

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

Department of Environmental Conservation Complete and authority 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:	_					
Watch Hill Holding	g Cor _l	poratio	on			
FACILITY LOCATION ADDRESS	-	FACILITY	CITY:		STATE:	ZIP CODE:
409 Rte. 82/PO Box 1209)		well Jct.		NY	12533
FACILITY TOWN:		FACILITY	COUNTY:	FACI	LITYPHO	NE NUMBER:
East Fishkill		Dutch			5-896-	6000
FACILITY NYS PLANNING UNIT		S <u>Planning Ur</u>	nits can be found at the end of	this repo	ort), NYS	SDEC GION#: 3
360 PERMIT #: (Refer to DEC	DATE IS	SUED:	DATE EXPIRES:			ITY CODE OR
Permit) 3-1328-00129/00002	9/16/	20	9/15/25		STRATION gistration)	NUMBER:(Refer to
FACILITY CONTACT:		□ public	CONTACT PHONE	0	ONTACT	FAX NUMBER:
James Popovich		private	NUMBER: 845-896-6000	4	5-227	7-7734
CONTACT EMAIL ADDRESS: inf	o@royalo	carting.cor				
		OWNER	INFORMATION			
OWNER NAME:		1	HONE NUMBER:		ER FAX NU	
Emil Panichi		845-89	845-227-7734			
owner address: 409 Rte. 82/PO Box 1209)	OWNER CITY: Hopewell Jct.			STATE: NY	ZIP CODE: 12533
OWNER CONTACT:		OWNER CONTACT EMAIL ADDRESS:				
James Popovich		info@	royalcarting.	com)	
			RINFORMATION	. Alita in a largining		
OPERATOR NAME: ✓ sam	e as owner				⊒public ⊻private	
			ERENCES			
Preferred address to receive correspondence: Facility location address Under (provide):						
Preferred email address: Facility Contact Owner Contact						
Preferred individual to receive correspondence:						
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

<u>Please provide the tonnages of materials received.</u> 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 % Truck Count			_% Estimated _% Other (Spec	ify:)	1		
Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic) Commingled Paper (all								
grades) Single Stream (total)								
Other (specify)								
Total Tons Receiv	/ed							
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)		l Year ns)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)			*** Since 2016	all materials are	directly sent from	route truck to Bea	con Recycling	
Single Stream (total)						in Beacon, NY	水 有食	
Other (specify)				150				
· · · · · · · · · · · · · · · · · · ·								
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 meth	od, list type of material(s) and percentages of total material tra	ansported by ead	ch:		
100 % Road: Materi	al(s):	% Rail:			
% Water: Mater	ial(s):	% Oth	er (specify:): Material(s):	
	SERVICE AREA OF I	MATERIAL REC	CEIVED (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	*** SEE ATTACHED LISTS ***				
Containers (metal, glass, plastic)					
(metal, glass, plastic)				rroman	
Commingled Paper					
(all grades)					
Single Stream					
(total)					
Other (specify)					
Other (specify)					
			TOTAL MATER	IAL RECEIVED (tons	\ <u>.</u>

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ATTACHMENT TO SECTION 3

DESCRIPTION OF FACILITY'S SERVICE AREA BY LOCATION

MUNICIPALITY	COUNTY	<u>STATE</u>	COUNTRY
TOWN OF AMENIA	DUTCHESS	NEW YORK	USA
TOWN OF BEEKMAN	DUTCHESS	NEW YORK	USA
TOWN OF CARMEL	PUTNAM	NEW YORK	USA
TOWN OF CLINTON	DUTCHESS	NEW YORK	USA
TOWN OF DOVER	DUTCHESS	NEW YORK	USA
TOWN OF EAST FISHKILL	DUTCHESS	NEW YORK	USA
TOWN OF FISHKI L L	DUTCHESS	NEW YORK	USA
TOWN OF KENT	DUTCHESS	NEW YORK	USA
TOWN OF HYDE PARK	DUTCHESS	NEW YORK	USA
TOWN OF LAGRANGE	DUTCHESS	NEW YORK	USA
TOWN OF MILAN	DUTCHESS	NEW YORK	USA
TOWN OF MILLERTON	DUTCHESS	NEW YORK	USA
TOWN OF PHILIPSTOWN	PUTNAM	NEW YORK	USA
TOWN OF PLEASANT VALLEY	DUTCHESS	NEW YORK	USA
TOWN OF POUGHKEEPSIE	DUTCHESS	NEW YORK	USA
TOWN OF PUTNAM VALLEY	PUTNAM	NEW YORK	USA
TOWN OF RED HOOK	DUTCHESS	NEW YORK	USA
TOWN OF RHINEBECK	DUTCHESS	NEW YORK	USA
TOWN OF WAPPOMGERS	DUTCHESS	NEW YORK	USA
VILLAGE OF COLD SPRING	PUTNAM	NEW YORK	USA
VILLAGE OF FISHKILL	DUTCHESS	NEW YORK	USA
VILLAGE OF WAPPINGERS FALL	SDUTCHESS	NEW YORK	USA
CITY OF BEACON	DUTCHESS	NEW YORK	USA
CITY OF POUGHKEEPSIE	DUTCHESS	NEW YORK	USA

