

NSDEC

DEPARTMENT USE ONLY

DIVISION OF SOLID WASTE

DEC REGISTRATION #	4	3	W	1	2	R
DEC ADMINISTRATION #						
DATE RECEIVED	J / 10 / 1994					

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

1. FACILITY NAME AND LOCATION VANBRO CORPORATION Street 1900 SOUTH AVENUE City/Village STATEN ISLAND, RICHMOND Town County	2. FACILITY OWNER'S NAME VANBRO CORPORATION Hailing Address 1900 SOUTH AVENUE City/Town/Village STATEN ISLAND State/Zip Code NEW YORK 10314 Telephone Number 718 698-1100
3. FACILITY OPERATOR'S NAME (if different) N/A Hailing Address City/Town/Village State/Zip Code Telephone Number ( )	4. SITE OWNER'S NAME (if different) N/A Hailing Address City/Town/Village State/Zip Code 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"/> Source Separated, Nonputrescible Solid Waste Recyclables Handling and Recovery Facilities [360-12.1(d)]
<input type="checkbox"/> Land Application and Sludge Storage Facilities [360-4.1(c)]	<input type="checkbox"/> Waste Tire Retreaders [360-13.1(d)(1)(i)]
<input type="checkbox"/> Composting and Other Distribution and Marketing Facilities [360-5.3(b)]	<input type="checkbox"/> Waste Tires Stored for On-site Energy Recovery [360-13.1(d)(1)(ii)]
<input type="checkbox"/> Land Clearing Debris Landfills three acres or less [360-7.2(a)]	<input type="checkbox"/> Tire Dealers Selling Waste Tires [360-13.1(d)(1)(iii)]
<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"/> Tire Manufacturing Facilities [360-13.1(d)(1)(iv)]
<input type="checkbox"/> Transfer Stations (municipally owned/operated/contracted) receiving less than 50,000 cubic yards or 12,500 tons of containerized solid waste annually [360-11.1(b)(2)]	<input checked="" type="checkbox"/> Processing Facilities Receiving Only Recognizable Uncontaminated Concrete, Asphalt Pavement, Brick, Soil or Rock [360-16.1(d)(1)(i)]
<input type="checkbox"/> Other facilities not specifically described above, Specify Type _____	<input type="checkbox"/> Uncontaminated Unadulterated 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) design capacity 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
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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 Cornelius Vanderbilt, Jr.	Signature 	No. Day Year 0   1   0   4   19   94
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