ACTIVE CONSTRUCTION AND DEMOLITION (C&D) DEBRIS LANDFILL ANNUAL/QUARTERLY REPORT

Submit the Annual Report no later than March 1, 2018

A.	This annual report is for	the year of	operation from	January 01,	<u>2017</u> to <u>December 3</u>	<u>31, 2017</u>
В.	Quarterly Report for:	_Quarter 1 _	Quarter 2	Quarter 3	_Quarter 4	

	SECTIO)N 1 – FA(CILITY INFORMATION	אכ					
		FACILITY	INFORMATION						
FACILITY NAME:									
FACILITY LOCATION ADDRESS	; :	FACILITY	CITY:		STATE:	ZIP CODE:			
FACILITY TOWN:		FACILITY	COUNTY:	FACI	LITY PHO	NE NUMBER:			
FACILITY NYS PLANNING UNIT	· (A list of I	NVC Dianning	Units can be found at the one	d of this	N/N	'SDEC			
report).	. (A list of r	NYS Planning	onits can be found at the end	a or this		GION #:			
360 PERMIT #:	DATE IS	SSUED:	DATE EXPIRES:	NYSI	DEC ACT	VITY CODE OR			
						N NUMBER:			
FACILITY CONTACT:			CONTACT PHONE		CONTACT	FAY NUMBER.			
FACILITY CONTACT:		□ public □ private	CONTACT PHONE NUMBER:		JUNTACI	FAX NUMBER:			
CONTACT EMAIL ADDRESS:									
			INFORMATION						
OWNER NAME:		OWNER F	OWNER PHONE NUMBER:			OWNER FAX NUMBER:			
OWNER ADDRESS:		OWNER CITY:			STATE:	ZIP CODE:			
OWNER CONTACT:		OWNER C	CONTACT EMAIL ADDR	ESS:					
		OPERATO	RINFORMATION						
OPERATOR NAME: ☐ sal	me as owne	r			□public				
					□ private				
			ERENCES						
Preferred address to receive correduction Other (provide):	esponden	Ce: L Facilit	y location address		Owner a	ddress			
Preferred email address: ☐ Face ☐ Other (provide):	ility Contact		Owner Contact						
Preferred individual to receive cor	responde	nce: 🗆 F	acility Contact	Owner C	ontact				
Other (provide):									
Did you operate in 2017? ☐ Ye	es; Compl	lete this form	1.						
<u>_</u>									
			mit Sections 1 and 18. If						
wish to relinquish your permit/regi "Inactive Solid Waste Managemer http://www.dec.ny.gov/chemical/5	nt Facility	or Activity N			activity, a	iso complete the			
The state of the s		• • • • • • • • • • • • • • • • • • • •							

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SECTION 2 - SITE LIFE

1.	Lan	dfill Capacity Utilized Last Year (reporting year).	
	a.	What is the estimated landfill capacity that was utilized during the rep	orting year?
			Cubic Yards of Airspace
			Please do not repunits as pounds pounds procubic yard.
	b.	What is the estimated in-situ waste density for the reporting year?	Tono/Cubio Vord
			Tons/Cubic Yard
2.	Rem	naining Constructed Capacity	
	a.	What is the remaining capacity of the landfill that is already construct	ed?
			Cubic Yards of Airspace
	b.	What is the estimated remaining life of the constructed capacity? Years Months	
		atTons/Year.*	
		*Please note that this tonnage rate must include all materials placed	in the landfill, i.e., waste, soil,
		cover, alternative daily covers, etc.	
	C.	The tonnage rate reported under 2.b. is based on (select one):	
		The amount of materials placed in the landfill in the repor	ting year
		Estimated future disposal	
		Permit limit	
•	_	Other (explain):	
3.	Perr	mitted Capacity Still to be Constructed	
	a.	What is the remaining but not yet constructed landfill capacity that is a permit?	authorized by a Part 360
		Cubic Yards of Airspace	
	b.	What is the projected life of capacity reported in 3a.?	
		Years Months	
		atTons/Year.*	
		*Please note that this tonnage rate must include all materials dispose	d in the landfill, i.e., waste, and
		soil and alternative daily covers.	
	C.	The tonnage rate reported under 3.b. is based on (select one):	
		The amount of materials placed in the landfill in the repor	ting year
		Estimated future disposal	
		Permit limit	
		Other (explain):	

