



Department of
Environmental
Conservation

PERMITTED TRANSFER FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email swmannualreport@dec.ny.gov or call 518-402-8678.)

Complete and submit this form by March 1, 2021.

This annual report is for the year of operation from January 01, 2020 to December 31, 2020

SECTION 1 - GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <i>Ulster Resource Recovery Agency</i>			
FACILITY LOCATION ADDRESS: <i>1 Clearwater Rd.</i>	FACILITY CITY: <i>New Paltz</i>	STATE: <i>NY</i>	ZIP CODE: <i>12561</i>
FACILITY TOWN: <i>New Paltz</i>	FACILITY COUNTY: <i>Ulster</i>	FACILITY PHONE NUMBER: <i>(845) 255-6358</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <i>UCRA</i>			NYSDEC REGION #: <i>3</i>
360 PERMIT #: (Refer to DEC Permit) <i>3-5138-00089/0001</i>	DATE ISSUED: <i>7/30/2009</i>	DATE EXPIRES: <i>7/29/2019</i>	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit) <i>56T03</i>
FACILITY CONTACT: <i>Charles Whittaker</i>	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <i>(845) 336-0600</i>	CONTACT FAX NUMBER: <i>(845) 336-4129</i>
CONTACT EMAIL ADDRESS: <i>cwhi@ucra.org</i>			
OWNER INFORMATION			
OWNER NAME: <i>Public Benefit Corp.</i>	OWNER PHONE NUMBER: <i>(845) 336-0600</i>	OWNER FAX NUMBER: <i>(845) 336-4129</i>	
OWNER ADDRESS: <i>P.O. Box 6219</i>	OWNER CITY: <i>Kingston</i>	STATE: <i>NY</i>	ZIP CODE: <i>12402</i>
OWNER CONTACT: <i>Charles Whittaker</i>	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <i>Charles Whittaker</i>	<input type="checkbox"/> same as owner	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" 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 2020? Yes; Complete this form.

No; Complete and submit Sections 1 and 11. 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 - 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:

100 % Scale Weight

_____ % Estimated

_____ % Truck Count

_____ % Other (Specify: _____)

Type of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Asbestos							
Construction & Demolition (C&D) Debris	589	473	604	643	783	930	899
Industrial Waste (Including Industrial Process Sludges)							
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	3,200	2,675	3,082	2,939	3,125	3,567	4,163
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge	277	276	262	293	332	305	322
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
Total Tons Received	4,066	3,424	3,948	3,875	4,240	3,872	5,384

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	\$103/ton	1,087	891	790	769	584	9,042	34
Industrial Waste (Including Industrial Process Sludges)								
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	\$103/ton	3,730	3,907	3,893	3,439	3,518	41,238	158
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge	\$103/ton	307	298	291	271	286	3,520	13
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
Total Tons Received		5,124	5,096	4,184	4,479	4,388	53,800	205

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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:

100 % Road: Waste Type(s): CD, MSW + Sludge % 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 (Name & Address) 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
Asbestos					
Construction & Demolition (C&D) Debris	"Direct Haul"	NY	Ulster	LCRRA	9,042
Industrial Waste (Including Industrial Process Sludges)					

SERVICE AREA OF SOLID WASTE RECEIVED					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	"Direct Haul"	Ny	Water	WCRRA	41,238
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Sewage Treatment Plant Sludge	"Direct Haul"	Ny	Water	WCRRA	3,520
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other (specify)					
TOTAL RECEIVED (tons):					53,800

* 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:

100% Road: Waste Type(s): MSW + Sludge % 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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Seneca County	NY	Seneca	Seneca			
	Landfill					49,747	49,747
	Waterloo, NY. 13165						
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge	Chemung County	NY	Chemung	Chemung		3,478	3,478
	Landfill						
	Williston, VT 05495						
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
TOTAL SENT (tons):						53,225	

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 (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Commingled Containers (metal, glass, plastic)					
Commingled Paper (all grades)					
Single Stream (total)					
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
TOTAL RECEIVED (tons):					

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:

100 % Road: Material(s): _____ % Rail: Material(s): _____
 _____ % Water: Material(s): _____ % Other (specify: _____): Material(s): _____

