RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email <u>swmfannualreport@dec.ny.gov</u> or call 518-402-8678.) Complete and submit this form by March 1, 2020.

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

SECTION 1 – GENERAL INFORMATION

		FACILITY	INFORMATION			
FACILITY NAME:						
FACILITY LOCATION ADDRESS	:	FACILITY	CITY:		STATE:	ZIP CODE:
FACILITY TOWN:		FACILITY		FAC		NE NUMBER:
TAGETT TOWN.			COUNTI.			
FACILITY NYS PLANNING UNIT:	(A list of NY	S <u>Planning Un</u>	its can be found at the end of	this rep		SDEC
						GION #:
360 PERMIT #: (Refer to DEC	DATE IS	SUED:	DATE EXPIRES:			VITY CODE OR
Permit)					SIRAIIO (egistration)	N NUMBER: (Refer to
FACILITY CONTACT:		□ public	CONTACT PHONE	<u> </u>	CONTACI	FAX NUMBER:
		□ private	NUMBER:		CONTACT	TAX NOMBER.
CONTACT EMAIL ADDRESS:						
CONTACT EMAIL ADDRESS:		014/155		_		
OWNER NAME:			INFORMATION HONE NUMBER:			
OWNER NAME.						
OWNER ADDRESS:		OWNER C			STATE:	ZIP CODE:
OWNER ADDRESS.					STATE.	ZIF CODE.
OWNER CONTACT:		OWNER C	ESS:			
		OPERATOR	R INFORMATION			
OPERATOR NAME: San	e as owner					
		DDE	ERENCES			
Preferred address to receive corre	anandana				0	
☐ Other (provide):	spondence	Facility i	ocation address		Owneraddre	-55
Preferred email address: □ Facility Contact □ Owner Contact □ Other (provide): □ □ □						
Preferred individual to receive corr	espondend	CE: 🛛 Facil	ity Contact 🛛 Own	ner Conta	act	

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: <u>http://www.dec.ny.gov/chemical/52706.html</u>.

SECTION 2 - MATERIAL RECEIVED

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

% Estimated

% Truck Count

____% 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)								
Single Stream (total)								
Other (specify)								
Total Tons Recei	ved							
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)		l Year ns)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic) Commingled Paper (all								
grades)								
Single Stream (total)								
Other (specify)								

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 <u>address</u> 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 <u>Planning Units</u>)	TONS RECEIVED	
Commingled Containers (metal, glass, plastic)						
Commingled Paper (all grades)						
Single Stream (total)						
Other (specify)						
	TOTAL MATERIAL RECEIVED (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

SECTION 4 – RESIDUE

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

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS

<u>Please identify destination of recyclable materials.</u> Indicate the name of the facility, <u>address</u>, 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 R	ECOVERED			
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS <u>Planning Units</u>)	TONS RECOVERED (out of facility)
Commingled Paper (all grades)					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
		1	TOTAL PAPE	ER 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 - RECYCLABLES & RECOVERED MATERIALS (continued)

	GLASS RE	COVERED			
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS <u>Planning Units</u>)	TONS RECOVERED (out of facility)
Container Glass					
Industrial Scrap Glass					
Other Glass (specify)					
			TOTAL GLASS R	ECOVERED (tons):	
	METAL REG				
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS <u>Planning Units</u>)	TONS RECOVERED (out of facility)
Aluminum Foil / Trays					
Bulk Metal					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
			TOTAL METAL R	ECOVERED (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 – RECYCLABLES & RECOVERED MATERIALS (continued)

	PLASTIC RE	COVERED			
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 Plastic (#1 - #7)					
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
		T	DTAL PLASTIC R	ECOVERED (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.

VOLUME TO WEIGHT CONVERSION FACTORS

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

	MIXED MATERIA	L RECOVERED			
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS <u>Planning Units</u>)	TONS RECOVERED (out of facility)
Commingled Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
	MISCELLANEOUS MA			L RECOVERED (tons):	
	MISCELLANEOUS MA			DESTINATION NYS	
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	PLANNING UNIT (See Attached List of NYS <u>Planning Units</u>)	TONS RECOVERED (out of facility)
Electronics					
Textiles					
Other (specify)					
	TO	DTAL MISCELLA	NEOUS MATERIA	L RECOVERED (tons):	

SECTION 5 – RECYCLABLES & RECOVERED MATERIALS (continued)

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.

Signature

Date

Name (Print or Type)

Title (Print or Type)

Email (Print or Type)

Address

City

State and Zip

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 <u>http://www.dec.ny.gov/chemical/52706.html</u> and a brief description of each type of facility can be found at <u>http://www.dec.ny.gov/chemical/8495.html</u>.

