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, SWMFannualreport@dec.ny.gov,

February 23, 2022

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

Attention: Mr. Lee Reiff

Subject: 2021 Sullivan County Recyclables Handling & Recovery Facility Annual Report

Dear Mr. Reiff:

Attached is 2021 Annual Recyclables Handling & Recovery Facility Report with signature and supporting documentation submitted electronically (and via hard copy as needed) for Sullivan County, New York.

An electronic copy of this report has also been transmitted to the Central Office recipient email address 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@sullivanny.us Thank you.

Sincerely.

William Cutler,

Recycling Coordinator

Y:\...\Annual Reports 2021\letNYSDECRH&RFAnnualReport2021CoverLetter022322a.doc Copy: Edward McAndrew, P.E., Commissioner of Public Works NYSDEC Central Office – Bureau of Solid Waste Management File

Distribution List

1. Edward P. McAndrew, P.E., Commissioner of Public Works

2.

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

E-mail: <u>SWMFAnnualReportR3@dec.ny.gov</u>

Sullivan County Division of Public Works 100 North Street, P.O. Box 5012 Monticello, NY 12701

Sullivan County Division of Public Works 100 North Street, P.O. Box 5012 Monticello, NY 12701

3.

New York State Department of Environmental Conservation Division of Materials Management, Bureau of Solid Waste Management 625 Broadway Albany, NY 12233-7260

E-mail: <u>SWMFannualreport@dec.ny.gov</u>



RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

Department of Environmental Conservation RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT (If you need assistance filling out this form please email swmfannualreport@dec.nv.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:			- Annu Marian e Review (1904) ann an Airmean ann an Airmean ann ann an Airmean an Airmean an Airmean an Airmea	an common terms of some		
Sullivan County Dept.				ateria	ils Rec	
FACILITY LOCATION ADDRESS	<i>E</i>	FACILITY	CITY:		STATE:	ZIP CODE:
132 Landfill Drive		Monti			NY	12701
FACILITY TOWN:		FACILITY	COUNTY:	FACI	LITY PHOI	VE NUMBER:
Thompson		Sulliv		l	5-807-	-0303
FACILITY NYS PLANNING UNIT: Sullivan County	(A list of NY	'S <u>Planning Un</u>	its can be found at the end of	this rep	ort). NYS	SDEC GION#: 3
360 PERMIT #: (Refer to DEC Permit)	DATE IS	SUED:	DATE EXPIRES:	REGI:		ITY CODE OR NUMBER:(Refer to
FACILITY CONTACT: public CONTACT PHONE CONTACT FAX NUMBER:						
Mark Witkowski Private NUMBER: 845-807-0334						
CONTACT EMAIL ADDRESS: mark.witkowski@sullivanny.us						
OWNER INFORMATION						
OWNER NAME: OWNER PHONE NUMBER: OWNER FAX NUMBER:						
Sullivan County Division of Public Works 845-807-0261 845-807-0335						
OWNER ADDRESS: OWNER CITY: STATE: ZIP CODE:						
100 North Street, PO Box 5012 Monticello NY 12701						
OWNER CONTACT: OWNER CONTACT EMAIL ADDRESS:						
Mark Witkowski mark.witkowski@sullivanny.us						
		OPERATOR	RINFORMATION			
OPERATOR INFORMATION OPERATOR NAME:						
PREFERENCES						
PREFERENCES Preferred address to receive correspondence: Facility location address Other (provide): Owner address						
Preferred email address: Facili	ty Contact		wnerContact			
Preferred individual to receive corre	espondend	ce: 🔲 Facil.	ity Contact 🔲 Own	er Contac	ct	
Did you operate in 2021? Yes No to relinquish your permit/registration Solid Waste Management Facility of	Complete n associa	e and submit ted with this	Sections 1 and 11. If yo	it activit	ty, also cor	nplete the "Inactive

SECTION 2 - MATERIAL RECEIVED

provide the tonnages of materials received. This includes all materials received at your facility regardless of their destination after pro

Truck Count Scale Weight he methods used to measure the quantities received and the percentages measured by each method: % Other (Specify: % Estimated

