

LONG ISLAND LANDFILL ANNUAL/QUARTERLY REPORT

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

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

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

SECTION 1 – FACILITY INFORMATION

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

Did you operate in 2018? Yes; Complete this form.

No; Complete and submit Sections 1 and 21. 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 - SITE LIFE

1. Landfill Capacity Utilized Last Year (reporting year).

- a. What is the estimated landfill capacity that was utilized during the reporting year?

_____ Cubic Yards of Airspace

- b. What is the estimated in-situ waste density for the reporting year?

_____ Tons/Cubic Yard

Please do not report units as pounds per cubic yard.

2. Remaining Constructed Capacity

- a. What is the remaining capacity of the landfill that is already constructed?

_____ Cubic Yards of Airspace

- b. What is the estimated remaining life of the constructed capacity?

_____ Years _____ Months

at _____ Tons/Year.*

* Please note that this tonnage rate must include all materials placed in the landfill, i.e., waste, soil, cover, alternative daily covers, etc.

- c. The tonnage rate reported under 2.b. is based on (select one):

_____ The amount of materials placed in the landfill in the reporting year

_____ Estimated future disposal

_____ Permit limit

Other (explain): _____

3. Permitted Capacity Still to be Constructed

- a. What is the remaining but not yet constructed landfill capacity that is authorized by a Part 360 permit?

_____ Cubic Yards of Airspace

- b. What is the projected life of capacity reported in 3a.?

_____ Years _____ Months

at _____ Tons/Year.*

* Please note that this tonnage rate must include all materials disposed in the landfill, i.e., waste, and soil and alternative daily covers.

- c. The tonnage rate reported under 3.b. is based on (select one):

_____ The amount of materials placed in the landfill in the reporting year

_____ Estimated future disposal

_____ Permit limit

Other (explain): _____

4. Capacity Proposed in a Part 360 Permit Application

What is the capacity of any expansion proposed in a Part 360 permit application that has been submitted to the Department but not authorized by a permit as of the end of the reporting period?

_____ Cubic Yards of Airspace

5. Estimated Potential Future Capacity Not Permitted or in an Application (optional)

What is the estimated capacity of any potential future expansion at the facility that is not yet authorized by a permit or proposed in a Part 360 permit application that has been submitted to the Department?

_____ Cubic Yards of Airspace

SECTION 3 – PRIMARY LEACHATE

Name of off-site leachate treatment facility(s) utilized: _____

Does the landfill have a constructed liner and a leachate collection system? ____ Yes ____ No

Enter the quantity of primary leachate that was collected, removed for on-site and off-site treatment, and recirculated each month, and the corresponding **Acreage, by Cell**:
(Note: For double-lined landfills this should not include the volume of leachate collected from secondary leachate collection and removal systems.

For **each cell**, please report the **acreage** and the **primary leachate** amount.

	PRIMARY LEACHATE COLLECTED (GALLONS)						PRIMARY LEACHATE TREATED OFF SITE (GALLONS)					
	Cell 1 __Acres	Cell 2 __Acres	Cell 3 __Acres	Cell 4 __Acres	Cell 5 __Acres	Cell 6 __Acres	Cell 1 __Acres	Cell 2 __Acres	Cell 3 __Acres	Cell 4 __Acres	Cell 5 __Acres	Cell 6 __Acres
January												
February												
March												
April												
May												
June												
July												
August												
September												
October												
November												
December												
ANNUAL												

	PRIMARY LEACHATE RECIRCULATED (GALLONS)						PRIMARY LEACHATE TREATED ON SITE (GALLONS)					
	Cell 1 __Acres	Cell 2 __Acres	Cell 3 __Acres	Cell 4 __Acres	Cell 5 __Acres	Cell 6 __Acres	Cell 1 __Acres	Cell 2 __Acres	Cell 3 __Acres	Cell 4 __Acres	Cell 5 __Acres	Cell 6 __Acres
January												
February												
March												
April												
May												
June												
July												
August												
September												
October												
November												
December												
ANNUAL												

Submit (attached to this form) a copy of the maintenance logs which document compliance with the Operation and Maintenance Manual's schedule for the routine annual flushing and inspection of the primary leachate collection and removal system. List required submissions that have been attached to this form or the reason for not attaching a required piece of information:

Submit (attached to this form) a tabulated compilation of the semi-annual primary leachate quality data collected throughout the year including a summary comparing this year's data with the previous year's data and a summary discussion of results. This list should identify sample location(s) and method of analysis. List required submissions that have been attached to this form or the reason for not attaching a required piece of information:

SECTION 4 - SECONDARY LEACHATE

Does landfill have a double liner system with a secondary leachate collection and removal system? _____ Yes
_____ No

Submit (attached to this form) a tabulated compilation of the semi-annual secondary leachate quality data collected throughout the year including a summary comparing this year's data with all previous years' data and a summary discussion of results. This list should identify sample location(s) and methods of analysis. List required submissions that have been attached to this form or the reason for not attaching a required piece of information:

Please report total cost for the year, not cost/gal.