4.	Capacity Proposed in a Part 360 Permit Application
	What is the capacity of any expansion proposed in a Part 360 permit application that has been submitted to the Department but not authorized by a permit as of the end of the reporting period?
	Cubic Yards of Airspace
5.	Estimated Potential Future Capacity Not Permitted or in an Application (optional)
	What is the estimated capacity of any potential future expansion at the facility that is not yet authorized by a permit or proposed in a Part 360 permit application that has been submitted to the Department?
	Cubic Yards of Airspace
	SECTION 3 - PRIMARY LEACHATE
Name	of off-site leachate treatment facility(s) utilized:
Does	the landfill have a constructed liner and a leachate collection system?YesNo
treatn (Note	the quantity of primary leachate that was collected, removed for on-site and off-site nent, and recirculated each month, and the corresponding Acreage , by Cell : For double-lined landfills this should not include the volume of leachate ted from secondary leachate collection and removal systems.
	For each cell, please report the acreage and the primary leachate amount.

		PRIMARY LI	EACHATE C	OLLECTED	(GALLONS)		PRI	MARY LEAC	CHATE TREA	ATED OFF SI	TE (GALLO	NS)
	Cell 1 Acres	Cell 2 Acres	Cell 3 Acres	Cell 4Acres	Cell 5Acres	Cell 6 Acres	Cell 1 Acres	Cell 2 Acres	Cell 3 Acres	Cell 4 Acres	Cell 5 Acres	Cell 6Acres
January												
February												
March												
April												
May												
June												
July												
August												
September												
October												
November												
December												
ANNUAL												

	P	PRIMARY LEACHATE RECIRCULATED (GALLONS)					PRIMARY LEACHATE TREATED ON SITE (GALLONS)					
	Cell 1 Acres	Cell 2 Acres	Cell 3 Acres	Cell 4 Acres	Cell 5Acres	Cell 6 Acres	Cell 1Acres	Cell 2Acres	Cell 3 Acres	Cell 4Acres	Cell 5 Acres	Cell 6 Acres
January												
February												
March												
April												
May												
June												
July												
August												
September												
October												
November												
December												
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Submit (attached to this form) a copy of the maintenance logs which document compliance with the Operation and Maintenance Manual's schedule for the routine annual flushing and inspection of the primary leachate collection and removal system. List required submissions that have been attached to this form or the reason for not attaching a required piece of information:	
Submit (attached to this form) a tabulated compilation of the semi-annual primary leachate quality data collected throughout the year including a summary comparing this year's data with the previous year's data and a summary discussion of results. This list should identify sample location(s) and method of analysis. List required submissions that have been attached to this form or the reason for not attaching a required piece of information:	
Please report tot cost for the year, not cost/gal.	
Leachate Cost: (including transportation if appropriate) during the calendar year for leachate treatment: \$ Total quantity treated: gal	

SECTION 4 – BENEFICIAL USE DETERMINATION MATERIALS

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

Type of Solid Waste	Weight (tons/year)	Use	NYS Planning Unit (See Attached List of NYS Planning Units)	County or Province	State or Country	Source (Facility and Address)
Aggregate/Concrete						
Processed C&D						
Other (specify)						
Total ADC						
Total Beneficial Use Determination Materials						

SECTION 5 – CONSTRUCTION & DEMOLITION (CD) DEBRIS DISPOSED

Provide the tonnages of CD debris disposed. Exclude Beneficial Use Determination Material amounts reported in Section 4. 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: ______) Weight **Construction & Demolition** (CD) Debris (tons) **January February** March April May June July **August** September October **November** December **Total Disposed For Year** Daily Average (Tons) Has the landfill received pulverized C&D debris? _____ Yes ____ No If yes, what is the percentage of waste received that is pulverized C&D debris? ______ % **Tipping Fee**

Tipping Fee: _____\$/ton

SECTION 6 – SERVICE AREA OF C&D DEBRIS RECEIVED

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

- 1) <u>Direct hauled from the generator of the waste</u>. 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; or
- 2) <u>Sent to your facility from another solid waste management facility</u>. Waste 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.

