



## REGISTERED TRANSFER 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, 2023.**

This annual report is for the year of operation from January 01, 2022 to December 31, 2022

### SECTION 1 – GENERAL 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 <a href="#">Planning Units</a> can be found at the end of this report).			NYSDEC REGION #:
360 REGISTRATION DATE ISSUED: (Refer to DEC Registration)		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)	
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 2022?** ☐ Yes; Complete this form.

☐ No; Complete and submit Sections 1 and 11. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at: <http://www.dec.ny.gov/chemical/52706.html>.

## SECTION 2 - SOLID WASTE RECEIVED

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

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

\_\_\_\_\_% Scale Weight

\_\_\_\_\_% Estimated

\_\_\_\_\_% Truck Count

\_\_\_\_\_% Other (Specify: \_\_\_\_\_)

Type of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Construction & Demolition (C&D) Debris							
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)							
Other (specify)							
<b>Total Tons Received</b>							

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 (C&D) Debris								
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)								
Other (specify)								
<b>Total Tons Received</b>								

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

### SECTION 3 – SERVICE AREA OF SOLID WASTE RECEIVED

**Please identify where the waste is coming from.** The total tons received reported below should equal the total tons received in Section 2 (Solid Waste Received).  
**DO NOT REPORT IN CUBIC YARDS!**

- If the waste **WAS** received from another solid waste management facility, please write in the name *and* address of the facility along with the appropriate state, county and planning unit/municipality.
- If the waste **WAS NOT** received from another solid waste management facility, please write in “**Direct Haul**” along with the appropriate state, county and planning unit/municipality where the waste was generated.

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

\_\_\_\_\_ % Road: Waste Type(s): \_\_\_\_\_
                                         
 \_\_\_\_\_ % Rail: Waste Type(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Waste Type(s): \_\_\_\_\_
                                         
 \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Waste Type(s): \_\_\_\_\_

SERVICE AREA OF SOLID WASTE RECEIVED <span style="color: red;">(where the waste is coming from)</span>					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <span style="color: blue;">(Name &amp; Address)</span> OR “ <span style="color: red;">Direct Haul</span> ”	STATE OR COUNTRY	COUNTY OR PROVINCE	NYS PLANNING UNIT <span style="color: blue;">(See Attached List of NYS Planning Units)</span>	TONS RECEIVED
<b>Construction &amp; Demolition (C&amp;D) Debris</b>					
<b>Municipal Solid Waste (MSW) (Residential, Institutional &amp; Commercial)</b>					
<b>Other <span style="color: blue;">(specify)</span></b>					
<b>TOTAL RECEIVED <span style="color: blue;">(tons)</span>:</b> _____					

If the solid waste type is not listed, use one of the “Other” lines and fill in the name of the waste. If more “Other” lines are needed, cross out an unused type and fill in the other solid waste name. If still more “Other” lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

## SECTION 4 - TRANSFER OR DISPOSAL DESTINATION

**Please identify destination of waste.** Please only include waste sent off-site for disposal or further transfer prior to disposal. Exclude Recyclable Material amounts reported in Section 5. **DO NOT REPORT IN CUBIC YARDS!**

- If the waste is being sent to another facility for transfer or processing prior to disposal (e.g. Transfer facility or C&D debris handling and recovery facility), please identify name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the transfer destination and the amount of waste transferred in the “*Amount to Transfer Destination*” column.
- If the waste is being sent to a landfill or combustor, please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the disposal destination and the amount of waste being sent for disposal in the “*Amount to Disposal Destination*” column.

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

\_\_\_\_\_ % Road: Waste Type(s): \_\_\_\_\_      \_\_\_\_\_ % Rail: Waste Type(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Waste Type(s): \_\_\_\_\_      \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Waste Type(s): \_\_\_\_\_

TRANSFER OR DISPOSAL DESTINATION							
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Construction & Demolition (C&D) Debris							
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)							
Other (specify)							
TOTAL SENT (tons): _____							

If the solid waste type is not listed, use one of the “Other” lines and fill in the name of the waste. If more “Other” lines are needed, cross out an unused type and fill in the other solid waste name. If still more “Other” lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

## SECTION 5 – REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

### A. Recyclables Received

**Is your facility also a permitted or registered Recyclables Handling & Recovery Facility?**

☐ Yes; Complete Section 5 for material recovered from the mixed solid waste stream. Complete a Recyclables Handling & Recovery Facility (RHRF) form for material received as source separated. The RHRF form is located at: <http://www.dec.ny.gov/chemical/52706.html> .

