

REGISTERED C&D DEBRIS HANDLING AND RECOVERY FACILITY ANNUAL REPORT

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

Complete and submit this form by March 1, 2019.

This annual report is for the year of operation from January 01, 2018 to December 31, 2018

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME:			
FACILITY LOCATION ADDRESS:	FACILITY CITY:	STATE:	ZIP CODE:
FACILITY TOWN:	FACILITY COUNTY:	FACILITY PHONE NUMBER:	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #:
360 PERMIT #: (Refer to DEC Permit)	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)
FACILITY CONTACT:	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER:	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME:	OWNER PHONE NUMBER:	OWNER FAX NUMBER:	
OWNER ADDRESS:	OWNER CITY:	STATE:	ZIP CODE:
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner		<input type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
<i>Preferred address to receive correspondence:</i> <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
<i>Preferred email address:</i> <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
<i>Preferred individual to receive correspondence:</i> <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

<p>Did you operate in 2018? <input type="checkbox"/> Yes; Complete this form.</p> <p><input type="checkbox"/> 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 .</p>

For facilities that have not transitioned into 6 NYCRR 361-5 and operated during 2018 under 6 NYCRR 360-16, please go directly to Section 2.

For facilities regulated under 6 NYCRR 361-5, the check boxes correspond with the registrations that have been issued to your facility. Please check all that apply and then move to Section 2:

For clarifications, see 6 NYCRR 361-5.2

<input type="checkbox"/> 1. Facility received less than 500 tons per day of the following recognizable, uncontaminated wastes: concrete and other masonry materials (including steel or fiberglass reinforcing embedded in concrete), brick , and rock .	<input type="checkbox"/> 2. Facility received less than 500 tons per day uncontaminated asphalt pavement or asphalt millings .
<input type="checkbox"/> 3. Facility received less than 500 tons per day of uncontaminated asphalt roofing shingles and roofing paper that do not contain asbestos-containing materials	<input type="checkbox"/> 4. Facility received less than 500 tons per day of uncontaminated, unadulterated gypsum wallboard .
<input type="checkbox"/> 5. Facility received less than 500 tons per day of unadulterated, uncontaminated wood .	<input type="checkbox"/> 6. Facility received less than 500 tons per day of soil, sand, gravel, or rock . The soil must have no evidence of chemical or physical contamination. This may NOT be combined with 7.
<input type="checkbox"/> 7. Facility received less than 500 tons per day of restricted-use fill and limited-use fill . This may NOT be combined with 6.	<input type="checkbox"/> 8. Facility received less than 500 tons per day of other uncontaminated, source-separated recyclables generated from C&D debris for use under an approved case-specific beneficial use determination .

SECTION 2 – SOLID WASTE RECEIVED (continued)

Type of Waste	Tip Fee (\$/Ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Concrete								
Other Masonry Materials								
Brick								
Rock								
Asphalt Pavement								
Asphalt Millings								
Asphalt Roofing Shingles								
Roofing Paper								
Gypsum Wallboard								
Unadulterated Wood								
Soil								
Sand								
Gravel								
Rock								
Restricted-Use Fill								
Limited-Use Fill								
Other (specify)								
Total Tons Received								

If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

SECTION 3 – SERVICE AREA OF SOLID WASTE RECEIVED

Please identify where the material is coming from. The total tons received reported below should equal the total tons received in Section 2 (Solid Waste Received). **DO NOT REPORT IN CUBIC YARDS!**

- If the waste **WAS** received from another solid waste management facility, please write in the name *and* address of the facility along with the appropriate state, county and planning unit/municipality.
- If the waste **WAS NOT** received from another solid waste management facility, please write in “**Direct Haul**” along with the appropriate state, county, and planning unit/municipality where the waste was generated.

Specify transport method, list type of material(s) and percentages of total material transported by each:

_____ % Road: Waste Type(s): _____ _____ % Rail: Waste Type(s): _____
 _____ % Water: Waste Type(s): _____ _____ % Other (specify: _____): Waste Type(s): _____

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR “ Direct Haul ”	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Concrete					
Other Masonry Materials					
Brick					
Rock					

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)

TYPE OF WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR " <i>Direct Haul</i> "	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Asphalt Pavement					
Asphalt Millings					
Asphalt Roofing Shingles					
Roofing Paper					
Gypsum Wallboard					
Unadulterated Wood					

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)

TYPE OF WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR " <i>Direct Haul</i> "	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Soil					
Sand					
Gravel					
Rock					
Restricted-Use Fill					
Limited-Use Fill					
Other (specify)					
TOTAL RECEIVED (tons):					_____

If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

SECTION 4 - TRANSFER OR DISPOSAL DESTINATION

Please identify destination of waste. Please only include waste sent off-site for disposal or further transfer prior to disposal. Exclude Recyclable Material amounts reported in Section 5. DO NOT REPORT IN CUBIC YARDS!

