

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

ACTIVE MUNICIPAL WASTE COMBUSTION FACILITY

Annual/Quarterly Report

Submit the Annual Report no later than March 5, 2012.

Reporting of the information indicated on this Active Municipal Waste Combustion Facility Annual/Quarterly Report form is required pursuant to 6 NYCRR 360-1.4(c); 360-1.14(e)(2), (i)(1); and 360-3.4(f). 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.

ANNUAL/QUARTERLY REPORT

A. This Municipal Waste Combustion Facility Landfill Report is for the year of operation from

_____, 20__ to _____, 20__

B. Quarterly Report for: ___ Quarter 1 ___ Quarter 2 ___ Quarter 3 ___ Quarter 4

SECTION 1 – OWNER / FACILITY INFORMATION

FACILITY NAME:			
FACILITY 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 #:	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:
FACILITY CONTACT:		CONTACT PHONE NUMBER:	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS:			
OWNER NAME:		OWNER PHONE NUMBER:	OWNER FAX NUMBER:
OWNER ADDRESS:		OWNER CITY:	
		STATE:	ZIP CODE:

Facility's Size

Number of Units Installed: _____

Nominal rated capacity of each unit: _____

Operations

Facility is in production:

Hours per day: _____

Days per week: _____

Days per year: _____

SECTION 2 - QUANTITY OF SOLID WASTE RECEIVED/PROCESSED
A. Quantity Received by Month/Year

Provide the tonnages of solid waste received. DO NOT REPORT IN CUBIC YARDS!

Specify the methods used to measure the quantities received and the percentages measured by each method

_____% Scale Weight _____% Estimated
 _____% Truck Count _____% Other (Specify: _____)

Type of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Construction & Demolition Debris (mixed)							
Industrial Waste (Including Industrial Process Sludges)							
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Other (specify)							
Total Tons Received; and							
Total Tons Processed							

SECTION 2 - QUANTITY OF SOLID WASTE RECEIVED (CONTINUED)
A. Quantity Received by Month/Year

Type of Solid Waste	Tip Fee (\$)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Construction & Demolition Debris (mixed)								
Industrial Waste (Including Industrial Process Sludges)								
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Other (specify)								
Total Tons Received; and								
Total Tons Processed								

B. Plant Performance Log

Complete the following Annual/Quarterly Plant Performance Log:

PLANT PERFORMANCE LOG ANNUAL SUMMARY

Processible Waste Bypassed (Tons): _____

Untreatable Waste Bypassed (Tons): _____

Incinerator #1 Operations (Hours): _____

Incinerator #2 Operations (Hours): _____

Incinerator #3 Operations (Hours): _____

Incinerator #4 Operations (Hours): _____

Steam Generated (Klbs): _____

Steam Sold (Klbs): _____

Turbine Operation (Hours): _____

Turbine Steam Consumption (Klbs): _____

Power Generation (MWH): _____

Purchased Power (MWH): _____

Annual Electricity Sold to User (MWH): _____

Ash Residue (Tons): _____

Volatile Matter in Ash (%): _____

Ferrous Metal Recovered (Tons): _____

Ferrous Metal Sold (Tons): _____

Water Consumption (Kgal): _____

	Unit #1	Unit #2	Unit #3	Unit #4	Total
Hours of Downtime	_____	_____	_____	_____	_____
Scheduled Maintenance	_____	_____	_____	_____	_____
Unscheduled Maintenance	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____
Availability (%)	_____	_____	_____	_____	_____

C. Facility's Service Area

Identify the facility's service area by indicating the type of solid waste 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 and the amount received. **Refer to the list of NYS Planning Units that can be found at the end of this report.** Note: "Direct Haul" means waste hauled directly to your SWMF which did not go through another SWMF. **DO NOT REPORT IN CUBIC YARDS!**

Specify transport method and percentages of total waste transported by each:

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

Please report the facility from which you received the solid waste. Note: This is not the facility identified in Section 1.