SECTION 4 - RESIDUE

Total residue (tons) =	N/A Residue destination (Name 8 ulation: Total tons residue/Total tons material receiv	Address) N/A			
Tercent Residue Caro					
	SECTION 5 - RECYCLAB				
Please identify desti Destina	nation of recyclable materials. Indicate the na ation Planning Unit/Municipality and the amou	me of the facility, int of material reco	<u>address,</u> corresp vered. DO NOT I	onding State/Country, REPORT IN CUBIC YARI	County/Province, DS!
Specify transport metho % Road: Material	od, list type of material(s) and percentages of total ma (s):	terial transported by e	each: ail: Material(s):		
% Water: Materia	l(s):	% O	ther (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)					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard/ Boxboard					
Other Paper (specify)					
			TOTAL PAPE	R RECOVERED (tons):	0

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)

	GL/	ASS RECOVERED	KANDELO PER PER DE CONTO	Specifical and the control of the second	
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					
Other Glass (specify)					
			TOTAL GLASS R	ECOVERED (tons):	
	MEI	TAL 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	Baroni, Pleasant Valley	NY	Dutchess County	Dutchess County	880.89
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
			TOTAL METAL R	ECOVERED (tons): 8	80.889

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SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	PLAS	TIC RECOVERED			sign dan bergaran berakan berakan Kaji dinangan perjadah dan Si
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)					F ************************************
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
		To	TAL PLASTIC R	ECOVERED (tons):	

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VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVA	ALENT	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			
CORRUGA TED - baled	1 cubic yard	0.55 tons	PLASTIC - HDPE - baled	1 cubic yard	0.38 tons	FERROUS METAL - cans whole	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

ATTACHMENT TO SECTION 5

MATERIAL RECOVERED THROUGH TRANSFER STATION

TYPE OF SOLID WASTE RECOVERED METAL	SUBTOTAL	WEIGHT <u>TONS</u> 880.89 880.89	,
CONCRETE		731.49 330.07 31.18	RNV GREEN PROCESSING
	SUBTOTAL	1,092.74	
TIRES		36.52 115.63	•
	SUBTOTAL	152.15	
COMPOST	SUBTOTAL	190.00 136.57 326.57	TOWN OF NEW PALTZ, NEW PALTZ, NY
RECYCLED OIL (GALLONS) *		6,620.00	UTILIZED IN COMPANY FURNACE
RECYCLED OIL (GALLON) *		3,260.00	ENVIRO WASTE
E-WASTE (LBS)*	SUBTOTAL	9,880.00	
COMPUTERS COMPUTER PERIPHERALS SMALL ELECTRIC EQUIPMENT SMALL SCALE SERVERS		1,271.00 2,518.00 1,261.00 0.00	RECYCLING AND RECOVERY, Old Name)
TELEVISIONS	SUBTOTAL	5,527.00	
FREON (UNITS PURGED)*	SUBTUTAL	10,577.00 1,232.00	INTERSTATE REFRIGERANT
	SUBTOTAL	1,232.00	FOXBORO MA
WOOD		27.33 35.52	• •
	SUBTOTAL	62.85	2.12. 23/10// 111110301(,111
STUMP/BRUSH		132.88	GREENWAY, CLINTON, NY
TOTAL TONINGS	SUBTOTAL	132.88	
TOTAL TONNAGE		2,648.08	* Gallons/Units/Pounds not in tonnage total