- If the waste is being sent to another facility for transfer or processing prior to disposal (e.g. Transfer station or C&D debris processing facility), please identify name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the transfer destination and the amount of waste transferred in the “*Amount to Transfer Destination*” column.
- If the waste is being sent to a landfill or combustor, please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the disposal destination and the amount of waste being sent for disposal in the “*Amount to Disposal Destination*” column.
- If the waste is being sent to a landfill to be utilized as Alternative Operating Cover (AOC), please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the landfill and the amount of waste being sent for use as AOC in the “*Amount Used as AOC*” column.

Specify transport method, list type of material(s) and percentages of total material transported by each:

_____ % Road: Waste Type(s): _____ _____ % Rail: Waste Type(s): _____
 _____ % Water: Waste Type(s): _____ _____ % Other (specify: _____): Waste Type (s): _____

TRANSFER OR DISPOSAL DESTINATION								
TYPE OF WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT <small>(Name & Address)</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	AMOUNT TO TRANSFER DESTINATION <small>(TONS)</small>	AMOUNT TO DISPOSAL DESTINATION <small>(TONS)</small>	AMOUNT USED AS AOC <small>(TONS)</small>	TOTAL YEAR <small>(TONS)</small>
Residue								
Other (specify)								
TOTAL SENT (tons): _____								

If more “Other” lines are needed, cross out an unused type and fill in the other waste name. If still more “Other” lines are needed, attached another copy of this page, cross out an unused type, and fill in the other waste name.

SECTION 5 - MATERIAL RECOVERED FOR REUSE/RECYCLING

Please identify destination of recovered materials. Indicate the location of use/name of the destination, address, corresponding State/Country, County/Province, Destination Planning Unit/Municipality and the amount of material recovered. **DO NOT REPORT IN CUBIC YARDS!**

Specify transport method, list type of material(s) and percentages of total material transported by each:

_____ % Road: Material(s): _____
 _____ % Water: Material(s): _____
 _____ % Rail: Material(s): _____
 _____ % Other (specify: _____): Material(s): _____

Please note that “direct haul”, “various”, and “various locations” are not acceptable responses for the address of the location of use.

MATERIAL RECOVERED FOR REUSE/RECYCLING					
MATERIAL RECOVERED	LOCATION OF USE/DESTINATION <small>(Name & Address)</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
Concrete					
Other Masonry Materials					
Brick					
Rock					
Bulk Metal (from C&D Debris)					

MATERIAL RECOVERED FOR REUSE/RECYCLING

MATERIAL RECOVERED	LOCATION OF USE/DESTINATION <i>(Name & Address)</i>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT <i>(See Attached List of</i> <i>NYS Planning Units)</i>	TONS RECOVERED <i>(out of facility)</i>
Asphalt Pavement					
Asphalt Millings					
Asphalt Roofing Shingles					
Roofing Paper					
Gypsum Wallboard					
Unadulterated Wood					
Soil					
Sand					

MATERIAL RECOVERED FOR REUSE/RECYCLING					
MATERIAL RECOVERED	LOCATION OF USE/DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Gravel					
Restricted-Use Fill					
Limited-Use Fill					
Other (specify)					
TOTAL RECOVERED (tons):					_____

If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

SECTION 6 – UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste, including other construction & demolition debris not authorized for management at your facility, 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/Transfer Method & Location

SECTION 7 - 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 annual adjustments for inflation and any changes to the Closure Plan?

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 - REGISTRATION/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
_____ Name (Print or Type)	_____ Title (Print or Type)
_____ Email (Print or Type)	
_____ Address	_____ City
_____ State and Zip	(____)____-____ Phone Number

ATTACHMENTS: ____ YES ____ NO
(Please check appropriate line)

**Division of Materials Management
New York State Department of Environmental Conservation
Albany, New York 12233-7260**

REGISTERED CONSTRUCTION & DEMOLITION DEBRIS HANDLING AND RECOVERY FACILITY

A Construction and Demolition Debris Handling & Recovery Facility (CDDHRF) is a processing facility that receives and processes construction and demolition debris for recovery, transfer or disposal. Further information and a listing of the registered and regulated construction and demolition debris processing facilities are available online at <http://www.dec.ny.gov/chemical/23686.html>.