Explain which waste types and service areas below are included in these transport methods _____

C. SERVICE AREA					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <i>(Name & Address)</i>	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT	TONS RECEIVED
Construction & Demolition Debris (mixed)	<i>(Example 1) (Monroe County Transfer Station, Rochester)</i>	<i>(NY)</i>	<i>(Monroe)</i>	<i>(Monroe County)</i>	<i>(2,000)</i>
	<i>(Example 2) (Direct Haul)</i>	<i>(NY)</i>	<i>(Erie)</i>	<i>(NEST)</i>	<i>(500)</i>
Industrial Waste (Including Industrial Process Sludges)	<i>(Example 3) (Appleton Transfer Station, Penn Yan)</i>	<i>(NY)</i>	<i>(Yates)</i>	<i>(WFLSWMA)</i>	<i>(100)</i>

C. SERVICE AREA					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address)	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT	TONS RECEIVED
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)					
Sewage Treatment Plant Sludge					
Treated Regulated Medical Waste (TRMW)*					
Other (specify)					
TOTAL RECEIVED (tons):					_____

Part 360 Permit Limit (tpy) _____

Permit Limit based on Steaming rate (tpy) _____

* List generators that provide you Certificates of Treatment forms and quantities of TRMW from each _____

D. Transfer or Disposal Destination

Identify the transfer or disposal destination of waste removed by indicating the name of the transfer or disposal facility, the type of solid waste transferred, the corresponding State/Country, the County/Province, the NYS Planning Unit of the transfer or disposal destination facility, and the amount transferred or disposed or used as alternative daily cover (ADC) at each destination. This only includes waste sent off-site for disposal, not recovered for reuse or recycling. Exclude Materials Recovered amounts reported in Section 3. **Refer to the list of NYS Planning Units that can be found at the end of this report.** DO NOT REPORT IN CUBIC YARDS!

Transport (specify percentages):

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

Please report the facility to which you sent the solid waste. Note: This is not the facility identified in Section 1.

Explain which waste types and service areas below are included in these transport methods _____

DISPOSAL DESTINATION OR TRANSFER FOR DISPOSAL DESTINATION								
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT <i>(Name & Address)</i>	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	AMOUNT USED AS ADC (TONS)	TOTAL YEAR (TONS)
Ash (MSW Energy Recovery)	<i>(Example 1) (High Acres Landfill, Fairport)</i>	<i>(NY)</i>	<i>(Monroe)</i>	<i>(Monroe County)</i>		<i>(10,000)</i>	<i>(3,000)</i>	<i>(13,000)</i>
	<i>(Example 2) (Brookhaven WM Facility, Brookhaven)</i>	<i>(NY)</i>	<i>(Suffolk)</i>	<i>(Brookhaven (Town))</i>	<i>(4,000)</i>			<i>(4,000)</i>
Bypass								
Other (specify)								
TOTAL SENT (tons): _____								

SECTION 3 – METAL RECOVERED

A. Quantity of Metal Recovered

Provide the tonnages of metal recovered for reuse or recycling. Identify the location or solid waste management facility to which the recovered metal was sent from your facility, by indicating the name of the facility, the type of metal recovered, the corresponding State/Country, the County/Province, the NYS Planning Unit, and the amount recovered. **Refer to the list of NYS Planning Units that can be found at the end of this report. DO NOT REPORT IN CUBIC YARDS!**

Transport (specify percentages):

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

Please report the facility to which you sent the recovered metal. Note: This is not the facility identified in Section 1.

Explain which waste types and service areas are in these transport methods _____

METAL RECOVERED FOR REUSE/RECYCLING					
METAL RECOVERED	SOLID WASTE MANAGEMENT FACILITY TO WHICH RECOVERED MATERIAL IS SENT (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECOVERED (out of facility)
Ferrous Metal					
Non-Ferrous Metal					
Other Metal (specify)					
TOTAL METAL RECOVERED (tons):					_____

SECTION 4 - FIRE AND SAFETY INCIDENTS

Provide a summary of the time, date, and details of any incidents which required the implementation of the contingency plan.

SECTION 5 - BUDGET

Provide an annual income and expense statement providing details on the major accounting items including tipping fee, and operating and maintenance costs.