Specify transport method and	percentages of total wa	aste transported by each:		
% Road	% Rail	% Water	% Other (specify:)
Explain which waste types an	d service areas below a	are included in these transport	methods	

	SERVICE AREA OF C&I	DEBRIS REC	EIVED		
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 (mixed)					
(
Other (specify)					
		· ·	TO	ΓAL RECEIVED (tons):	

SECTION 7 – UNAUTHORIZED SOLID WASTE

			•	g the reporting period?			
□Yes	□ No If	yes, give information b	pelow for each incide	ent (attach additional sheets if necessary):			
Date R	eceived	Type Received	Date Disposed	Disposal Method & Location			
SE	CTION	8 - COST ESTIMA	TES AND FINAN	CIAL ASSURANCE DOCUMENTS			
Are there	e required	cost estimates and fina	ancial assurance doc	cuments for closure and post-closure care?			
□Yes	☐ Yes ☐ No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?						
		SE	ECTION 9 – PRO	BLEMS			
		s encountered during the procedures)?	he reporting period (e	e.g., specific occurrences which have led to			
□Yes	□No	If yes, attach additionathe problem.	al sheets identifying e	each problem and the methods for resolution of			
		SI	ECTION 10 – CH	ANGES			
Were the	ere any ch	anges from approved r	eports, plans, specifi	cations, and permit conditions?			
□Yes							

SECTION 11 - ANALYTICAL RESULTS

Submit (attached to this form) tables showing the sample collection date, the analytical results [including all peaks even if below the Method Detection Limits (MDL)], designation of upgradient wells and location number for each environmental monitoring point sampled, applicable water quality standards, and groundwater protection standards if established, MDL's, and Chemical Abstracts Service (CAS) numbers on all parameters. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:
SECTION 12 - COMPARING DATA
Submit (attached to this form) tables or graphical representations comparing current water quality with existing water quality and with upgradient water quality. These comparisons may include Piper diagrams, Stiff diagrams, tables, or other analyses. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:
SECTION 13 - DISCUSSION OF RESULTS
Submit (attached to this form) a summary of any contraventions of State water quality standards, significant increases in concentrations above existing water quality, any exceedances of groundwater protection standards, and discussion of results, and any proposed modifications to the sampling and analysis schedule necessary to meet the Existing, Operational and Contingency water quality monitoring requirements. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:
SECTION 14 - DATA QUALITY ASSESSMENT
Submit (attached to this form) any required data quality assessment reports. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:
SECTION 15 - SUMMARIES OF MONITORING DATA
Submit (attached to this form) a summary of the water quality information presented in Sections 12 and 13 for the year of operation for which the Annual Report is made, noting any changes in water quality which have occurred throughout the year. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