☐ No; Complete Section 5 for material recovered from the mixed solid waste stream and for material received as source separated.

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers <small>(metal, glass, plastic)</small>								
Commingled Paper <small>(all grades)</small>								
Single Stream <small>(total)</small>								
Brush, Branches, Trees, & Stumps								
Food Scraps								
Yard Waste <small>(curbside)</small>								
Other <small>(specify)</small>								
Total Tons Received								

  

Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Commingled Containers <small>(metal, glass, plastic)</small>							
Commingled Paper <small>(all grades)</small>							
Single Stream <small>(total)</small>							
Brush, Branches, Trees, & Stumps							
Food Scraps							
Yard Waste <small>(curbside)</small>							
Other <small>(specify)</small>							
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 5 – REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

### B. Service Area of Materials Received

**Please identify where the material is coming from.** The total tons received reported below should equal the total tons received in Section 5A (Recyclables 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 <span style="color: red;">(where the material is coming from)</span>					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <span style="color: blue;">(Name &amp; Address)</span> OR “ <span style="color: red;">Direct Haul</span> ”	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT <span style="color: blue;">(See Attached List of NYS Planning Units)</span>	TONS RECEIVED
<b>Commingled Containers</b> <span style="color: blue;">(metal, glass, plastic)</span>					
<b>Commingled Paper</b> <span style="color: blue;">(all grades)</span>					
<b>Single Stream</b> <span style="color: blue;">(total)</span>					
<b>Brush, Branches, Trees, &amp; Stumps</b>					
<b>Food Scraps</b>					
<b>Yard Waste</b> <span style="color: blue;">(curbside)</span>					
<b>Other</b> <span style="color: blue;">(specify)</span>					
<b>TOTAL MATERIAL RECEIVED (tons):</b> _____					

If the material type is not listed, use one of the “Other” lines and fill in the name of the material. If more “Other” lines are needed, cross out an unused type and fill in the other materials name. If still more “Other” lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials names.

## SECTION 5 – REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

### C. Material Recovered

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

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

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

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION <span style="color: blue;">(Name &amp; Address)</span>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <span style="color: blue;">(See Attached List of NYS Planning Units)</span>	TONS RECOVERED <span style="color: blue;">(out of facility)</span>
<b>Commingled Paper</b> <span style="color: blue;">(all grades)</span>					
<b>Corrugated Cardboard</b>					
<b>Junk Mail</b>					
<b>Magazines</b>					
<b>Newspaper</b>					
<b>Office Paper</b>					
<b>Paperboard / Boxboard</b>					
<b>Other Paper</b> <span style="color: blue;">(specify)</span>					
<b>TOTAL PAPER RECOVERED (tons):</b> _____					

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

## SECTION 5 – REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

### C. Material Recovered

#### GLASS RECOVERED

RECOVERED MATERIAL	DESTINATION <span style="color: blue;">(Name &amp; Address)</span>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <span style="color: blue;">(See Attached List of NYS Planning Units)</span>	TONS RECOVERED <span style="color: blue;">(out of facility)</span>
Container Glass					
Industrial Scrap Glass					
Other Glass <span style="color: blue;">(specify)</span>					

TOTAL GLASS RECOVERED (tons): \_\_\_\_\_

#### METAL RECOVERED

RECOVERED MATERIAL	DESTINATION <span style="color: blue;">(Name &amp; Address)</span>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <span style="color: blue;">(See Attached List of NYS Planning Units)</span>	TONS RECOVERED <span style="color: blue;">(out of facility)</span>
Aluminum Foil / Trays					
Bulk Metal (from MSW)					
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal <span style="color: blue;">(specify)</span>					

TOTAL METAL RECOVERED (tons): \_\_\_\_\_

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.



