

## RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

Department of Environmental (If you need assistance filling out this form please email <a href="mailto:swmfannualreport@dec.ny.gov">swmfannualreport@dec.ny.gov</a> or call 518-402-8678.)

Conservation

Complete and culture this form by March 1, 2022 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:			***************************************					
Greenport Transfer Station								
FACILITY LOCATION ADDRESS		FACILITY	CITY:	STATE:	ZIP CODE:			
51 Newman Road		Hudso	on	NY	12534			
FACILITY TOWN:		FACILITY	COUNTY:	FACILITY PHO	NE NUMBER:			
Greenport		Colun	nbia	518 828	2737			
FACILITY NYS PLANNING UNIT: Columbia County (except Canaan (T))	(A list of NY	S <u>Planning Un</u>	its can be found at the end of		SDEC GION#:4			
360 PERMIT #: (Refer to DEC	DATE IS	SUED:	DATE EXPIRES:	NYS DEC ACTIV				
Permit) 4104070000000	8/1/2	015	7/31/2025	REGISTRATION DEC Registration)	I NUMBER:(Refer to			
FACILITY CONTACT:		public	CONTACT PHONE	CONTACT	FAX NUMBER:			
Jolene D. Race		private	NUMBER: 518 828 2737	518 82	28 2524			
CONTACT EMAIL ADDRESS: jole	ene.race	@columbi	acountyny.com					
			INFORMATION					
OWNER NAME: Columbia County			HONE NUMBER: 28 2737	OWNER FAX NUMBER: 518 828 2524				
OWNER ADDRESS:		OWNER C		ZIP CODE:				
401 State Street		Hudson		NY	12534			
OWNER CONTACT:		1	ONTACT EMAIL ADDRE	=	4			
Jolene D. Race		17	.race@colun	nbiacoun	tyny.com			
		OPERATO	RINFORMATION					
OPERATOR NAME: ☑ sam	e as owner			■ public □ private				
	The second secon		ERENCES					
Preferred address to receive corres	sponaence	9: ∟L Facility l	ocation address	Owner addres	;s			
Preferred email address:  Facility Contact  Owner Contact								
Preferred individual to receive corre  Other (provide):	espondend	ce: 🗖 Facil	ity Contact 🔲 Own	er Contact				
Did you operate in 2021?  Yes	s; Complet	te this form.						
□ No	· Complet	e and suhmi	t Sections 1 and 11 lf vo	ou no longer plan :	to onerate 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!

	***************************************	_% Estimated _% Other (Spec	ify:	)			
Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
	143.83	122.07	150.26	136.1	134.8	148.36	154.13
	[						
		70005	<i>5</i> -222		420210	ZI/AO AO	45446
ved	24.00	122.07	2 35-30-5	di diserci e i mercesi Aribertani e e e e	to the control of the	Application of the Control of the Co	154.13
August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	I		Daily Avg. (tons)
					1		l= 0.4
143.12	137.72	112.36	125.48	149.45	1657.67		5.31
143.12	137.72	112.36	125.48	149.45	1657.67		5.31
143.12	137.72	112.36	125.48	149.45	1657.67		5.31
	(\$/Ton)  ved  August	(\$/Ton) (tons)  143.83  Ved 143.83  August September	Tip Fee (\$/Ton) (tons) February (tons)  143.83 122.07  Ved 143.83 122.07  August September October	(\$/Ton) (tons) (tons) (tons)  143.83 122.07 150.26  ved 143.83 122.07 150.26  August September October November	Tip Fee (\$/Ton)         January (tons)         February (tons)         March (tons)         April (tons)           143.83         122.07         150.26         136.1           143.83         122.07         150.26         136.1           143.83         122.07         150.26         136.1           August         September         October         November         December	Tip Fee (\$/Ton)   January (tons)   February (tons)   March (tons)   May (tons)	Tip Fee (\$/Ton)         January (tons)         February (tons)         March (tons)         April (tons)         May (tons)         June (tons)           143.83         122.07         150.26         136.1         134.8         148.36           Ived         143.83         122.07         150.26         136.1         134.8         148.36           August         September         October         November         December         Total Year

#### SECTION 3 – SERVICE AREA OF MATERIAL RECEIVED

<u>Please identify where the material is coming from.</u> 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.

