



Department of  
Environmental  
Conservation

# MUNICIPAL SOLID WASTE PROCESSING 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: Regal Recycling Co Inc			
FACILITY LOCATION ADDRESS: 172-06 Douglas Ave	FACILITY CITY: Jamaica	STATE: NY	ZIP CODE: 11433
FACILITY TOWN: Jamaica	FACILITY COUNTY: Queens	FACILITY PHONE NUMBER: 718-297-1644	
FACILITY NYS PLANNING UNIT: (A list of NYS <a href="#">Planning Units</a> can be found at the end of this report). New York			NYSDEC REGION #: 2
360 PERMIT #:(Refer to DEC Permit) 2-6307-0008/00007	DATE ISSUED: 5/20/2020	DATE EXPIRES: 5/20/2025	NYS DEC ACTIVITY CODE: (Refer to DEC Permit) 41T49
FACILITY CONTACT: Michael Reali	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 718-523-9330	CONTACT FAX NUMBER: 718-291-7140
CONTACT EMAIL ADDRESS: miker@royalwaste.com			
OWNER INFORMATION			
OWNER NAME: Regal Recycling Co. Inc.	OWNER PHONE NUMBER: 718-523-9330	OWNER FAX NUMBER: 718-291-7140	
OWNER ADDRESS: 172-06 Douglas Avenue	OWNER CITY: Jamaica	STATE: NY	ZIP CODE: 11433
OWNER CONTACT: Michael Reali II	OWNER CONTACT EMAIL ADDRESS: miker@royalwaste.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner	<input type="checkbox"/> public <input checked="" type="checkbox"/> private		
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <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

Please provide the tonnages of solid waste received. Include all waste received. Report Recyclable Materials in Section 5. DO NOT REPORT IN CUBIC YARDS!

Specify the methods used to measure the quantities disposed 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)
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	8079		8576	8416	7937	8312	8317
Other (specify) MSW		7202					
Organics	2746	2479	2932	2844	2733	2749	2789
<b>Total Tons Received</b>	<b>10825</b>	<b>9681</b>	<b>11508</b>	<b>11260</b>	<b>10670</b>	<b>11061</b>	<b>11106</b>

Type of Solid Waste	Tip Fee (\$/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)								
Other (specify) MSW		8258	9243	8136	7923	8179	98578	276.90
Organics		2772	2790	2779	2692	2746	33051	92.81
<b>Total Tons Received</b>		<b>11030</b>	<b>12033</b>	<b>10915</b>	<b>10615</b>	<b>10925</b>	<b>131629</b>	<b>370</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 <small>(where the waste is coming from)</small>					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>(Name &amp; Address)</small> OR " <b>Direct Haul</b> "	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
<b>Municipal Solid Waste (MSW)</b> <small>(Residential, Institutional &amp; Commercial)</small>	Queens - Various Companies	NY	Queens County	2	123731
	Brooklyn - various companies	NY	Kings County	2	2633
	Bronx - various companies	NY	Bronx County	2	1316
	Manhattan - various companies	NY	New York County	2	3949
<b>Other</b> <small>(specify)</small>					
<b>TOTAL RECEIVED (tons):</b>					131629

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 municipal solid waste processing facility), please identify name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the transfer destination and the amount of waste transferred in the "Amount to Transfer Destination" column.
- If the waste is being sent to a landfill or combustor, please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the disposal destination and the amount of waste being sent for disposal in the "Amount to Disposal Destination" column.

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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
<b>Municipal Solid Waste (MSW) (Residential, Institutional &amp; Commercial)</b>	Commonwealth Environmental Services - 99 Commonwealth Rd Hegins Pa	PA	Schuykill County			17226	23957
	Keystone Landfill - 249 Dunham Rd, Dunmore Pa	PA	Lackawanna Col			850	1732
	Covanta Energy - 10 Highland Ave, Chester PA	PA	Deleware County			22386	22386
	Covanta Energy - 600 Merchant Concourse Westbury	NY	Nassau	1		12090	12090
MSW	JP Moscara Pioneer Crossing Landfill 727 Redlane Rd, Birdsboro	PA	Berks			21	21
	Fairless Grow North Landfill 000 Bordentown Rd, Morrisville	PA	Bucks			43456	55853
<b>Other (specify)</b>							
							0
<b>TOTAL SENT (tons):</b>						<b>116039</b>	

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 – MUNICIPAL SOLID WASTE PROCESSING 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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Paper (all grades)					
Corrugated Cardboard	Royal Waste Services	Ny	Queens County	2	10827
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
Organics	McEnroe Organic Farm	Dutchess County	Dutchess County	2864	2864
	Waste Management			1820	1820
<b>TOTAL PAPER RECOVERED (tons):</b>					15511

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 – MUNICIPAL SOLID WASTE PROCESSING FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

B. Material Recovered

GLASS RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Container Glass					
Industrial Scrap Glass					
Other Glass (specify)					
<b>TOTAL GLASS RECOVERED (tons):</b> _____					
METAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (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)					
<b>TOTAL METAL 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 – MUNICIPAL SOLID WASTE PROCESSING FACILITY RECYCLABLE & RECOVERED MATERIALS** (continued)

**B. Material Recovered**

**PLASTIC RECOVERED**

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

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

**MISCELLANEOUS MATERIAL RECOVERED**

RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Refuse-Derived Fuel					
Other (specify)					

**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 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
04/16/21	sand material	05/14/21	JP Mascaro and son, Audubon Pa.

#### Radiation Monitoring

Does your facility use a fixed radiation monitor?  Yes  No

Identify Manufacturer Ludlum and Model 375-P-1000 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.

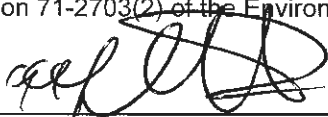
### SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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

3.1.2022

Date

Michael Reali II

Name (Print or Type)

Vice President

Title (Print or Type)

718 523 9330

Phone Number

172-06 Douglas Avenue

Address

New York

City

NY 11433

State and Zip

miker@royalwaste.com

Email (Print or Type)

ATTACHMENTS:  YES  NO (Please check appropriate line)