



Department of  
Environmental  
Conservation

## RECYCLABLES HANDLING & RECOVERY 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, 2021.

This annual report is for the year of operation from January 01, 2020 to December 31, 2020

### SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <b>COGENT RECYCLING OF NY LC</b>			
FACILITY LOCATION ADDRESS: <b>58-35 47TH STREET</b>	FACILITY CITY: <b>MASPETH</b>	STATE: <b>NY</b>	ZIP CODE: <b>11378</b>
FACILITY TOWN: <b>NEW YORK</b>	FACILITY COUNTY: <b>QUEENS</b>	FACILITY PHONE NUMBER: <b>718-349-7555</b>	
FACILITY NYS PLANNING UNIT: (A list of NYS <a href="#">Planning Units</a> can be found at the end of this report).			NYSDEC REGION #: <b>R2</b>
360 PERMIT #: (Refer to DEC Permit) <b>41M13</b>	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)
FACILITY CONTACT: <b>AZIZ KAHANY</b>	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <b>732-421-2353</b>	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: <b>AZIZ@COGENTWASTE.COM</b>			
OWNER INFORMATION			
OWNER NAME: <b>ANTHONY TRISTANI</b>	OWNER PHONE NUMBER: <b>718-349-7555</b>	OWNER FAX NUMBER:	
OWNER ADDRESS: <b>58-35 47TH STREET</b>	OWNER CITY: <b>MASPETH</b>	STATE: <b>NY</b>	ZIP CODE: <b>11378</b>
OWNER CONTACT: <b>NINO TRISTANI</b>	OWNER CONTACT EMAIL ADDRESS: <b>NTRISTANI@COGENTWASTE.COM</b>		
OPERATOR INFORMATION			
OPERATOR NAME: <b>AZIZ KAHANY</b>	<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): <b>58-35 47TH STREET MASPETH NY 11378</b>			
Preferred email address: <input checked="" 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 2020? ☒ 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>.

Please provide the tonnages of materials received. This includes all materials received at your facility regardless of their destination after processing.  
DO NOT REPORT IN CUBIC YARDS!

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

\_\_\_\_\_ % Scale Weight  
 \_\_\_\_\_ % Truck Count  
 \_\_\_\_\_ % Estimated  
 \_\_\_\_\_ % Other (Specify: \_\_\_\_\_)



Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)		3694	3211	2724	2251	2592	2629	2726
Single Stream (total)								
Other (specify)								
Total Tons Received								
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)	2791	2751	2891	3002	3049	34381	132.24	
Single Stream (total)								
Other (specify)								
Total Tons Received								

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 3 – SERVICE AREA OF MATERIAL RECEIVED

Please identify where the material 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 material **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 material **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 material was generated.

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

% Road: Material(s): \_\_\_\_\_ % Rail: Material(s): \_\_\_\_\_

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

SERVICE AREA OF MATERIAL RECEIVED (where the material is coming from)				
MATERIAL	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)
Commingled Containers (metal, glass, plastic)				
Commingled Paper (all grades)	SIMS MUNICIPAL RECYCLING	NY		
	DIRECT HAUL	NY		
Single Stream (total)				
Other (specify)				
TOTAL MATERIAL RECEIVED (tons):				34381

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

## SECTION 4 – RESIDUE

Total residue (tons) = \_\_\_\_\_ Residue destination (Name & Address) \_\_\_\_\_  
 Percent Residue Calculation: Total tons residue/Total tons material received x 100 = \_\_\_\_\_

## SECTION 5 – RECYCLABLES & RECOVERED MATERIALS

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

Specify transport method, list type of material(s) and percentages of total material 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	OVERSEAS MILLS				21154
Junk Mail					
Magazines					
Newspaper	DOMESTIC PAPER MILLS				3965
	OVERSEAS MILLS				3658
Office Paper	OVERSEAS MILLS				2368
Paperboard / Boxboard					
Other Paper (specify)					
TOTAL PAPER RECOVERED (tons):					31145

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 - RECYCLABLES & RECOVERED MATERIALS (continued)