	al(s): Single Stream recyclables	•			
% Water: Mater	rial(s):			): Material(s):	
	SERVICE AREA OF M	IATERIAL RE	CEIVED(where the i	naterial 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 (metal, glass, plastic)					
Commingled Paper					
(all grades)					
	Chatham, Livingston, Kinderhook, Hillsdale, Copake, Gallatin	NY	Columbia County	Columbia County (exce	1657.67
Single Stream (total)	Germantown, Greenport Transfer. All County owned facilities				
	located in Columbia County NY.				
Other (specify)					
			TOTAL MATER	l NAL RECEIVED (tons	]: 1657.67

## **SECTION 4 – RESIDUE**

Total residue (tons) = Percent Residue Calcu	Residue destination (Name & Adulation: Total tons residue/Total tons material received	ldress) x 100 =			
	SECTION 5 - RECYCLABLE	S & RECOVER	ED MATERIAL	S	
Please identify desti Destina	nation of recyclable materials. Indicate the name ation Planning Unit/Municipality and the amount	e of the facility, <u>a</u> of material reco	<u>address,</u> corresp vered. DO NOT F	onding State/Country, ( REPORT IN CUBIC YARI	County/Province, DS!
Specify transport metho	d, list type of material(s) and percentages of total mater (s):	% Ra	ail: Material(s):		
% Water: Materia	l(s):	% Ot	her (specify:	): Material(s):	
	PAPER F	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 PAPI	ER RECOVERED (tons):	

	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					
Other Glass (specify)					
			TOTAL GLASS R	ECOVERED (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	Mijo Metals, Albany NY	NY	Albany County		241.98
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
			TOTAL METAL R	ECOVERED (tons): 24	1.98

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.

	PLASTIC R	ECOVERED			
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)					
		· T(	OTAL PLASTIC R	ECOVERED (tons):	

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	EQUIVA	LENT	MATERIAL	EQUIVALENT MATERIAL		EQUIVA	ALENT	
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 - whole	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 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

	MIXED MATER	NAL 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)					
	MISCELLANEOUS N		romaniamin ar General Australia (n. 1875). An et Partico (n. 1886). Maria	AL 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	ERI 89 Cross Street, Holliston MA	MA			32.71
Textiles					
Other (specify)					Add to the second secon
Tires	Casings, Catskill NY	NY	Greene County	Greene County	42.15
		TOTAL MISCELLA	NEOUS MATERIA	AL RECOVERED (tons)	74.86

# **SECTION 6 – UNAUTHORIZED SOLID WASTE**

		id waste been received a	• •	
Yes	■ No If y	es, give information belo	w for each incident (at	tach additional sheets if necessary):
	ate Receive	d Type Received	Date Disposed	Disposal Method & Location
<b>L</b>				
	SECTIO	N 7 - COST ESTIMA	TES AND FINAN	CIAL ASSURANCE DOCUMENTS
Are the	e required c	ost estimates and financi	al assurance documer	nts for closure?
Yes	<u> </u>			adjustments for inflation and any changes to the
		Closure Plan?	•	•
		S	ECTION 8 - PROI	BLEMS
Were a	nv problems	encountered during the r	eporting period (e.g., s	specific occurrences which have led to changes in
	procedures)?		37 - (2.00)	
Yes		f yes, attach additional sl oroblem.	neets identifying each	problem and the methods for resolution of the
	·			
	······································			
		•	SECTION 9 – CHA	NGES
Were th	ere any cha	nges from approved repo	rts, plans, specification	ns, and permit conditions?
Yes	■No I	f yes, attach additional sl	neets identifying chang	ges with a justification for each change.
- Contraction				
	······································			
	SECT	ION 10 - PERMIT/C	ONSENT ORDER	REPORTING REQUIREMENTS
Are the form?	re any additi	onal permit/consent orde	r reporting requiremen	ts not covered by the previous sections of this
Yes		f yes, attach additional sl esponses.	neets identifying the re	porting requirements with their respective

\*This page for reference only. Please do not return with submittal.\*

# Division of Materials Management New York State Department of Environmental Conservation Albany, New York 12233-7260

#### **RECYCLABLES HANDLING & RECOVERY FACILITY**

A Recyclable Handling and Recovery Facility is a facility that receives source-separated recyclables. Further information and a listing of the recyclable handling and recovery facilities are available online at http://www.dec.ny.gov/chemical/50793.html.

If your facility is authorized to operate a construction and demolition debris handling and recovery facility you need to submit a Construction and Demolition Debris Handling and Recovery Facility Annual Report.

If your facility is authorized to operate as a transfer facility you need to submit a Transfer Facility Annual. If your facility is authorized to operate as a recyclables handling & recovery facility and a transfer facility you must submit both annual reports.

