



**VEHICLE DISMANTLING FACILITY, MOTOR VEHICLE REPAIR SHOP  
AND MOBILE VEHICLE CRUSHER ANNUAL REPORT**

Submit the Annual Report no later than March 1, 2022

This annual report is for the year of operation from January 01, 2021 to December 31, 2021

**SECTION 1 – FACILITY INFORMATION**

| FACILITY INFORMATION   |   |   |  |
|--|---|---|--|
| FACILITY NAME:<br><b>ROBERT BABCOCK USED CARS INC.</b>   |   |   |  |
| FACILITY LOCATION ADDRESS:<br><b>136 TEMPLE HILL RD</b>  | FACILITY CITY:<br><b>VAILS GATE</b>   | STATE:<br><b>NY</b>   | ZIP CODE:<br><b>12584</b>                |
| FACILITY TOWN:<br><b>VAILS GATE</b>  | FACILITY COUNTY:<br><b>ORANGE</b>   | FACILITY PHONE NUMBER:<br><b>8455623472</b>                         |  |
| FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).   |   |   | NYSDEC REGION #: <b>3</b>                |
| FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler<br>DMV I.D. # <b>7041616</b>   | <input type="checkbox"/> Motor Vehicle Repair Shop<br><input type="checkbox"/> Mobile Vehicle Crusher | NYS DEC ACTIVITY CODE:  |  |
| FACILITY CONTACT:<br><b>KEN BABCOCK</b>  | <input type="checkbox"/> public<br><input checked="" type="checkbox"/> private                        | CONTACT PHONE NUMBER:<br><b>8455276357</b>                          | CONTACT FAX NUMBER:<br><b>8455623653</b> |
| CONTACT EMAIL ADDRESS:   |   |   |  |
| OWNER INFORMATION  |   |   |  |
| OWNER NAME:<br><b>KEN BABCOCK</b>  | OWNER PHONE NUMBER:<br><b>8455276357</b>  | OWNER FAX NUMBER:<br><b>8455623653</b>                              |  |
| OWNER ADDRESS:<br><b>PO BOX 537</b>  | OWNER CITY:<br><b>VAILS GATE</b>  | STATE:<br><b>NY</b>   | ZIP CODE:<br><b>12584</b>                |
| OWNER CONTACT:   | OWNER CONTACT EMAIL ADDRESS:<br><b>vgbs1966@yahoo.com</b>   |   |  |
| OPERATOR INFORMATION   |   |   |  |
| OPERATOR NAME:   | <input checked="" type="checkbox"/> same as owner   | <input type="checkbox"/> public<br><input type="checkbox"/> private |  |
| PREFERENCES  |   |   |  |
| Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address<br><input type="checkbox"/> Other (provide): |   |   |  |
| Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact<br><input type="checkbox"/> Other (provide):                              |   |   |  |
| Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact<br><input type="checkbox"/> Other (provide):       |   |   |  |
| Did you operate in 2021? <input checked="" type="checkbox"/> Yes; Complete this form.<br><input type="checkbox"/> No; Complete and submit Sections 1 and 13                                    |   |   |  |



**SECTION 2A VDF/REPAIR SHOPS- END-OF-LIFE VEHICLES (ELVs) PROCESSED**

- Provide the number of ELVs received from January 1 to December 31: 0
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 6
- Provide the number of ELVs stored at the facility as of December 31: 6
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 12
- Provide the approximate area used for the storage of vehicles (acres): 1 acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
  - 1) Allstate Used Auto Parts
  - 2) Cardinal Used Auto Parts
  - 3) \_\_\_\_\_

**SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLES (ELVs) PROCESSED**

- Provide the number of ELVs crushed from January 1 to December 31: \_\_\_\_\_
- Provide the names of each facility where you crushed decommissioned ELVs:
  - 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_
  - 4) \_\_\_\_\_
  - 5) \_\_\_\_\_
  - 6) \_\_\_\_\_

## SECTION 2 - SOLID WASTE RECEIVED

Please provide the tonnages of solid waste received. Include all waste received. Report Recyclable Materials in Section 5. **DO NOT REPORT IN CUBIC YARDS!**

Specify the methods used to measure the quantities disposed and the percentages measured by each method:

