NEW YORK STATE OF OPPORTUNITY Conservation

REGULATED MEDICAL WASTE FACILITY ANNUAL REPORT

This Regulated Medical Waste Facility Annual Report is for the year of operation from <u>January 01, 2022</u> to <u>December 31, 2022</u>

SECTION 1 – GENERAL INFORMATION

					. Prima de la compansión d	
FACILITY NAME:	FACILITY	INFORMATION				
Stony Brook University - LCM Laboratory						
FACILITY LOCATION ADDRESS:	FACILITY	CITY:		STATE:	ZIP CODE:	
110 Suffolk Hall	Stony			NY	11794	
FACILITY TOWN:	FACILITY	COUNTY:	FACILITY PHONE NUMBER:			
Brookhaven	Suffolk		631-632-6410			
FACILITY NYS PLANNING UNIT: (A listerport). Brookhaven (Town)	t of NYS Planning	Units can be found at the en	d of this		SDEC GION#: 1	
360 PERMIT#: DAT	E ISSUED:	DATE EXPIRES:	REG		VITY CODE OR N NUMBER:	
FACILITY CONTACT:	public public	CONTACT PHONE		CONTACT	FAX NUMBER:	
Walter Julias	□ private	NUMBER: 631-632-3739	631-632-9683		2-9683	
CONTACT EMAIL ADDRESS: Walte	er.julias@	stonybrook.edu	-			
		INFORMATION			The second secon	
OWNER NAME:		PHONE NUMBER:	l	NER FAX		
SUNY @ Stony Brook		32-6410	631-632-9683			
OWNER ADDRESS:	OWNER	_		STATE:		
110 Suffolk Hall owner contact:	Stony	D FOOK CONTACT EMAIL ADDI	DECC.	NY_	11794	
				brook (odu	
Gary Kaczmarczyk		aczmarczyk@st	.Ony	DIOOK.	J uu	
ODEDATOR MANEE		RINFORMATION		Fa'Lit-	13 13 15 15 15 15 15 15 15 15 15 15 15 15 15	
OPERATOR NAME: same as owner public private						
PREFERENCES						
Preferred address to receive correspondence: Facility location address Other (provide): Owner address						
Preferred email address: Facility Co	ntact	Owner Contact				
Preferred individual to receive correspondence: Facility Contact Owner Contact Other (provide):						
Did you operate in 2022? Yes; Complete this form.						

Did you operate in 2022?	Yes; Complete this form.
wish to relinquish your permit/r	No; Complete and submit Sections 1 and 9. If you no longer plan to operate and registration associated with this solid waste management activity, also complete the ment Facility or Activity Notification Form" located at: al/52706.htm

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)	1.76	1.76	1.76	0	0	Stericyle Inc 31 Lower River St One onto, NY 13820	Otsego County
Other Infectious Waste (specify amount for each contaminated material including infectious incident waste, human remains management waste, etc.)	0						
Radioactive Waste (specify for each very short lived, short lived or long lived)	0						
Pharmaceutical Waste	0						
Hazardous Waste	0	***************************************					
Other (specify amount for each material including hydrolysate, ash, C&D, etc. requiring further processing.)	0						
TOTAL	1.76		?	·			

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SECTION 3 - DISPOSAL DESTINATION

WASTE TYPE	AMOUNT (tons)	FACILITY NAME AND ADDRESS	STATE	COUNTY	NYS PLANNING UNIT (See Attached List of NYS Planning Units)
	1.76	Stericycle Inc, 31 Lower River S	NY	Otsego County	Otsego County
Treated Waste				,	
TOTAL WASTE					

CECTION 4	UNAUTHORIZED	
SECTION 4 -	UNAUTHURIZED	SULID WAS LE

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

	SECTIO	ON 5 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS
Are ther	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
Were ar	ny probler y 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 th	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 then form?	e any ado	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 Solid Waste Management
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 <u>pursuant</u> 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.

nable as a Class A misdemeanor pursua	nt to Section 210.45 of the Penal Lav
Water	2/6/2023
Signature	Date
Walter Julias	Manager
Name (Print or Type)	Title (Print or Type)
walter.julias@stonybrook.	edu rint or Type)
Lindii (r	init of Type)
110 Suffolk Hall	Stony Brook
Address	City
NY 11794	(<u>631) 632 - 3739</u>
State and Zip	Phone Number

ATTACHMENTS: ____ YES __

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