	SECTION 16 - SURFAC	E IMPOUNDMENTS	
Does this landfill hav	e a surface impoundment?		
	yes, repeat Sections 11 through 14 a r Annual report. Attach additional sul	bove for Quarterly Reports and Section by this section.	on 15 above
SECTION	17 - PERMIT/CONSENT ORD	ER REPORTING REQUIREME	ENTS
Are there any additio this form?	nal permit/consent order reporting re	quirements not covered by the previo	us sections of
l	yes, attach additional sheets identify esponses.	ing the reporting requirements with th	eir respective
SECTION	ON 18 - SIGNATURE AND DA	TE BY OWNER OR OPERATO	DR .
		ed form by email or mail to the appropaddresses and Solid Waste Contacts.	
The Owner or Operato	or must also submit one copy by ema	il, fax or mail to:	
	New York State Department of E Division of Material Bureau of Permitting 625 Broad Albany, New York Fax 518-402	s Management g and Planning Iway . 12233-7260	
	Email address: SWMFannu	ialreport@dec.ny.gov	
was prepared by me o and that I have the au	or under my supervision and direction athority to sign this report form pursua	ided on this form and attached statement and is true to the best of my knowlent to 6 NYCRR Part 360. I am awa eanor pursuant to Section 210.45 of t	edge and belied re that any falso
	Signature	Date	
	Name (Print or Type)	Title (Print or Type)	
	Email (Print c	or Type)	
	Address	City	

State and Zip

ATTACHMENTS: ____ YES ____ NO

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Phone Number

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

CONSTRUCTION AND DEMOLITION (C&D) DEBRIS LANDFILL

A Construction and Demolition Debris Landfill is a landfill used for the <u>disposal</u> of only construction and demolition debris. Further information and a listing of the construction and demolition debris landfills are available online at http://www.dec.ny.gov/chemical/23700.html.

If your facility is authorized to process construction and demolition debris you need to submit a Construction & Demolition Debris Processing Facility Annual Report. If your facility is authorized to operate as a construction and demolition debris landfill and to process construction and demolition debris 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/Quarterly Report

Submit the Annual Report no later than March 1, 2018.

For use of this form as an Annual Report, complete line A and complete Sections 1 through 10 and 15 through 18. The Annual Report form is to be used to meet annual reporting requirements (excluding results from annual sampling events which require the use of the Quarterly Report form as noted in the following paragraph).

For use of this form as a Quarterly Report, complete line B and complete Sections 1 and 11 through 18. The Quarterly Report form is to be used for reporting of quarterly, semiannual, or annual results <u>from each sampling event</u> without regard for whether the sampling event is required on a quarterly, semiannual, or annual basis. Submit the Quarterly Report no later than <u>60 days</u> after the last day of each calendar quarter or within <u>90 days</u> of the conclusion of sample collection if Site Analytical Plan requirements must be met.

Reporting of the information indicated on this Active C&D Debris Landfill Annual/Quarterly Report form is required pursuant to 6 NYCRR 360-1.4(c); 360-1.8(e)(1)(ii),(h)(8); 360-1.14(e)(2), (i)(1); 360-2.9(j)(3); 360-2.11(c)(5)(iv), (d)(5), (d)(6); 360-2.19(b)(1)(ii), (c)(1)(ii), (d)(1)(i); 360-6.5(d); 360-7.2(c); 360-7.4(a)(4); 360-7.5 (a) and (b). 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/Quarterly Report requirements have been modified, appropriate Sections (as necessary to reflect the modification) must be completed and submitted with a copy of the Department's written notification which allows the modification.

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

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

Solid Waste Volume To Weight Conversion Factors

MATERIAL	EQUIVALENT		
Construction and Demolition Debris	1 cubic yard	0.23 tons	

SECTION 6 – SERVICE AREA OF C&D DEBRIS RECEIVED

Identify the facility's service area by indicating the type of CD debris received, the Solid Waste Management facility (SWMF) from which it was received by your facility (or Direct Haul), the corresponding State/Country, the County/Province, and the NYS Planning Unit and the amount received. Refer to the list of NYS Planning Units that can be found at the end of this report. The total amount reported here should equal the total amount reported in Section 5 (Construction & Demolition (CD) Debris Disposed). DO NOT REPORT IN CUBIC YARDS!

