



# PERMITTED TRANSFER FACILITY ANNUAL REPORT

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

**Complete and submit this form by March 1, 2022.**

This annual report is for the year of operation from January 01, 2021 to December 31, 2021

## 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 <a href="#">Planning Units</a> 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 Permit) |
| FACILITY CONTACT:   | <input type="checkbox"/> public<br><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<br><input type="checkbox"/> private |   |
| PREFERENCES   |   |   |   |
| Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address<br><input type="checkbox"/> Other (provide): |   |   |   |
| Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact<br><input type="checkbox"/> Other (provide):                              |   |   |   |
| Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact<br><input type="checkbox"/> Other (provide):       |   |   |   |

Did you operate in 2021?  Yes; Complete this form.

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> .



**SECTION 2 - SOLID WASTE RECEIVED** (continued)

| Type of Solid Waste   | Tip Fee (\$/ton) | August (tons) | September (tons) | October (tons) | November (tons) | December (tons) | Total Year (tons) | Daily Avg. (tons) |
|---|------------------|---------------|------------------|----------------|-----------------|-----------------|-------------------|-------------------|
| Asbestos  |                  |               |                  |                |                 |                 |                   |                   |
| Construction & Demolition (C&D) Debris                                      |                  |               |                  |                |                 |                 |                   |                   |
| Industrial Waste (Including Industrial Process Sludges)                     |                  |               |                  |                |                 |                 |                   |                   |
| Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial) |                  |               |                  |                |                 |                 |                   |                   |
| Oil/Gas Drilling Waste  |                  |               |                  |                |                 |                 |                   |                   |
| Petroleum Contaminated Soil   |                  |               |                  |                |                 |                 |                   |                   |
| Sewage Treatment Plant Sludge   |                  |               |                  |                |                 |                 |                   |                   |
| Treated Regulated Medical Waste   |                  |               |                  |                |                 |                 |                   |                   |
| Emergency Authorization Waste (Storm Debris)                                |                  |               |                  |                |                 |                 |                   |                   |
| Other (specify)   |                  |               |                  |                |                 |                 |                   |                   |
|   |                  |               |                  |                |                 |                 |                   |                   |
|   |                  |               |                  |                |                 |                 |                   |                   |
|   |                  |               |                  |                |                 |                 |                   |                   |
| <b>Total Tons Received</b>  |                  |               |                  |                |                 |                 |                   |                   |

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. 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 waste 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 waste 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 <span style="color: red;">(where the waste is coming from)</span> |   |                               |                                 |   |               |
|--|---|-------------------------------|---------------------------------|---|---------------|
| TYPE OF SOLID WASTE  | SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <span style="color: blue;">(Name &amp; Address)</span> OR “ <span style="color: red;">Direct Haul</span> ” | SERVICE AREA STATE OR COUNTRY | SERVICE AREA COUNTY OR PROVINCE | SERVICE AREA NYS PLANNING UNIT<br><span style="color: blue;">(See Attached List of NYS Planning Units)</span> | TONS RECEIVED |
| <b>Asbestos</b>  |   |                               |                                 |   |               |
|  |   |                               |                                 |   |               |
|  |   |                               |                                 |   |               |
|  |   |                               |                                 |   |               |
| <b>Construction &amp; Demolition (C&amp;D) Debris</b>  |   |                               |                                 |   |               |
|  |   |                               |                                 |   |               |
|  |   |                               |                                 |   |               |
|  |   |                               |                                 |   |               |
| <b>Industrial Waste (Including Industrial Process Sludges)</b>   |   |                               |                                 |   |               |
|  |   |                               |                                 |   |               |
|  |   |                               |                                 |   |               |

| SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from) |   |                               |                                 |  |               |
|---|---|-------------------------------|---------------------------------|--|---------------|
| TYPE OF SOLID 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 | SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units) | TONS RECEIVED |
| Municipal Solid Waste (MSW) (Residential, Institutional & Commercial) |   |                               |                                 |  |               |
|   |   |                               |                                 |  |               |
|   |   |                               |                                 |  |               |
|   |   |                               |                                 |  |               |
| Oil/Gas Drilling Waste  |   |                               |                                 |  |               |
|   |   |                               |                                 |  |               |
|   |   |                               |                                 |  |               |
| Petroleum Contaminated Soil   |   |                               |                                 |  |               |
|   |   |                               |                                 |  |               |
|   |   |                               |                                 |  |               |
| Sewage Treatment Plant Sludge   |   |                               |                                 |  |               |
|   |   |                               |                                 |  |               |
|   |   |                               |                                 |  |               |
| Treated Regulated Medical Waste (TRMW)*                               |   |                               |                                 |  |               |
|   |   |                               |                                 |  |               |
| Emergency Authorization Waste (Storm Debris)                          |   |                               |                                 |  |               |
|   |   |                               |                                 |  |               |
| Other (specify)   |   |                               |                                 |  |               |
|   |   |                               |                                 |  |               |
| <b>TOTAL RECEIVED (tons):</b>   |   |                               |                                 |  | _____         |

\* List generators that provide you Certificates of Treatment forms and quantities of TRMW from each \_\_\_\_\_  
 If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. 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 facility or C&D debris handling and recovery 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.

Specify transport method, list type of material(s) and percentages of total waste 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 SOLID WASTE  | SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT<br><small>(Name &amp; Address)</small> | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT<br><small>(See Attached List of NYS Planning Units)</small> | AMOUNT TO TRANSFER DESTINATION (TONS) | AMOUNT TO DISPOSAL DESTINATION (TONS) | TOTAL YEAR (TONS) |
| <b>Asbestos</b>  |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |
| <b>Construction &amp; Demolition (C&amp;D) Debris</b>          |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |
| <b>Industrial Waste (Including Industrial Process Sludges)</b> |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |

**TRANSFER OR DISPOSAL DESTINATION**

| TYPE OF SOLID WASTE   | SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT<br><i>(Name &amp; Address)</i> | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT<br><i>(See Attached List of NYS Planning Units)</i> | AMOUNT TO TRANSFER DESTINATION (TONS) | AMOUNT TO DISPOSAL DESTINATION (TONS) | TOTAL YEAR (TONS) |
|---|---|------------------------------|--------------------------------|---|---------------------------------------|---------------------------------------|-------------------|
| Municipal Solid Waste (MSW)<br><i>(Residential, Institutional &amp; Commercial)</i> |   |                              |                                |   |                                       |                                       |                   |
|   |   |                              |                                |   |                                       |                                       |                   |
|   |   |                              |                                |   |                                       |                                       |                   |
| Oil/Gas Drilling Waste  |   |                              |                                |   |                                       |                                       |                   |
|   |   |                              |                                |   |                                       |                                       |                   |
|   |   |                              |                                |   |                                       |                                       |                   |
| Petroleum Contaminated Soil   |   |                              |                                |   |                                       |                                       |                   |
|   |   |                              |                                |   |                                       |                                       |                   |
|   |   |                              |                                |   |                                       |                                       |                   |
| Sewage Treatment Plant Sludge   |   |                              |                                |   |                                       |                                       |                   |
|   |   |                              |                                |   |                                       |                                       |                   |
|   |   |                              |                                |   |                                       |                                       |                   |
| Treated Regulated Medical Waste   |   |                              |                                |   |                                       |                                       |                   |
|   |   |                              |                                |   |                                       |                                       |                   |
|   |   |                              |                                |   |                                       |                                       |                   |
| Emergency Authorization Waste (Storm Debris)  |   |                              |                                |   |                                       |                                       |                   |
|   |   |                              |                                |   |                                       |                                       |                   |
|   |   |                              |                                |   |                                       |                                       |                   |
| Other <i>(specify)</i>  |   |                              |                                |   |                                       |                                       |                   |
|   |   |                              |                                |   |                                       |                                       |                   |
|   |   |                              |                                |   |                                       |                                       |                   |

**TOTAL SENT (tons):** \_\_\_\_\_

If the waste type is not listed, use one of the "Other" lines and fill in the name of the material. 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 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

**Is your facility also a permitted or registered Recyclables Handling & Recovery Facility?**

Yes; Complete Section 5 for material recovered from the mixed solid waste stream. Complete a Recyclables Handling & Recovery Facility (RHRF) form for material received as source separated. The RHRF form is located at: <http://www.dec.ny.gov/chemical/52706.html> .

No; Complete Section 5 for material recovered from the mixed solid waste stream and for material received as source separated.