Leachate Cost: (including transportation if appropriate) during the calendar year for leachate treatment:

\$ _____

Total quantity treated: _____ gal

Enter the quantity of secondary leachate that was collected, removed for on-site and off-site treatment, and recirculated each month, and the corresponding **Acreage, by Cell**:

For **each cell**, please report the **acreage** and the **secondary leachate** amount.

	SECONDARY LEACHATE COLLECTED (GALLONS)						SECONDARY LEACHATE TREATED OFF SITE (GALLONS)					
	Cell 1 ___Acres	Cell 2 ___Acres	Cell 3 ___Acres	Cell 4 ___Acres	Cell 5 ___Acres	Cell 6 ___Acres	Cell 1 ___Acres	Cell 2 ___Acres	Cell 3 ___Acres	Cell 4 ___Acres	Cell 5 ___Acres	Cell 6 ___Acres
January												
February												
March												
April												
May												
June												
July												
August												
September												
October												
November												
December												
ANNUAL												

	SECONDARY LEACHATE RECIRCULATED (GALLONS)						SECONDARY LEACHATE TREATED ON SITE (GALLONS)					
	Cell 1 ___Acres	Cell 2 ___Acres	Cell 3 ___Acres	Cell 4 ___Acres	Cell 5 ___Acres	Cell 6 ___Acres	Cell 1 ___Acres	Cell 2 ___Acres	Cell 3 ___Acres	Cell 4 ___Acres	Cell 5 ___Acres	Cell 6 ___Acres
January												
February												
March												
April												
May												
June												
July												
August												
September												
October												
November												
December												
ANNUAL												

SECTION 5 – BENEFICIAL USE DETERMINATION AND ALTERNATIVE OPERATING COVER MATERIALS

For each type of waste material that the Department has approved for use as alternative operating cover, intermediate cover, or other landfill material, provide the annual weight in tons, use (i.e., operating cover, intermediate cover, etc.), and source of material. (If material is from a solid waste facility also provide facility name, address, NYS Planning Unit, County/ Province, and State/Country.) Refer to the list of NYS Planning Units that can be found at the end of this report.

Type of Solid Waste	Weight (tons/year)	Use	NYS Planning Unit (See Attached List of NYS Planning Units)	County or Province	State or Country	Source (Facility and Address)
Aggregate/Concrete						
Glass						
MSW Ash						
Wood Ash						
Processed C&D						
Waste Tire-Derived Aggregate / Waste Tires						
Other (specify)						
Total AOC						
Total Beneficial Use Determination Materials						

Percent Alternative Operating Cover (AOC) Calculation

AOC Calculations: Total Tons AOC/Total Tons Waste Disposed x 100 = _____

Please note the calculation **is**: Tons AOC (from table above)/Tons Solid Waste (from table in Section 6) x 100 and **Not**: Tons AOC / (Tons Solid Waste + AOC) x 100

SECTION 6 - SOLID WASTE DISPOSED

Provide the tonnages of solid waste disposed. Exclude Beneficial Use Determination Material amounts reported in Section 5. 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	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Ash (MSW Energy Recovery)								
Construction & Demolition Debris (mixed)								
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
Total Tons Disposed								

Type of Solid Waste	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Ash (MSW Energy Recovery)							
Construction & Demolition Debris (mixed)							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
Total Tons Disposed							

SECTION 7 – 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 6 (Solid Waste Disposed). **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 and percentages of total waste transported by each:

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

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

SERVICE AREA OF SOLID WASTE RECEIVED					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR “Direct Haul”	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Ash (MSW Energy Recovery)					
Construction and Demolition Debris (mixed)					
Emergency Authorization Waste (Storm Debris)					
Other (specify)					
TOTAL RECEIVED (tons): _____					

SECTION 8 – 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 9 - WASTE IN PLACE

Summary by Waste Type and Year

Include all active and inactive sections of the landfill. Report waste disposed annually by type, if known, in tons per year. Report total waste disposed, if breakdown of types is not available. In the case where more than one landfill section operated in a given year identify each separately, if known. If the annual amount is not available, report the quantities for a range of years. If you include amounts from old, closed landfills then clearly identify them on the table and explain below. In each row, report quantities disposed each year (or group of years if individual years unknown) for each waste type. Report cumulative WIP at bottom (sum of annual quantities disposed). Add additional sheets as necessary.