\_\_\_\_ % Scale Weight

\_\_\_\_ % Estimated

\_\_\_\_ % Truck Count

\_\_\_\_ % Other (Specify: \_\_\_\_\_)

| Type of Solid Waste   | January<br>(tons) | February<br>(tons) | March<br>(tons) | April<br>(tons) | May<br>(tons) | June<br>(tons) | July<br>(tons) |
|---|-------------------|--------------------|-----------------|-----------------|---------------|----------------|----------------|
| Asbestos  |                   |                    |                 |                 |               |                |                |
| Construction & Demolition (C&D) Debris                                      |                   |                    |                 |                 |               |                |                |
| Industrial Waste (Including Industrial Process Sludges)                     |                   |                    |                 |                 |               |                |                |
| Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial) |                   |                    |                 |                 |               |                |                |
| Oil/Gas Drilling Waste  |                   |                    |                 |                 |               |                |                |
| Petroleum Contaminated Soil   |                   |                    |                 |                 |               |                |                |
| Sewage Treatment Plant Sludge   |                   |                    |                 |                 |               |                |                |
| Treated Regulated Medical Waste   |                   |                    |                 |                 |               |                |                |
| Emergency Authorization Waste (Storm Debris)                                |                   |                    |                 |                 |               |                |                |
| Other (specify)   |                   |                    |                 |                 |               |                |                |
|   |                   |                    |                 |                 |               |                |                |
|   |                   |                    |                 |                 |               |                |                |
|   |                   |                    |                 |                 |               |                |                |
| <b>Total Tons Received</b>  |                   |                    |                 |                 |               |                |                |

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.



**SECTION 2 - SOLID WASTE RECEIVED** *(continued)*

| Type of Solid Waste   | Tip Fee (\$/ton) | August (tons) | September (tons) | October (tons) | November (tons) | December (tons) | Total Year (tons) | Daily Avg. (tons) |
|---|------------------|---------------|------------------|----------------|-----------------|-----------------|-------------------|-------------------|
| Asbestos  |                  |               |                  |                |                 |                 |                   |                   |
| Construction & Demolition (C&D) Debris                                      |                  |               |                  |                |                 |                 |                   |                   |
| Industrial Waste (Including Industrial Process Sludges)                     |                  |               |                  |                |                 |                 |                   |                   |
| Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial) |                  |               |                  |                |                 |                 |                   |                   |
| Oil/Gas Drilling Waste  |                  |               |                  |                |                 |                 |                   |                   |
| Petroleum Contaminated Soil   |                  |               |                  |                |                 |                 |                   |                   |
| Sewage Treatment Plant Sludge   |                  |               |                  |                |                 |                 |                   |                   |
| Treated Regulated Medical Waste   |                  |               |                  |                |                 |                 |                   |                   |
| Emergency Authorization Waste (Storm Debris)                                |                  |               |                  |                |                 |                 |                   |                   |
| Other <i>(specify)</i>  |                  |               |                  |                |                 |                 |                   |                   |
|   |                  |               |                  |                |                 |                 |                   |                   |
|   |                  |               |                  |                |                 |                 |                   |                   |
|   |                  |               |                  |                |                 |                 |                   |                   |
| <b>Total Tons Received</b>  |                  |               |                  |                |                 |                 |                   |                   |

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

### SECTION 3 – SERVICE AREA OF SOLID WASTE RECEIVED

**Please identify where the waste is coming from.** The total tons received reported below should equal the total tons received in Section 2 (Solid Waste Received).  
**DO NOT REPORT IN CUBIC YARDS!**

- If the waste **WAS** received from another solid waste management facility, please write in the name *and address* of the facility along with the appropriate state, county and planning unit/municipality.
- If the waste **WAS NOT** received from another solid waste management facility, please write in "**Direct Haul**" along with the appropriate state, county and planning unit/municipality where the waste was generated.

Specify transport method, list type of material(s) and percentages of total waste transported by each:

