



TRUDEAU INSTITUTE, INC.
154 ALGONQUIN AVE.
SARANAC LAKE, NY 12983
Phone# 518-891-3080
Fax# 518-891-5126

FAX MESSAGE

TO: NYS DEC - Bureau of Solid Waste Mgmt.
COMPANY: NYS DEC - Division of Materials Mgmt
(Fax# 518-402-9041)
DATE: 2/18/2022
FROM: Lynn RYAN
OF TRUDEAU INSTITUTE, INC.

MESSAGE: To whom it may concern:

You will find the 2021 BMW Annual Report
on the following pages.

Thanks,

Lynn Ryan

NUMBER OF PAGES SENT 7 (including cover page)

**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, 2022.

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.



Department of
Environmental
Conservation

REGULATED MEDICAL WASTE FACILITY ANNUAL REPORT

This Regulated Medical Waste Facility Annual Report is for the year of operation from January 01, 2021 to December 31, 2021

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Trudeau Institute, Inc.			
FACILITY LOCATION ADDRESS: 154 Algonquin Ave.	FACILITY CITY: Saranac Lake	STATE: NY	ZIP CODE: 12983
FACILITY TOWN: Franklin	FACILITY COUNTY: Franklin	FACILITY PHONE NUMBER: 518-891-3080	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report) Warren County			NYSDEC REGION #: 5
360 PERMIT #:	DATE ISSUED: 9/22/2021	DATE EXPIRES: 9/22/2026	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 17J20009
FACILITY CONTACT: Lynn Ryan/ Amanda Schneck	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 518-891-3080	CONTACT FAX NUMBER: 518-891-5126
CONTACT EMAIL ADDRESS: lryan@trudeauintstitute.org/ aschneck@trudeauintstitute.org			
OWNER INFORMATION			
OWNER NAME: William B Chapin	OWNER PHONE NUMBER: 518-891-3080	OWNER FAX NUMBER: 518-891-5126	
OWNER ADDRESS: 154 Algonquin Ave.	OWNER CITY: Saranac Lake	STATE: NY	ZIP CODE: 12983
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: wchapin@trudeauintstitute.org		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner Amanda Schneck / Lynn Ryan		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Did you operate in 2021? <input checked="" type="checkbox"/> Yes; Complete this form. <input type="checkbox"/> 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 (See Attached List of NYS Planning Units)
RMW (including: Cultures and Stocks, Human Pathological Waste, Human Blood and Blood Products, Sharps, and Animal Waste)	6 tons A/BSL3 waste 9 tons A/BSL1 & 2 waste	15 tons total waste picked up by Stericycle Inc.	6 tons A/BSL3 waste autoclaved before Stericycle pick up.	0	0	Stericycle, Inc. 31 Lower River St. Oneonta, 13820	Otsego County
Other Infectious Waste (specify amount for each contaminated material including infectious incident waste, human remains management waste, etc.)							
Radioactive Waste (specify for each very short lived, short lived or long lived)							
Pharmaceutical Waste							
Hazardous Waste							
Other (specify amount for each material including hydrolysate, ash, C&D, etc. requiring further processing.)							
TOTAL	15						

SECTION 3 – DISPOSAL DESTINATION

WASTE TYPE	AMOUNT (tons)	FACILITY NAME AND ADDRESS	STATE	COUNTY	NYS PLANNING UNIT (See Attached List of NYS Planning Units)
Treated Waste	6 tons A/BSL3	Stericycle, Inc, 31 Lower River St. Oneonta, 13820	NY	Otsego County	Otsego County
	9 tons A/BSL1 & 2 waste	Stericycle, Inc, 31 Lower River St. Oneonta, 13820	NY	Otsego County	Otsego County
	0.5 tons of total tonnage is incinerate waste.	Curtis Bay Energy 3200 Hawkins Point Rd., Baltimore, 21226 via Stericycle Inc.	MD		
TOTAL WASTE	15				

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.