SECTION 6 - INSPECTIONS

Provide a copy of the annual facility inspection report conducted and stamped by a professional engineer licensed to practice in New York State.

SECTION 7 - GOALS

Provide a narrative of the goals and objectives to be attained in the next future calendar year and any major repairs or renovations proposed.

SECTION 8 - UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received at the Landfill 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 Method & Location

Radiation Monitoring

Does your facility use a fixed radiation monitor? _____ Yes _____ No

Identify Manufacturer _____ and Model _____ of fixed unit.

Does your facility use a portable radiation monitor? _____ Yes _____ No

Identify Manufacturer _____ and Model _____ of fixed unit.

If the radiation monitors been triggered give information below for each incident:

Incident Number	Received		Hauler	Origin	Truck Number	Reading	Disposal Status	Removed	
	Date	Time						Date	Time

SECTION 9 - PROBLEMS

Identify any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures) and methods for resolution of the problems. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information: _____

SECTION 10 - CHANGES

Identify any changes from approved reports, plans, specifications, permit conditions with a justification for each change. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

SECTION 11 - 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, identify the reporting requirements with their respective responses below, attaching additional sheets as necessary. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

SECTION 12 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit one completed form with an original signature to the appropriate Regional Office (See attachment for Regional Office addresses and Solid Waste 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 Permitting and Planning
625 Broadway
Albany, New York 12233-7260
Fax 518-402-9041
Email address: swpermit@gw.dec.state.ny.us**

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 to sign this report form pursuant to 6 NYCRR Part 360. 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.

_____	_____
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)

New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Permitting and Planning

SOLID WASTE CONTACTS

CENTRAL OFFICE

Bureau of Permitting and Planning
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: swpermit@gw.dec.state.ny.us ;
for vehicle dismantler facilities: vdfinfo@gw.dec.state.ny.us .

REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON

REGION 1 (Nassau, Suffolk)

Syed Rahman
SUNY @ Stony Brook
50 Circle Road
Stony Brook, NY 11790
Phone: (631) 444-0375

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

Samsudeen Arakan
47-40 21st Street
Long Island City, NY 11101-5407
Phone: (718) 482-4896

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

Martin Brand
21 South Putt Corners Road
New Paltz, NY 12561
Phone: (845) 256-3179

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

Richard Forgea
1150 North Westcott Road
Schenectady, NY 12306
Phone: (518) 357-2243

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

**Main Office (Clinton, Essex,
Franklin, Hamilton)**

Dale Becker
Route 86, P.O. Box 296
Ray Brook, NY 12977
Phone: (518) 897-1241

**Sub-office (Fulton, Saratoga, Warren,
Washington)**

David Mt. Pleasant
232 Golf Course Road
Warrensburg, NY 12885
Phone: (518) 623-1230

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

**Main Office (Jefferson, Lewis,
St. Lawrence)**

Peter Taylor
State Office Building
317 Washington Street
Watertown, NY 13601
Phone: (315) 785-2522

Sub-office (Herkimer, Oneida)

Robert Senior
State Office Building
207 Genesee Street
Utica, NY 13501
Phone: (315) 793-2745

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

Tim DiGiulio
615 Erie Boulevard West
Syracuse, NY 13204
Phone: (315) 426-7419

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

Scott Foti
6274 East Avon-Lima Road
Avon, NY 14414
Phone: (585) 226-5408

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

Mark Hans
270 Michigan Avenue
Buffalo, NY 14203
Phone: (716) 851-7220

NYS PLANNING UNITS

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.

