

USED COOKING OIL AND/OR YELLOW GREASE PROCESSING FACILITY ANNUAL REPORT

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

Submit the Annual Report no later than March 1, 2020.

This annual report is for the year of operation from January 01, 2019 to December 31, 2019

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: (A list of NYS Planning Units can be found at the end of this report). | | | NYSDEC REGION #: |
| 360 PERMIT #: | DATE ISSUED: | DATE EXPIRES: | NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: |
| FACILITY CONTACT: | <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 | | | |
| 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 2019? 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 – WASTE RECEIVED

Provide the tonnages of used cooking oil and/or yellow grease received. Report Recovered Materials 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 Waste | January (tons) | February (tons) | March (tons) | April (tons) | May (tons) | June (tons) | July (tons) |
|----------------------------------|-------------------|--------------------|-----------------|-----------------|---------------|----------------|----------------|
| Used Cooking Oil Received | | | | | | | |
| Yellow Grease | | | | | | | |
| Total Tons Received | | | | | | | |

| Type of Solid Waste | Tip Fee (\$) | August (tons) | September (tons) | October (tons) | November (tons) | December (tons) | Total Year (tons) | Daily Avg. (tons) |
|----------------------------------|-----------------|------------------|---------------------|-------------------|--------------------|--------------------|----------------------|----------------------|
| Used Cooking Oil Received | | | | | | | | |
| Yellow Grease | | | | | | | | |
| Total Tons Received | | | | | | | | |

SECTION 3 - SERVICE AREA OF 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 (Waste Received). **DO NOT REPORT IN GALLONS!**

- 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 WASTE RECEIVED (where the waste is coming from) | | | | | |
|--|---|-------------------------------|---------------------------------|--------------------------------|---------------|
| TYPE OF WASTE | SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) | SERVICE AREA STATE OR COUNTRY | SERVICE AREA COUNTY OR PROVINCE | SERVICE AREA NYS PLANNING UNIT | TONS RECEIVED |
| Used Cooking Oil | | | | | |
| | | | | | |
| | | | | | |
| Yellow Grease | | | | | |
| | | | | | |
| | | | | | |
| TOTAL RECIEVED (tons): _____ | | | | | |

SECTION 4 - DISPOSAL DESTINATION OR TRANSFER FOR PROCESS RESIDUES

Identify the transfer or disposal destination of waste removed by indicating the name of the transfer or disposal facility to which waste was sent from your facility, the type of waste transferred from your facility, the corresponding State/Country, the County/Province, the NYS Planning Unit of the transfer or disposal destination facility, and the amount transferred or disposed. Include only waste sent off-site for disposal or further transfer prior to disposal, not recovered for reuse or recycling. Exclude Materials Recovered amounts reported in Section 5. **Refer to the list of NYS Planning Units that can be found at the end of this report. DO NOT REPORT IN GALLONS!**

Transport (specify percentages):

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

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

| DISPOSAL DESTINATION OR TRANSFER FOR PROCESS | | | | | | | |
|--|---|------------------------------|--------------------------------|---|---------------------------------------|---------------------------------------|-------------------|
| TYPE OF WASTE | SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT <i>(Name & Address)</i> | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT <i>(See Attached List of NYS Planning Units)</i> | AMOUNT TO TRANSFER DESTINATION (TONS) | AMOUNT TO DISPOSAL DESTINATION (TONS) | TOTAL YEAR (TONS) |
| Waste Water | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Food Particles | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Other (specify) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TOTAL SENT (tons): _____ | | | | | | | |

SECTION 5 – USED COOKING OIL AND/OR YELLOW GREASE RECOVERED

Identify the name of the destination facility to which the material was sent from your facility, the corresponding State/Country, the County/Province, the NYS Planning Unit, and the amount of material transported. **Refer to the list of NYS Planning Units that can be found at the end of this report.**
DO NOT REPORT IN GALLONS!

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

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

Explain which materials and destinations below are included in these transport methods _____

| USED COOKING OIL AND/OR YELLOW GREASE RECOVERED | | | | | |
|---|---|------------------------------|--------------------------------|---|--|
| RECOVERED MATERIAL | DESTINATION FACILITY <small>(Name & Address)</small> | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small> | TONS RECOVERED <small>(out of facility)</small> |
| Used Cooking Oil for Animal Feed | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Used Cooking Oil for Biofuel Blends | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Yellow Grease for Animal Feed | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Yellow Grease for Biofuel Blends | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| USED COOKING OIL AND/OR YELLOW GREASE RECOVERED | | | | | |
|--|---|------------------------------|--------------------------------|---|--|
| RECOVERED MATERIAL | DESTINATION FACILITY <i>(Name & Address)</i> | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT <i>(See Attached List of NYS Planning Units)</i> | TONS RECOVERED <i>(out of facility)</i> |
| Used Cooking Oil for Other Uses <i>(specify)</i> | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Yellow Grease for Other Uses <i>(specify)</i> | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL RECOVERED (tons): | | | | | _____ |

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 |
|---------------|---------------|---------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

SECTION 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Submit (attached to this form) any required cost estimates and financial assurance documents for closure reflecting adjustments for inflation and any changes to the Closure Plan, to indicate updated dollars for the year of operation for which the Annual Report is made. 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 8 - PROBLEMS

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

SECTION 9 - CHANGES

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

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

SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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

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

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

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

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

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

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

USED COOKING OIL AND/OR YELLOW GREASE PROCESSING FACILITY

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, 2020.

Reporting of the information indicated on this Used Cooking Oil and/or Yellow Grease Processing 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.

SECTION 3 - SERVICE AREA OF WASTE RECEIVED

Identify the service area of the waste received. The Total Tons Received reported below should equal the Total Tons Received in Section 2 (Waste Received). **DO NOT REPORT IN GALLONS!**

Additional Service Area Guidance:

1) Direct hauled from the generator of the used cooking oil/yellow grease. In the case where the used cooking oil/yellow grease 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; or

2) Sent to your facility from another solid waste management facility. Used cooking oil/yellow grease may be sent to your 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.

New York State Planning Units & Regions

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

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

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

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

Municipalities Not Currently Affiliated With a Recognized Planning Unit

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

MATERIAL MANAGEMENT PROGRAM CONTACTS

CENTRAL OFFICE

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

For Submission of Annual Reports only:

Fax: (518) 402-9041

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

REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON

REGION 1 (Nassau, Suffolk)

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

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

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

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

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

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

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

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

Jessie Sangster
1115 State Route 86, PO Box 296
Ray Brook, NY 12977
Phone: (518) 897-1266
SWMFAnnualReportR5@dec.ny.gov

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

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

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

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

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

Greg MacLean
6274 East Avon-Lima Road
Avon, NY 14414
Phone: (585) 226-5411
SWMFAnnualReportR8@dec.ny.gov

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

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