

MARK WITKOWSKI  
DEPUTY COMMISSIONER

WILLIAM CUTLER  
RECYCLING COORDINATOR



TEL. 845-807-0294  
FAX 845-807-0334

TEL. 845-807-0291  
FAX 845-807-0334

**COUNTY OF SULLIVAN**  
**DEPARTMENT OF SOLID WASTE & RECYCLING**  
SULLIVAN COUNTY GOVERNMENT CENTER  
100 NORTH STREET  
PO BOX 5012  
MONTICELLO, NY 12701

VIA EMAIL TO: [SWMFAnnualReportR3@dec.ny.gov](mailto:SWMFAnnualReportR3@dec.ny.gov) , [SWMFannualreport@dec.ny.gov](mailto:SWMFannualreport@dec.ny.gov) ,  
[James.Lansing@dec.ny.gov](mailto:James.Lansing@dec.ny.gov)

April 16, 2021

New York State Department of Environmental Conservation – Region 3  
21 South Putt Corners Road  
New Paltz, NY 12561-1696

Attention: Mr. James Lansing

**Subject: 2020 Sullivan County Recyclables Handling & Recovery Facility Annual Report**

Dear Mr. Lansing:

Enclosed is 2020 Annual Recyclables Handling & Recovery Facility Report with signature and supporting documentation submitted electronically (and via hard copy as needed) for Sullivan County, New York.

Electronic copies of these reports have also been transmitted via email to recipients indicated above. If you have any questions or desire additional information, please feel free to contact this office at 845-807-0291 or via email to: [recycling@co.sullivan.ny.us](mailto:recycling@co.sullivan.ny.us) Thank you.

Sincerely,

William Cutler,  
Recycling Coordinator

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Copy: Edward McAndrew, P.E., Commissioner of Public Works  
Mark Witkowski, Deputy Commissioner of Public Works  
NYSDEC Central Office – Bureau of Solid Waste Management  
File



Department of  
Environmental  
Conservation

## 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, 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: Sullivan County Dept. of Solid Waste & Recycling Materials Recovery Facility			
FACILITY LOCATION ADDRESS: 132 Landfill Drive	FACILITY CITY: Monticello	STATE: NY	ZIP CODE: 12701
FACILITY TOWN: Thompson	FACILITY COUNTY: Sullivan	FACILITY PHONE NUMBER: 845-807-0294	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Sullivan County			NYSDEC REGION #: 3
360 PERMIT #: (Refer to DEC Permit)	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)
FACILITY CONTACT: Mark Witkowski	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 845-807-0294	CONTACT FAX NUMBER: 845-807-0334
CONTACT EMAIL ADDRESS: mark.witkowski@sullivanny.us			
OWNER INFORMATION			
OWNER NAME: Sullivan County Division of Public Works	OWNER PHONE NUMBER: 845-807-0294	OWNER FAX NUMBER: 845-807-0334	
OWNER ADDRESS: 100 North Street, P.O. Box 5012	OWNER CITY: Monticello	STATE: NY	ZIP CODE: 12701
OWNER CONTACT: Mark Witkowski	OWNER CONTACT EMAIL ADDRESS: mark.witkowski@sullivanny.us		
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 type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" 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:

100 % Scale Weight

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

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

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

Recycling Type: Source Separated

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
<b>Commingled Containers</b> (metal, glass, plastic)								
<b>Commingled Paper</b> (all grades)	\$0.00/ton	115.91	62.47	0	138.1	62.18	0	0
<b>Single Stream</b> (total)	-\$50.00/ton	254.52	166.41	230.39	192.52	203.54	398.92	588.51
<b>Other</b> (specify)								
<b>Total Tons Received</b>		370.43	228.88	230.39	330.62	265.72	398.92	588.51
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)		Daily Avg. (tons)
<b>Commingled Containers</b> (metal, glass, plastic)								
<b>Commingled Paper</b> (all grades)	0	81.67	84.23	66.3	0	610.86		2.04
<b>Single Stream</b> (total)	450.73	342.91	296.2	208.69	327.83	3661.17		12.20
<b>Other</b> (specify)								
<b>Total Tons Received</b>		450.73	424.58	380.43	274.99	327.83	4272.03	14.24