1		talihan ilikuwa mana mana mana mana mana mana mana ma		The state of the s	- The state of the			
Waterial	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	Jul (ton
ningled Containers glass, plastic)								
ningled Paper (all	\$0.00/ton	105.97	0	0	110.27	0	143.13	0
) Stream	-\$50.00/ton 255.54	255.54	190.38	225.65	282.81	283.73	304.84	450.13
(specify)								
Total Tons Received	ved	361.51	190.38	225.65	393.08	283.73	447.97	450.13
Waterial	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Ye (tons)	Total Year (tons)	Daily , (ton
ningled Containers glass, plastic)								
ningled Paper (all	143.90	111.57			82,43	697.27	mananananananananananananananananananan	2.32
Stream	389.2	329.62	256.23	197.25	209.83	3375.21		11.25
(specify)								
	COLUMN A SALES BARRIES AND A SALES AND A S	Proportion of the state of the	The second secon	Andreas de la companya del la companya de la compan				
	Maria de la companya		The state of the s					
ons Received	533.1	441.19	256.23	197.25	292.26	4072.48		13.57

e 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 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

<u>dentify where the material is coming from.</u> The total tons received reported below should equal the total tons received in Section 2 (So Received). DO NOT REPORT IN CUBIC YARDS!

tate, county and planning unit/municipality. the material WAS received from another solid waste management facility, please write in the name and address of the facility along with the ap

the material WAS NOT received from another solid waste management facility, please write in "Direct Haul" along with the appropriate state, clanning unit/municipality where the material was generated.

Water: Material(s): Road: Material(s): Commingled Paper, Single Stream Recycling ansport method, list type of material(s) and percentages of total material transported by each: 2 SERVICE AREA OF MATERIAL RECEIVED WHO THE PROPERTY IN SERVICE % Rail: Material(s): % Other (specify: SERVICE SERVICE AREA): Material(s):

TERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	AREA STATE OR COUNTRY	AREA COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RE
					THE PERSON NAMED IN PROPERTY OF THE PERSON NAMED IN PROPERTY O
lors :					
ass, plastic)					
	Ferndale, Highland, Mamakaling, Monticello, Rockland, Western Sullivan, Bethel & Neversink Transfer Stations New York		Sullivan County	Sullivan County	697.27
ngled Paper	C/O Sullivan Co. Dept. of Solid Waste & Recycling, 100 North St., PO Box 5012, Monticello, NY 12701				
204.004.004.00	Ferndale, Highland, Mamakating, Monticello, Rockland, Western Sullivan, Bethel & Neversink Transfer Stations				3375.21
Circain	C/O Sullivan Co. Dept. of Solid Waste & Recycling, 100 North St., PO Box 5012, Monticello, NY 12701				
Between 100 to 1					
specify)					
440040000000000000000000000000000000000					
			TOTAL WATER	TOTAL MATERIAL RECEIVED (tons): 4072.48	4072.48

naterial 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 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

rinted (12/21)

SECTION 4 - RESIDUE

identify destination of recyclable <u>materials.</u> Indicate the name of the facility, <u>address,</u> corresponding State/Country, County/Pr Destination Planning Unit/Municipality and the amount of material recovered. DO NOT REPORT IN CUBIC YARDS!

ansport metho Road: Material(ansport method, list type of material(s) and percentages of total material transported by each: Road: Material(s): Corrugated Cardboard & Mixed Paper Road: Material(s): Corrugated Cardboard & Mixed Paper	al transported by e	d by each: _% Rail: Material(s):		THE THE PARTY OF T
Water: Material(s):		% Ott	% Other (specify:): Material(s):	
	PAPER R	PAPER RECOVERED			
OVERED	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TO! RECOV
ngled Paper s)					
ated	Republic Waste, 508 Fishkill Ave., Beacon, NY 12508	New York	Dutchess County	Dutchess County	608.46
ă C.	nia, PA 19145	Pennsylvania			82.43
SN more a a brooks					
Tes					
aper					
2 20 20 70 70 70 70					
ward/ ard					
aper (specify)				American des de la companya de la c	AND THE PROPERTY OF THE PROPER
xed Paper	Republic Waste, 508 Fishkill Ave., Beacon, NY 12508	New York	Dutchess County	Dutchess County	

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 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.

TOTAL PAPER RECOVERED (tons):

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

The Latest Annual Control of the Con					The second secon
	GLASS RECOVERED	COVERED			
COVERED ATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TOI RECOV
ner Glass					Medicino Ricinato Periodo Consessiones de la consessione della con
al Scrap Glass					
lass (specify)		PREFICE TO THE PARTY OF THE PAR		CONTRACTOR OF THE PROPERTY OF	
			OTAL GLASS RI	TOTAL GLASS RECOVERED (tons):	endelganoptija vidajeja janasija iz jestoje nejeroje na pr
	METAL RECOVERED	COVERED			
COVERED ATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TOI RECOV
um Foil / Trays					Andrikano i rajet, no menana keralamanakan
(a)					
led Appliances Goods					
al Scrap Wetal					
lers in um					Andrew Report of the Commission of the Commissio
fletal (specify)					
		AND THE REAL PROPERTY OF THE P			75 YYYAN IIIOMAYRII II MAANAANIA MARII - SINAI
AND CONTRACTOR OF THE PROPERTY			TOTAL METAL R	AL RECOVERED (tons):	enarje etropaj i Adjualjodo, denako rijukiri e vos kroaco