\_\_\_\_\_ % Road: Waste Type(s): \_\_\_\_\_      \_\_\_\_\_ % Rail: Waste Type(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Waste Type(s): \_\_\_\_\_      \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Waste Type(s): \_\_\_\_\_

| SERVICE AREA OF SOLID WASTE RECEIVED <small>(where the waste is coming from)</small> |  |                               |                                 |   |               |
|--|--|-------------------------------|---------------------------------|---|---------------|
| TYPE OF SOLID WASTE  | SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>(Name &amp; Address)</small> OR " <b>Direct Haul</b> " | SERVICE AREA STATE OR COUNTRY | SERVICE AREA COUNTY OR PROVINCE | SERVICE AREA NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small> | TONS RECEIVED |
| Asbestos   |  |                               |                                 |   |               |
|  |  |                               |                                 |   |               |
|  |  |                               |                                 |   |               |
|  |  |                               |                                 |   |               |
| Construction & Demolition (C&D) Debris   |  |                               |                                 |   |               |
|  |  |                               |                                 |   |               |
|  |  |                               |                                 |   |               |
|  |  |                               |                                 |   |               |
| Industrial Waste (Including Industrial Process Sludges)                              |  |                               |                                 |   |               |
|  |  |                               |                                 |   |               |
|  |  |                               |                                 |   |               |



| SERVICE AREA OF SOLID WASTE RECEIVED <small>(where the waste is coming from)</small>     |   |                               |                                 |   |               |
|--|---|-------------------------------|---------------------------------|---|---------------|
| TYPE OF SOLID WASTE  | SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>(Name &amp; Address)</small> OR "Direct Haul" | SERVICE AREA STATE OR COUNTRY | SERVICE AREA COUNTY OR PROVINCE | SERVICE AREA NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small> | TONS RECEIVED |
| Municipal Solid Waste (MSW) <small>(Residential, Institutional &amp; Commercial)</small> |   |                               |                                 |   |               |
|  |   |                               |                                 |   |               |
|  |   |                               |                                 |   |               |
| Oil/Gas Drilling Waste   |   |                               |                                 |   |               |
|  |   |                               |                                 |   |               |
|  |   |                               |                                 |   |               |
| Petroleum Contaminated Soil  |   |                               |                                 |   |               |
|  |   |                               |                                 |   |               |
|  |   |                               |                                 |   |               |
| Sewage Treatment Plant Sludge  |   |                               |                                 |   |               |
|  |   |                               |                                 |   |               |
|  |   |                               |                                 |   |               |
| Treated Regulated Medical Waste (TRMW)*  |   |                               |                                 |   |               |
|  |   |                               |                                 |   |               |
|  |   |                               |                                 |   |               |
| Emergency Authorization Waste (Storm Debris)   |   |                               |                                 |   |               |
|  |   |                               |                                 |   |               |
|  |   |                               |                                 |   |               |
| Other <small>(specify)</small>   |   |                               |                                 |   |               |
|  |   |                               |                                 |   |               |
|  |   |                               |                                 |   |               |
| <b>TOTAL RECEIVED (tons):</b>  |   |                               |                                 |   |               |

\* List generators that provide you Certificates of Treatment forms and quantities of TRMW from each \_\_\_\_\_  
 If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.



### SECTION 4 - TRANSFER OR DISPOSAL DESTINATION

**Please identify destination of waste. Please only include waste sent off-site for disposal or further transfer prior to disposal. Exclude Recyclable Material amounts reported in Section 5. DO NOT REPORT IN CUBIC YARDS!**

- If the waste is being sent to another facility for transfer or processing prior to disposal (e.g. Transfer facility or C&D debris handling and recovery facility), please identify name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the transfer destination and the amount of waste transferred in the "Amount to Transfer Destination" column.
- If the waste is being sent to a landfill or combustor, please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the disposal destination and the amount of waste being sent for disposal in the "Amount to Disposal Destination" column.

Specify transport method, list type of material(s) and percentages of total waste transported by each:

\_\_\_\_\_ % Road: Waste Type(s): \_\_\_\_\_      \_\_\_\_\_ % Rail: Waste Type(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Waste Type(s): \_\_\_\_\_      \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Waste Type(s): \_\_\_\_\_

| TRANSFER OR DISPOSAL DESTINATION                        |   |                              |                                |   |                                       |                                       |                   |
|---|---|------------------------------|--------------------------------|---|---------------------------------------|---------------------------------------|-------------------|
| TYPE OF SOLID WASTE                                     | SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT<br><small>(Name &amp; Address)</small> | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT<br><small>(See Attached List of NYS Planning Units)</small> | AMOUNT TO TRANSFER DESTINATION (TONS) | AMOUNT TO DISPOSAL DESTINATION (TONS) | TOTAL YEAR (TONS) |
| Asbestos  |   |                              |                                |   |                                       |                                       |                   |
|   |   |                              |                                |   |                                       |                                       |                   |
|   |   |                              |                                |   |                                       |                                       |                   |
|   |   |                              |                                |   |                                       |                                       |                   |
| Construction & Demolition (C&D) Debris                  |   |                              |                                |   |                                       |                                       |                   |
|   |   |                              |                                |   |                                       |                                       |                   |
|   |   |                              |                                |   |                                       |                                       |                   |
|   |   |                              |                                |   |                                       |                                       |                   |
| Industrial Waste (Including Industrial Process Sludges) |   |                              |                                |   |                                       |                                       |                   |
|   |   |                              |                                |   |                                       |                                       |                   |
|   |   |                              |                                |   |                                       |                                       |                   |
|   |   |                              |                                |   |                                       |                                       |                   |