This annual report for is specifically for registered CDDHRFs. If your facility is a permitted CDDHRF, you need to submit a Permitted Construction & Demolition Debris Handling and Recovery Facility Annual Report.

If your facility is authorized to operate a construction and demolition debris landfill, you need to submit a Construction & Demolition Debris Landfill Annual Report. If your facility is authorized to process construction and demolition debris and operate a construction and demolition debris landfill you must submit both annual reports.

If your facility is authorized to operate as a transfer facility, you need to submit a Transfer Facility Annual Report instead of a CDDHRF Annual Report. If your facility is authorized to operate as a transfer facility and as a CDDHRF you must submit both annual reports.

If your facility is authorized to operate as a recyclables handling and recovery facility, you must submit a Recyclables Handling and Recovery Facility Annual Report instead of a CDDHRF Facility Annual Report. If your facility is authorized to operate as a construction and demolition debris processing facility and a recyclables handling & recovery facility you must submit both annual reports.

Forms for all solid waste management facilities can be found at <http://www.dec.ny.gov/chemical/52706.html> and a brief description of each type of facility can be found at <http://www.dec.ny.gov/chemical/8495.html>.

Annual Report

Submit the Annual Report no later than March 1, 2019.

Reporting of the information indicated on this C&D Debris Handling and Recovery Facility Annual Report form is required pursuant to 6 NYCRR Part 360. Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual/Quarterly Report requirements of 6 NYCRR Part 360.

Where the Annual Report requirements have been modified, appropriate Sections (as necessary to reflect the modification) must be completed and submitted with a copy of the Department's written notification which allows the modification.

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

Solid Waste Volume To Weight Conversion Factors

MATERIAL	EQUIVALENT	
Aggregate	1 cubic yard	0.50 tons
Asphalt, Crushed	1 cubic yard	0.39 tons
Brick	1 cubic yard	0.43 tons
Brush	1 cubic yard	0.15 tons
Bulk Metal	1 cubic yard	0.11 tons
Concrete	1 cubic yard	0.43 tons
Construction and Demolition Debris	1 cubic yard	0.23 tons
Rock	1 cubic yard	0.50 tons
Roofing Shingles	1 cubic yard	0.37 tons
Soil (Clean)	1 cubic yard	0.46 tons
Wallboard	1 cubic yard	0.23 tons
Wood	1 cubic yard	0.08 tons

SECTION 3 – SERVICE AREA OF MATERIAL RECEIVED

Identify the facility's service area by indicating the type of material received, the Solid Waste Management facility (SWMF) from which it was received (or Direct Haul), the corresponding State/Country, the County/Province, and the NYS Planning Unit from which waste was received. **Refer to the list of NYS Planning Units that can be found at the end of this report.** The total amount reported here should equal the total amount reported in Section 2 (Material Received). DO NOT REPORT IN CUBIC YARDS!

Additional Service Area Guidance:

1) Direct hauled from the generator of the material. In the case where the material is hauled to your facility from the generator (i.e. hauled from residences, job sites, commercial establishments, etc.), "Direct Haul" is the appropriate response in Column 2 under "Service Area." Please report the tonnage by material type and identify the state, county and planning unit where it was generated;

2) Sent to your C&D Debris Handling and Recovery Facility from another solid waste management facility. Material may be sent to your C&D Debris Handling and Recovery Facility from another solid waste management facility. In this case, please report the tonnage by material type from each sending solid waste management facility, as well as the sending facility's name, address, county, and the planning unit where the sending facility is located.

For reference only. Please do not return with submittal.