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 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	COVERED			
COVERED	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TON RECOV
ngled Plastic					• * • • • • • • • • • • • • • • • • • •
stic #1)					The state of the American State of the State
ilastic#2)					
ligid Plastics					ALLEST AND THE TABLE OF THE TOTAL TO THE TOTAL
al Scrap					
Film & Bags					
lastics (specify)					A TOTAL ALL LIFE ALL THE THE PROPERTY OF A TOTAL AND A
).da.	OTAL DI VELIC D	TOTAL DI ASTIC DECOVERED (tops):	

TOTAL PLASTIC RECOVERED (tons):

naterial 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 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

		STATE OF THE PARTY					
ATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT	Ä	MATERIAL	EQUIVAL
· w hole bottles	1 cubic yard 0.35 tons	0.35 tons	GLASS - crushed mechanically	1 cubic yard	0.88 tons	ALUMINUM - cans - w hole	1 cubic yard 0
semi crushed	1 cubic yard 0.70 tons		GLASS - uncrushed manually	55 gallon drum 0.16 tons	0.16 tons	ALUMNUM - cans - flattened	1 cubic yard 0
high grade loose	1 cubic yard 0.18 tons	0.18 tons	PLASTIC - PET - whole	1 cubic yard	0.015 tons		
high grade baled	1 cubic yard 0.36 tons	0.36 tons	PLASTIC - PET - flattened	1 cubic yard	0.04 tons		
mixed loose	1 cubic yard 0.15 tons	0.15 tons	PLASTIC - PET - baled	1 cubic yard	0.38 tons	WHITE GOODS - uncompacted	1 cubic yard 0
INT - loose	1 cubic yard 0.29 tons	0.29 tons	PLASTIC - styrofoam	1 cubic yard	0.02 tons	WHITE GOODS - compacted	1 cubic yard 0
INT - compacted	1 cubic yard 0.43 tons		PLASTIC - HDPE - whole	1 cubic yard	0.012 tons		
ATED - loose	1 cubic yard	0.015 tons	0.015 tons PLASTIC - HDPE - flattened 1 1 cubic yard	1 cubic yard	0.03 tons		
A TED - baled	1 cubic yard 0.55 tons		PLASTIC - HDPE - baled	1 cubic yard	0.38 tons	FERROUS METAL - cans whole 1 cubic yard	1 cubic yard 0
			PLASTIC - mixed (grocery bags) 45 gallon bag	45 gallon bag	0.01 tons	FERROUS METAL - cans	1 cubic vard (

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	MIXED MATERIAL RECOVERED	L RECOVERED			
COVERED ATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TON RECOV
ngled ners ass, plastic)					
ngled Paper & ners					
Stream	Republic Waste, 508 Fishkill Ave., Beacon, NY 12508	New York	Dutchess County	Dutchess County	3375.21
pecify)					
		TOTAL	MIXED MATERIA	TOTAL MIXED MATERIAL RECOVERED (tons):	3375.21
	MISCELLANEOUS MATERIAL RECOVERED	TERIAL RECOVE	RED		
COVERED ATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TOP RECOV (out of f
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d (to contra unate para proper proper per per per per per per per per per					oriental excession and the second of the sec
		OTAL MISCELLA	VEOUS MATERIA	TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):	Manual Control of the

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SECTION 6 - UNAUTHORIZED SOLID WASTE

Date Received Type Received Date Disposed Disposal Method & Location Date Received Type Received Date Disposed Disposal Method & Location	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):						
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	Yes	L≛JNo If yes, g	ive information below	for each incident (at	tach additional sheets if necessary):		
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bining bining	1	re any additional p	permit/consent order i	reporting requirement	ts not covered by the previous sections of this		
	Yes	Seinisten		eets identifying the re	porting 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:

ATTACHMENTS: Q YES ONO

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.

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Mad Visignature Signature	February 23, 2022
, and the second	
Mark Witkowski	Deputy Commissioner of Public Works
Name (Print or Type)	Title (Print or Type)
mark.witkowski@sullivanny.us	
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