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	MIXED MA	ATERIAL 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)					
en app Honor Stranger	MISCELLANEO	TOTAL US MATERIAL RECOVE	and the format from the first terminal	L RECOVERED (tons):	
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	EWaste +	NY	Dutchess County	DCRRA 🔽	5.29
Textiles					
Other (specify)					
		TOTAL MISCELLA	NEOUS MATERIA	L RECOVERED (tons):	5.29

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ATTACHMENT TO SECTION 5

MATERIAL RECOVERED THROUGH TRANSFER STATION

TYPE OF SOLID WASTE RECOVERED METAL	SUBTOTAL	WEIGHT <u>TONS</u> 880.89 880.89	• –
CONCRETE		731.49 330.07 31.18	RNV GREEN PROCESSING
	SUBTOTAL	1,092.74	
TIRES		36.52 115.63	
	SUBTOTAL	152.15	
COMPOST .	SUBTOTAL	190.00 136.57 326.57	GREENWAY SERVICES, CLINTON, NY TOWN OF NEW PALTZ, NEW PALTZ, NY
RECYCLED OIL (GALLONS) *		6,620.00	UTILIZED IN COMPANY FURNACE
RECYCLED OIL (GALLON) *		3,260.00	ENVIRO WASTE
E-WASTE (LBS)*	SUBTOTAL	9,880.00	
COMPUTERS COMPUTER PERIPHERALS SMALL ELECTRIC EQUIPMENT SMALL SCALE SERVERS TELEVISIONS	SUBTOTAL	1,271.00 2,518.00 1,261.00 0.00 5,527.00	EWASTE+ (REGIONAL COMPUTER RECYCLING AND RECOVERY, Old Name)
	SOBIOTAL	10,577.00	•
FREON (UNITS PURGED)*		1,232.00	INTERSTATE REFRIGERANT FOXBORO MA
	SUBTOTAL	1,232.00	
WOOD		27.33 35.52	GREENWAY, CLINTON, NY EAST COAST, NEW WINDSOR, NY
	SUBTOTAL	62.85	
STUMP/BRUSH		132.88	GREENWAY, CLINTON, NY
TOTAL TONNACE	SUBTOTAL	132.88	
TOTAL TONNAGE		2,648.08	* Gallons/Units/Pounds not in tonnage total



ROYAL CARTING - HOPEWELL JUNCTION DEC REGISTRATION # - 00478

As a valued customer of our **EWASTE** Alliance **Network**, we would like to help make your filing of the Annual Report for the NYS Electronic Waste Collection Sites quick and easy. As a registered NYS Electronic Waste Collection Site, you are required to file an annual report to the NYS Department of Environmental Conservation (DEC) by March 1st.

The NYS Department of Environmental Conservation requires all law regulated entities to submit their registrations and annual reports through the NYSDEC E-waste Online Registration and Reporting System. All information for registering can be found through the NYSDEC website: http://www.dec.ny.gov/chemical/65583.html.

Provided below are your 2021 covered electronic equipment (CEE) recycling totals. Please note the description of eligible and ineligible weight on the annual report. Per our recycling agreement we provide you recycling which includes a handling fee. Based on the information you have provided us; we have indicated eligibility for the state program.

Please Note: If NYS consumers, as defined on the annual report, were charged and not provided a premium service for these or any electronic pounds then they would be ineligible, and therefore need to be subtracted from the Total Eligible Pounds below.

Type of Covered Electronic Equipment	Total Eligible Pounds	Total Ineligible Pounds
Computers:		1271
Computer peripherals (CRT):		467
Computer peripherals (Non-CRT):		2051
Small electronic equipment:		1261
Small scale servers: Televisions (CRT)		3819 •
Televisions (Non-CRT);	nepolitico de la companya de la comp	1708

Grand Total Pounds:

10577

Electronic Waste Shipped Offsite - Facility Information:

EWASTE+ | 7318 Victor-Mendon Rd., Victor, NY 14564 | DEC #00138

If you have any further questions, please contact our **EWASTE** + **Alliance Network** representative, Jackie Main at 888-563-1340 x108.

EWASTE + ALLIANCE NETWORK FACILITATED BY:

EWASTE











PANICHI HOLDING CORP., D/B/A ROYAL CARTING SERVICE CO.

