

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

REGULATED MEDICAL WASTE FACILITIES

Annual Report

Submit the Annual Report no later than March 1, 2020.

Reporting of the information indicated on this Regulated Medical Waste Annual Report form is required pursuant to 6 NYCRR 360-1.4(c); 360-1.8(e)(1)(ii), (h)(8); 360-1.14(e)(2), (i)(1); 360-11.1(a), (b)(1)(viii); 360-11.4(h) and (j); 360-17.4(e)(2),(e)(3). 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 Report requirements of 6 NYCRR Part 360 and Part 365.

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.

INSTRUCTIONS FOR COMPLETING THE FORM:

SECTION 1: Provide facility information and identify whether the facility operated waste during the year.

SECTION 2: Identify the amount of each type of waste generated and treated on-site (if a generator permitted to treat on-site), or if a commercial facility, the amount received by the facility from the generators and how it was processed. If transferred off-site by the generator or if a transfer facility, identify the treatment facility where the waste was sent.

SECTION 3: If a treatment facility, identify the names and addresses of disposal facilities where treated waste was disposed.

SECTION 4: Identify any unauthorized waste that was received at the facility.

SECTION 5: If required, provide updated cost estimates and financial assurance documentation.

SECTION 6: Identify any problems which occurred at the facility.

SECTION 7: Identify any changes from the approved permit or permit documentation.

SECTION 8: Identify any additional permit or consent order reporting requirements.

SECTION 9: Sign and date the form and follow the instructions provided for submission of form.

ANNUAL REPORT

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

SECTION 1 – FACILITY INFORMATION

| FACILITY INFORMATION | | | |
|--|---|---|---|
| FACILITY NAME: | | | |
| FACILITY LOCATION ADDRESS: | FACILITY CITY: | STATE: | ZIP CODE: |
| FACILITY TOWN: | FACILITY COUNTY: | FACILITY PHONE NUMBER: | |
| FACILITY NYS PLANNING UNIT: <small>(A list of NYS Planning Units can be found at the end of this report).</small> | | | NYSDEC REGION #: |
| 360 PERMIT #: | DATE ISSUED: | DATE EXPIRES: | NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: |
| FACILITY CONTACT: | <input type="checkbox"/> public <input type="checkbox"/> private | CONTACT PHONE NUMBER: | CONTACT FAX NUMBER: |
| CONTACT EMAIL ADDRESS: | | | |
| OWNER INFORMATION | | | |
| OWNER NAME: | OWNER PHONE NUMBER: | OWNER FAX NUMBER: | |
| OWNER ADDRESS: | OWNER CITY: | STATE: | ZIP CODE: |
| OWNER CONTACT: | OWNER CONTACT EMAIL ADDRESS: | | |
| OPERATOR INFORMATION | | | |
| OPERATOR NAME: <input type="checkbox"/> same as owner | | <input type="checkbox"/> public <input type="checkbox"/> private | |
| PREFERENCES | | | |
| <i>Preferred address to receive correspondence:</i> <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide): | | | |
| <i>Preferred email address:</i> <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide): | | | |
| <i>Preferred individual to receive correspondence:</i> <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide): | | | |

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.ny.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 <small>(See Attached List of NYS Planning Units)</small> |
|---|---|--|------------------------------|-------------------------------|---|---|---|
| RMW (Including: Cultures and Stocks, Human Pathological Waste, Human Blood and Blood Products, Sharps, and Animal Waste) | 1,592.8 | 1,592.8 | 0 | 0 | 0 | Stericycle Inc 3472 Progress Drive Dunkirk NY Stericycle Inc 31 Lower River Road Oneonta, NY | |
| Other Infectious Waste <small>(specify amount for each contaminated material including infectious incident waste, human remains management waste, etc.)</small> | | | | | | | |
| Radioactive Waste <small>(specify for each very short lived, short lived or long lived)</small> | | | | | | | |
| Pharmaceutical Waste | | | | | | | |
| Hazardous Waste | | | | | | | |
| Other <small>(specify amount for each material including hydrolysate, ash, C&D, etc. requiring further processing.)</small> | | | | | | | |
| TOTAL | 1,592.8 | | | | | | |