NYS PLANNING UNITS – R1	MUNICIPALITY	COUNTY
Babylon (Town) & North Hempstead Solid Waste Management Authority	Babylon (Town)	Suffolk
	North Hempstead (Town)	Nassau
Brookhaven (Town)		Suffolk
East Hampton (Town)		Suffolk
Fishers Island Waste Management District	Southold (Town)	Suffolk
Glen Cove (City)		Nassau
Hempstead (Town)		Nassau
Huntington (Town)		Suffolk
Islip Resource Recovery Agency	Islip (Town)	Suffolk
Long Beach (City)		Nassau
Oyster Bay Solid Waste Disposal District	Oyster Bay (Town) (see last page)	Nassau
Riverhead (Town)		Suffolk
Shelter Island (Town)		Suffolk
Smithtown (Town)		Suffolk
Southampton (Town)		Suffolk
Southold (Town) (except Fishers Island)		Suffolk
NYS PLANNING UNITS – R2	MUNICIPALITY	COUNTY
New York City	Bronx	Bronx
	Kings (Brooklyn)	Kings
	New York (Manhattan)	New York
	Queens	Queens
	Richmond (Staten Island)	Richmond
NYS PLANNING UNITS – R3	MUNICIPALITY	COUNTY
Dutchess County Resource Recovery Agency		Dutchess
Orange County		Orange
Putnam County		Putnam
Rockland County Solid Waste Management Authority		Rockland
Sullivan County		Sullivan
Ulster County Resource Recovery Agency		Ulster
Westchester County		Westchester
NYS PLANNING UNITS – R4	MUNICIPALITY	COUNTY
Capital Region Solid Waste Management Partnership (CRSWMP)	Albany (City)	Albany
	Altamont (Village)	Albany
	Berne (Town)	Albany
	Bethlehem (Town)	Albany
	East Greenbush (Town)	Rensselaer
	Green Island (Town / Village)	Albany
	Guilderland (Town)	Albany
	Knox (Town)	Albany
	New Scotland (Town)	Albany
	Rensselaer (City)	Rensselaer
	Rensselaerville (Town)	Albany
	Voorheesville (Town)	Albany
	Watervliet (City)	Albany
Westerlo (Town)	Albany	

NYS PLANNING UNITS

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.

NYS PLANNING UNITS – R4 (continued)	MUNICIPALITY	COUNTY
Colonie (Town)	Cohoes (City)	Albany
	Colonie (Town)	Albany
	Colonie (Village)	Albany
	Menands (Village)	Albany
Columbia County		Columbia
Delaware County		Delaware
Eastern Rensselaer County Solid Waste Management Authority (ERCSWMA)	Active Members	
	Castleton-on-Hudson (Village)	Rensselaer
	Hoosick Falls (Village)	Rensselaer
	Nassau (Village)	Rensselaer
	Pittstown (Town)	Rensselaer
	Schaghticoke (Town)	Rensselaer
	Schaghticoke (Village)	Rensselaer
	Stephentown (Town)	Rensselaer
	Valley Falls (Village)	Rensselaer
	Inactive Members	
	Berlin (Town)	Rensselaer
	Grafton (Town)	Rensselaer
	Hoosick (Town)	Rensselaer
	Nassau (Town)	Rensselaer
	Petersburg (Town)	Rensselaer
Poestenskill (Town)	Rensselaer	
Greater Troy Area Solid Waste Management Authority (GTASWMA)	Brunswick (Town)	Rensselaer
	North Greenbush (Town)	Rensselaer
	Schodack (Town)	Rensselaer
	Troy (City)	Rensselaer
Greene County		Greene
Montgomery-Otsego-Schoharie Solid Waste Management Authority (MOSA)	Montgomery County	Montgomery
	Otsego County	Otsego
	Schoharie County	Schoharie
Schenectady County		Schenectady
NYS PLANNING UNITS – R5	MUNICIPALITY	COUNTY
Clinton County		Clinton
Essex County		Essex
County of Franklin Solid Waste Management Authority		Franklin
Fulton County		Fulton
Hamilton County		Hamilton
Saratoga County		Saratoga
Warren County		Warren
Washington County		Washington
NYS PLANNING UNITS – R6	MUNICIPALITY	COUNTY
Jefferson County		Jefferson
Lewis County		Lewis
Oneida-Herkimer Solid Waste Management Authority	Oneida County	Oneida
	Herkimer County	Herkimer
St. Lawrence County		St. Lawrence

NYS PLANNING UNITS

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.

