



**DUTCHESS COUNTY
RESOURCE RECOVERY AGENCY**

96 Sand Dock Road • Poughkeepsie, New York 12601-5444 • 845 463 6020 • Fax 845 462 6090 • Email: agency@dcrra.org

February 24, 2021

VIA: E-MAIL

Mr. David Pollock
Regional Enforcement Engineer OSEM Program Manager
New York State Department of Environmental Conservation
Division of Materials Management, Region 3
21 South Putt Corners Road
New Paltz, NY 12561-1620

Re: Annual 2020 Solid Waste Environmental Report
Dutchess County Resource Recovery Facility
Permit #: 3-1346-00019/00012

Dear Mr. Pollock:

Please find attached the Annual 2020 Solid Waste Environmental Report for the above captioned Dutchess County Facility.

This report is being submitted in compliance with Special Condition 9 of our current operating permit and the requirements of 6NYCRR Part 360 3.4 (f) (2) of DEC.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Lindsay Carille
Executive Director

enc.

c: M. Holcomb, Wheelabrator Dutchess County, L.L.C.

SWMFAnnualReportR3@dec.ny.gov





Department of
Environmental
Conservation

COMBUSTION AND THERMAL TREATMENT FACILITY ANNUAL / QUARTERLY REPORT

Submit the Annual Report no later than March 1, 2021.

A. This annual/quarterly is for the year of operation from January 01, 2020 to December 31, 2020

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

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Dutchess County Resource Recovery Facility			
FACILITY LOCATION ADDRESS: 98 Sand Dock Road	FACILITY CITY: Poughkeepsie	STATE: NY	ZIP CODE: 12601
FACILITY TOWN: Poughkeepsie	FACILITY COUNTY: Dutchess	FACILITY PHONE NUMBER: (845) 462-3037	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: 3
360 PERMIT #: 3-1346-00019-000012	DATE ISSUED: 09/14/2006	DATE EXPIRES: 09/13/2011	NYS DEC ACTIVITY CODE: 31346
FACILITY CONTACT: Mrs. Lindsay Carille	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: (845) 463-6020	CONTACT FAX NUMBER: (845) 462-6090
CONTACT EMAIL ADDRESS: bbaker@wtienergy.com			
OWNER INFORMATION			
OWNER NAME: Westchester County DA	OWNER PHONE NUMBER: (845) 463-6020	OWNER FAX NUMBER: (845) 462-6090	
OWNER ADDRESS: 96 Sand Dock Road	OWNER CITY: Poughkeepsie	STATE: NY	ZIP CODE: 12601
OWNER CONTACT: Mrs. Lindsay Carille	OWNER CONTACT EMAIL ADDRESS: lcarille@dcrra.org		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner Wheelabrator Dutchess LLC		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Other (provide):		<input checked="" type="checkbox"/> Owner address	
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Other (provide):		<input checked="" type="checkbox"/> Owner Contact	
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Other (provide):		<input checked="" type="checkbox"/> Owner Contact	

Did you operate in 2020? ☒ Yes; Complete this form.

☐ No; Complete and submit Sections 1 and 16. 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/PROCESSED

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

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

100 % Scale Weight % Estimated
 % Truck Count % Other (Specify: _____)

Type of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Construction & Demolition Debris							
Industrial Waste (Including Industrial Process Sludges)							
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	12,383	10,093	12,125	11,443	13,374	14,013	13,977
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
Total Tons Received	12,383	10,093	12,125	11,443	13,374	14,013	13,977
Total Tons Processed	11,376	11,769	13,430	11,988	12,956	12,598	13,068

SECTION 2 - SOLID WASTE RECEIVED/PROCESSED (continued)

Type of Solid Waste	Tip Fee (\$/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Construction & Demolition Debris								
Industrial Waste (Including Industrial Process Sludges)								
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	80.55	13,358	13,457	12,163	11,807	12,906	151,099	413
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
Total Tons Received		13,358	13,457	12,163	11,807	12,906	151,099	413
Total Tons Processed		13,570	12,131	12,650	12,644	11,644	149,844	409

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/Processed). 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:

100 % 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
Construction & Demolition Debris					
Industrial Waste (Including Industrial Process Sludges)					

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
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	Direct Haul	NY	Dutchess County	Dutchess County	151,099
		NY			
		NY			
		NY			
		NY			
		NY			
Sewage Treatment Plant Sludge		CT			
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other (specify)					
TOTAL RECEIVED (tons):					151,099

Part 360 Permit Limit (tpy) _____

Permit Limit based on Steaming rate (tpy) _____

* List generators that provide you Certificates of Treatment forms and quantities of TRMW from each N/A

Reprinted (12/20)

SECTION 4 – PLANT PERFORMANCE LOG

Complete the following Annual/Quarterly Plant Performance Log:

PLANT PERFORMANCE LOG ANNUAL/QUARTERLY SUMMARY

Processible Waste Bypassed (Tons): 5,949
 Untreatable Waste Bypassed (Tons): 81
 Incinerator #1 Operations (Hours): 8,347
 Incinerator #2 Operations (Hours): 8,336
 Incinerator #3 Operations (Hours): _____
 Incinerator #4 Operations (Hours): _____

 Steam Generated (Klbs): 687,194
 Steam Sold (Klbs): 0
 Turbine Operation (Hours): 8,682
 Turbine Steam Consumption (Klbs): Not Measured
 Power Generation (MWH): 56,240
 Purchased Power (MWH): 77
 Annual Electricity Sold to User (MWH): 41,904

 Ash Residue (Tons): 53,520
 Volatile Matter in Ash (%): Q1 8.5, Q2 13.1, Q3 13.5, Q4 9.5
 Ferrous Metal Recovered (Tons): 4,558
 Ferrous Metal Sold (Tons): 4,558
 Non-ferrous Metal Recovered (Tons): 0
 Non-ferrous Metal Sold (Tons): 0
 Water Consumption (Kgal): 6,331

Facility's Size

Number of Units Installed: 2

 Nominal rated capacity of each unit: 225TPD

Operations

Facility is in production:
 Hours per day: 24
 Days per week: 7
 Days per year: 366

Hours of Downtime	Unit #1	Unit #2	Unit #3	Unit #4	Total
Scheduled Maintenance	<u>298</u>	<u>321</u>	<u>NA</u>	<u>NA</u>	<u>619</u>
Unscheduled Maintenance	<u>139</u>	<u>127</u>	<u>NA</u>	<u>NA</u>	<u>266</u>
Total	<u>437</u>	<u>448</u>	_____	_____	<u>885</u>
Availability (%) Reprinted	<u>95</u>	<u>95</u>	_____	_____	

SECTION 5 – TRANSFER OR DISPOSAL DESTINATION

Identify the transfer or disposal destination of waste removed by indicating the name of the transfer or disposal facility, the type of solid waste transferred, the corresponding State/Country, the County/Province, the NYS Planning Unit of the transfer or disposal destination facility, and the amount transferred or disposed or used as alternative operating cover (AOC) at each destination. This only includes waste sent off-site for disposal, not metal recovered reported in Section 6. **Refer to the list of NYS Planning Units that can be found at the end of this report. DO NOT REPORT IN CUBIC YARDS!**

Transport (specify percentages):

100 % Road _____ % Rail
 _____ % Water _____ % Other (specify: _____)

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

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)	AMOUNT USED AS AOC (TONS)	TOTAL YEAR (TONS)
Ash (MSW Energy Recovery)	Capital Regional Landfill	NY	Albany County	Colonie (Town)			5,054	5,054
	Chemung County Landfill	NY	Chemung County	Chemung County			1,336	1,336
	Ontario County Landfill	NY	Ontario County	Ontario County			47,131	47,131
Bypass	Royal Carting Transfer Station, Hopewell Junction, NY	NY	Dutchess County	Dutchess County	3,697			3,967
	Wheelabrator Westchester	NY	Westchester Cou	Westchester Coun		1,982		1,982
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
					TOTAL SENT (tons): 59,470			

SECTION 6 – METAL RECOVERED

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

Transport (specify percentages):

100 % Road

% Rail

_____ % Water

% Other (specify: _____)

Explain which waste types and service areas are in these transport methods_____

METAL RECOVERED FOR REUSE/RECYCLING					
METAL RECOVERED	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)
Ferrous Metal	Baroni Recycle	NY	Dutchess County	Dutchess County	4,558
Non-ferrous Metal					
Other Metal (specify)					
TOTAL METAL RECOVERED (tons):					4,558

SECTION 7 - FIRE AND SAFETY INCIDENTS

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

SECTION 8 - BUDGET

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

SECTION 9 - INSPECTIONS

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

SECTION 10 - GOALS

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

SECTION 11 – 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 Ludlum and Model 300 of fixed unit.

Does your facility use a portable radiation monitor? ☒ Yes ☐ No

Identify Manufacturer Ludlum and Model 3 of fixed unit.

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

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

SECTION 12 - 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 13 – 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 14 – 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 15 - 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 16 - 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

2/25/21
Date

Lindsay Carille

Name (Print or Type)

Executive Director

Title (Print or Type)

lcarille@dcrra.org

Email (Print or Type)

96 Sand Dock Road

Address

Poughkeepsie

City

New York, 12601

State and Zip

(845) 463 6020

Phone Number

ATTACHMENTS: ☒ YES ☐ NO
(Please check appropriate line)