ANNUAL REPORT FOR NYS ELECTRONIC WASTE CONSOLIDATION FACILITIES

Annual | 2021

The status is completed therefore all fields are currently locked. If you need to edit any part of the response, please contact the NYS Electronic Equipment Recycling & Reuse Act Program Program Manager(s).

(January 1 - December 31, 2021 Reporting Period)

Due: March 1, 2022

This online annual report form must be completed in accordance with the New York State Electronic Equipment Recycling and Reuse Act (Environmental Conservation Law, Article 27, Title 26). Each registered electronic waste consolidation facility is required to report annually to the NYS Department of Environmental Conservation (Department) by March 1st, for the previous calendar year.

Each registered electronic waste consolidation facility must complete and submit this online annual report form by March 1st.

Electronic waste consolidation facilities that operated during the previous calendar year must also complete and submit the separate and supplemental *Electronic Waste Received at Consolidation Facility* form located back on the Workspace page.

Electronic waste consolidation facilities must also maintain all supporting documentation regarding the management of electronic waste (e.g. registration/reporting forms, shipping invoices, bills of lading, etc.) on-site for a period of three years for data verification purposes.

Failure to submit a complete and timely annual report, including the certification form with appropriate signatures, will subject the electronic waste consolidation facility to civil penalties under the Act.

You will need to notify the Department via e-mail or phone if a change is necessary after submittal. The Department will then grant you access to edit information previously submitted.

Please direct all questions regarding the content of this annual report to ReTRAC.Ewaste@dec.ny.gov or call (518) 402-8706.

Consolidation Facility Information

Name of Facility: *	Department-Issued Registration #: *		
Panichi Holding Corp., d/b/a Royal	00478		
Site Address: *			
409 NY-82			
City: *	State: *	ZIP Code: *	
Hopewell Junction	New York	12533	
County: *			
Dutchess 💙			

If this annual report is for a retail consolidation facility, please upload a list of all retail collection site locations that currently send electronic waste to this consolidation facility:

Ewaste-Beacon-2021.docx File formats allowed: .doc .docx .xls .xlsx (Please restrict to less than 3 MB in size)

facility:		
Name: ▼	Title:	
Matt Rogers	Yard Supervisor	
Phone Number: *	Extension:	E-maîl: *
8458966000		info@royalcarting.com
Diogramma to 12 grands shows	: :	
Please enter up to 12 numeric charact	ers only	
Mailing Address:		
PO Box 1209		
City:	State: ZIP Code:	
Hopewell Junction	NY • 12533	
Would the electronic waste consolidati	ion facility like to list a secondary cont	act? *
Yes		
⊚ No		
9.10		
Is the consolidation facility's current le	egal department contact the same as th	he primary contact? *
Yes © No		
Please identify the current legal depart Name: * James Constantino	tment contact and mailing address: Title: Counsel	
Phone Number: *	Extension:	E-mail; *
8458966000		info@royalcarting.com
I		intogroyacarchig.com
Please enter up to 12 numeric characte	ers only	
Mailing Address: *		
PO Box 1209		
. FO Dax 1209		
City: *	State: * Country: *	Postal (ZIP) Code: *
Hopewell Junction		12533
Trope were surrent	THE PERSON NAMED IN COLUMN TO THE PE	
Did the consolidation facility charge co	insumers for the acceptance of covered	d electronic equipment? *
⊚ Yes No		
Important: All CEE weight accepted from been provided a premium service, must		ess consumer at a charge for which the entity has not ht.
Please indicate the types of equipment Computer peripherals)	t for which a consumer is charged: (not	te: CRT-containing devices only;
CRT-containing devices only Co	mputers Computer peripherals	Small electronic equipment
Small scale servers Televisions		

Please identify the current primary contact and mailing address (if different from above) for the electronic waste consolidation

Please describe the fees associated with the acceptance of each type of CEE above OR, you may instead choose to upload a cost sheet.