### A. Service Area of Recyclable Material Received

**Please identify where the recyclable materials are coming from. DO NOT REPORT IN CUBIC YARDS!**

- If the materials **WERE** 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 materials **WERE 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 recyclables were generated.

| SERVICE AREA OF RECYCLABLE MATERIAL RECEIVED <small>(where the material is coming from)</small> |   |                                  |                                    |   |               |
|---|---|----------------------------------|------------------------------------|---|---------------|
| MATERIAL  | SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>(Name &amp; Address)</small><br>OR " <b>Direct Haul</b> " | SERVICE AREA<br>STATE OR COUNTRY | SERVICE AREA<br>COUNTY OR PROVINCE | SERVICE AREA NYS<br>PLANNING UNIT<br><small>(See Attached List of<br/>NYS Planning Units)</small> | TONS RECEIVED |
| Commingled Containers<br><small>(metal, glass, plastic)</small>                                 |   |                                  |                                    |   |               |
|   |   |                                  |                                    |   |               |
| Commingled Paper<br><small>(all grades)</small>   |   |                                  |                                    |   |               |
|   |   |                                  |                                    |   |               |
| Single Stream <small>(total)</small>  |   |                                  |                                    |   |               |
|   |   |                                  |                                    |   |               |
| Brush, Branches, Trees, & Stumps  |   |                                  |                                    |   |               |
|   |   |                                  |                                    |   |               |
| Food Scraps   |   |                                  |                                    |   |               |
|   |   |                                  |                                    |   |               |
| Yard Waste<br><small>(curbside)</small>   |   |                                  |                                    |   |               |
|   |   |                                  |                                    |   |               |
| Other <small>(specify)</small>  |   |                                  |                                    |   |               |
|   |   |                                  |                                    |   |               |
| <b>TOTAL RECEIVED (tons):</b>   |   |                                  |                                    |   |               |

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. 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 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS** (continued)

**B. Material Recovered**

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

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

\_\_\_\_\_ % Road: Material(s): \_\_\_\_\_                      \_\_\_\_\_ % Rail: Material(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Material(s): \_\_\_\_\_                      \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Material(s): \_\_\_\_\_

| PAPER RECOVERED                      |                                 |                              |                                |  |                                     |
|--------------------------------------|---------------------------------|------------------------------|--------------------------------|--|-------------------------------------|
| RECOVERED MATERIAL                   | DESTINATION<br>(Name & Address) | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT<br>(See Attached List of NYS Planning Units) | TONS RECOVERED<br>(out of facility) |
| Commingled Paper<br>(all grades)     |                                 |                              |                                |  |                                     |
| Corrugated Cardboard                 |                                 |                              |                                |  |                                     |
| Junk Mail                            |                                 |                              |                                |  |                                     |
| Magazines                            |                                 |                              |                                |  |                                     |
| Newspaper                            |                                 |                              |                                |  |                                     |
| Office Paper                         |                                 |                              |                                |  |                                     |
| Paperboard / Boxboard                |                                 |                              |                                |  |                                     |
| Other Paper (specify)                |                                 |                              |                                |  |                                     |
|                                      |                                 |                              |                                |  |                                     |
|                                      |                                 |                              |                                |  |                                     |
| <b>TOTAL PAPER RECOVERED (tons):</b> |                                 |                              |                                |  | _____                               |

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. 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 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS** (continued)

**B. Material Recovered**

**GLASS RECOVERED**

| RECOVERED MATERIAL     | DESTINATION<br>(Name & Address) | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT<br>(See Attached List of NYS Planning Units) | TONS RECOVERED<br>(out of facility) |
|------------------------|---------------------------------|------------------------------|--------------------------------|--|-------------------------------------|
| Container Glass        |                                 |                              |                                |  |                                     |
|                        |                                 |                              |                                |  |                                     |
| Industrial Scrap Glass |                                 |                              |                                |  |                                     |
|                        |                                 |                              |                                |  |                                     |
| Other Glass (specify)  |                                 |                              |                                |  |                                     |
|                        |                                 |                              |                                |  |                                     |