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					0	
Industrial Scrap Glass						
Other Glass (specify)						
TOTAL GLASS RECOVERED (tons):					0	
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	fortune metal	ny			6	
Bulk Metal						
Enameled Appliances / White Goods						
Industrial Scrap Metal						
Tin & Aluminum Containers	TNT	ny			94	
Other Metal (specify)						
TOTAL METAL RECOVERED (tons):					100	

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 – RECYCLABLES & RECOVERED MATERIALS (continued)

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)
Commingle Plastic (#1 - #7)					
PET (plastic #1)					
HDPE (plastic #2)	DOMESTIC MILLS				47
Other Rigid Plastics (#3 - #7)	DOMESTIC MILLS				19
Industrial Scrap Plastic					
Plastic Film & Bags	DOMESTIC MILLS				366
Other Plastics (specify)					
TOTAL PLASTIC RECOVERED (tons):					432

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.

## VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT
GLASS - w hole bottles	1 cubic yard	GLASS - crushed mechanically	1 cubic yard	ALUMINUM - cans - w hole	1 cubic yard
GLASS - semi crushed	1 cubic yard	GLASS - uncrushed manually	55 gallon drum	ALUMINUM - cans - flattened	1 cubic yard
PAPER - high grade loose	1 cubic yard	PLASTIC - PET - w hole	1 cubic yard		
PAPER - high grade baled	1 cubic yard	PLASTIC - PET - flattened	1 cubic yard		
PAPER - mixed loose	1 cubic yard	PLASTIC - PET - baled	1 cubic yard	WHITE GOODS - uncompacted	1 cubic yard
NEWSPRINT - loose	1 cubic yard	PLASTIC - styrofoam	1 cubic yard	WHITE GOODS - compacted	1 cubic yard
NEWSPRINT - compacted	1 cubic yard	PLASTIC - HDPE - w hole	1 cubic yard		
CORRUGATED - loose	1 cubic yard	PLASTIC - HDPE - flattened 1	1 cubic yard		
CORRUGATED - baled	1 cubic yard	PLASTIC - HDPE - baled	1 cubic yard	FERROUS METAL - cans w hole	1 cubic yard
		PLASTIC - mixed (grocery bags)	45 gallon bag	FERROUS METAL - cans	1 cubic yard



# SECTION 5 – RECYCLABLES & RECOVERED MATERIALS (continued)

MIXED 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)
Commingled Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
TOTAL MIXED MATERIAL RECOVERED (tons):					0
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)
Electronics					
Textiles					
Other (specify)					
TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):					0

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

## 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

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.

Anthony Tristani  
Signature

2-25-2021  
Date

Anthony Tristani  
Name (Print or Type)

Member  
Title (Print or Type)

atristani@cogentwaste.com  
Email (Print or Type)

58-35 47th Street  
Address

Maspeth  
City

NY 11378  
State and Zip

(718) 349-7555  
Phone Number

ATTACHMENTS: ☐ YES ☒ NO

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

**RECYCLABLES HANDLING & RECOVERY FACILITY**

A Recyclable Handling and Recovery Facility is a facility that receives source-separated recyclables. Further information and a listing of the recyclable handling and recovery facilities are available online at <http://www.dec.ny.gov/chemical/50793.html>.

If your facility is authorized to operate a construction and demolition debris handling and recovery facility you need to submit a Construction and Demolition Debris Handling and Recovery Facility Annual Report.

If your facility is authorized to operate as a transfer facility you need to submit a Transfer Facility Annual. If your facility is authorized to operate as a recyclables handling & recovery facility and a transfer 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, 2021.**

Reporting of the information indicated on this Recyclables Handling and Recovery 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/Quarterly 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 MATERIAL RECEIVED**

Identify the facility's service area by indicating the type and amount 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, 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. 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 recycling 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 recycling facility from another solid waste management facility. Recyclables may be sent to your recycling 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.



\*This page for reference only. Please do not return with 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)
			Grafton (Town)
			Hoosick (Town)
			Nassau (Town)
			Petersburg (Town)
			Poestenkill (Town)
			Inactive Members
	Columbia County	Columbia	All, except Town of Canaan
	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	
	Allegany County	Allegany	
	Cattaraugus County	Cattaraugus	
	Chautauqua County	Chautauqua	
	GLOW Region Solid Waste Management Committee	Wyoming	
	Niagara	Niagara	
9	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)



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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) 482-4896  
[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  
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