SECTION 3 – DISPOSAL DESTINATION

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

SECTION 4 – UNAUTHORIZED SOLID WASTE

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):

| Date Received | Type Received | Date Disposed | Disposal Method & Location |
|---------------|---------------|---------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

SECTION 5 - 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 6 – 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 7 – 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 8 - 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 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 518-402-9041
Email address: SWMFannualreport@dec.ny.gov**

I hereby affirm under penalty of perjury 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 false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

William Nolton

Signature

Date

Name (Print or Type)

Title (Print or Type)

Email (Print or Type)

Address

City

State and Zip

(____)____-____
Phone Number

ATTACHMENTS: ____ YES ____ NO

New York State Planning Units & Regions

When completing the annual report, please use the Planning Unit listed below that corresponds with the municipality and county. **Note: The Planning Unit is not the DEC Region.**

| DEC Region | Planning Unit | County | Municipality |
|------------|---|-------------|---|
| 1 | Glen Cove | Nassau | Glen Cove (City) |
| | Hempstead | | Hempstead (Town) |
| | Long Beach | | Long Beach (City) |
| | North Hempstead Solid Waste Management Authority | | North Hempstead (Town), <i>except 10 villages (see below)</i> |
| | Oyster Bay Solid Waste Disposal District | | Oyster Bay (Town), <i>except 17 villages (see below)</i> |
| | Babylon | Suffolk | Babylon (Town) |
| | Brookhaven | | Brookhaven (Town) |
| | East Hampton | | East Hampton (Town) |
| | Fishers Island Waste Management District | | Fishers Island |
| | Huntington | | Huntington (Town) |
| | Islip Resource Recovery Agency | | Islip (Town) |
| | Riverhead | | Riverhead (Town) |
| | Shelter Island | | Shelter Island (Town) |
| | Smithtown | | Smithtown (Town) |
| | Southampton | | Southampton (Town) |
| Southold | Southold (Town), <i>except Fishers Island</i> | | |
| 2 | New York City | Bronx | Bronx |
| | | Kings | Kings (Brooklyn) |
| | | New York | New York (Manhattan) |
| | | Queens | Queens |
| | | Richmond | Richmond (Staten Island) |
| 3 | Dutchess County | Dutchess | |
| | Orange County | Orange | |
| | Putnam County | Putnam | |
| | Rockland County Solid Waste Management Authority (RCSWMA) | Rockland | |
| | Sullivan County | Sullivan | |
| | Ulster County Resource Recovery Agency (UCRRA) | Ulster | |
| | Westchester County | Westchester | |
| 4 | Colonie | Albany | Cohoes (City) |
| | | | Colonie (Town) |
| | | | Colonie (Village) |
| | | | Menands (Village) |
| | | | Watervliet (City) |
| | Capital Region Solid Waste Management Partnership | Albany | Albany (City) |
| | | | Altamont (Village) |
| | | | Berne (Town) |
| | | | Bethlehem (Town) |
| | | | Green Island (Town/Village) |
| | | | Guilderland (Town) |
| | | | Knox (Town) |
| | | | New Scotland (Town) |
| | | | Rensselaerville (Town) |
| | | | Voorheesville (Village) |
| | | | Westerlo (Town) |