Forms for all solid waste management facilities can be found at <a href="http://www.dec.ny.gov/chemical/52706.html">http://www.dec.ny.gov/chemical/52706.html</a> and a brief description of each type of facility can be found at <a href="http://www.dec.ny.gov/chemical/8495.html">http://www.dec.ny.gov/chemical/8495.html</a>.

#### **Annual Report**

#### Submit the Annual Report no later than March 1, 2022.

Reporting of the information indicated on this Recyclables Handling and Recovery Facility Annual Report form is required pursuant to 6 NYCRR Part 360. Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual/Quarterly Report requirements of 6 NYCRR Part 360.

Where the Annual Report requirements have been modified, appropriate Sections (as necessary to reflect the modification) must be completed and submitted with a copy of the Department's written notification which allows the modification.

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

#### **SECTION 3 – SERVICE AREA OF MATERIAL RECEIVED**

Identify the facility's service area by indicating the type and amount of material received, the Solid Waste Management facility (SWMF) from which it was received by your facility (or Direct Haul), the corresponding State/Country, the County/Province, and the NYS Planning Unit from which waste was received. **Refer to the list of NYS Planning Units that can be found at the end of this report.** The Total Tons Received reported below should equal the Total Tons Received in Section 2. DO NOT REPORT IN CUBIC YARDS!

#### Additional Service Area Guidance:

- 1) <u>Direct hauled from the generator of the recyclables</u>. In the case where the recyclables are hauled to your recycling facility from the generator (i.e., hauled from residences, commercial establishments, etc.), "Direct Haul" would be the appropriate response in Column 2 under "Service Area". Please report the tonnage by material type and identify the state, county and planning unit where it was generated; or
- 2) <u>Sent to your recycling facility from another solid waste management facility</u>. Recyclables may be sent to your recycling facility from another solid waste management facility. In this case, please report the tonnage by material type from each sending solid waste management facility, as well as the sending facility's name, address, county, and the planning unit where the sending facility is located.

#### 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

Director

Name (Print or Type)

Jolene.race@columbiacountyny.com

Email (Print or Type)

401 State Street

Address

NY 12534

State and Zip

Director

Title (Print or Type)

Hudson

City

518 828 2737

Phone Number

ATTACHMENTS: Tyes I NO



#### RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

Department of ECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT Environmental (If you need assistance filling out this form please email <a href="mailto:swmfannualreport@dec.ny.gov">swmfannualreport@dec.ny.gov</a> or call 518-402-8678.)

Complete and submit this form by March 1, 2022 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						
Greenport Transfer Station								
S:	FACILITY	CITY:		STATE:	ZIP CODE:			
b	Huds	on		NY	12534			
	FACILITY	COUNTY:	FAC	ILITY PHO	NE NUMBER:			
	Colun	nbia	518	8 828	2737			
: (A list of NY	'S <u>Planning Un</u>	<u>ifs</u> can be found at the end of	this rep		SDEC GION#:4			
DATE IS	SUED:	DATE EXPIRES:	1					
8/1/2	2015	7/31/2025			NUMBER:{Refer to			
	public	CONTACT PHONE		CONTACT	FAX NUMBER:			
	□ private	NUMBER: 518 828 2737		518 82	28 2524			
lene.race	@columbi	acountyny.com						
					1			
					<b>ZIP CODE:</b> 12534			
·	I	CONTACT EMAIL ADDRI	ESS:					
	jolene	e.race@colur	nbia	acoun	tyny.com			
	OPERATO	RINFORMATION		A CONTRACTOR OF THE CONTRACTOR				
me as owner				■ public □ private				
E I ATENIA DE LE CONTROL DE LA		<del></del>						
espondence	9: L. Facility I	location address		Owneraddres	s			
Preferred email address: Facility Contact Owner Contact								
responden	ce: 🗖 Facil	lity Contact 🔲 Own	er Conta	act				
Did you operate in 2021?  Yes; Complete this form.								
aei Campla	to this form				l			
	DATE IS 8/1/2  Iene.race  me as owner  espondence  ility Contact	er Station  FACILITY  Hudso  FACILITY  Colun  (Alist of NYS Planning Ur  (Alist of NYS Planning Ur  Public  private  Public  OWNER  OWN	FACILITY CITY:  Hudson  FACILITY COUNTY: Columbia  Table (A list of NYS Planning Units can be found at the end of the end	er Station  FACILITY CITY: Hudson  FACILITY COUNTY: Columbia  A list of NYS Planning Units can be found at the end of this representation of t	er Station  S: FACILITY CITY: STATE: NY  Hudson   FACILITY COUNTY: FACILITY PHORE STATE: NY  Columbia   518 828  S: (A list of NYS Planning Units can be found at the end of this report). NYS  REGISTRATION DEC Registration)    DATE ISSUED: DATE EXPIRES: 7/31/2025   NYS DEC ACTIVE REGISTRATION DEC Registration)    DATE ISSUED: NYS DEC ACTIVE REGISTRATION DEC Registration)    DEC REGISTRATION DEC REGISTRATION DEC REGISTRATION DEC REGISTRATION DEC REGISTRATION DEC REGISTRATION  OWNER INFORMATION DEC REGISTRATION DEC REGISTRATION DEC REGISTRATION DEC REGISTRATION  OWNER INFORMATION DEC REGISTRATION D			