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Paper (all grades)					
Corrugated Cardboard	Materials Recovery Facility 999 Flatbush Pk Kingston NY.	NY	Ulster	UCRRA	11
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
TOTAL PAPER RECOVERED (tons):					<u>11</u>

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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Container Glass					
Industrial Scrap Glass					
Other Glass (specify)					
TOTAL GLASS RECOVERED (tons):					
METAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Aluminum Foil / Trays					
Bulk Metal (from MSW)	West Kingston Recycling 642 Abeel St Kingston, NY	NY	Ulster	UCRPA	133
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
TOTAL METAL RECOVERED (tons):					133

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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Plastic (#1 - #7)					
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
TOTAL PLASTIC RECOVERED (tons):					
MISCELLANEOUS MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Electronics	Electronics Recy. International Inc 7815 Palm Ave Fresno, CA 93711	CA			24
Textiles					
Other (specify)	Casinas Inc 169 maple Ave. Catskill, NY.	NY	Green	Green	12
Tires					
TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):					36

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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
TOTAL MIXED MATERIAL RECOVERED (tons):					
ORGANIC MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify) Rubble	(UCRRA) 999 Flatbush Rd. Kingston	NY	Ulster	UCRRA	23
clean wood	(UCRRA) Compost Facility	NY	Ulster	UCRRA	22
TOTAL ORGANIC MATERIAL RECOVERED (tons):					45

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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
1/1/20 - 12/31/20	Refrigerant bottles	1/1/20 - 12/31/20	Clean Harbors Glenmont NY
1/1/20 - 12/31/20	propane tanks	1/1/20 - 12/31/20	Britt & Graff Port Ewen, NY
1/1/20 - 12/31/20	lead acid batt	1/1/20 - 12/31/20	west Kingston Recycling - Kingston, NY
1/1/20 - 12/31/20	Freon applic	1/1/20 - 12/31/20	Interstate Refrigerant Foxboro M.A.

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

Date 2/24/20

Charles Whittaker
Name (Print or Type)

Operations Manager
Title (Print or Type)

(845) 336-0600
Phone Number

P.O. Box 6219
Address

Kingston
City

N.Y. 12402
State and Zip

cwhi@warra.org
Email (Print or Type)

ATTACHMENTS: YES NO (Please check appropriate line)



Department of
Environmental
Conservation

PERMITTED TRANSFER FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-8678.)

Complete and submit this form by March 1, 2021.

This annual report is for the year of operation from January 01, 2020 to December 31, 2020

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Ulster County Resource Recovery Agency			
FACILITY LOCATION ADDRESS: 999 Flatbush Rd.	FACILITY CITY: Kingston	STATE: N.Y.	ZIP CODE: 12401
FACILITY TOWN: Ulster	FACILITY COUNTY: Ulster	FACILITY PHONE NUMBER: (845) 336-0600	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). WCRRA			NYSDEC REGION #: 3
360 PERMIT #:(Refer to DEC Permit) 3-5154-00125-00001	DATE ISSUED: 8/18/2009	DATE EXPIRES: 8/17/2019	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit) 56T02
FACILITY CONTACT: Charles Whittaker	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: (845) 336-0600	CONTACT FAX NUMBER: (845) 336-4129
CONTACT EMAIL ADDRESS: cwhi@urra.org			
OWNER INFORMATION			
OWNER NAME: Public Benefit Corp.	OWNER PHONE NUMBER: (845) 336-0600	OWNER FAX NUMBER: (845) 336-4129	
OWNER ADDRESS: P.O. Box 6219	OWNER CITY: Kingston	STATE: N.Y.	ZIP CODE: 12402
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: Charles Whittaker	<input type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input type="checkbox"/> private
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" 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 2020? Yes; Complete this form.