Annual Report

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

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) <u>Direct hauled from the generator of the recyclables</u>. 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) <u>Sent to your recycling facility from another solid waste management facility</u>. 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.

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
1	Glen Cove Hempstead Long Beach North Hempstead Solid Waste Management	Nassau	Glen Cove (City) Hempstead (Town) Long Beach (City) North Hempstead (Town), except 10
	Authority Oyster Bay Solid Waste Disposal District		villages (see below) Oyster Bay (Town), except 17 villages (see below)
	Babylon Brookhaven East Hampton	-	Babylon (Town) Brookhaven (Town) East Hampton (Town)
	Fishers Island Waste Management District Huntington		Fishers Island Huntington (Town)
	Islip Resource Recovery Agency Suffc Riverhead Suffc		Islip (Town) Riverhead (Town)
	Shelter Island Smithtown Southampton		Shelter Island (Town) Smithtown (Town) Southampton (Town)
	Southold		Southold (Town), except Fishers Island
		Bronx	Bronx
		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	Albany	Cohoes (City) Colonie (Town) Colonie (Village) Menands (Village) Wateryliet (City)
4	Capital Region Solid Waste Management Partnership	Albany	Watervliet (City)Albany (City)Altamont (Village)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)
		Rensselaer	Pittstown (Town)
			Schaghticoke (Town/Village)
			Stephentown (Town)
	Eastern Rensselaer County Solid Waste Management Authority		
			Valley Falls (Village)
			Berlin (Town)
			Grafton (Town)
4			Hoosick (Town) Inactive
•			Nassau (Town) Members
			Petersburg (Town)
			Poestenkill (Town)
	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	
	Clinton County	Clinton	
	Essex County	Essex	
	County of Franklin Solid Waste Management		
	Authority (CFSWMA)	Franklin	
5	Fulton County	Fulton	
5	Hamilton County	Hamilton	
	Saratoga County	Saratoga	
	Warren County	Warren	
	Washington County	Washington	
		Jefferson	
	Development Authority of the North Country	Lewis	
6	(DANC)	St. Lawrence	
0	Oneida-Herkimer Solid Waste Authority	Oneida	
		Herkimer	
	Broome County	Broome	
	Cayuga County		
		Cayuga	
	Chenango County Cortland County	Chenango Cortland	
	Madison County	Madison	
7			
	Opendega County	Onondaga	All municipalities, except Town and Village of Skaneatles (See below)
	Onondaga County	U	village of Skalleaties (See Delow)
		Oswego	Village of Skalleaties (See Delow)
	Oswego County Tioga County	Oswego Tioga	
	Oswego County Tioga County	Tioga	
	Oswego County Tioga County Tompkins County	Tioga Tompkins	
	Oswego County Tioga County Tompkins County Chemung County	Tioga	
	Oswego County Tioga County Tompkins County	Tioga Tompkins Chemung Genesee	
8	Oswego County Tioga County Tompkins County Chemung County GLOW Region Solid Waste Management Committee	Tioga Tompkins Chemung Genesee Livingston	
8	Oswego County Tioga County Tompkins County Chemung County GLOW Region Solid Waste Management Committee Monroe County	Tioga Tompkins Chemung Genesee Livingston Monroe	
8	Oswego County Tioga County Tompkins County Chemung County GLOW Region Solid Waste Management Committee Monroe County Ontario County	Tioga Tompkins Chemung Genesee Livingston Monroe Ontario	
8	Oswego County Tioga County Tompkins County Chemung County GLOW Region Solid Waste Management Committee Monroe County	Tioga Tompkins Chemung Genesee Livingston Monroe	

	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)Colden (Town)Concord (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) Amherst (Town)
	Northwest Communities Solid Waste Management Board (NWCB)	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) (portion) Plandome (Village) Plandome Manor (Village) Roslyn Harbor (Village) (portion) Westbury (Village) Williston Park (Village) Bayville (Village) Centre Island (Village) Cove Neck (Village) East Hills (Village) (portion) Glenwood – Glen Head Garbage District Lattington (Village) Matinecock (Village) Mill Neck (Village) Mittontown (Village) Mittontown (Village) Mittontown (Village) Mittontown (Village) Mittontown (Village) Mill Neck (Village) Mittontown (Village) Mitto	
	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)	

MATERIAL MANAGEMENT PROGRAM CONTACTS

CENTRAL OFFICE

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

For Submission of Annual Reports only: Fax: (518) 402-9041 Email: For solid waste management facilities - swmfannualreport@dec.ny.gov

REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON

REGION 1 (Nassau, Suffolk)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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