



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, 2022.

This annual report is for the year of operation from January 01, 2021 to December 31, 2021

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: 845-765-7188	
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 checked="" type="checkbox"/> public <input 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: JOHN VANDER ARK	OWNER CONTACT EMAIL ADDRESS:		
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 2021? 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
 % Truck Count % Other (Specify: _____)

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers <small>(metal, glass, plastic)</small>	\$35	365	331	373	291	309	239	127
Commingled Paper (all grades)	\$45	32	27	62	40	46	53	29
Single Stream (total)	\$50	2,868	2,316	3,149	3,402	2,807	3,929	4,046
Other (specify)								
CARDBOARD		1,038	895	1,176	1,195	1,083	1,329	1,301
OFFICE PAPER		109	84	160	132	133	136	131
Total Tons Received								
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers <small>(metal, glass, plastic)</small>	162	143	136	176	159	2,811	11	
Commingled Paper (all grades)	47	42	41	44	71	534	2	
Single Stream (total)	3,516	3,861	3,905	3,635	3,846	41,280	164	
Other (specify)								
CARDBOARD	1,424	1,301	1,391	1,382	1,317	14,832	59	
OFFICE PAPER	155	119	175	156	160	1,650	7	
Total Tons Received								

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 <i>(metal, glass, plastic)</i>	DIRECT HAUL	NY,NJ,CT,PA			2,811
Commingled Paper <i>(all grades)</i>	DIRECT HAUL	NY,NJ,CT,PA			1,650
Single Stream <i>(total)</i>	DIRECT HAUL	NY,NJ,CT,PA			37,914
	SULLIVAN COUNTY 91 LANDFILL DR MONTICELLO NY 12701	NY	Sullivan County	Sullivan County	3,366
Other <i>(specify)</i>					
CARDBOARD	DIRECT HALL	NY,NJ,CT,PA			14,250
CARDBOARD	SULLIVAN COUNTY 91 LANDFILL DR MONTICELLO NY 12701	NY	Sullivan County	Sullivan County	582
OFFICE PAPER	DIRECT HALL	NY,NJ,CT,PA			534
TOTAL MATERIAL RECEIVED (tons):					61,107

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SECTION 4 – RESIDUE

Total residue (tons) = 4,621 Residue destination (Name & Address) DCRRA 98 Sand Dock Rd, Poughkeepsie, NY 12601

Percent Residue Calculation: Total tons residue/Total tons material received x 100 = 7.56%

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 <small>(Name & Address)</small>	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>	PORT NEWARK ELIZABETH MARINE TERMINAL	INDIA			14,161
	NEWARK & ELIZABETH NJ				
Corrugated Cardboard	PORT NEWARK ELIZABETH MARINE TERMINAL	INDIA			24,693
	NEWARK & ELIZABETH NJ				
Junk Mail					
Magazines					
Newspaper	PORT NEWARK ELIZABETH MARINE TERMINAL	INDIA			372
	NEWARK & ELIZABETH NJ				
Office Paper	PORT NEWARK ELIZABETH MARINE TERMINAL	INDIA			1,675
	NEWARK & ELIZABETH NJ				
Paperboard / Boxboard					
Other Paper (specify)					
TOTAL PAPER RECOVERED (tons):					40,901

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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			8,430
Other Glass (specify)					
TOTAL GLASS RECOVERED (tons):					
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					
Enameled Appliances / White Goods					
Industrial Scrap Metal	BARONI RECYCLING 20 VAN KLEECK DR POUGHKEEPSIE NY 12601				495
Tin & Aluminum Containers	NH KELMAN 41 EUCLID ST COHOES NY 12047				1,473
Other Metal (specify)					
TOTAL METAL RECOVERED (tons):					1,968

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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				1,661
HDPE (plastic #2)	ENVISION PLASTICS 6068 WALTER ST REIDSVILLE NC 27320				805
Other Rigid Plastics (#3 - #7)	BUCKEYE POLYMERS 104 LEE ST LODI OH 44254				954
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
TOTAL PLASTIC RECOVERED (tons):					3,420

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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 <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 (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 <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	<u>2/11/22</u> Date
<u>DAVE KAHN</u> Name (Print or Type)	<u>OPERATIONS MANAGER</u> Title (Print or Type)
<u>DKAHN@REPUBLICSERVICES.COM</u> Email (Print or Type)	
<u>508 FISHKILL AVE</u> Address	<u>BEACON</u> City
<u>NY 12508</u> State and Zip	<u>(845) 765_7186</u> Phone Number

ATTACHMENTS: YES NO