**TOTAL GLASS RECOVERED (tons):** \_\_\_\_\_

**METAL RECOVERED**

| RECOVERED MATERIAL                | DESTINATION<br>(Name & Address) | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT<br>(See Attached List of NYS Planning Units) | TONS RECOVERED<br>(out of facility) |
|-----------------------------------|---------------------------------|------------------------------|--------------------------------|--|-------------------------------------|
| Aluminum Foil / Trays             |                                 |                              |                                |  |                                     |
|                                   |                                 |                              |                                |  |                                     |
| Bulk Metal (from MSW)             |                                 |                              |                                |  |                                     |
|                                   |                                 |                              |                                |  |                                     |
| Bulk Metal (from CD debris)       |                                 |                              |                                |  |                                     |
|                                   |                                 |                              |                                |  |                                     |
| Enameled Appliances / White Goods |                                 |                              |                                |  |                                     |
|                                   |                                 |                              |                                |  |                                     |
| Industrial Scrap Metal            |                                 |                              |                                |  |                                     |
|                                   |                                 |                              |                                |  |                                     |
| Tin & Aluminum Containers         |                                 |                              |                                |  |                                     |
|                                   |                                 |                              |                                |  |                                     |
| Other Metal (specify)             |                                 |                              |                                |  |                                     |
|                                   |                                 |                              |                                |  |                                     |

**TOTAL METAL RECOVERED (tons):** \_\_\_\_\_

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. 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 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS** *(continued)*

**B. Material Recovered**

**PLASTIC RECOVERED**

| RECOVERED MATERIAL                       | DESTINATION<br><i>(Name &amp; Address)</i> | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT<br><i>(See Attached List of NYS Planning Units)</i> | TONS RECOVERED<br><i>(out of facility)</i> |
|--|--|------------------------------|--------------------------------|---|--|
| Commingled Plastic<br><i>(#1 - #7)</i>   |  |                              |                                |   |  |
| PET <i>(plastic #1)</i>                  |  |                              |                                |   |  |
| HDPE <i>(plastic #2)</i>                 |  |                              |                                |   |  |
| Other Rigid Plastics<br><i>(#3 - #7)</i> |  |                              |                                |   |  |
| Industrial Scrap Plastic                 |  |                              |                                |   |  |
| Plastic Film & Bags                      |  |                              |                                |   |  |
| Other Plastics <i>(specify)</i>          |  |                              |                                |   |  |

**TOTAL PLASTIC RECOVERED (tons):** \_\_\_\_\_

**MISCELLANEOUS MATERIAL RECOVERED**

| RECOVERED MATERIAL     | DESTINATION<br><i>(Name &amp; Address)</i> | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT<br><i>(See Attached List of NYS Planning Units)</i> | TONS RECOVERED<br><i>(out of facility)</i> |
|------------------------|--|------------------------------|--------------------------------|---|--|
| Electronics            |  |                              |                                |   |  |
| Textiles               |  |                              |                                |   |  |
| Other <i>(specify)</i> |  |                              |                                |   |  |

**TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):** \_\_\_\_\_

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. 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 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS** (continued)

**B. Material Recovered**

**MIXED MATERIAL RECOVERED**

| RECOVERED MIXED MATERIAL                         | DESTINATION<br>(Name & Address) | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT<br>(See Attached List of NYS Planning Units) | TONS RECOVERED<br>(out of facility) |
|--|---------------------------------|------------------------------|--------------------------------|--|-------------------------------------|
| Commingled Containers<br>(metal, glass, plastic) |                                 |                              |                                |  |                                     |
|  |                                 |                              |                                |  |                                     |
|  |                                 |                              |                                |  |                                     |
| Commingled Paper & Containers                    |                                 |                              |                                |  |                                     |
|  |                                 |                              |                                |  |                                     |
|  |                                 |                              |                                |  |                                     |
| Single Stream<br>(total)                         |                                 |                              |                                |  |                                     |
|  |                                 |                              |                                |  |                                     |
|  |                                 |                              |                                |  |                                     |
| Other (specify)                                  |                                 |                              |                                |  |                                     |
|  |                                 |                              |                                |  |                                     |
|  |                                 |                              |                                |  |                                     |