No; Complete and submit Sections 1 and 11. 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 - 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:
100 % Scale Weight _____ % Estimated
 _____ % Truck Count _____ % Other (Specify: _____)

Type of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Asbestos							
Construction & Demolition (C&D) Debris	1,683	1,628	2,262	1,973	2,711	2,935	2,697
Industrial Waste (Including Industrial Process Sludges)							
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	4,973	4,168	4,629	4,578	4,769	4,901	5,421
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
Total Tons Received	6,656	5,796	6,891	6,551	7,480	7,836	8,118

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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	\$103/ton	2,799	2,795	2,955	2,736	1,968	29,142	94
Industrial Waste (Including Industrial Process Sludges)								
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	\$103/ton	5,152	5,281	5,466	4,838	5,150	59,326	192
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
Total Tons Received		7,951	8,076	8,421	7,574	7,118	88,468	286

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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:

100 % 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 (Name & Address) 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
Asbestos					
Construction & Demolition (C&D) Debris	"Direct Haul"	NY	Ulster	UCRRA	29,142
Industrial Waste (Including Industrial Process Sludges)					

SERVICE AREA OF SOLID WASTE RECEIVED					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	"Direct Haul"	NY	Ulster	UCRRA	59,326
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Sewage Treatment Plant Sludge					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other (specify)					
TOTAL RECEIVED (tons):					88,468

* 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:

100% Road: Waste Type(s): MSW _____ % 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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Seneca Meadows	NY	Seneca	Seneca		86,284	86,284
	Landfill						
	1786 Salaman Rd.						
	Waterloo, NY 13165						
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							

TOTAL SENT (tons): 86,284

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 (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Commingled Containers (metal, glass, plastic)					
Commingled Paper (all grades)					
Single Stream (total)					
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)	"Direct Haul"	NY	Ulster	WORRA	858
Rubble					
Mulchings + Dirt					
TOTAL RECEIVED (tons):					858

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:

100% Road: Material(s): _____ % Rail: Material(s): _____
 _____ % Water: Material(s): _____ % Other (specify: _____): Material(s): _____

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Paper (all grades)					
Corrugated Cardboard	materials Recovery Inc. 999 Flatbush Rd Kingston, NY	NY	Ulster	WORRA	78
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
TOTAL PAPER RECOVERED (tons):					78

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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Container Glass					
Industrial Scrap Glass					
Other Glass (specify)					
TOTAL GLASS RECOVERED (tons):					
METAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Aluminum Foil / Trays					
Bulk Metal (from MSW)	West Kingston Recycling 647 Abeel St Kingston, NY	NY	Ulster	UCRPA	583
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)	West Kingston Recycling Alum + Copper 647 Abeel St Kingston, NY	NY	Ulster	UCRPA	4
TOTAL METAL RECOVERED (tons):					587

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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Plastic (#1 - #7)					
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
TOTAL PLASTIC RECOVERED (tons):					
MISCELLANEOUS MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Electronics	Electronics Recycling Int Inc	CA			91
Textiles	WCPRA 999 Flatbush Rd. Kingston	NY	Ulster	WCPRA	8
Other (specify)	Casings Inc.	NY	Green	Green	27
Times	169 Maple Ave Catskill, NY				
TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):					126

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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
TOTAL MIXED MATERIAL RECOVERED (tons):					
ORGANIC MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Brush, Branches, Trees, & Stumps					
Food Scraps	WCPRA Compost Facility 999 Flatbush Rd Kingston	NY	Ulster	WCPRA	4
Yard Waste (curbside)					
Other (specify) Clean wood	WCPRA Compost Facility 999 Flatbush Rd Kingston	NY	Ulster	WCPRA	83
TOTAL ORGANIC MATERIAL RECOVERED (tons):					87

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
1/1/20 - 12/31/20	lead acid batt.	1/1/20 - 12/31/20	West Kingston Recycling
1/1/20 - 12/31/20	fluorescent bulbs	1/1/20 - 12/31/20	Clean Harbors Glenmont, N.Y.
1/1/20 - 12/31/20	propane tanks	1/1/20 - 12/31/20	Britt + Graff Port Ewen, N.Y.
1/1/20 - 12/31/20	freon appl.	1/1/20 - 12/31/20	Interstate Refrigerant Foxboro MA.

642 Abeel St.
West Kingston, NY

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.

