

## 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, 2020.**

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

### SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
<b>FACILITY NAME:</b> HUDSON BAYLOR BEACON LLC			
<b>FACILITY LOCATION ADDRESS:</b> 508 FISHKILL AVE	<b>FACILITY CITY:</b> BEACON	<b>STATE:</b> NY	<b>ZIP CODE:</b> 12508
<b>FACILITY TOWN:</b> BEACON	<b>FACILITY COUNTY:</b> DUTCHESS	<b>FACILITY PHONE NUMBER:</b> 845-765-7186	
<b>FACILITY NYS PLANNING UNIT:</b> (A list of NYS <a href="#">Planning Units</a> can be found at the end of this report). Dutchess County			<b>NYSDEC REGION #:</b> 3
<b>360 PERMIT #:</b> (Refer to DEC Permit) 3-1302-00061/00002	<b>DATE ISSUED:</b> 8/26/2019	<b>DATE EXPIRES:</b> 8/25/2024	<b>NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:</b> (Refer to DEC Registration)
<b>FACILITY CONTACT:</b> DAVE KAHN	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	<b>CONTACT PHONE NUMBER:</b> 845-765-7186	<b>CONTACT FAX NUMBER:</b> 845-831-1105
<b>CONTACT EMAIL ADDRESS:</b> DKAHN@REPUBLICSERVICES.COM			
OWNER INFORMATION			
<b>OWNER NAME:</b> REPUBLIC SERVICES	<b>OWNER PHONE NUMBER:</b> 480-627-2700	<b>OWNER FAX NUMBER:</b>	
<b>OWNER ADDRESS:</b> 18500 N ALLIED WAY	<b>OWNER CITY:</b> PHOENIX	<b>STATE:</b> AZ	<b>ZIP CODE:</b> 85054
<b>OWNER CONTACT:</b> DON SLAGER	<b>OWNER CONTACT EMAIL ADDRESS:</b> DSLAGER@REPUBLICSERVICES.COM		
OPERATOR INFORMATION			
<b>OPERATOR NAME:</b> <input checked="" type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
<b>Preferred address to receive correspondence:</b> <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
<b>Preferred email address:</b> <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
<b>Preferred individual to receive correspondence:</b> <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

**Did you operate in 2019?**  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 - 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:

100 % 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)	\$60	350	296	317	269	330	265	386
Commingled Paper (all grades)	\$80	94	68	83	123	106	71	142
Single Stream (total)	\$90	3772	2614	2489	2731	2945	2740	3014
Other (specify) Cardboard		841	849	1010	1083	1308	1073	1431
Office Paper		174	439	194	190	172	159	191
<b>Total Tons Received</b>		<b>5231</b>	<b>4266</b>	<b>4093</b>	<b>4396</b>	<b>4861</b>	<b>4308</b>	<b>5164</b>
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers (metal, glass, plastic)	333	434	379	233	356	3948	14.1	
Commingled Paper (all grades)	110	62	292	281	163	1595	5.69	
Single Stream (total)	2984	2740	2958	2631	2885	34503	123.2	
Other (specify) Cardboard	1222	945	1342	1452	1622	14178	50.6	
Office Paper	233	158	180	167	122	2379	8.5	
<b>Total Tons Received</b>	<b>4882</b>	<b>4339</b>	<b>5151</b>	<b>4764</b>	<b>5148</b>	<b>56603</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 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:

100 % Road: Material(s): ALL % 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)	TONS RECEIVED
Commingled Containers (metal, glass, plastic)	DIRECT HAUL	NY,NJ,CT			3948
Commingled Paper (all grades)	DIRECT HAUL	NY,NJ,CT			1595
Single Stream (total)	DIRECT HAUL	NY,NJ,CT			29863
	UCRRA 999 FLATBUSH RD KINGSTON NY 12401	NY	Ulster County	Ulster County Resource Re	1459
	SULLIVAN COUNTY 91 LANDFILL DR MONTICELLO NY 12701	NY	Sullivan County	Sullivan County	3181
<b>Other (specify)</b>					
CARDBOARD	DIRECT HAUL	NY,NJ,CT			14178
OFFICE PAPER	DIRECT HAUL	NY,NJ,CT			2379
<b>TOTAL MATERIAL RECEIVED (tons):</b>					<b>56603</b>

