



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: Material Recovery Facility (MRF)			
FACILITY LOCATION ADDRESS: 999 Flatbush Road	FACILITY CITY: Kingston	STATE: NY	ZIP CODE: 12401
FACILITY TOWN: Ulster	FACILITY COUNTY: Ulster	FACILITY PHONE NUMBER: 845-336-5717	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Ulster County Resource Recovery Agency (UCRRA)			NYSDEC REGION #: 3
360 PERMIT #: (Refer to DEC Permit) 56MO2	DATE ISSUED: 03/28/02	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)
FACILITY CONTACT: Charles Whittaker	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 845-336-0600	CONTACT FAX NUMBER: 845-336-4129
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: UCRRA	OWNER PHONE NUMBER: 845-336-0600	OWNER FAX NUMBER: 845-336-4129	
OWNER ADDRESS: PO BOX 6219	OWNER CITY: Kingston	STATE: NY	ZIP CODE: 12402
OWNER CONTACT: Timothy DeGraff	OWNER CONTACT EMAIL ADDRESS: tdeg@ucrra.org		
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

Recycling Type:

_____ % 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)	\$0	164.48	122.28	183.77	190.54	236.12	201.70	221.98
Commingled Paper (all grades)	\$0	375.90	315.22	369.69	342.20	376.86	418.68	431.12
Single Stream (total)								
Other (specify)								
Total Tons Received		540.38	437.50	553.46	532.74	612.98	620.38	653.10
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers (metal, glass, plastic)	189.60	205.54	179.35	175.80	207.54	2278.70	7.37	
Commingled Paper (all grades)	379.57	427.99	406.61	439.62	471.87	4755.33	15.38	
Single Stream (total)								
Other (specify)								
Total Tons Received	569.17	633.53	585.96	615.42	679.41	7034.03	22.76	

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): _____ % 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 <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
Commingled Containers <small>(metal, glass, plastic)</small>	Direct Haul	NY	Ulster County <input type="checkbox"/>	Ulster County Resource <input type="checkbox"/>	2278.70
Commingled Paper <small>(all grades)</small>	Direct Haul	NY	Ulster County <input type="checkbox"/>	Ulster County Resource <input type="checkbox"/>	4755.33
Single Stream <small>(total)</small>					
Other (specify)					
TOTAL MATERIAL RECEIVED (tons):					7034.03

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SECTION 4 – RESIDUE

Total residue (tons) = 998.73

Residue destination (Name & Address) UCRRA 999 Flatbush road Kingston NY 12401

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): _____ % 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>
Commingled Paper <small>(all grades)</small>	Recycle City PO BOX 4762 Clifton, NJ 07015	NJ			213.34
Corrugated Cardboard	The Yorkshire Group 150 Rivers Edge Unit 342 Medford, MA 02155	MA			1346.62
	Suburban Carting 566 North Road Briarcliff Manor, NY 10591	NY	Westchester Cour <input type="checkbox"/>	Westchester County <input checked="" type="checkbox"/>	1106.64
Junk Mail					
Magazines					
Newspaper	Republic Services 237 Dpont Ave Newburgh, NY 12551	NY	Oswego County <input type="checkbox"/>	Orange County <input checked="" type="checkbox"/>	175.06
	Suburban Carting 566 North Road Briarcliff Manor, NY 10591	NY	Westchester Cour <input checked="" type="checkbox"/>	Westchester County <input checked="" type="checkbox"/>	753.23
Office Paper					
Paperboard / Boxboard	Suburban Carting 566 North Road Briarcliff Manor, NY 10591	NY	Westchester Cour <input checked="" type="checkbox"/>	Westchester County <input checked="" type="checkbox"/>	569.58
	Republic Services 237 Dpont Ave Newburgh, NY 12551	NY	Orange County <input checked="" type="checkbox"/>	Orange County <input checked="" type="checkbox"/>	176.28
Other Paper (specify)	Recycle City PO BOX 4762 Clifton, NJ 07015	NJ			157.92
Hardmix	The Yorkshire Group 150 Rivers Edge Unit 342 Medford, MA 02155	MA			88.86
TOTAL PAPER RECOVERED (tons):					4587.53

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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	Republic Services 237 Dpont Ave Newburgh, NY 12551	NY	Orange County <input checked="" type="checkbox"/>	Orange County <input checked="" type="checkbox"/>	112.60
	Pace Glass 1 Caven Point Ave Jersey City, NJ	NJ			290.26
Industrial Scrap Glass					
Other Glass (specify)	Greene Co Solid Waste PO Box 485 catskill, NY 12414	NY	Greene County <input checked="" type="checkbox"/>	Greene County <input checked="" type="checkbox"/>	310.05
Container					
TOTAL GLASS RECOVERED (tons):					451.67

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					
Bulk Metal	SIMS 401 Mill Road Linden Ave Ext Jersey City, NJ	NJ			2.67
	West Kingston Recycling 642 Abeel St Kingston NY 12401	NY	Ulster County <input checked="" type="checkbox"/>	Ulster County Resource <input checked="" type="checkbox"/>	3.90
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers	SIMS 401 Mill Road Linden Ave Ext Jersey City, NJ	NJ			136.71
	Ekman 1608 Rt 88 West Brick, NJ 08724	NJ			101.74
Other Metal (specify)					
UBC	SIMS 401 Mill Road Linden Ave Ext Jersey City, NJ	NJ			40.13
TOTAL METAL RECOVERED (tons):					285.15

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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)	Clynk 202D Scotia Glenville IP Scotia, NY 12065	NY	Schenectady County	Schenectady County	7.22
PET (plastic #1)	The Conti Group 1661 46Th St Brooklyn, NY 11204	NY	Kings County	New York City	84.43
	Haycore 3144 Gregoire Rd russell, ON Canada	Canada			65.47
HDPE (plastic #2)	The Conti Group 1661 46Th St Brooklyn, NY 11204	NY	Kings County	New York City	20.63
	Ekman 1608 Rt 88 West Brick, NJ 08724	NJ			129.36
Other Rigid Plastics (#3 - #7)	Cassella Recycling 1770 RT 9 Suite304 Clifton Park, NY	NY	Saratoga County	Saratoga County	19.97
	EFS Plastic 5788 ine84 Listowel ON, Canada	Canada			59.69
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
PET #1	Ekman 1608 Rt 88 West Brick, NJ 08724	NJ			41.64
TOTAL PLASTIC RECOVERED (tons):					428.41

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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 (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)					
TOTAL MIXED MATERIAL RECOVERED (tons): 0					
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)					
TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons): 0					

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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

 2/25/21

 Date

Charles Whittaker

 Name (Print or Type)

Director of Operations and Safety

 Title (Print or Type)

cwhi@ucrra.org

 Email (Print or Type)

PO BOX 6219

 Address

NY 12402

 State and Zip

Kingston

 City

(845) 336 0600

 Phone Number

ATTACHMENTS: YES NO