

NH SDC

DIVISION OF SOLID WASTE

REGISTRATION FORM FOR A

SOLID WASTE MANAGEMENT FACILITY

Please read and follow all instructions before completing this registration form

Please Type or Print clearly THIS IS NOT A UPA PERMIT

DEPARTMENT USE ONLY				
DEC REGISTRATION #	4	3	W	12R
DEC ADMINISTRATION #				
DATE RECEIVED	1/10/1994			

1. FACILITY NAME AND LOCATION	VANBRO CORPORATION	1900 SOUTH AVENUE	CITY/TOWN/VILLAGE	STATEN ISLAND, RICHMOND	TOWN	NEW YORK	STATE/ZIP CODE	10314	718 698-1100	718 698-1100
2. FACILITY OWNER'S NAME	VANBRO CORPORATION	1900 SOUTH AVENUE	CITY/TOWN/VILLAGE	STATEN ISLAND	NEW YORK	STATE/ZIP CODE	10314	718 698-1100	718 698-1100	
3. FACILITY OPERATOR'S NAME (if different)										
4. SITE OWNER'S NAME (if different)										
Hailing Address	N/A	Hailing Address	N/A							
City/Town/Village		City/Town/Village								
State/Zip Code		State/Zip Code								
Telephone Number		Telephone Number								

5. TYPE OF FACILITY REGISTRATION (check all applicable boxes)

<input type="checkbox"/> Energy Recovery Incinerators or Pyrolysis Units pursuant to [360-3.1(c)]	<input type="checkbox"/> Land Application and Sludge Storage Facilities [360-4.1(c)]	<input type="checkbox"/> Composting and Other Distribution and Marketing Facilities [360-5.3(b)]	<input type="checkbox"/> Land Clearing Debris Landfills three acres or less [360-7.2(a)]	<input type="checkbox"/> Transfer Stations (municipally owned/operated/contracted) receiving less than 50,000 cubic yards or 12,500 tons of household solid waste annually [360-11.1(b)(1)]	<input type="checkbox"/> Transfer Stations (municipally owned/operated/contracted) receiving less than 50,000 cubic yards or 12,500 tons of contained solid waste annually [360-11.1(b)(2)]	<input type="checkbox"/> Transfer Stations (municipally owned/operated/contracted) receiving less than 50,000 cubic yards or 12,500 tons of contained solid waste annually [360-16.1(d)(1)]	<input type="checkbox"/> Other facilities not specifically described above, Specify Type _____
<input type="checkbox"/> Source Separated, Nonputrescible Solid Waste Recyclables Handling and Recovery Facilities [360-12.1(d)]	<input type="checkbox"/> Waste Tire Retreaders [360-13.1(d)(1)(i)]	<input type="checkbox"/> Waste Tires Stored for On-site Energy Recovery [360-13.1(d)(1)(ii)]	<input type="checkbox"/> Tire Dealers Selling Waste Tires [360-13.1(d)(1)(iii)]	<input type="checkbox"/> Tire Manufacturing Facilities [360-13.1(d)(1)(iv)]	<input checked="" type="checkbox"/> Processing facilities Receiving Only Recognizable or Rock [360-16.1(d)(1)(i)]	<input type="checkbox"/> Uncontaminated Undiluted Wood Processing Facilities [360-16.1(d)(1)(ii)]	

6. SOLID WASTE HANDLED

a. List wastes and/or materials to be accepted _____ See Attached

b. Quantity (Specify Units - see instructions) _____ See Attached

c. Storage on site _____ See Attached

7. OPERATIONS SCHEDULE - Normal schedule of operation

Monday-Saturday 7:00AM-4:30PM

Closed Sunday

8. NAME(S) OF ALL MUNICIPALITIES SERVED

Products Marketed to all 5 New York City Boroughs

9. CERTIFICATION:

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 as Vice-President (title) of Vanbro Corporation (entity) to sign this registration form pursuant to 6 NYCRR Part 360. By signing this registration form, I affirm that I have read the applicable regulations and will abide by all conditions of the registration requirements. 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.

Printed/Typed Name _____ Signature _____

Cornelius Vanderbilt, Jr.

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