Upload File: EwastePrices-2021.docx File formats allowed: .doc .docx .xlx .xlsx. Please limit to under 3 MB.
Electronic Waste Received
Electronic waste consolidation facilities that operated during the previous calendar year must complete and submit the separate and supplemental <i>Electronic Waste Received ot Consolidation Facility</i> form, located back on the Workspace page. Please provide the total of all eligible and ineligible program weight received, based on the information provided in the supplemental Electronic Waste Received at Consolidation Facility form.
To view weight reported in supplemental "Electronic Waste Received by Consolidation Facility" survey click here. Total Eligible Program Waste Received:
Total Ineligible Program Weight Received: 10,577
Covered Electronic Equipment Destined for Reuse
Please list the name and address of each in-state or out-of-state reuse organization to which covered electronic equipment (CEE) was sent for reuse during this reporting period. Please also provide the quantity, by weight (in pounds), of each type of CEE sent to each such person. (for Computers; Computer peripherals (CRT); Computer peripherals (non-CRT); Small electronic equipment; Small scale servers; Televisions (CRT); Televisions (non-CRT);)
If the facility retained CEE on-site for reuse that was accepted during this reporting period, please enter Retained on-site for Name.
1. (if none, enter "0")
Name Address City:
State: ZIP Code: Registration # (if applicable)
- Select - 🗸
Computers:
0
Computer peripherals (CRT)
Computer peripherals (non-CRT)
· · · · · · · · · · · · · · · · · · ·
Small electronic equipment
Small scale servers
Televisions (CRT)
Televisions (non-CRT):

Total 0				
Electronic Waste Shipped	Off-site			
Please list the name, address, and refacility or reuse organization to which again broken down by eligible and include provide records of eligible and include to provide records of eligible and include the provided the provided records of the pro	n electronic waste was s eligible weight, of each	ent during this reportin type of electronic waste	g period. Please also p sent to each such per	rovide the quantity, son. Please remember
Note: a facility performing any type or recycling facility, so that it may prope Department if a change is necessary.				
Each person who owns or operates at the Electronic Equipment Recycling a facility registration numbers are avail	nd Reuse Act, should al	ready be registered with	the Department. Elec	tronic waste recycling
Quantity (in pounds) of Eligible Weigh (non-CRT); Small electronic equipme				outer peripherals
1. (if none, enter "0")				
Facility Organization Name	Full Address	State:		
		- Sele	ect - 💙	
Registration #				
Computers *				
				0
Computer peripherals (CRT) *		e e e		•
· ·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	0 :
Computer peripherals (non-CRT) *				
				0 :
Small electronic equipment *	***************************************			0 :
Small scale servers *				0 .
Televisions (CRT) *	· · · · · · · · · · · · · · · · · · ·			
:				
Televisions (non-CRT) *				
Total Pounds:				

Quantity (in pounds) of Ineligible Weight Shipped Off-site (for Computers; Computer peripherals (CRT); Computer peripherals (non-CRT); Small electronic equipment; Small scale servers; Televisions (CRT); Televisions (non-CRT);)

Facility Organization Name	Full Address	State	
Ewaste+	7318 Victor-Mendon Road, Vict	or NY 🗸	
•			
Registration #			
00138			
	• •		
Computers *			
			1,271
	•	• •	
Computer peripherals (CRT) *			
			467
• • • • • • • • • • • • • • • • • • • •			
Computer peripherals (non-CRT)	•		
			2,051
Small electronic equipment *			
:			1,261
Small scale servers *			
	•		0
Menter exercises a construction of the construction of			
Televisions (CRT) *			
			3,819
•			
Televisions (non-CRT): *			
		er e	1,708
Tatal Barrada.			
Total Pounds:			

Hazardous Waste Exemption

Electronic waste is potentially a hazardous waste. Electronic waste directed for recycling is exempted from regulation under the hazardous scrap metal exemption (6 NYCRR 371.1(g)(1)(iii)(b)), or excluded from regulation under the processed scrap metal exclusion (6 NYCRR 371.1(e)(1)(xiii)) provided that scrap metal will ultimately be reclaimed.

Completion of the Hazardous Waste Exemption portion of this annual report form satisfies the requirement to submit a "c7" notification to the Department pursuant to 6 NYCRR 371.1(c)(7), which states, in part: "Parties who raise a claim that a certain material is not a solid or hazardous waste, or is exempt or conditionally exempt from regulation, based on the intent to reclaim, recycle or reuse, must notify the department, in writing, before utilizing the exemption or exclusion."

Collection sites, consolidation facilities and recycling facilities must list the facility type, name, and address of each entity to which electronic waste will be sent in the table below. Recycling facilities must also list the entity type, name, and address of each scrap metal recycler and smelter to which electronic waste component materials will be sent.