**TOTAL MIXED MATERIAL RECOVERED (tons):** \_\_\_\_\_

**ORGANIC MATERIAL RECOVERED**

| RECOVERED MATERIAL               | DESTINATION<br>(Name & Address) | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT<br>(See Attached List of NYS Planning Units) | TONS RECOVERED<br>(out of facility) |
|----------------------------------|---------------------------------|------------------------------|--------------------------------|--|-------------------------------------|
| Brush, Branches, Trees, & Stumps |                                 |                              |                                |  |                                     |
|                                  |                                 |                              |                                |  |                                     |
| Food Scraps                      |                                 |                              |                                |  |                                     |
|                                  |                                 |                              |                                |  |                                     |
| Yard Waste<br>(curbside)         |                                 |                              |                                |  |                                     |
|                                  |                                 |                              |                                |  |                                     |
| Other (specify)                  |                                 |                              |                                |  |                                     |
|                                  |                                 |                              |                                |  |                                     |

**TOTAL ORGANIC MATERIAL RECOVERED (tons):** \_\_\_\_\_

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. 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 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 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 have been triggered give information below for each incident:

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

### 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 - 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, 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)

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State and Zip

\_\_\_\_\_  
Email (Print or Type)

ATTACHMENTS: \_\_\_\_ YES \_\_\_\_ NO (Please check appropriate line)

\*This page for reference only. Please do not return with submittal.

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

**TRANSFER FACILITY**

A transfer facility is a solid waste management facility where solid waste is received for the purpose of subsequent transfer to another solid waste management facility for further processing, treatment, transfer or disposal. Further information and a listing of the transfer facility are available online at <http://www.dec.ny.gov/chemical/23678.html>.

If your facility is authorized to process construction and demolition debris you need to submit a Construction & Demolition Debris Handling and Recovery Facility Annual Report. If your facility is authorized to operate as a transfer facility and to process construction and demolition debris you must submit both annual reports.

If your facility is authorized to operate as a recyclables handling and recovery facility you need to submit a Recyclables Handling and Recovery Facility Annual Report instead of a Transfer Facility Annual Report. If your facility is authorized to operate as a transfer 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, 2022.**

Reporting of the information indicated on this Transfer 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 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   |           |
|--|--------------|-----------|
| Mixed Construction and Demolition Debris | 1 cubic yard | 0.25 tons |
| Compacted Solid Waste                    | 1 cubic yard | 0.5 tons  |
| Uncompacted Solid Waste                  | 1 cubic yard | 0.1 tons  |

**Recyclables Volume To Weight Conversion Factors**

| MATERIAL                 | EQUIVALENT   |            | MATERIAL                       | EQUIVALENT    |            |
|--------------------------|--------------|------------|--------------------------------|---------------|------------|
| GLASS – whole bottles    | 1 cubic yard | 0.35 tons  | PLASTIC – PET – whole          | 1 cubic yard  | 0.015 tons |
| GLASS - semi crushed     | 1 cubic yard | 0.70 tons  | PLASTIC – PET – flattened      | 1 cubic yard  | 0.04 tons  |
| GLASS - crushed          | 1 cubic yard | 0.88 tons  | PLASTIC – PET – baled          | 1 cubic yard  | 0.38 tons  |
| GLASS - uncrushed        | 55 gallon    | 0.16 tons  | PLASTIC – styrofoam            | 1 cubic yard  | 0.02 tons  |
|                          |              |            | PLASTIC – HDPE – whole         | 1 cubic yard  | 0.012 tons |
| PAPER - high grade loose | 1 cubic yard | 0.18 tons  | PLASTIC – HDPE – flattened 1   | 1 cubic yard  | 0.03 tons  |
| PAPER - high grade baled | 1 cubic yard | 0.36 tons  | PLASTIC – HDPE – baled         | 1 cubic yard  | 0.38 tons  |
| PAPER - mixed loose      | 1 cubic yard | 0.15 tons  | PLASTIC – mixed (grocery bags) | 45 gallon bag | 0.01 tons  |
| NEWSPRINT - loose        | 1 cubic yard | 0.29 tons  |                                |               |            |
| NEWSPRINT - compacted    | 1 cubic yard | 0.43 tons  | ALUMINUM – cans – whole        | 1 cubic yard  | 0.03 tons  |
| CORRUGATED – loose       | 1 cubic yard | 0.015 tons | ALUMINUM – cans – flattened    | 1 cubic yard  | 0.125 tons |
| CORRUGATED - baled       | 1 cubic yard | 0.55 tons  | FERROUS METAL - cans whole     | 1 cubic yard  | 0.08 tons  |
|                          |              |            | FERROUS METAL - cans           | 1 cubic yard  | 0.43 tons  |
|                          |              |            | WHITE GOODS - uncompacted      | 1 cubic yard  | 0.10 tons  |
|                          |              |            | WHITE GOODS - compacted        | 1 cubic yard  | 0.5 tons   |

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### SECTION 3 – SERVICE AREA OF SOLID WASTE RECEIVED

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 by your facility (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 Tons Received reported below should equal the Total Tons Received in Section 2 (Solid Waste Received). DO NOT REPORT IN CUBIC YARDS!