| TRANSFER OR DISPOSAL DESTINATION   |   |                              |                                |   |                                       |                                       |                   |
|--|---|------------------------------|--------------------------------|---|---------------------------------------|---------------------------------------|-------------------|
| TYPE OF SOLID WASTE  | SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT<br><i>(Name &amp; Address)</i> | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT<br><i>(See Attached List of NYS Planning Units)</i> | AMOUNT TO TRANSFER DESTINATION (TONS) | AMOUNT TO DISPOSAL DESTINATION (TONS) | TOTAL YEAR (TONS) |
| Municipal Solid Waste (MSW)<br>(Residential, Institutional & Commercial) |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |
| Oil/Gas Drilling Waste   |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |
| Petroleum Contaminated Soil  |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |
| Sewage Treatment Plant Sludge  |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |
| Treated Regulated Medical Waste  |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |
| Emergency Authorization Waste (Storm Debris)                             |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |
| Other <i>(specify)</i>   |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |
|  |   |                              |                                |   |                                       |                                       |                   |
| <b>TOTAL SENT (tons):</b>  |   |                              |                                |   |                                       |                                       |                   |

If the waste type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other waste name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other waste name.



## SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

Is your facility also a permitted or registered Recyclables Handling & Recovery Facility?

Yes; Complete Section 5 for material recovered from the mixed solid waste stream. Complete a Recyclables Handling & Recovery Facility (RHRF) form for material received as source separated. The RHRF form is located at: <http://www.dec.ny.gov/chemical/52706.html> .

No; Complete Section 5 for material recovered from the mixed solid waste stream and for material received as source separated.

### A. Service Area of Recyclable Material Received

Please identify where the recyclable materials are coming from. DO NOT REPORT IN CUBIC YARDS!

- If the materials **WERE** received from another solid waste management facility, please write in the name and address of the facility along with the appropriate state, county and planning unit/municipality.
- If the materials **WERE NOT** received from another solid waste management facility, please write in "**Direct Haul**" along with the appropriate state, county and planning unit/municipality where the recyclables were generated.

| SERVICE AREA OF RECYCLABLE MATERIAL RECEIVED <small>(where the material is coming from)</small> |   |                               |                                 |   |               |
|---|---|-------------------------------|---------------------------------|---|---------------|
| MATERIAL  | SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>(Name &amp; Address) OR "Direct Haul"</small> | SERVICE AREA STATE OR COUNTRY | SERVICE AREA COUNTY OR PROVINCE | SERVICE AREA NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small> | TONS RECEIVED |
| Commingled Containers<br><small>(metal, glass, plastic)</small>                                 |   |                               |                                 |   |               |
| Commingled Paper<br><small>(all grades)</small>   |   |                               |                                 |   |               |
| Single Stream <small>(total)</small>  |   |                               |                                 |   |               |
| Brush, Branches, Trees, & Stumps  |   |                               |                                 |   |               |
| Food Scraps   |   |                               |                                 |   |               |
| Yard Waste<br><small>(curbside)</small>   |   |                               |                                 |   |               |
| Other <small>(specify)</small>  |   |                               |                                 |   |               |
|   |   |                               |                                 |   |               |
| <b>TOTAL RECEIVED (tons):</b>   |   |                               |                                 |   |               |

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.



**SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS** (continued)

**B. Material Recovered**

**Please identify destination of recovered materials.** Indicate the name of the facility, address, corresponding State/Country, County/Province, Destination Planning Unit/Municipality and the amount of material transferred. **DO NOT REPORT IN CUBIC YARDS!**

Specify transport method, list type of material(s) and percentages of total waste transported by each:

\_\_\_\_\_ % Road: Material(s): \_\_\_\_\_                      \_\_\_\_\_ % Rail: Material(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Material(s): \_\_\_\_\_                      \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Material(s): \_\_\_\_\_

| PAPER RECOVERED                                 |  |                              |                                |   |  |
|---|--|------------------------------|--------------------------------|---|--|
| RECOVERED MATERIAL                              | DESTINATION<br><small>(Name &amp; Address)</small> | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT<br><small>(See Attached List of NYS Planning Units)</small> | TONS RECOVERED<br><small>(out of facility)</small> |
| Commingled Paper<br><small>(all grades)</small> |  |                              |                                |   |  |
| Corrugated Cardboard                            |  |                              |                                |   |  |
| Junk Mail                                       |  |                              |                                |   |  |
| Magazines                                       |  |                              |                                |   |  |
| Newspaper                                       |  |                              |                                |   |  |
| Office Paper                                    |  |                              |                                |   |  |
| Paperboard / Boxboard                           |  |                              |                                |   |  |
| Other Paper <small>(specify)</small>            |  |                              |                                |   |  |
|   |  |                              |                                |   |  |
|   |  |                              |                                |   |  |
| <b>TOTAL PAPER RECOVERED (tons):</b>            |  |                              |                                |   |  |

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.



**SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS** (continued)

**B. Material Recovered**

| PLASTIC RECOVERED                                     |                                 |                              |                                |  |                                     |
|---|---------------------------------|------------------------------|--------------------------------|--|-------------------------------------|
| RECOVERED MATERIAL                                    | DESTINATION<br>(Name & Address) | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT<br>(See Attached List of NYS Planning Units) | TONS RECOVERED<br>(out of facility) |
| Commingled Plastic<br>(#1 - #7)                       |                                 |                              |                                |  |                                     |
| PET (plastic #1)                                      |                                 |                              |                                |  |                                     |
| HDPE (plastic #2)                                     |                                 |                              |                                |  |                                     |
| Other Rigid Plastics<br>(#3 - #7)                     |                                 |                              |                                |  |                                     |
| Industrial Scrap Plastic                              |                                 |                              |                                |  |                                     |
| Plastic Film & Bags                                   |                                 |                              |                                |  |                                     |
| Other Plastics (specify)                              |                                 |                              |                                |  |                                     |
|   |                                 |                              |                                |  |                                     |
| <b>TOTAL PLASTIC RECOVERED (tons):</b>                |                                 |                              |                                |  |                                     |
| MISCELLANEOUS MATERIAL RECOVERED                      |                                 |                              |                                |  |                                     |
| RECOVERED MATERIAL                                    | DESTINATION<br>(Name & Address) | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT<br>(See Attached List of NYS Planning Units) | TONS RECOVERED<br>(out of facility) |
| Electronics   |                                 |                              |                                |  |                                     |
| Textiles  |                                 |                              |                                |  |                                     |
| Other (specify)                                       |                                 |                              |                                |  |                                     |
|   |                                 |                              |                                |  |                                     |
| <b>TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):</b> |                                 |                              |                                |  |                                     |

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.



**SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS** (continued)

**B. Material Recovered**

| GLASS RECOVERED                      |  |                              |                                |   |  |
|--------------------------------------|--|------------------------------|--------------------------------|---|--|
| RECOVERED MATERIAL                   | DESTINATION<br><small>(Name &amp; Address)</small> | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT<br><small>(See Attached List of NYS Planning Units)</small> | TONS RECOVERED<br><small>(out of facility)</small> |
| Container Glass                      |  |                              |                                |   |  |
| Industrial Scrap Glass               |  |                              |                                |   |  |
| Other Glass <small>(specify)</small> |  |                              |                                |   |  |
| <b>TOTAL GLASS RECOVERED (tons):</b> |  |                              |                                |   |  |
| METAL RECOVERED                      |  |                              |                                |   |  |
| RECOVERED MATERIAL                   | DESTINATION<br><small>(Name &amp; Address)</small> | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT<br><small>(See Attached List of NYS Planning Units)</small> | TONS RECOVERED<br><small>(out of facility)</small> |
| Aluminum Foil / Trays                |  |                              |                                |   |  |
| Bulk Metal (from MSW)                |  |                              |                                |   |  |
| Bulk Metal (from CD debris)          |  |                              |                                |   |  |
| Enameled Appliances / White Goods    |  |                              |                                |   |  |
| Industrial Scrap Metal               |  |                              |                                |   |  |
| Tin & Aluminum Containers            |  |                              |                                |   |  |
| Other Metal <small>(specify)</small> |  |                              |                                |   |  |
| <b>TOTAL METAL RECOVERED (tons):</b> |  |                              |                                |   |  |

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.



**SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS** (continued)

**B. Material Recovered**

| MIXED MATERIAL RECOVERED                                |  |                              |                                |   |  |
|---|--|------------------------------|--------------------------------|---|--|
| RECOVERED MIXED MATERIAL                                | DESTINATION<br><i>(Name &amp; Address)</i> | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT<br><i>(See Attached List of NYS Planning Units)</i> | TONS RECOVERED<br><i>(out of facility)</i> |
| Commingled Containers<br><i>(metal, glass, plastic)</i> |  |                              |                                |   |  |
|   |  |                              |                                |   |  |
|   |  |                              |                                |   |  |
| Commingled Paper & Containers                           |  |                              |                                |   |  |
|   |  |                              |                                |   |  |
|   |  |                              |                                |   |  |
| Single Stream<br><i>(total)</i>                         |  |                              |                                |   |  |
|   |  |                              |                                |   |  |
|   |  |                              |                                |   |  |
| Other <i>(specify)</i>                                  |  |                              |                                |   |  |
|   |  |                              |                                |   |  |
|   |  |                              |                                |   |  |
| <b>TOTAL MIXED MATERIAL RECOVERED (tons):</b>           |  |                              |                                |   |  |
| ORGANIC MATERIAL RECOVERED                              |  |                              |                                |   |  |
| RECOVERED MATERIAL                                      | DESTINATION<br><i>(Name &amp; Address)</i> | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT<br><i>(See Attached List of NYS Planning Units)</i> | TONS RECOVERED<br><i>(out of facility)</i> |
| Brush, Branches, Trees, & Stumps                        |  |                              |                                |   |  |
|   |  |                              |                                |   |  |
|   |  |                              |                                |   |  |
| Food Scraps   |  |                              |                                |   |  |
|   |  |                              |                                |   |  |
|   |  |                              |                                |   |  |
| Yard Waste<br><i>(curbside)</i>                         |  |                              |                                |   |  |
|   |  |                              |                                |   |  |
|   |  |                              |                                |   |  |
| Other <i>(specify)</i>                                  |  |                              |                                |   |  |
|   |  |                              |                                |   |  |
|   |  |                              |                                |   |  |
| <b>TOTAL ORGANIC MATERIAL RECOVERED (tons):</b>         |  |                              |                                |   |  |

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.



### SECTION 6 – 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 |
|---------------|---------------|---------------|----------------------------|
|               |               |               |                            |
|               |               |               |                            |
|               |               |               |                            |
|               |               |               |                            |

#### Radiation Monitoring

Does your facility use a fixed radiation monitor?  Yes  No

Identify Manufacturer \_\_\_\_\_ and Model \_\_\_\_\_ of fixed unit.

Does your facility use a portable radiation monitor?  Yes  No

Identify Manufacturer \_\_\_\_\_ and Model \_\_\_\_\_ of fixed unit.

If the radiation monitors have been triggered give information below for each incident:

| Incident Number | Received |      | Hauler | Origin | Truck Number | Reading | Disposal Status | Removed |      |
|-----------------|----------|------|--------|--------|--------------|---------|-----------------|---------|------|
|                 | Date     | Time |        |        |              |         |                 | Date    | Time |
|                 |          |      |        |        |              |         |                 |         |      |
|                 |          |      |        |        |              |         |                 |         |      |
|                 |          |      |        |        |              |         |                 |         |      |

### SECTION 7 - 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 8 - 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 9 - 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 10 - 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.

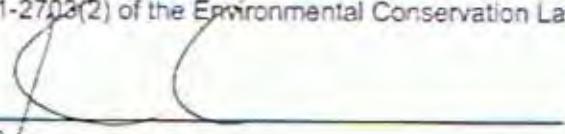
**SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR**

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

2-8-22  
Date

Ken Babcock  
Name (Print or Type)

Sec  
Title (Print or Type)

(745) 562 3472  
Phone Number

Po box 537  
Address

Vails Gate  
City

NY 12584  
State and Zip

Vgbs1966@yahoo.com  
Email (Print or Type)

ATTACHMENTS:  YES  NO (Please check appropriate line)