This list of <u>intended</u> downstream vendors for the current program year must be kept current. This Hazardous Waste Exemption portion of the online registration and annual report must be updated within 30 days of an anticipated change in vendors.

It is unlikely that scrap metal recyclers or smelters will have registration numbers. In addition, registration numbers are not applicable for out-of-state facilities. Electronic waste recycling facility registration numbers are available on the Department's website at: http://www.dec.ny.gov/chemical/73670.html.

	FACILITY TYPE *	NAME*	ADDRESS *	CITY •	STATE *	COUNTRY*	POSTAL (ZIP) CODE *	REGISTRATIO N # (IF APPLICABLE)	A 100 TO 100 A
1	Consc ∨			Victor	NY 🕶	United St	14564	00138	

Electronic Waste Consolidation Facility Certification

Anthony Constantino aconstantino@royalcarting.com

By completing and submitting the information below, I certify that the information provided on the on-line annual report and supplemental Electronic Waste Received by Consolidation Facility form to which this certification applies is accurate and complete, and that this entity will comply with the requirements of New York State's Electronic Equipment Recycling and Reuse Act, all other applicable laws, rules and regulations. I also hereby affirm under penalty of law that the information provided in this form and attached statements and exhibits is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Name: *	
Emil Panichi	
Date: *	
02/23/2022	
Title: *	Consolidation Facility: *
President	Panichi Holding Corp d/b/a Royal ı
Registration #: *	
	to "Sign Electronically," I hereby indicate my intent to electronically sign and submit this report, and to electronically sign this form on behalf of the consolidation facility. *
Sign Electronically	
Please note: If you do no signed and mailed in.	t wish to sign this form electronically, please contact the Department for a paper certification form to be
Created: Feb 23, 2022 at Anthony Constantino	.1:11 AM CST constantino@royalcarting.com
ı Last Updated: Feb 23, 20	22 at 11:11 AM CST

File: EWASTEPRICING JAN 2021

EWASTE PRICING

Commodity	Price
TV - Bubble Back	\$25.00
Computer Monitors - Bubble Back	\$25.00
TV - Flat Screen	\$15.00
Computer Monitors - Flat Screen	\$15.00
Small Scale Servers	\$5.00
Personal Computers/Tower with mouse & keyboard	\$3.00
Fax Machines	\$2.00
Printers	\$2.00
Scanners	\$2.00
VCR/DVR/DVD Players	\$2.00
Cable or Satellite Receivers	\$2.00
Electronic or Video Game Consoles	\$2.00
Portable Digital Music Players	\$1.00
Digital Converter Boxes	\$1.00
Cell Phones	Free
Mouse and or Keyboards	Free
Tower	\$15.00

SECTION 6 - UNAUTHORIZED SOLID WASTE

Has una Yes				the facility during the for each incident (at	reporting period? tach additional sheets if necessary):
	Date Rece		Type Received	Date Disposed	Disposal Method & Location
	SECT	ION 7 -	COST ESTIMAT	ES AND FINANC	CIAL ASSURANCE DOCUMENTS
Are the				assurance documen	
Yes	■ No		attach additional she e Plan?	eets reflecting annual	adjustments for inflation and any changes to the
			SE	CTION 8 – PROB	BLEMS
Were a	ny probler procedure:	ns encou s)?	ntered during the re	porting period (e.g., s	pecific occurrences which have led to changes in
Yes	Yes No If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.				
			SE	ECTION 9 – CHA	NGES
Were there any changes from approved reports, plans, specifications, and permit conditions?					
Yes	■ No	If yes, a	ittach additional she	ets identifying change	es with a justification for each change.
			44		
	SEC	CTION 1	0 - PERMIT/CO	NSENT ORDER F	REPORTING REQUIREMENTS
Are ther form?	Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form?				
Yes	■No	If yes, a		ets identifying the rep	orting requirements with their respective

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.

February 28, 2022 Signature Date James Popovich General Mgr. Name (Print or Type) Title (Print or Type) info@royalcarting.com Email (Print or Type) 409 Rte. 82/PO Box 1209 Hopewell Jct. Address City 12533 NY 845)896 _6000 Phone Number State and Zip

ATTACHMENTS: Tyes No