#### Additional Service Area Guidance:

- 1) Direct hauled from the generator of the waste. In the case where the waste is hauled to your facility from the generator (i.e. hauled from residences, commercial establishments, etc.), **"Direct Haul"** is the appropriate response in Column 2 under "Service Area." Please report the tonnage by waste type and identify the state, county and planning unit where it was generated;
- 2) Sent to your transfer facility from another solid waste management facility. Waste may be sent to your transfer facility from another solid waste management facility. In this case, please report the tonnage by waste 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.

### SECTION 5 – TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

#### A. Service Area of Recyclable 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 by your facility (or Direct Haul), the corresponding State/Country, the County/Province, 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.** DO NOT REPORT IN CUBIC YARDS!

#### Additional Service Area Guidance:

- 1) Direct hauled from the generator of the recyclables. In the case where the recyclables are hauled to your transfer facility from the generator (i.e. hauled from residences, commercial establishments, etc.), **"Direct Haul"** would be 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; or
- 2) Sent to your transfer facility from another solid waste management facility. Recyclables may be sent to your transfer 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.



### 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), <b>except 8 villages (see below)</b> |
|                         | Oyster Bay Solid Waste Disposal District                  |             | Oyster Bay (Town), <b>except 17 villages (see below)</b>     |
|                         | 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), <b>except Fishers Island</b>             |             |  |
| 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)<br>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   | Columbia         |
| 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<br>Herkimer |   |                  |
| 7                  | Broome County  | Broome             |   |                  |
|                    | Cayuga County  | Cayuga             |   |                  |
|                    | Chenango County  | Chenango           |   |                  |
|                    | Cortland County  | Cortland           |   |                  |
|                    | Madison County   | Madison            |   |                  |
|                    | Onondaga County  | Onondaga           | All municipalities, <b>except Town and Village of Skaneateles (See below)</b> |                  |
|                    | 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)               |
|                            |               |                            | Plandome (Village)                    |
|                            |               |                            | Plandome Manor (Village)              |
|                            |               |                            | 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)             |                                       |

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New York State Department of Environmental Conservation  
Division of Materials Management  
Bureau of Solid Waste Management

## MATERIAL MANAGEMENT PROGRAM CONTACTS

### CENTRAL OFFICE

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

For Submission of Solid Waste Management Facility Annual Reports only:

Fax: (518) 402-9041

Email: [swmfannualreport@dec.ny.gov](mailto: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](mailto: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) 482-4892  
[SWMFannualreportR2@dec.ny.gov](mailto:SWMFannualreportR2@dec.ny.gov)

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

Lee Reiff  
21 South Putt Corners Road  
New Paltz, NY 12561  
Phone: (845) 256-3134  
[SWMFannualreportR3@dec.ny.gov](mailto:SWMFannualreportR3@dec.ny.gov)

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

Brian Maglienti  
1130 North Westcott Road  
Schenectady, NY 12306  
Phone: (518) 357-2085  
[SWMFannualreportR4@dec.ny.gov](mailto:SWMFannualreportR4@dec.ny.gov)

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

Jessie Sangster  
1115 State Route 86, PO Box 296  
Ray Brook, NY 12977  
Phone: (518) 897-1266  
[SWMFannualreportR5@dec.ny.gov](mailto: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](mailto:SWMFannualreportR6@dec.ny.gov)

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

Steve Perrigo  
615 Erie Boulevard West  
Syracuse, NY 13204  
Phone: (315) 426-7419  
[SWMFannualreportR7@dec.ny.gov](mailto: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) 226-5411  
[SWMFannualreportR8@dec.ny.gov](mailto:SWMFannualreportR8@dec.ny.gov)

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

Peter Grasso  
700 Delaware Avenue  
Buffalo, NY 14209  
Phone: (716) 851-7220  
[SWMFannualreportR9@dec.ny.gov](mailto:SWMFannualreportR9@dec.ny.gov)

May 2022