ANNUAL REPORT

This Regulated Medical Waste Facility Annual Report is for the year of operation from January 01, 2945 to December 31, 2948 2019

SECTION 1 – FACILITY INFORMATION

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FACILITY INFORMATION				
FACILITY NAME: SNAUSE REGULATED MEDIC	ra/ Na	ste Transfe		tation
FACILITY LOCATION ADDRESS: 28 Corpus Circle Ste 4	FACILITY East	CITY: Sylacuse	N	ATE: ZIP CODE: 1305 7
FACILITY TOWN:		COUNTY:	FACILITY 800-3	
FACILITY NYS PLANNING UNIT: (A list of report).		Units can be found at the en	· · · · · · · · · · · · · · · · · · ·	NYSDEC REGION #:
360 PERMIT #: DATE !	SSUED:	DATE EXPIRES: 01/18/2020		ACTIVITY CODE OR ATION NUMBER:
FACILITY CONTACT:	r public F private	CONTACT PHONE NUMBER: 35-632-885	9	TACT FAX NUMBER:
CONTACT EMAIL ADDRESS: Jame		bioservusa. Com	<u> </u>	
		INFORMATION	·	
OWNER NAME: Richard Regaini	203-	PHONE NUMBER: 519 - 2120	203-	- 158 - 5533
OWNER ADDRESS: 10 Gramar Ave	OWNER (Mospect	C	ATE: ZIP CODE:
OWNER CONTACT: OWNER CONTACT EMAIL ADDRESS: NICHAL RAPAINI (ICK @ bioservusa. Com.)				
OPERATOR INFORMATION				
OPERATOR NAME: Same as own Environmental Maintenance Surv	icez. In	1C.	□ pι K pr	iblic ivate
Preferred address to receive corresponde		FERENCES	K 0	wneraddress
☐ Other (provide):				wilei audiess
Preferred email address: ☐ Facility Contact ☑ Owner Contact ☐ Other (provide):				
Preferred individual to receive correspondence:				
Did you operate in 2019 Yes; Complete this form.				
□ No; Complete and submit Sections 1 and 10. 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.nv.gov/chemical/52706.html.				

SECTION 2 - PERMITTED RMW WASTE TRANSFER OR TREATMENT FACILITIES

	AMOUNT GENERATED OR RECEIVED FOR PROCESSING (tons)	AMOUNT TRANSFERRED TO TREATMENT FACILITY (tons)	AMOUNT TREATED (tons)	AMOUNT BYPASSED (tons)	AMOUNT OF SHARPS OR DEVICES PROCESSED FOR RECYCLING (tons)	IF WASTE IS TRANSFERRED, THE NAME AND ADDRESS OF TRANSFER OR TREATMENT FACILITY (include county and state)	NYS PLANNING UNIT (See Attached List of NYS Planning Units)
RMW (Including: Cultures and Stocks, Human Pathological Waste, Human Blood and Blood Products, Sharps, and Animal Waste)	173	173				Daniels Health 95 Conson Pl Easton, PA 18040	Onundage County
Other Infectious Waste (specify amount for each contaminated material including infectious incident waste, human remains management waste, etc.)	1.25	1.25				Daniels Health 925 Onroy Pl Easton, PA 18040	Onundaga County
Radioactive Waste (specify for each very short lived, short lived or long lived)							
Pharmaceutical Waste	4	4				Paniels Health 925 Concoy Pl Easton, PH 18040	Onondaga County
Hazardous Waste Other (specify amount for each material including hydrolysate, ash, C&D, etc, requiring further processing.)							/
TOTAL	178.25		·				

SECTION 3 - DISPOSAL DESTINATION

WASTE TYPE	AMOUNT (tons)	FACILITY NAME AND ADDRESS	STATE	COUNTY	NYS PLANNING UNIT (See Attached List of NYS Planning Units)
Tracted Micros					-
Treated Waste					
TOTAL WASTE	NA		<u> </u>		

SECTION	A = UIN	JALITH	NRIZED	SOLI) WASTE
SECTION	4 – Uli		JRIZEU	JULII	/ ****** E

Has unauthorized solid waste been received at the facility during the reporting period? Yes X

If yes, give information below for each incident (attach additional sheets if necessary):

Type Received	Date Disposed	Disposal Method & Location
n <u></u>		
	Type Received	

	SECTIO	ON 5 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS
Are there	e required	d 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 6 - PROBLEMS
	y probler procedu	ns encountered during the reporting period (e.g., specific occurrences which have led to changes ires)?
□Yes	⊠ No	If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.
		SECTION 7 - CHANGES
Were the	ere any c	hanges from approved reports, plans, specifications, and permit conditions?
□Yes	🔀 No	If yes, attach additional sheets identifying changes with a justification for each change.
	SEC	TION 8 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS
Are there form?	e any add	litional permit/consent order reporting requirements not covered by the previous sections of this
☐ Yes	⊠ No	If yes, attach additional sheets identifying the reporting requirements with their respective responses.

SECTION 9 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit the completed form by email or mail to the appropriate Regional Office (See attachment for Regional Office email & mailing addresses and Solid Waste 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 Permitting and Planning
625 Broadway

Albany, New York 12233-7260 Fax 518-402-8041

Email address: SWMFannuaireport@dec.ny.gov

I hereby affirm under penalty of penury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this report form pursuant to 6 NYCRR Part 360. I am aware that any take statement made herein is punishable as a Class A misylemeanor pursuant to Section 210.45 of the Penal Law.

Signature

Distant Regaini
Res.

Name (Print or Type)

Title (Print or Type)

Final (Print or Type)

Address

CT Cb712

23,519-2120

ATTACHMENTS: T YES K NO