Year	MSW (tons)	Asbestos Waste (tons)	Ash (tons)	C&D Debris (tons)	Industrial Waste (tons)	Petroleum Contaminated Soil (tons)	Sewage Treatment Plant Sludge (tons)	Other* (tons)	Year(s) Total (tons)	Identify Landfill Section(s) Used
WIP Cumulative Total										

* Other waste could include, but not limited to, yard waste, paper, wood, textiles, or diapers.

Overall in place volume _____ cubic yards

Method for determining waste composition, if known. _____

Explain if closed landfills are included above _____

Waste Summary by Landfill Section

Provide waste in place information for all landfill sections.

Number of landfill sections: _____

Original* section used (years) from _____ to _____

Section Footprint _____ acres

Capped with approved final cover system Yes _____ No _____

Percent capped _____

Waste in Place: _____ Tons _____ Cubic Yards, if known

known

Next* section used (years) from _____ to _____

Section Footprint _____ acres

Capped with approved final cover system Yes _____ No _____

Percent capped _____

Waste in Place: _____ Tons _____ Cubic Yards, if

* If there are additional landfill sections, phases or cells, please provide the same waste in place information on additional sheets and attach to form.

SECTION 10 - LANDFILL GAS

Does the landfill have a landfill gas collection & control system?

Yes _____ No _____

If Yes: Active ___ Passive ___

Number of gas wells: _____

Total landfill footprint acreage _____

Total landfill acreage from which gas is collected _____

Landfill sections from which gas is collected _____

Landfill acreage from which gas is collected for energy recovery _____

Measured Methane Generation Rate*, k _____

Measured Potential Methane Generation Capacity*, Lo _____ m³/Mg

NMOC Concentration* _____ ppmv as hexane

Does the landfill require a Title V Permit? Yes _____ No _____

Name of Landfill Gas Recovery (gas to energy or other use) Facility: _____

* Note: If Concentration NMOC, Lo and k are not known or included, default values will be used to calculate the NMOCs emissions from the Landfill.

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Flare

Open and Enclosed Flares located at the Landfill and the Landfill Gas Recovery Facility:

Number of Flares: _____

Type of Flare: Opened Flare _____ Enclosed Flare _____

Please report units
in cubic feet

Quantity of Gas Collected and Flared Annually _____ cubic feet

Flare Hours of Operation per Year _____ hours/year

Methane Percentage in Landfill Gas before flaring _____ %

Methane Destruction efficiency _____ %

Candlestick Flares:

Number of Candlestick Flares _____

Estimate of Gas Flared Candlestick Flare _____ cubic feet

Gas To Energy

Number of Internal Combustion Engines: _____

Please report units
in cubic feet

Quantity of Gas collected for Internal Combustion Engine Annually _____ cubic feet

Methane Destruction efficiency _____ %

Methane Percentage in Landfill Gas before combustion _____ %

Utility Company Receiving Electricity _____

Gas Processed for Use (Other than gas to electricity)

Quantity of Gas Collected for Processing _____ cubic feet

Methane Percentage in Landfill Gas before processing _____ %

On-site or Off-site User of Gas _____

Landfill Gas Recovery Facility/Landfill Data

Facility Contact _____ Phone # (____) _____ - _____

Contact e-mail address _____ Fax # (____) _____ - _____

Operation and maintenance cost for calendar year: \$ _____

Does the LGRF experience shut downs: _____ Yes _____ No

If yes, indicate reasons for shut downs. List required submissions that have been attached to this form or the reasons for not attaching a required piece of information:

Year landfill opened: _____ Anticipated landfill closure date: _____

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Results of Condensate Sampling

Submit (attached to this form) condensate quality monitoring results accomplished in accordance with condensate sampling. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

Landfill Gas Utilized For Energy Recovery

Provide the following information for the landfill gas recovered for energy. **DO NOT INCLUDE THE GAS FLARED!**

	Landfill Gas Collected for Energy Recovery (Cubic Feet)	Steam* Generated (Cubic Feet)	Total Electricity* Generated for onsite and offsite use (K.W.H.)	Total Gas Processed for use other than electricity generation (Cubic Feet)	Condensate Generated (Gallons)	Facility Operation (Hours)
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
ANNUAL TOTAL						

* Provide where applicable.