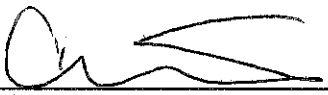
SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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

2/24/20
Date

Charles Whittaker Operations Manager (845) 336-0600
Name (Print or Type) Title (Print or Type) Phone Number

P.O. Box 6219
Address

Kingston
City

NY 12402
State and Zip

cwhi@warra.org
Email (Print or Type)

ATTACHMENTS: YES NO (Please check appropriate line)



Department of
Environmental
Conservation

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-8678.)

Complete and submit this form by March 1, 2021.

This annual report is for the year of operation from January 01, 2020 to December 31, 2020

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Material Recovery Facility (MRF)			
FACILITY LOCATION ADDRESS: 999 Flatbush Road	FACILITY CITY: Kingston	STATE: NY	ZIP CODE: 12401
FACILITY TOWN: Ulster	FACILITY COUNTY: Ulster	FACILITY PHONE NUMBER: 845-336-5717	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Ulster County Resource Recovery Agency (UCRRA)			NYSDEC REGION #: 3
360 PERMIT #: (Refer to DEC Permit) 56MO2	DATE ISSUED: 03/28/02	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)
FACILITY CONTACT: Charles Whittaker	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 845-336-0600	CONTACT FAX NUMBER: 845-336-4129
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: UCRRA	OWNER PHONE NUMBER: 845-336-0600	OWNER FAX NUMBER: 845-336-4129	
OWNER ADDRESS: PO BOX 6219	OWNER CITY: Kingston	STATE: NY	ZIP CODE: 12402
OWNER CONTACT: Timothy DeGraff	OWNER CONTACT EMAIL ADDRESS: tdeg@ucrra.org		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> same as owner	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2020? Yes; Complete this form.

No; Complete and submit Sections 1 and 11. 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 - MATERIAL RECEIVED

Please provide the tonnages of materials received. This includes all materials received at your facility regardless of their destination after processing.
DO NOT REPORT IN CUBIC YARDS!

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

100 % Scale Weight
____ % Truck Count

____ % Estimated
____ % Other (Specify: _____)

Recycling Type: _____

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)	\$0	164.48	122.28	183.77	190.54	236.12	201.70	221.98
Commingled Paper (all grades)	\$0	375.90	315.22	369.69	342.20	376.86	418.68	431.12
Single Stream (total)								
Other (specify)								
Total Tons Received		540.38	437.50	553.46	532.74	612.98	620.38	653.10
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers (metal, glass, plastic)	189.60	205.54	179.35	175.80	207.54	2278.70	7.37	
Commingled Paper (all grades)	379.57	427.99	406.61	439.62	471.87	4755.33	15.38	
Single Stream (total)								
Other (specify)								
Total Tons Received	569.17	633.53	585.96	615.42	679.41	7034.03	22.76	

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 3 – SERVICE AREA OF MATERIAL RECEIVED

Please identify where the material 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 material **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 material **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 material was generated.

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

100 % Road: Material(s): _____ % Rail: Material(s): _____
 _____ % Water: Material(s): _____ % Other (specify: _____): Material(s): _____

SERVICE AREA OF MATERIAL RECEIVED (where the material is coming from)					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) 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
Commingled Containers <small>(metal, glass, plastic)</small>	Direct Haul	NY	Ulster County <input type="checkbox"/>	Ulster County Resource <input type="checkbox"/>	2278.70
Commingled Paper <small>(all grades)</small>	Direct Haul	NY	Ulster County <input type="checkbox"/>	Ulster County Resource <input type="checkbox"/>	4755.33
Single Stream <small>(total)</small>					
Other (specify)					
TOTAL MATERIAL RECEIVED (tons):					7034.03

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SECTION 4 – RESIDUE

Total residue (tons) = 998.73

Residue destination (Name & Address) UCRRA 999 Flatbush road Kingston NY 12401

Percent Residue Calculation: Total tons residue/Total tons material received x 100 = _____

SECTION 5 – RECYCLABLES & RECOVERED MATERIALS

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

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

100 % Road: Material(s): _____ % Rail: Material(s): _____
 % Water: Material(s): _____ % Other (specify: _____): Material(s): _____