| | | | | |
|--------------------|--|--------------------|---|------------------|
| | | Rensselaer | East Greenbush (Town) Rensselaer (City) | |
| 4 | Eastern Rensselaer County Solid Waste Management Authority | Rensselaer | Castleton-on-Hudson (Village) | |
| | | | Hoosick Falls (Village) | |
| | | | Nassau (Village) | |
| | | | Pittstown (Town) | |
| | | | Schaghticoke (Town/Village) | |
| | | | Stephentown (Town) | |
| | | | Valley Falls (Village) | |
| | | | Berlin (Town) | Inactive Members |
| | | | Grafton (Town) | |
| | | | Hoosick (Town) | |
| | | | Nassau (Town) | |
| | | | Petersburg (Town) | |
| | | | Poestenkill (Town) | |
| | | | Columbia County | |
| Delaware County | Delaware | | | |
| Greene County | Greene | | | |
| Montgomery County | Montgomery | | | |
| Otsego County | Otsego | | | |
| Schoharie County | Schoharie | | | |
| Schenectady County | Schenectady | | | |
| 5 | Clinton County | Clinton | | |
| | Essex County | Essex | | |
| | County of Franklin Solid Waste Management Authority (CFSWMA) | Franklin | | |
| | Fulton County | Fulton | | |
| | Hamilton County | Hamilton | | |
| | Saratoga County | Saratoga | | |
| | Warren County | Warren | | |
| | Washington County | Washington | | |
| 6 | Development Authority of the North Country (DANC) | Jefferson | | |
| | | Lewis | | |
| | | St. Lawrence | | |
| | Oneida-Herkimer Solid Waste Authority | Oneida Herkimer | | |
| 7 | Broome County | Broome | | |
| | Cayuga County | Cayuga | | |
| | Chenango County | Chenango | | |
| | Cortland County | Cortland | | |
| | Madison County | Madison | | |
| | Onondaga County | Onondaga | All municipalities, except Town and Village of Skaneateles (See below) | |
| | Oswego County | Oswego | | |
| | Tioga County | Tioga | | |
| | Tompkins County | Tompkins | | |
| 8 | Chemung County | Chemung | | |
| | GLOW Region Solid Waste Management Committee | Genesee | | |
| | | Livingston | | |
| | Monroe County | Monroe | | |
| | Ontario County | Ontario | | |
| | Orleans County | Orleans | | |
| | Schuyler County | Schuyler | | |
| Seneca County | Seneca | | | |

| | | | |
|--------------------------|---|-------------|------------------------------|
| | Steuben County | Steuben | |
| | Wayne County | Wayne | |
| | Yates County | Yates | |
| | Allegany County | Allegany | |
| | Cattaraugus County | Cattaraugus | |
| | Chautauqua County | Chautauqua | |
| | GLOW Region Solid Waste Management Committee | Wyoming | |
| | Niagara | Niagara | |
| 9 | Northeast-Southtowns Solid Waste Management Board (NEST) | Erie | Akron (Village) |
| | | | Alden (Town/Village) |
| | | | Angola (Village) |
| | | | Aurora (Town) |
| | | | Blasdell (Village) |
| | | | Boston (Town) |
| | | | Brant (Town) |
| | | | Cheektowaga (Town) |
| | | | Clarence (Town) |
| | | | Colden (Town) |
| | | | Collins (Town) |
| | | | Concord (Town) |
| | | | Depew (Village) |
| | | | East Aurora (Village) |
| | | | Eden (Town) |
| | | | Elma (Town) |
| | | | Evans (Town) |
| | | | Farnham (Village) |
| | | | Gowanda (Village) |
| | | | Hamburg (Town/Village) |
| | | | Holland (Town) |
| | | | Lackawanna (City) |
| | | | Lancaster (Town/Village) |
| | | | Marilla (Town) |
| | | | Newstead (Town) |
| | | | North Collins (Town/Village) |
| | | | Orchard Park (Town/Village) |
| | | | Sardinia (Town) |
| | Sloan (Village) | | |
| | Springville (Village) | | |
| | Wales (Town) | | |
| | West Seneca (Town) | | |
| | Northwest Communities Solid Waste Management Board (NWCB) | Erie | Amherst (Town) |
| Grand Island (Town) | | | |
| Kenmore (Village) | | | |
| Tonawanda (Town/Village) | | | |
| | | | Williamsville (Village) |