## SECTION 5 – REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

### C. Material Recovered

PLASTIC RECOVERED					
RECOVERED MATERIAL	DESTINATION <span style="color: blue;">(Name &amp; Address)</span>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <span style="color: blue;">(See Attached List of NYS <a href="#">Planning Units</a>)</span>	TONS RECOVERED <span style="color: blue;">(out of facility)</span>
Commingled Plastic <span style="color: blue;">(#1 - #7)</span>					
PET <span style="color: blue;">(plastic #1)</span>					
HDPE <span style="color: blue;">(plastic #2)</span>					
Other Rigid Plastics <span style="color: blue;">(#3 - #7)</span>					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics <span style="color: blue;">(specify)</span>					
<b>TOTAL PLASTIC RECOVERED (tons):</b> _____					
MISCELLANEOUS MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION <span style="color: blue;">(Name &amp; Address)</span>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <span style="color: blue;">(See Attached List of NYS <a href="#">Planning Units</a>)</span>	TONS RECOVERED <span style="color: blue;">(out of facility)</span>
Electronics					
Textiles					
Other <span style="color: blue;">(specify)</span>					
<b>TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):</b> _____					

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

## SECTION 5 – REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

### C. Material Recovered

MIXED MATERIAL RECOVERED					
RECOVERED MIXED MATERIAL	DESTINATION <span style="color: blue;">(Name &amp; Address)</span>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <span style="color: blue;">(See Attached List of NYS Planning Units)</span>	TONS RECOVERED <span style="color: blue;">(out of facility)</span>
Commingled Containers <span style="color: blue;">(metal, glass, plastic)</span>					
Commingled Paper & Containers					
Single Stream <span style="color: blue;">(total)</span>					
Other <span style="color: blue;">(specify)</span>					
<b>TOTAL MIXED MATERIAL RECOVERED (tons):</b> _____					
ORGANIC MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION <span style="color: blue;">(Name &amp; Address)</span>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <span style="color: blue;">(See Attached List of NYS Planning Units)</span>	TONS RECOVERED <span style="color: blue;">(out of facility)</span>
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste <span style="color: blue;">(curbside)</span>					
Other <span style="color: blue;">(specify)</span>					
<b>TOTAL ORGANIC MATERIAL RECOVERED (tons):</b> _____					

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

## SECTION 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

### 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 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 - REGISTRATION/CONSENT ORDER REPORTING REQUIREMENTS

Are there any additional registration/consent order reporting requirements not covered by the previous sections of this form?

☐ Yes   ☐ No   If yes, attach additional sheets identifying the reporting requirements with their respective responses.

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

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

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Title (Print or Type)

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State and Zip

\_\_\_\_\_  
Email (Print or Type)

ATTACHMENTS: \_\_\_\_ YES \_\_\_\_ NO (Please check appropriate line)

\*This page for reference only. Please do not return with submittal.

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

**TRANSFER FACILITY**

A transfer facility is a solid waste management facility where solid waste is received for the purpose of subsequent transfer to another solid waste management facility for further processing, treatment, transfer or disposal. Further information and a listing of the transfer facility are available online at <http://www.dec.ny.gov/chemical/23678.html>.

If your facility is authorized to process construction and demolition debris you need to submit a Construction & Demolition Debris Handling and Recovery Facility Annual Report. If your facility is authorized to operate as a transfer facility and to process construction and demolition debris you must submit both annual reports.

If your facility is authorized to operate as a recyclables handling and recovery facility you need to submit a Recyclables Handling and Recovery Facility Annual Report instead of a Transfer Facility Annual Report. If your facility is authorized to operate as a transfer facility and a recyclables handling & recovery 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, 2023.**

Reporting of the information indicated on this Transfer 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.

**Solid Waste Volume To Weight Conversion Factors**

<b>MATERIAL</b>	<b>EQUIVALENT</b>	
Mixed Construction and Demolition Debris	1 cubic yard	0.25 tons
Compacted Solid Waste	1 cubic yard	0.5 tons
Uncompacted Solid Waste	1 cubic yard	0.1 tons