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
Commingled Paper <small>(all grades)</small>	Recycle City PO BOX 4762 Clifton, NJ 07015	NJ			213.34
Corrugated Cardboard	The Yorkshire Group 150 Rivers Edge Unit 342 Medford, MA 02155	MA			1346.62
	Suburban Carting 566 North Road Briarcliff Manor, NY 10591	NY	Westchester Cour <input type="checkbox"/>	Westchester County <input checked="" type="checkbox"/>	1106.64
Junk Mail					
Magazines					
Newspaper	Republic Services 237 Dpont Ave Newburgh, NY 12551	NY	Oswego County <input checked="" type="checkbox"/>	Orange County <input checked="" type="checkbox"/>	175.06
	Suburban Carting 566 North Road Briarcliff Manor, NY 10591	NY	Westchester Cour <input checked="" type="checkbox"/>	Westchester County <input checked="" type="checkbox"/>	753.23
Office Paper					
Paperboard / Boxboard	Suburban Carting 566 North Road Briarcliff Manor, NY 10591	NY	Westchester Cour <input checked="" type="checkbox"/>	Westchester County <input checked="" type="checkbox"/>	569.58
	Republic Services 237 Dpont Ave Newburgh, NY 12551	NY	Orange County <input checked="" type="checkbox"/>	Orange County <input checked="" type="checkbox"/>	176.28
Other Paper (specify)	Recycle City PO BOX 4762 Clifton, NJ 07015	NJ			157.92
Hardmix	The Yorkshire Group 150 Rivers Edge Unit 342 Medford, MA 02155	MA			88.86
TOTAL PAPER RECOVERED (tons):					4687.53

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 – RECYCLABLES & RECOVERED MATERIALS (continued)

GLASS RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Container Glass	Republic Services 237 Dpont Ave Newburgh, NY 12551	NY	Orange County <input checked="" type="checkbox"/>	Orange County <input checked="" type="checkbox"/>	112.60
	Pace Glass 1 Caven Point Ave Jersey City, NJ	NJ			290.26
Industrial Scrap Glass					
Other Glass (specify)	Greene Co Solid Waste PO Box 485 catskill, NY 12414	NY	Greene County <input checked="" type="checkbox"/>	Greene County <input checked="" type="checkbox"/>	310.05
Container					
TOTAL GLASS RECOVERED (tons):					451.67
METAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Aluminum Foil / Trays					
Bulk Metal	SIMS 401 Mill Road Linden Ave Ext Jersey City, NJ	NJ			2.67
	West Kingston Recycling 642 Abeel St Kingston NY 12401	NY	Ulster County <input checked="" type="checkbox"/>	Ulster County Resource <input checked="" type="checkbox"/>	3.90
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers	SIMS 401 Mill Road Linden Ave Ext Jersey City, NJ	NJ			136.71
	Ekman 1608 Rt 88 West Brick, NJ 08724	NJ			101.74
Other Metal (specify)					
UBC	SIMS 401 Mill Road Linden Ave Ext Jersey City, NJ	NJ			40.13
TOTAL METAL RECOVERED (tons):					285.15

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 – RECYCLABLES & RECOVERED MATERIALS (continued)

PLASTIC RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Plastic (#1 - #7)	Clynk 202D Scotia Glenville IP Scotia, NY 12065	NY	Schenectady Cou	Schenectady County	7.22
PET (plastic #1)	The Conti Group 1661 46Th St Brooklyn, NY 11204	NY	Kings County	New York City	84.43
	Haycore 3144 Gregoire Rd russell, ON Canada	Canada			65.47
HDPE (plastic #2)	The Conti Group 1661 46Th St Brooklyn, NY 11204	NY	Kings County	New York City	20.63
	Ekman 1608 Rt 88 West Brick, NJ 08724	NJ			129.36
Other Rigid Plastics (#3 - #7)	Cassella Recycling 1770 RT 9 Suite304 Clifton Park, NY	NY	Saratoga County	Saratoga County	19.97
	EFS Plastic 5788 ine84 Listowel ON, Canada	Canada			59.69
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
PET #1	Ekman 1608 Rt 88 West Brick, NJ 08724	NJ			41.64
TOTAL PLASTIC RECOVERED (tons):					428.41

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.

VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT
GLASS – w hole bottles	1 cubic yard 0.35 tons	GLASS - crushed mechanically	1 cubic yard 0.88 tons	ALUMINUM – cans – w hole	1 cubic yard 0.03 tons
GLASS - semi crushed	1 cubic yard 0.70 tons	GLASS - uncrushed manually	55 gallon drum 0.16 tons	ALUMINUM – cans – flattened	1 cubic yard 0.125 tons
PAPER - high grade loose	1 cubic yard 0.18 tons	PLASTIC – PET – w hole	1 cubic yard 0.015 tons		
PAPER - high grade baled	1 cubic yard 0.36 tons	PLASTIC – PET - flattened	1 cubic yard 0.04 tons		
PAPER - mixed loose	1 cubic yard 0.15 tons	PLASTIC – PET - baled	1 cubic yard 0.38 tons	WHITE GOODS - uncompacted	1 cubic yard 0.10 tons
NEWSPRINT - loose	1 cubic yard 0.29 tons	PLASTIC - styrofoam	1 cubic yard 0.02 tons	WHITE GOODS - compacted	1 cubic yard 0.5 tons
NEWSPRINT - compacted	1 cubic yard 0.43 tons	PLASTIC – HDPE – w hole	1 cubic yard 0.012 tons		
CORRUGATED – loose	1 cubic yard 0.015 tons	PLASTIC – HDPE – flattened 1	1 cubic yard 0.03 tons		
CORRUGATED - baled	1 cubic yard 0.55 tons	PLASTIC – HDPE - baled	1 cubic yard 0.38 tons	FERROUS METAL - cans w hole	1 cubic yard 0.08 tons
		PLASTIC – mixed (grocery bags)	45 gallon bag 0.01 tons	FERROUS METAL - cans	1 cubic yard 0.43 tons

SECTION 5 – RECYCLABLES & RECOVERED MATERIALS (continued)

MIXED MATERIAL RECOVERED

RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					

TOTAL MIXED MATERIAL RECOVERED (tons): 0

MISCELLANEOUS MATERIAL RECOVERED

RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Electronics					
Textiles					
Other (specify)					

TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons): 0

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

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

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

2/25/21
Date

Charles Whittaker
Name (Print or Type)

Director of Operations and Safety
Title (Print or Type)

cwhi@ucrra.org
Email (Print or Type)

PO BOX 6219
Address

Kingston
City

NY 12402
State and Zip

(845) 336-0600
Phone Number

ATTACHMENTS: YES NO

New York State Department of Environmental Conservation
Division of Materials Management
Albany, New York 12233-7253

2020

REGISTERED OR PERMITTED FACILITY ANNUAL REPORT

COMPOSTING

(DO NOT USE THIS FORM FOR BIOSOLIDS COMPOSTING)

6 NYCRR Part 361-3.2

This annual report is for the year of operation from January 01, 2020 to December 31, 2020

Annual Report Form Due: No Later than March 1, 2021

This form may be used for all composting facilities under section 361-3.2 of the Part 360 series except for biosolids composting. Biosolids composting requires the submission of a different annual report form. Forms for all solid waste management facilities can be found at <http://www.dec.ny.gov/chemical/52706.html>. If you have any questions on this form, please e-mail organicrecycling@dec.ny.gov.

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 series.

Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

FACILITY NAME: _____

SW FACILITY ACTIVITY NUMBER(S): (Ex. 02P20099) _____

COUNTY WHERE FACILITY IS LOCATED: _____

DEC USE ONLY

Region: SWIMS:

MATRIX:

Date Reviewed:

Reviewed By:

Data Entered:

COMPOST FACILITY ANNUAL REPORT
SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME:			
FACILITY LOCATION ADDRESS:	FACILITY CITY:	STATE:	ZIP CODE:
FACILITY TOWN:	FACILITY COUNTY:	FACILITY PHONE NUMBER:	
NYSDEC REGION #:			
OWNER INFORMATION			
OWNER NAME:	OWNER PHONE NUMBER:		
OWNER ADDRESS:	OWNER CITY:	STATE:	ZIP CODE:
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <i>Same as owner</i>			
PREFERENCES			
<i>Preferred address to receive correspondence:</i> <i>Facility location address</i> <i>Owner address</i> <i>Other (provide):</i>			
<i>Preferred email address:</i> <i>Facility Contact</i> <i>Owner Contact</i> <i>Other (provide):</i>			
<i>Preferred individual to receive correspondence:</i> <i>Facility Contact</i> <i>Owner</i> <i>Owner Contact</i> <i>Other (provide):</i>			
<p>Did you operate in 2020? Yes; Complete this form.</p> <p style="text-align: center;">No; Complete and submit Sections 1, 12 and 13. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, please notify the regional office of your intent. See attachment for Regional Office addresses and contacts.</p>			