Municipalities Not Currently Affiliated With a Recognized Planning Unit

| DEC Region | County | Non-Member Municipality | |
|----------------------------|---------------|----------------------------|---------------------------------------|
| 1 | Nassau | North Hempstead | Great Neck Estates (Village) |
| | | | Great Neck Plaza (Village) |
| | | | Mineola (Village) |
| | | | New Hyde Park (Village) |
| | | | Old Westbury (Village) (portion) |
| | | | Plandome (Village) |
| | | | Plandome Manor (Village) |
| | | | Roslyn Harbor (Village) (portion) |
| | | | Westbury (Village) |
| | | | Williston Park (Village) |
| | | Oyster Bay | Bayville (Village) |
| | | | Brookville (Village) |
| | | | Centre Island (Village) |
| | | | Cove Neck (Village) |
| | | | East Hills (Village) (portion) |
| | | | Glenwood – Glen Head Garbage District |
| | | | Lattington (Village) |
| | | | Laurel Hollow (Village) |
| | | | Matinecock (Village) |
| | | | Mill Neck (Village) |
| | | | Muttontown (Village) |
| | | | Old Brookville (Village) |
| | | | Old Westbury (Village) (portion) |
| | | | Oyster Bay Cove (Village) |
| | | | Roslyn Harbor (Village) (portion) |
| | | | Sea Cliff (Village) |
| Upper Brookville (Village) | | | |
| 4 | Albany | Coeymans (Town) | |
| | | Ravena (Village) | |
| | Rensselaer | Brunswick (Town) | |
| | | North Greenbush (Town) | |
| | | Sand Lake (Town) | |
| | | Schodack (Town) | |
| | | Troy (City) | |
| Columbia | Canaan (Town) | | |
| 7 | Onondaga | Skaneateles (Town/Village) | |
| 9 | Erie | Buffalo (City) | |

MATERIAL MANAGEMENT PROGRAM CONTACTS

CENTRAL OFFICE

Bureau of Solid Waste Management
625 Broadway
Albany, NY 12233-7260
Phone: (518) 402-8678

For Submission of Annual Reports only:

Fax: (518) 402-9041

Email: For solid waste management facilities - swmfannualreport@dec.ny.gov

REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON

REGION 1 (Nassau, Suffolk)

Syed Rahman / David Gibb
SUNY @ Stony Brook
50 Circle Road
Stony Brook, NY 11790
Phone: (631) 444-0375
SWMFAnnualReportR1@dec.ny.gov

REGION 2 (Bronx, Kings, New York, Queens, Richmond)

Joseph O'Connell
47-40 21st Street
Long Island City, NY 11101-5407
Phone: (718) 482-4896
SWMFAnnualReportR2@dec.ny.gov

REGION 3 (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester)

James Lansing
21 South Putt Corners Road
New Paltz, NY 12561
Phone: (845) 256-3123
SWMFAnnualReportR3@dec.ny.gov

REGION 4 (Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady, Schoharie)

Victoria Schmitt
1130 North Westcott Road
Schenectady, NY 12306
Phone: (518) 357-2243
SWMFAnnualReportR4@dec.ny.gov

REGION 5 (Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington)

Jessie Sangster
1115 State Route 86, PO Box 296
Ray Brook, NY 12977
Phone: (518) 897-1266
SWMFAnnualReportR5@dec.ny.gov

REGION 6 (Herkimer, Jefferson, Lewis, Oneida, St. Lawrence)

Gary McCullouch
317 Washington Street
Watertown, NY 13601
Phone: (315) 785-2513
SWMFAnnualReportR6@dec.ny.gov

REGION 7 (Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins)

Thomas Annal
615 Erie Boulevard West
Syracuse, NY 13204
Phone: (315) 426-7419
SWMFAnnualReportR7@dec.ny.gov

REGION 8 (Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Yates)

Greg MacLean
6274 East Avon-Lima Road
Avon, NY 14414
Phone: (585) 226-5411
SWMFAnnualReportR8@dec.ny.gov

REGION 9 (Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Wyoming)

Peter Grasso
270 Michigan Avenue
Buffalo, NY 14203
Phone: (716) 851-7220
SWMFAnnualReportR9@dec.ny.gov