



Department of
Environmental
Conservation

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email swmannualreport@dec.ny.gov or call 518-402-8678.)

Complete and submit this form by March 1, 2023.

This annual report is for the year of operation from January 01, 2022 to December 31, 2022 SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: RCSWMA MATERIALS RECOVERY FACILITY-HILLBURN dba ROCKLAND GREEN			
FACILITY LOCATION ADDRESS: 420 TORNE VALLEY ROAD	FACILITY CITY: HILLBURN	STATE: NY	ZIP CODE: 10931
FACILITY TOWN: RAMAPO	FACILITY COUNTY: ROCKLAND	FACILITY PHONE NUMBER: (845) 753-2200	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Rockland County Solid Waste Management Authority (RCSWMA)			NYSDEC REGION #: 3
360 PERMIT #: (Refer to DEC Permit)	DATE ISSUED: APRIL 30, 2019	DATE EXPIRES: APRIL 29, 2024	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 44R20002
FACILITY CONTACT: Ronald M. Ludwig, Assistant Solid Waste Operations Manager	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: (845) 753-2200 ext. 717	CONTACT FAX NUMBER: (845) 753-2281
CONTACT EMAIL ADDRESS: rldwig@rocklandgreen.com			
OWNER INFORMATION			
OWNER NAME: ROCKLAND GREEN	OWNER PHONE NUMBER: (845) 753-2200	OWNER FAX NUMBER: (845) 753-2281	
OWNER ADDRESS: 172 MAIN STREET	OWNER CITY: NANUET	STATE: NY	ZIP CODE: 10954
OWNER CONTACT: GERARD M. DAMIANI, JR., EXECUTIVE DIRECTOR	OWNER CONTACT EMAIL ADDRESS: gdamiani@rocklandgreen.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner IWS TRANSFER SYSTEMS of NY, INC.		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2022? 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>.

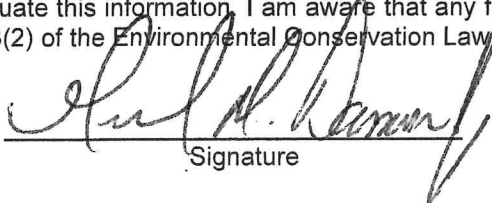
SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management Contacts).

The Owner or Operator must also submit one copy by email, fax or mail to:

**New York State Department of Environmental
Conservation Division of Materials Management
Bureau of Solid Waste Management
625 Broadway
Albany, New York 12233-
7260 Fax 518-402-9041
Email address: SWMFannualreport@dec.ny.gov**

I certify, under penalty of law, that the data and other information identified in this report have been prepared under my direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuant to section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.


Signature

2-27-23
Date

GERARD M. DAMIANI, JR.
Name (Print or Type)

EXECUTIVE DIRECTOR
Title (Print or Type)

gdamiani@rocklandgreen.com

Email (Print or Type)

172 MAIN STREET

Address

NANUET

City

NEW YORK 10954

State and Zip

(845) 753-2200 ext. 610

Phone Number

ATTACHMENTS: YES NO