Normal Weekdays of Operation _____ Normal Hours of Operation _____

Electricity Generated and used/marketed offsite _____ KWH

Electricity Generated and used onsite _____ KWH

Gas Processed and used/marketed offsite _____ cubic feet

Gas Processed and used onsite _____ cubic feet

Describe the collection, storage, treatment and disposal techniques used in managing the condensate:

Reprinted (12/18)

SECTION 11 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Are there required cost estimates and financial assurance documents for closure and post-closure care?

Yes No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

SECTION 12 – 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 13 – 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 14 - ANALYTICAL RESULTS

Submit (attached to this form) tables showing the sample collection date, the analytical results [including all peaks even if below the Method Detection Limits (MDL)], designation of upgradient wells and location number for each environmental monitoring point sampled, applicable water quality standards, and groundwater protection standards if established, MDL's, and Chemical Abstracts Service (CAS) numbers on all parameters. 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 15 - COMPARING DATA

Submit (attached to this form) tables or graphical representations comparing current water quality with existing water quality and with upgradient water quality. These comparisons may include Piper diagrams, Stiff diagrams, tables, or other analyses. 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 16 - DISCUSSION OF RESULTS

Submit (attached to this form) a summary of any contraventions of State water quality standards, significant increases in concentrations above existing water quality, any exceedances of groundwater protection standards, and discussion of results, and any proposed modifications to the sampling and analysis schedule necessary to meet the Existing, Operational and Contingency water quality monitoring requirements. 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 17 - DATA QUALITY ASSESSMENT

Submit (attached to this form) any required data quality assessment reports. 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 18 - SUMMARIES OF MONITORING DATA

Submit (attached to this form) a summary of the water quality information presented in Sections 15 and 16 for the year of operation for which the Annual Report is made, noting any changes in water quality which have occurred throughout the year. 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 19 - SURFACE IMPOUNDMENTS

Does this landfill have a surface impoundment?

- Yes No If yes, repeat Sections 12 through 16 above for Quarterly Reports and Section 18 above for Annual report. Attach additional submissions required by this section.

SECTION 20 - 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 21 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management Contacts).

The Owner or Operator must also submit one copy by email, fax or mail to:

**New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Solid Waste Management
625 Broadway
Albany, New York 12233-7260
Fax 518-402-9041
Email address: SWMFannualreport@dec.ny.gov**

I certify, under penalty of law, that the data and other information identified in this report have been prepared under my direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuant to section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.

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

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

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

LONG ISLAND LANDFILL

A landfill is a solid waste management facility where solid waste is disposed. The Long Island Landfill Law, ECL 27-0704, placed additional requirements and restrictions on Long Island Landfills. This refers to all landfills located in Nassau and Suffolk Counties, including the ash monofills. Further information and a listing of the landfills are available online at <http://www.dec.ny.gov/chemical/23681.html>.

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/Quarterly Report

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

For use of this form as an Annual Report, complete line A and complete Sections 1 through 13 and 18 through 21. The Annual Report form is to be used to meet annual reporting requirements (excluding results from annual sampling events which require the use of the Quarterly Report form as noted in the following paragraph).

For use of this form as a Quarterly Report, complete line B and complete Sections 1 and 14 through 21. The Quarterly Report form is to be used for reporting of quarterly, semiannual, or annual results from each sampling event without regard for whether the sampling event is required on a quarterly, semiannual, or annual basis. Submit the Quarterly Report no later than 60 days after the last day of each calendar quarter or within 90 days of the conclusion of sample collection if Site Analytical Plan requirements must be met.

Reporting of information indicated on this Active Long Island Landfill Annual/Quarterly Report form is required pursuant to 6 NYCRR Part 360. Failure to provide the required information requested is a violation of the 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/Quarterly 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.

Please note that where reference is made to a "Quarter" such as in line B, Quarter 1 is from January 1st to March 31st, Quarter 2 is from April 1st to June 30th, Quarter 3 is from July 1st to September 30th and Quarter 4 is from October 1st to December 31st.

Solid Waste Volume To Weight Conversion Factors

MATERIAL	EQUIVALENT	
Construction and Demolition Debris	1 cubic yard	0.23 tons

SECTION 7 – 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 and the amount received. **Refer to the list of NYS Planning Units that can be found at the end of this report.** The total amount reported here should equal the total amount reported in Section 6 (Solid Waste Disposed).

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 Long Island landfill from another solid waste management facility. Waste may be sent to your Long Island landfill 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.

For reference only. Please do not return with this submittal.

New York State Planning Units & Regions

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

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

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

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

Municipalities Not Currently Affiliated With a Recognized Planning Unit

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

MATERIAL MANAGEMENT PROGRAM CONTACTS

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