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**SECTION 4 – RESIDUE**

Total residue (tons) = 4251      Residue destination (Name & Address) KEYSTONE SANITARY LANDFILL INC. 249 DUNHAM DR DUNMORE PA 18512  
 Percent Residue Calculation: Total tons residue/Total tons material received x 100 = 7.5

**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)	PORT NEWARK - ELIZABETH MARINE TERMINAL	INDIA			12124
	NEWARK & ELIZABETH NJ				
Corrugated Cardboard	PORT NEWARK - ELIZABETH MARINE TERMINAL	INDIA			21481
	NEWARK & ELIZABETH NJ				
Junk Mail					
Magazines					
Newspaper	PORT NEWARK - ELIZABETH MARINE TERMINAL	INDIA			2977
	NEWARK & ELIZABETH NJ				
Office Paper	PORT NEWARK - ELIZABETH MARINE TERMINAL	INDIA			2008
	NEWARK & ELIZABETH NJ				
Paperboard/ Boxboard					
Other Paper (specify)					
<b>TOTAL PAPER RECOVERED (tons):</b>					<b>38590</b>

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**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					
Industrial Scrap Glass	CAP GLASS INC. 799 SMITH LANE NORTH HAMPTON	PA			6528
Other Glass (specify)					
<b>TOTAL GLASS RECOVERED (tons):</b>					6528
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	NH KELMAN 41 EUCLID ST COHOES NY 12047	NY	Albany County	Colonia (Town)	22
Bulk Metal					
Enameled Appliances / White Goods					
Industrial Scrap Metal	BARONI RECYCLING 20 VAN KLEECK DR POUGHKEEPSIE NY 12601	NY	Dutchess County	Dutchess County	447
Tin & Aluminum Containers	NH KELMAN 41 EUCLID ST COHOES NY 12047	NY	Albany County	Colonia (Town)	1406
Other Metal (specify)					
<b>TOTAL METAL RECOVERED (tons):</b>					1875

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**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)
Commingled Plastic (#1 - #7)					
PET (plastic #1)	MOHAWK 160 SOUTH INDUSTRIAL BLVD CALHOUN GA 30701	GA			1568
HDPE (plastic #2)	ENVISION PLASTICS 606B WALTR ST REIDSVILLE NC 27320	NC			853
Other Rigid Plastics (#3 - #7)	BUCKEYE POLYMERS 104 LEE ST LODI OH 44254	OH			663
	QRS RECYCLING 1525 S. VANDEVENTER AVE ST MO	MO			297
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
<b>TOTAL PLASTIC RECOVERED (tons):</b>					<b>3381</b>

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**VOLUME TO WEIGHT CONVERSION FACTORS**

MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT	
GLASS - w hole bottles	1 cubic yard	0.35 tons	GLASS - crushed mechanically	1 cubic yard	0.88 tons	ALUMINUM - cans - w hole	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 - uncompactd	1 cubic yard	0.10 tons
NEWSPRINT - loose	1 cubic yard	0.29 tons	PLASTIC - styrofoam	1 cubic yard	0.02 tons	WHITE GOODS - compactd	1 cubic yard	0.5 tons
NEWSPRINT - compactd	1 cubic yard	0.43 tons	PLASTIC - HDPE - w hole	1 cubic yard	0.012 tons			
CORRUGATED - loose	1 cubic yard	0.015 tons	PLASTIC - HDPE - flattened 1	1 cubic yard	0.03 tons			
CORRUGATED - baled	1 cubic yard	0.55 tons	PLASTIC - HDPE - baled	1 cubic yard	0.38 tons	FERROUS METAL - cans w hole	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

**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)					
<b>TOTAL MIXED MATERIAL RECOVERED (tons):</b>					
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)					
<b>TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):</b>					

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### 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	2/13/20 Date
DAVE KAHN Name (Print or Type)	OPS MANAGER Title (Print or Type)
DKAHN@REPUBLICSERVICES.COM Email (Print or Type)	
508 FISHKILL AVE Address	BEACON City
NY 12508 State and Zip	(845) 765-7186 Phone Number

ATTACHMENTS:  YES  NO