Additional Service Area Guidance:

- 1) Direct hauled from the generator of the waste. In the case where the waste is hauled to your facility from the generator (i.e. hauled from residences, commercial establishments, etc.), "Direct Haul" is the appropriate response in Column 2 under "Service Area." Please report the tonnage by waste type and identify the state, county and planning unit where it was generated;
- 2) Sent to your construction & demolition debris landfill from another solid waste management facility. Waste FOR TO FEBRUARY. may be sent to your construction & demolition debris landfill from another solid waste management facility. In this case, please report the tonnage by waste type from each sending solid waste management facility, as well as the sending facility's name, address, county, and the planning unit where the sending facility is located.

New York State Planning Units & Regions

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

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

			East Greenbush (Town)	
		Rensselaer	Rensselaer (City)	
			Castleton-on-Hudson (Village)	
			Hoosick Falls (Village)	
			Nassau (Village)	
			Pittstown (Town)	
			Schaghticoke (Town/Village)	
		Rensselaer	Stephentown (Town)	
	Eastern Rensselaer County Solid Waste		Valley Falls (Village)	
	Management Authority		Berlin (Town)	
			Grafton (Town)	
			` '	
4				
			/	
			Petersburg (Town)	
	California Carreti	Calumahia	Poestenkill (Town)	
	Columbia County	Columbia	All, except Town of Canaan	
	Delaware County	Delaware		
	Greene County	Greene		
	Montgomery County	Montgomery		
	Otsego County	Otsego		
	Schonarie County	Schoharie		
	Schenectady County	Schenectady		
	Clinton County	Clinton		
	Essex County	Essex		
	County of Franklin Solid Waste Management Authority (CFSWMA)	Franklin		
5	Fulton County	Fulton		
	Hamilton County	Hamilton		
	Saratoga County	Saratoga		
	Warren County	Warren		
	Washington County	Washington		
	Development Authority of the North Country	Jefferson		
	Development Authority of the North Country (DANC)	Lewis		
6		St. Lawrence		
	Oneida-Herkimer Solid Waste Authority	Oneida		
		Herkimer		
	Broome County	Broome		
	Cayuga County	Cayuga		
	Chenango County	Chenango		
7	Cortland County	Cortland		
	Madison County	Madison		
	Onondaga County	Onondaga	All municipalities, except Town and Village of Skaneatles (See below)	
	Oswego County	Oswego		
	Tioga County	Tioga		
	Tompkins County	Tompkins		
8	Chemung County	Chemung		
	GLOW Region Solid Waste Management	Genesee		
	Committee	Livingston		
	Monroe County	Monroe		
	Ontario County	Ontario		
	Orleans County	Orleans		
	Schuyler County	Schuyler		
	Seneca County	Seneca		
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	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	
			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)
9	Northeast-Southtowns Solid Waste Management Board (NEST)	□ mi a	Elma (Town)
		Erie	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)		Amherst (Town)
		Erie	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	Great Neck Estates (Village) Great Neck Plaza (Village) Mineola (Village) New Hyde Park (Village) Old Westbury (Village) Plandome (Village) Plandome Manor (Village) Roslyn Harbor (Village) Williston Park (Village) Bayville (Village) Bayville (Village) Brookville (Village) Centre Island (Village) Cove Neck (Village) East Hills (Village) East Hills (Village) East Hills (Village) Laurel Hollow (Village) Mill Neck (Village) Muttontown (Village) Muttontown (Village) Old Brookville (Village) Old Westbury (Village) Old Westbury (Village) Roslyn Harbor (Village) Roslyn Harbor (Village) Roslyn Harbor (Village) Upper Brookville (Village)	
	Albany	Coeymans (Town) Ravena (Village)	
4	Rensselaer	Brunswick (Town) North Greenbush (Town) Sand Lake (Town) Schodack (Town) Troy (City)	
	Columbia	Canaan (Town)	
7	Onondaga	Skaneatles (Town/Village)	
9	Erie	Buffalo (City)	

New York State Department of Environmental Conservation Division of Materials Management Bureau of Permitting and Planning

MATERIAL MANAGEMENT PROGRAM CONTACTS

CENTRAL OFFICE

Bureau of Permitting and Planning 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
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)

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

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