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!

		 % Other (Spec	ify:	)			
Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
			:				
	143.83	122.07	150.26	136.1	134.8	148.36	154.13
ed E	143.83	122.07	150.26	136.1	134.8	148.36	154.13
August (tons)	September (tons)	October (tons)	November (tons)	December (tons)			Daily Avg. (tons)
143.12	137.72	112.36	125.48	149.45	1657.67		5.31
	ed August (tons)	(\$/Ton) (tons)  143.83  August (tons) September (tons)	Tip Fee (\$/Ton)   January (tons)    143.83   122.07    ad   143.83   122.07    August (tons)   October (tons)	Tip Fee (\$/Ton) (tons) February (tons) March (tons)  143.83 122.07 150.26  August (tons) September (tons) November (tons)	Tip Fee (\$/Ton)	Tip Fee (\$/Ton)   General September (tons)   Tons   Tons	Tip Fee (\$/Ton)   February (tons)   March (tons)   March (tons)   May (tons)

#### SECTION 3 – SERVICE AREA OF MATERIAL RECEIVED

<u>Please identify where the material is coming from.</u> 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.

· · · · · · · · · · · · · · · ·	ood, list type of material(s) and percentages of total material trar	sported by ea	ch:		
100 % Road: Materi	<sub>al(s):</sub> Single Stream recyclables	% Rail	: Material(s):		
% Water: Mate	rial(s):		er (specify:		
	SERVICE AREA OF M	ATERIAL RE	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					
Containers					
(metal, glass, plastic)					
Commingled Bases					
Commingled Paper (all grades)					
				The state of the s	
Single Stream	Chatham, Livingston, Kinderhook, Hillsdale, Copake, Gallatin	NY	Columbia County	Columbia County (exce	1657.67
(total)	Germantown, Greenport Transfer. All County owned facilities				
	located in Columbia County NY.				
Other (specify)					
		-			
			TOTAL MATER	NAL RECEIVED (tons	): 1657.67

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. Reprinted (12/21)

## **SECTION 4 – RESIDUE**

Total residue (tons) = Percent Residue Calcu	Residue destination (Name & Adulation: Total tons residue/Total tons material received	ddress) x 100 =		.,		
	SECTION 5 - RECYCLABLE	S & RECOVER	ED MATERIAL	S		
Please identify desti Destina	nation of recyclable materials. Indicate the namation Planning Unit/Municipality and the amount	e of the facility, <u>a</u> of material reco	<u>address,</u> corresp vered. DO NOT F	onding State/Country, ( REPORT IN CUBIC YARI	County/Province, DS!	
Specify transport method, list type of material(s) and percentages of total material transported by each:						
% Water: Materia	l(s):	% Ot	ner (specily:	): iviateriai(s):		
MATERIAL PROPERTY OF THE PROPE	PAPER I	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				WWA		
Office Paper						
Paperboard/ Boxboard						
Other Paper (specify)						
			TOTAL DADI	R RECOVERED (tons):		

	GLASS RE	COVERED			
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):	
	METAL RE	COVERED			
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	Mijo Metals, Albany NY	NY	Albany County		241.98
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
			TOTAL METAL R	ECOVERED (tons): 24	1.98

	PLASTIC RI	COVERED		entena silas esta applicação de la constante d Constante de la constante de l	empra de la regalación de la compansión de La compansión de la compa
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)					***************************************
		Research	OTAL PLASTIC R	ECOVERED (tons):	

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 - whole	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		enisarian 860-860 wak n	oğunda günderdir.
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 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

