



Department of
Environmental
Conservation

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-8678.)

Complete and submit this form by March 1, 2021.

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

SECTION 1 – GENERAL INFORMATION

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

Did you operate in 2020? Yes; Complete this form.

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

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

Recycling Type: Single Stream

% 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	316	357	377	327	261	269	410
Commingled Paper (all grades)	\$80	175	104	143	37	30	43	49
Single Stream (total)	\$70	2688	2703	3415	3675	3011	3665	3379
Other (specify)								
CARDBOARD		1137	1019	1101	817	1018	1278	1392
OFFICE PAPER		168	150	108	100	84	125	131
Total Tons Received		4484	4333	5144	4956	4404	5380	5361
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers (metal, glass, plastic)	250	186	166	229	170	3318	12.96	
Commingled Paper (all grades)	57	58	46	34	121	897	3.5	
Single Stream (total)	4251	3927	4180	3891	3583	42368	165.5	
Other (specify)								
CARDBOARD	1272	1376	1499	1417	1203	14529	56.75	
OFFICE PAPER	128	117	150	125	129	1515	5.92	
Total Tons Received	5958	5664	6041	5696	5206	62627	244.63	

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 <small>(where the material is coming from)</small>					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>(Name & Address)</small> OR " Direct Haul "	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
Commingled Containers <small>(metal, glass, plastic)</small>	DIRECT HAUL	NY,NJ,CT			3205
	UCRRA 999 FLATBUSH RD KINGSTON NY 12401	NY	Ulster County	Ulster County Resource R	113
Commingled Paper <small>(all grades)</small>	DIRECT HAUL	NY,NJ,CT			606
	UCRRA 999 FLATBUSH RD KINGSTON NY 12401	NY	Ulster County	Ulster County Resource R	206
	SULLIVAN COUNTY 91 LANDFILL DR MONTICELLO NY 12701	NY	Sullivan County	Sullivan County	85
Single Stream <small>(total)</small>	DIRECT HAUL	NY,NJ,CT			38394
	UCRRA 999 FLATBUSH RD KINGSTON NY 12401	NY	Ulster County	Ulster County Resource R	151
	SULLIVAN COUNTY 91 LANDFILL DR MONTICELLO NY 12701	NY	Suffolk County	Sullivan County	3823
Other <small>(specify)</small>					
CARDBOARD	DIRECT HAUL	NY,NJ,CT			14302
CARDBOARD	UCRRA 999 FLATBUSH RD KINGSTON NY 12401	NY			16
CARDBOARD	SULLIVAN COUNTY 91 LANDFILL DR MONTICELLO NY 12701	NY			211
OFFICE PAPER	DIRECT HAUL	NY,NJ,CT			1515
TOTAL MATERIAL RECEIVED (tons):					62627

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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			8758
Other Glass (specify)					
TOTAL GLASS RECOVERED (tons):					8758
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	Colonie (Town)	17
Bulk Metal					
Enameled Appliances / White Goods					
Industrial Scrap Metal	BARONI RECYCLING 20 VAN KLEECK DR POUGHKEEPSIE NY 12601	NY	Dutchess County	Dutchess County	549
Tin & Aluminum Containers	NH KELMAN 41 EUCLID ST COHOES NY 12047	NY	Albany County	Colonie (Town)	1593
Other Metal (specify)					
TOTAL METAL RECOVERED (tons):					2159

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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			1632
HDPE (plastic #2)	ENVISION PLASTICS 6068 WALTER ST REIDSVILLE NC 27320	NC			908
Other Rigid Plastics (#3 - #7)	BUCKEYE POLYMERS 104 LEE ST LODI OH 44254	OH			914
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
TOTAL PLASTIC RECOVERED (tons):					3454

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

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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: SWMAnnualreport@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

2/24/2021
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