New York State Planning Units & Regions

When completing the annual report, please use the Planning Unit listed below that corresponds with the municipality and county. **Note: The Planning Unit is not the DEC Region.**

DEC Region	Planning Unit	County	Municipality
1	Glen Cove	Nassau	Glen Cove (City)
	Hempstead		Hempstead (Town)
	Long Beach		Long Beach (City)
	North Hempstead Solid Waste Management Authority		North Hempstead (Town), except 10 villages (see below)
	Oyster Bay Solid Waste Disposal District		Oyster Bay (Town), except 17 villages (see below)
	Babylon	Suffolk	Babylon (Town)
	Brookhaven		Brookhaven (Town)
	East Hampton		East Hampton (Town)
	Fishers Island Waste Management District		Fishers Island
	Huntington		Huntington (Town)
	Islip Resource Recovery Agency		Islip (Town)
	Riverhead		Riverhead (Town)
	Shelter Island		Shelter Island (Town)
	Smithtown		Smithtown (Town)
	Southampton		Southampton (Town)
Southold	Southold (Town), except Fishers Island		
2	New York City	Bronx	Bronx
		Kings	Kings (Brooklyn)
		New York	New York (Manhattan)
		Queens	Queens
		Richmond	Richmond (Staten Island)
3	Dutchess County	Dutchess	
	Orange County	Orange	
	Putnam County	Putnam	
	Rockland County Solid Waste Management Authority (RCSWMA)	Rockland	
	Sullivan County	Sullivan	
	Ulster County Resource Recovery Agency (UCRRA)	Ulster	
	Westchester County	Westchester	
4	Colonie	Albany	Cohoes (City)
			Colonie (Town)
			Colonie (Village)
			Menands (Village)
			Watervliet (City)
	Capital Region Solid Waste Management Partnership	Albany	Albany (City)
			Altamont (Village)
			Berne (Town)
			Bethlehem (Town)
			Green Island (Town/Village)
			Guilderland (Town)
			Knox (Town)
			New Scotland (Town)
			Rensselaerville (Town)
Voorheesville (Village)			
Westerlo (Town)			

		Rensselaer	East Greenbush (Town) Rensselaer (City)	
4	Eastern Rensselaer County Solid Waste Management Authority	Rensselaer	Castleton-on-Hudson (Village)	
			Hoosick Falls (Village)	
			Nassau (Village)	
			Pittstown (Town)	
			Schaghticoke (Town/Village)	
			Stephentown (Town)	
			Valley Falls (Village)	
			Berlin (Town)	Inactive Members
			Grafton (Town)	
			Hoosick (Town)	
			Nassau (Town)	
			Petersburg (Town)	
			Poestenkill (Town)	
			Columbia County	
Delaware County	Delaware			
Greene County	Greene			
Montgomery County	Montgomery			
Otsego County	Otsego			
Schoharie County	Schoharie			
Schenectady County	Schenectady			
5	Clinton County	Clinton		
	Essex County	Essex		
	County of Franklin Solid Waste Management Authority (CFSWMA)	Franklin		
	Fulton County	Fulton		
	Hamilton County	Hamilton		
	Saratoga County	Saratoga		
	Warren County	Warren		
	Washington County	Washington		
6	Development Authority of the North Country (DANC)	Jefferson		
		Lewis		
		St. Lawrence		
	Oneida-Herkimer Solid Waste Authority	Oneida Herkimer		
7	Broome County	Broome		
	Cayuga County	Cayuga		
	Chenango County	Chenango		
	Cortland County	Cortland		
	Madison County	Madison		
	Onondaga County	Onondaga	All municipalities, except Town and Village of Skaneateles (See below)	
	Oswego County	Oswego		
	Tioga County	Tioga		
	Tompkins County	Tompkins		
8	Chemung County	Chemung		
	GLOW Region Solid Waste Management Committee	Genesee		
		Livingston		
	Monroe County	Monroe		
	Ontario County	Ontario		
	Orleans County	Orleans		
	Schuyler County	Schuyler		
Seneca County	Seneca			

	Steuben County	Steuben		
	Wayne County	Wayne		
	Yates County	Yates		
9	Allegany County	Allegany		
	Cattaraugus County	Cattaraugus		
	Chautauqua County	Chautauqua		
	GLOW Region Solid Waste Management Committee	Wyoming		
	Niagara	Niagara		
	Northeast-Southtowns Solid Waste Management Board (NEST)		Erie	Akron (Village)
				Alden (Town/Village)
				Angola (Village)
				Aurora (Town)
				Blasdell (Village)
				Boston (Town)
				Brant (Town)
				Cheektowaga (Town)
				Clarence (Town)
				Colden (Town)
				Collins (Town)
				Concord (Town)
				Depew (Village)
				East Aurora (Village)
				Eden (Town)
				Elma (Town)
				Evans (Town)
				Farnham (Village)
				Gowanda (Village)
				Hamburg (Town/Village)
				Holland (Town)
				Lackawanna (City)
Lancaster (Town/Village)				
Marilla (Town)				
Newstead (Town)				
North Collins (Town/Village)				
Orchard Park (Town/Village)				
Sardinia (Town)				
Sloan (Village)				
Springville (Village)				
Wales (Town)				
West Seneca (Town)				
Northwest Communities Solid Waste Management Board (NWCB)		Erie	Amherst (Town)	
			Grand Island (Town)	
			Kenmore (Village)	
			Tonawanda (Town/Village)	
			Williamsville (Village)	