NYS PLANNING UNITS – R7	MUNICIPALITY	COUNTY
Broome County		Broome
Cayuga County		Cayuga
Chenango County		Chenango
Cortland County		Cortland
Madison County		Madison
Onondaga County Resource Recovery Agency		Onondaga
Oswego County		Oswego
Tioga County		Tioga
Tompkins County		Tompkins
NYS PLANNING UNITS – R8	MUNICIPALITY	COUNTY
Chemung County		Chemung
GLOW Region Solid Waste Management Committee	Genesee County	Genesee
	Livingston County	Livingston
Monroe County		Monroe
Ontario County		Ontario
Schuyler County		Schuyler
Steuben County		Steuben
Western Finger Lakes Solid Waste Management Authority (WFLSWMA)	Wayne County	Wayne
	Yates County	Yates
NYS PLANNING UNITS – R9	MUNICIPALITY	COUNTY
Allegany County		Allegany
Cattaraugus County		Cattaraugus
Chautauqua County		Chautauqua
GLOW Region Solid Waste Management Committee	Wyoming County	Wyoming
Niagara County		Niagara
Northeast - Southtowns Solid Waste Management Board (NEST)	Akron (Village)	Erie
	Alden (Town)	Erie
	Alden (Village)	Erie
	Angola (Village)	Erie
	Aurora (Town)	Erie
	Blasdell (Village)	Erie
	Boston (Town)	Erie
	Brant (Town)	Erie
	Cheektowaga (Town)	Erie
	Clarence (Town)	Erie
	Colden (Town)	Erie
	Collins (Town)	Erie
	Concord (Town)	Erie
	Depew (Village)	Erie
	East Aurora (Village)	Erie
	Eden (Town)	Erie
	Elma (Town)	Erie
Evans (Town)	Erie	
Farnham (Village)	Erie	
Gowanda (Village)	Erie	

NYS PLANNING UNITS

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.

NYS PLANNING UNITS – R9 (continued)	MUNICIPALITY	COUNTY
Northeast - Southtowns Solid Waste Management Board (NEST) (continued)	Hamburg (Town)	Erie
	Hamburg (Village)	Erie
	Holland (Town)	Erie
	Lackawanna (City)	Erie
	Lancaster (Town)	Erie
	Lancaster (Village)	Erie
	Marilla (Town)	Erie
	Newstead (Town)	Erie
	North Collins (Town)	Erie
	North Collins (Village)	Erie
	Orchard Park (Town)	Erie
	Orchard Park (Village)	Erie
	Sardinia (Town)	Erie
	Sloan (Village)	Erie
	Springville (Village)	Erie
Wales (Town)	Erie	
West Seneca (Town)	Erie	
Northwest Communities Solid Waste Management Board (NWCB)	Amherst (Town)	Erie
	Grand Island (Town)	Erie
	Kenmore (Village)	Erie
	Tonawanda (City)	Erie
	Tonawanda (Town)	Erie
Williamsville (Village)	Erie	
NOT CURRENTLY AFFILIATED WITH A RECOGNIZED PLANNING UNIT		
Buffalo (City)		Erie
Canaan (Town)		Columbia
Coeymans (Town)		Albany
Orleans County		Orleans
Oyster Bay (Town) (portion) **See Below		Nassau
Ravena (Village)		Albany
Sand Lake (Town)		Rensselaer
Seneca County		Seneca
Skaneateles (Town)		Onondaga
Skaneateles (Village)		Onondaga
** MUNICIPALITIES NOT PART OF THE TOWN OF OYSTER BAY SOLID WASTE DISPOSAL DISTRICT		
Bayville (Village)	Laurel Hollow (Village)	Oyster Bay Cove (Village)
Brookville (Village)	Matinecock (Village)	Roslyn Harbor (Village) (portion)
Centre Island (Village)	Mill Neck (Village)	Sea Cliff (Village)
Cove Neck (Village)	Muttontown (Village)	Upper Brookville (Village)
East Hills (Village) (portion)	Old Brookville (Village)	Glenwood – Glen Head Garbage District
Lattington (Village)	Old Westbury (Village) (portion)	