY PASSED (tons) | AMOUNT OF SHA SOR DEVICES PROCESSED FOR RECYCLING (tons) | IF WASTE IS TRANSFERRED, T E i NAME AND ADDRESS OF TREATMENT FACILITY (include county and state) | NYS PLANNING UNIT (See Attached List of NYS Planning Units) i |
|---|--|--|-----------------------------|-------------------------------|--|--|--|
| (Includes: Cultures and Stops, Human Pathological Waste, Human Blood and Blood Products, Sharps, and Animal Waste) | 174.22 | | | | | Alpha Bio / Med Services - 600 Industrial Rd, Nesquehoning PA 18240 | New York City i |
| Other Infectious Waste (specify amount for each contaminated material including infectious incident waste, human remains management i waste, etc.) | | | | | | | i |
| Radioactive Waste (specify for each very short lived, short lived or long lived) | | | | | | | i |
| Pharmaceutical i Waste i | 7.45 | | | | | Alpha Bio / Med Services - 600 Industrial Rd, Nesquehoning PA 18240 | New York City |
| Hazardous Waste | | | | | | | i |
| Other (specify amount for each material include hydrolysate, ash, C&D, etc. requiring further processing.) i Trace Chemo | 4.84 | | | | | Alpha Bio / Med Services - 600 Industrial Rd, Nesquehoning PA 18240 | New York City i |
| TOTAL | 186.52 | | | | | | |

SECTION 3 – SOLID WASTE TREATMENT

| WASTE TYPE | AMOUNT (tons) | FACILITY NAME | ADDRESS | STATE | COUNTY | NYS PLANNING UNIT <small>(See the List of NYS Planning Units)</small> |
|--------------------|---------------|---------------|---------|-------|--------|--|
| Treated Waste | N/A | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL WASTE | | | | | | |

SECTION 4 – 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 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 a final adjustment for inflation and any changes to the Closure Plan?

SECTION 6 – 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 7 – 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 8 PERMIT/CONSULT OR OTHER REPORTING REQUIREMENTS

Are there any additional permit/consult or other 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 SIGNATURE DD 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 address and Solid Waste Contact .)

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 518 402 041
 Email address: SWMFannualreport@dec.ny.gov

I hereby affirm under penalty of perjury that information provided on this form and attached statement and exhibit 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.

Avi Svirsky
 Signature

2/1/23
 Date

Avi Svirsky
 Name (Print or Type)

Facility Operator s
 Title (Print or Type)

avisvirsky@gmail.com s
 Email (Print or Type)

10002 Farragut Rd s
 Address

Brooklyn
 City

NY 11236 s
 State and Zip

(203) 706-6410 s
 Phone Number

ATTACHMENTS: YES NO