Municipalities Not Currently Affiliated With a Recognized Planning Unit

DEC Region	County	Non-Member Municipality	
1	Nassau	North Hempstead	Great Neck Estates (Village)
			Great Neck Plaza (Village)
			Mineola (Village)
			New Hyde Park (Village)
			Old Westbury (Village) (portion)
			Plandome (Village)
			Plandome Manor (Village)
			Roslyn Harbor (Village) (portion)
			Westbury (Village)
			Williston Park (Village)
		Oyster Bay	Bayville (Village)
			Brookville (Village)
			Centre Island (Village)
			Cove Neck (Village)
			East Hills (Village) (portion)
			Glenwood – Glen Head Garbage District
			Lattington (Village)
			Laurel Hollow (Village)
			Matinecock (Village)
			Mill Neck (Village)
			Muttontown (Village)
			Old Brookville (Village)
			Old Westbury (Village) (portion)
			Oyster Bay Cove (Village)
			Roslyn Harbor (Village) (portion)
			Sea Cliff (Village)
Upper Brookville (Village)			
4	Albany	Coeymans (Town)	
		Ravena (Village)	
	Rensselaer	Brunswick (Town)	
		North Greenbush (Town)	
		Sand Lake (Town)	
		Schodack (Town)	
	Troy (City)		
Columbia	Canaan (Town)		
7	Onondaga	Skaneateles (Town/Village)	
9	Erie	Buffalo (City)	

MATERIAL MANAGEMENT PROGRAM CONTACTS

CENTRAL OFFICE

Bureau of Solid Waste Management
625 Broadway
Albany, NY 12233-7260
Phone: (518) 402-8678

For Submission of Annual Reports only:

Fax: (518) 402-9041

Email: For solid waste management facilities - swmfannualreport@dec.ny.gov

REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON

REGION 1 (Nassau, Suffolk)

Syed Rahman / David Gibb
SUNY @ Stony Brook
50 Circle Road
Stony Brook, NY 11790
Phone: (631) 444-0375
SWMFAnnualReportR1@dec.ny.gov

REGION 2 (Bronx, Kings, New York, Queens, Richmond)

Joseph O'Connell
47-40 21st Street
Long Island City, NY 11101-5407
Phone: (718) 482-4896
SWMFAnnualReportR2@dec.ny.gov

REGION 3 (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester)

James Lansing
21 South Putt Corners Road
New Paltz, NY 12561
Phone: (845) 256-3123
SWMFAnnualReportR3@dec.ny.gov

REGION 4 (Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady, Schoharie)

Victoria Schmitt
1130 North Westcott Road
Schenectady, NY 12306
Phone: (518) 357-2243
SWMFAnnualReportR4@dec.ny.gov

REGION 5 (Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington)

Kevin Wood
232 Golf Course Road
Warrensburg, NY 12885
Phone: (518) 623-1233
SWMFAnnualReportR5@dec.ny.gov

REGION 6 (Herkimer, Jefferson, Lewis, Oneida, St. Lawrence)

Gary McCullouch
317 Washington Street
Watertown, NY 13601
Phone: (315) 785-2513
SWMFAnnualReportR6@dec.ny.gov

REGION 7 (Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins)

Thomas Annal
615 Erie Boulevard West
Syracuse, NY 13204
Phone: (315) 426-7419
SWMFAnnualReportR7@dec.ny.gov

REGION 8 (Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Yates)

Greg MacLean
6274 East Avon-Lima Road
Avon, NY 14414
Phone: (585) 226-5408
SWMFAnnualReportR8@dec.ny.gov

REGION 9 (Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Wyoming)

Peter Grasso
270 Michigan Avenue
Buffalo, NY 14203
Phone: (716) 851-7220
SWMFAnnualReportR9@dec.ny.gov