



Department of Environmental Conservation

# PERMITTED TRANSFER FACILITY ANNUAL REPORT

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

Complete and submit this form by March 1, 2023.

This annual report is for the year of operation from January 01, 2022 to December 31, 2022

## 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: <small>(Refer to the Planning Unit Code Manual for the most up-to-date information.)</small> Colonie			NYSDEC REGION #: 4
360 PERMIT #: <small>(Refer to DEC Permit)</small> 4-0126-00790-00001	DATE ISSUED: 11/15/2018	DATE EXPIRES: 11/14/2028	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: <small>(Refer to DEC Permit)</small>
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: 6 Brown Road	OWNER CITY: Albany	STATE: NY	ZIP CODE: 12205
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: frank@safeguard-solutions.net		
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 2022?  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 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**

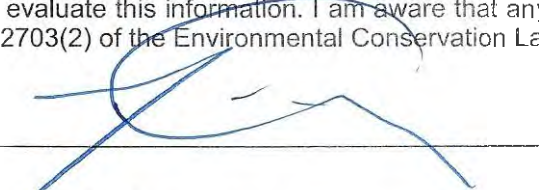
Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management Contacts).

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

8/2/23

**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)