**Recyclables Volume To Weight Conversion Factors**

<b>MATERIAL</b>	<b>EQUIVALENT</b>		<b>MATERIAL</b>	<b>EQUIVALENT</b>	
GLASS – whole bottles	1 cubic yard	0.35 tons	PLASTIC – PET – whole	1 cubic yard	0.015 tons
GLASS - semi crushed	1 cubic yard	0.70 tons	PLASTIC – PET – flattened	1 cubic yard	0.04 tons
GLASS - crushed	1 cubic yard	0.88 tons	PLASTIC – PET – baled	1 cubic yard	0.38 tons
GLASS - uncrushed	55 gallon	0.16 tons	PLASTIC – styrofoam	1 cubic yard	0.02 tons
			PLASTIC – HDPE – whole	1 cubic yard	0.012 tons
PAPER - high grade loose	1 cubic yard	0.18 tons	PLASTIC – HDPE – flattened 1	1 cubic yard	0.03 tons
PAPER - high grade baled	1 cubic yard	0.36 tons	PLASTIC – HDPE – baled	1 cubic yard	0.38 tons
PAPER - mixed loose	1 cubic yard	0.15 tons	PLASTIC – mixed (grocery bags)	45 gallon bag	0.01 tons
NEWSPRINT - loose	1 cubic yard	0.29 tons			
NEWSPRINT - compacted	1 cubic yard	0.43 tons	ALUMINUM – cans – whole	1 cubic yard	0.03 tons
CORRUGATED – loose	1 cubic yard	0.015 tons	ALUMINUM – cans – flattened	1 cubic yard	0.125 tons
CORRUGATED - baled	1 cubic yard	0.55 tons	FERROUS METAL - cans whole	1 cubic yard	0.08 tons
			FERROUS METAL - cans	1 cubic yard	0.43 tons
			WHITE GOODS - uncompacted	1 cubic yard	0.10 tons
			WHITE GOODS - compacted	1 cubic yard	0.5 tons

### SECTION 3 – 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 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 (Solid Waste Received). 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 transfer facility from another solid waste management facility. Waste may be sent to your transfer 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.

### SECTION 5 – TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

#### B. Service Area of Recyclable Material Received

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

### 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), <b>except 8 villages (see below)</b>
	Oyster Bay Solid Waste Disposal District		Oyster Bay (Town), <b>except 16 villages (see below)</b>
	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), <b>except Fishers Island</b>
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)

4		Rensselaer	East Greenbush (Town)
			Rensselaer (City)
	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)
	Columbia County	Columbia	All, <b>except Town of Canaan</b>
	Delaware County	Delaware	
	Greene County	Greene	
	Montgomery County	Montgomery	
5	Otsego County	Otsego	
	Schoharie County	Schoharie	
	Schenectady County	Schenectady	
	Clinton County	Clinton	
	Essex County	Essex	
	County of Franklin Solid Waste Management Authority (CFSWMA)	Franklin	
	Fulton County	Fulton	
	Hamilton County	Hamilton	
6	Saratoga County	Saratoga	
	Warren County	Warren	
	Washington County	Washington	
	Development Authority of the North Country (DANC)	Jefferson	
		Lewis	
		St. Lawrence	
7	Oneida-Herkimer Solid Waste Authority	Oneida	
		Herkimer	
		Broome County	Broome
		Cayuga County	Cayuga
		Chenango County	Chenango
	Cortland County	Cortland	
	Madison County	Madison	
	Onondaga County	Onondaga	All municipalities, <b>except Town and Village of Skaneateles (See below)</b>
	Oswego County	Oswego	
8	Tioga County	Tioga	
	Tompkins County	Tompkins	
	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	
9	Steuben County	Steuben	
	Wayne County	Wayne	
	Yates County	Yates	
9	Allegany County	Allegany	
	Cattaraugus County	Cattaraugus	
	Chautauqua County	Chautauqua	



9	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)
			Plandome (Village)
			Plandome Manor (Village)
			Westbury (Village)
			Williston Park (Village)
		Oyster Bay	Bayville (Village)
			Brookville (Village)
			Centre Island (Village)
			Cove Neck (Village)
			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)	
	Rensselaer	Ravena (Village)	
		Berlin (Town)	
		Brunswick (Town)	
		Grafton (Town)	
		Hoosick (Town)	
		Nassau (Town)	
		Petersburg (Town)	
		Poestenkill (Town)	
		North Greenbush (Town)	
		Sand Lake (Town)	
		Schodack (Town)	
		Troy (City)	
	Columbia	Canaan (Town)	
7	Onondaga	Skaneateles (Town/Village)	
9	Erie	Buffalo (City)	

New York State Department of Environmental Conservation  
Division of Materials Management  
Bureau of Solid Waste Management

## MATERIAL MANAGEMENT PROGRAM CONTACTS

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

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December 2022