

New York State Department of Environmental Conservation

Division of Materials Management, Region 3

21 South Putt Corners Rd., New Paltz, NY 12561-1696

Telephone: (845) 256 3134 Fax: (845) 255-3414



Joe Martens
Commissioner

December 20, 2011

Angelo Maiorano
Metro Green LLC
100A Oak Street
Mount Vernon NY 10550

RE:60W26 METRO GREEN LLC, 100A OAK STREET, MOUNT VERNON

Dear Mr. Maiorano,

Enclosed is a validated copy of your registration form which was submitted to the Department pursuant to 6NYCRR Part 360, effective November 26, 1996. One copy of this form must be maintained at this facility.

You are reminded that Part 350 contains General Provisions (Subpart 1) and C&D Processing Facilities (Subpart 16) requirements that must be followed to warrant your facility's continued status as a registered facility. This registration does not preclude your facility from adhering to all other applicable federal, state and local requirements.

If you have any questions regarding this matter, please do not hesitate to call me at (845) 256-3134.

Sincerely,

Lee E. Reiff
Region 3, Division of Materials Management

cc: L. Vitrone, Deputy Commissioner, Westchester County Department of Environmental Facilities
T. Laibach



**REGISTRATION FORM FOR A
 SOLID WASTE MANAGEMENT FACILITY**

DEC REGISTRATION # 160W216

DEC ADMINISTRATION # _____

DATE RECEIVED 10/21/11

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 <u>Metro Green, LLC</u>		2. FACILITY OWNER'S NAME <u>Angelo Maiorano</u>	
Street <u>100A OAK STREET</u>		Mailing Address <u>100A OAK STREET</u>	
City/Village <u>MOUNT VERNON</u>		City/Town/Village <u>MOUNT VERNON</u>	
Town <u>NY</u> County <u>Westchester</u>		State/Zip Code <u>NY 10550</u>	
Telephone Number <u>(914) 663-1800</u>		Telephone Number <u>(914) 663-1800</u>	
3. FACILITY OPERATOR'S NAME (if different)		4. SITE OWNER'S NAME (if different)	
Mailing Address		Mailing Address	
City/Town/Village		City/Town/Village	
State/Zip Code		State/Zip Code	
Telephone Number ()		Telephone Number ()	

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 REGION 3 - NEW PALTZ

5. TYPE OF FACILITY REGISTRATION (check all applicable boxes)			
<input type="checkbox"/> Energy Recovery Incinerators or Pyrolysis Units [360-3.1(c)]	<input type="checkbox"/> Waste Tire Retreaders [360-13.1(d)(1)(i)]	<input type="checkbox"/> Land Application and Sludge Storage Facilities [360-4.1(c)]	<input type="checkbox"/> Waste Tire 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"/> Source Separated, Nonputrescible Solid Waste Recyclables Handling and Recovery Facilities [360-12.1(d)]	<input type="checkbox"/> Uncontaminated Unadulterated Wood Processing Facilities [360-16.1(d)(1)(ii)]
<input type="checkbox"/> Other Facilities not specifically described above, Specify Type _____			

6. SOLID WASTE HANDLED		7. OPERATIONS SCHEDULE - Normal schedule of operation	
a. List wastes and/or materials to be accepted <u>Soil, Rock, CONCRETE</u>		<u>7:00AM - 5pm M-F, 7:00AM - 4PM SAT</u>	
b. Quantity (specify Units - see instructions) design capacity <u>500cy Processed Daily Avg.</u> storage on site <u>3,000cy</u>		8. NAME(S) OF ALL MUNICIPALITIES SERVED <u>Tuckahoe, Mount Vernon, Mamaroneck, Larchmont, Yonkers</u>	

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 OWNER (title) of Metro Green, LLC (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 <u>Angelo Maiorano</u>	Signature <u>Angelo Maiorano</u>	Mo. <u>10</u>	Day <u>20</u>	Year <u>11</u>
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