	MIXED MATE	RIAL 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)					
	MISCEL ANEOUS	TOTAL MATERIAL RECOVE		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	ERI 89 Cross Street, Holliston MA	MA			32.71
Textiles					
Other (specify)					
Tires	Casings, Catskill NY	NY	Greene County	Greene County	42.15
		TOTAL MISCELLA	NEOUS MATERIA	AL RECOVERED (tons):	74.86

# **SECTION 6 – UNAUTHORIZED SOLID WASTE**

		waste been received at s, give information below	, -	eporting period? ch additional sheets if necessary):			
	ate Received	Type Received	Date Disposed	Disposal Method & Location			
	SECTION	7 - COST ESTIMAT	TES AND FINANC	AL ASSURANCE DOCUMENTS			
Are ther		st estimates and financia					
Yes		yes, attach additional she osure Plan?	eets reflecting annual a	djustments for inflation and any changes to the			
		SE	CTION 8 – PROB	LEMS			
	ny problems e procedures)?	ncountered during the re	porting period (e.g., sp	ecific 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.						
		s	ECTION 9 – CHAN	IGES			
Were th	ere any chang	ges from approved report	ts, plans, specifications	s, and permit conditions?			
Yes In No If yes, attach additional sheets identifying changes with a justification for each change.							
<u> </u>							
·	SECTION	ON 10 - PERMIT/CO	NSENT ORDER R	EPORTING REQUIREMENTS			
Are then	Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form?						
Yes	_	yes, attach additional she sponses.	eets 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: SWMFannuaireport@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 Jolene D. Race Director Name (Print or Type) Title (Print or Type) jolene.race@columbiacountyny.com Email (Print or Type) 401 State Street Hudson Address NY 12534 State and Zip

ATTACHMENTS: YES NO

\*This page for reference only. Please do not return with submittal.\*

# Division of Materials Management New York State Department of Environmental Conservation Albany, New York 12233-7260

#### **RECYCLABLES HANDLING & RECOVERY FACILITY**

A Recyclable Handling and Recovery Facility is a facility that receives source-separated recyclables. Further information and a listing of the recyclable handling and recovery facilities are available online at <a href="http://www.dec.ny.gov/chemical/50793.html">http://www.dec.ny.gov/chemical/50793.html</a>.

If your facility is authorized to operate a construction and demolition debris handling and recovery facility you need to submit a Construction and Demolition Debris Handling and Recovery Facility Annual Report.

If your facility is authorized to operate as a transfer facility you need to submit a Transfer Facility Annual. If your facility is authorized to operate as a recyclables handling & recovery facility and a transfer facility you must submit both annual reports.

Forms for all solid waste management facilities can be found at <a href="http://www.dec.ny.gov/chemical/52706.html">http://www.dec.ny.gov/chemical/52706.html</a> and a brief description of each type of facility can be found at <a href="http://www.dec.ny.gov/chemical/8495.html">http://www.dec.ny.gov/chemical/8495.html</a>.

#### **Annual Report**

#### Submit the Annual Report no later than March 1, 2022.

Reporting of the information indicated on this Recyclables Handling and Recovery Facility Annual Report form is required pursuant to 6 NYCRR Part 360. Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual/Quarterly Report requirements of 6 NYCRR Part 360.

Where the Annual Report requirements have been modified, appropriate Sections (as necessary to reflect the modification) must be completed and submitted with a copy of the Department's written notification which allows the modification.

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

#### **SECTION 3 – SERVICE AREA OF MATERIAL RECEIVED**

Identify the facility's service area by indicating the type and amount of material received, the Solid Waste Management facility (SWMF) from which it was received by your facility (or Direct Haul), the corresponding State/Country, the County/Province, and the NYS Planning Unit from which waste was received. **Refer to the list of NYS Planning Units that can be found at the end of this report.** The Total Tons Received reported below should equal the Total Tons Received in Section 2. DO NOT REPORT IN CUBIC YARDS!

## Additional Service Area Guidance:

- 1) <u>Direct hauled from the generator of the recyclables</u>. In the case where the recyclables are hauled to your recycling facility from the generator (i.e., hauled from residences, commercial establishments, etc.), "Direct Haul" would be the appropriate response in Column 2 under "Service Area". Please report the tonnage by material type and identify the state, county and planning unit where it was generated; or
- 2) <u>Sent to your recycling facility from another solid waste management facility</u>. Recyclables may be sent to your recycling facility from another solid waste management facility. In this case, please report the tonnage by material type from each sending solid waste management facility, as well as the sending facility's name, address, county, and the planning unit where the sending facility is located.