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): Commingled Paper, Single Stream Recycling      % 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 (Name & Address) 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
<b>Commingled Containers</b> <small>(metal, glass, plastic)</small>					
<b>Commingled Paper</b> <small>(all grades)</small>	Ferndale, Highland, Mamakating, Monticello, Rockland, Western Sullivan, Bethel & Neversink Transfer Stations	New York	Sullivan County	Sullivan County	610.86
	C/O Sullivan Co. Dept. of Solid Waste & Recycling, 100 North St., P.O. Box 5012, Monticello, NY 12701				
<b>Single Stream</b> <small>(total)</small>	Ferndale, Highland, Mamakating, Monticello, Rockland, Western Sullivan, Bethel & Neversink Transfer Stations	New York	Sullivan County	Sullivan County	3661.17
	C/O Sullivan Co. Dept. of Solid Waste & Recycling, 100 North St., P.O. Box 5012, Monticello, NY 12701				
<b>Other (specify)</b>					
<b>TOTAL MATERIAL RECEIVED (tons):</b>					4272.03

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## SECTION 4 – RESIDUE

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

## 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:

100 % Road: Material(s): Corrugated Cardboard, Newsprint & Mixed Paper \_\_\_\_\_ % 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 <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
<b>Commingled Paper</b> <small>(all grades)</small>					
<b>Corrugated Cardboard</b>	Republic Waste, 508 Fishkill Ave., Beacon, NY 12508	New York	Dutchess County	Dutchess County	306.61
	US Recycling, Inc., 6101 Tacony St., Philadelphia, PA 19135	Pennsylvania			138.10
<b>Junk Mail</b>					
<b>Magazines</b>					
<b>Newspaper</b>	Republic Waste, 508 Fishkill Ave., Beacon, NY 12508	New York	Dutchess County	Dutchess County	21.19
	US Recycling, Inc., 6101 Tacony St., Philadelphia, PA 19135	Pennsylvania			20.32
<b>Office Paper</b>					
<b>Paperboard / Boxboard</b>					
<b>Other Paper (specify)</b>	Republic Waste, 508 Fishkill Ave., Beacon, NY 12508	New York	Dutchess County	Dutchess County	82.78
	Mixed Paper US Recycling, Inc., 6101 Tacony St., Philadelphia, PA 19135	Pennsylvania			41.86
<b>TOTAL PAPER RECOVERED (tons):</b>					610.86

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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 <u>Planning Units</u> )	TONS RECOVERED (out of facility)
Container Glass					
Industrial Scrap Glass					
Other Glass (specify)					
<b>TOTAL GLASS RECOVERED (tons):</b>					_____
METAL 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)
Aluminum Foil / Trays					
Bulk Metal					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
<b>TOTAL METAL 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 – 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)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
<b>TOTAL PLASTIC 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.

**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 <u>Planning Units</u> )	TONS RECOVERED (out of facility)
Commingled Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)	Republic Waste, 508 Fishkill Ave., Beacon, NY 12508	New York	Dutchess County	Dutchess County	3661.17
Other (specify)					
<b>TOTAL MIXED MATERIAL RECOVERED (tons):</b>					3661.17
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 <u>Planning Units</u> )	TONS RECOVERED (out of facility)
Electronics					
Textiles					
Other (specify)					
<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



### 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.

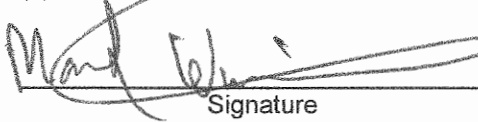
**SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR**

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

March 29, 2021  
Date

Mark Witkowski  
Name (Print or Type)

Deputy Commissioner of Public Works  
Title (Print or Type)

mark.witkowski@sullivanny.us  
Email (Print or Type)

100 North St., P.O. Box 5012  
Address

Monticello  
City

New York, 12701  
State and Zip

(845) 807\_0294  
Phone Number

ATTACHMENTS:  YES  NO