SECTION 2 – QUANTITY OF MATERIAL RECEIVED

Please report quantities received from January 01, 2020 to December 31, 2020

	Inputs	Quantity	Unit	Source(s)
YARD WASTE	Leaves only			
	Grass Clippings			
	Mixture of Grass and Leaves			
	Brush (Small branches and limbs, <4 inch diameter)			
SSO	Source Separated Organics (Food scraps, soiled paper products, etc.)			
	Food Processing Waste (brewery grains, grape pomace, etc.)			
OTHER	Crop Residues (Corn stalks, etc.)			
	Manure (including bedding)			
	Sawdust/Shavings			
	Animal Carcasses (road-kill, animal mortalities)			
	Paper Mill Residuals			
	Digestate			
	Other: _____			
BULKING AGENT	Woodchips			
	Sawdust			
	Other: _____			

If **PERMITTED SSO** composting facility, continue to Section #5
SSO – Source Separated Organics

ALL OTHER COMPOSTING FACILITIES, continue to Section #9

SECTION 5 – PATHOGEN AND VECTOR ATTRACTION REDUCTION

For permitted SSO composting facilities only. Check one method for each:

Pathogen Reduction 361-3.7(a)

Windrow Composting

Aerated Static Pile Composting

In-vessel Composting

Other (specify): _____

Vector Attraction Reduction 361-3.7(b)

38 % Volatile Solids Reduction

SOUR

Aerobic Process 14 days, $\geq 40\text{C}$, $\geq 45\text{ C avg.}$

IMPORTANT NOTE!

Attach operating and monitoring data to show compliance with methods chosen. Temperature data records should indicate when a pile was created, pile was moved, additional material was added and/or pile was turned.

SECTION 6 – FINISHED COMPOST ANALYSIS

For permitted SSOW composting facilities only. Please attach sampling analyses and laboratory reports as required under Part 360 or your permit. Copies of original laboratory results must be attached. All results, except pH and Total Solids, must be on a dry weight basis. See 361-3.9 Table 6 for pollutant limits and Table 5 for annual product testing frequency 361-3.9 Table 5.

Summarize data in table below or attached document. Print additional pages as needed.

Analysis Date =====>					Max. Conc. (mg/kg)
Arsenic (mg/kg)					41
Cadmium (mg/kg)					10
Chromium (mg/kg)					1,000
Copper (mg/kg)					1,500
Lead (mg/kg)					300
Mercury (mg/kg)					10
Molybdenum (mg/kg)					40
Nickel (mg/kg)					200
Selenium (mg/kg)					100
Zinc (mg/kg)					2,500
TKN (mg/kg)					
Ammonia Nitrogen (mg/kg)					
Nitrate (mg/kg)					
Total Phosphorus (mg/kg)					
Total Potassium (mg/kg)					
pH (s.u.)					
Total Solids(%)					
Total Volatile Solids (%)					
Fecal Coliform (MPN/g)					<1,000 MPN/g
Salmonella (MPN/4g)					<3MPN/4g
Other_____					

SECTION 7 –SAMPLE MANAGEMENT PLAN

For permitted SSO composting facilities only. Describe the number, frequency and location of samples taken. Include a diagram showing all sampling locations.

SECTION 8 – ATTACHMENTS (IF REQUIRED)

Permitted SSO composting facilities, please attach:

- Temperature monitoring and detention time data.
- Sample analyses laboratory reports.
- Any additional reporting requirements.

Do you have a variance to the Part 360 permit requirements? Yes No

If yes, please describe:

SECTION 9 – UNAUTHORIZED WASTE

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

Yes No

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

SECTION 10 – PROBLEMS/COMPLAINTS

Describe any operational problems or neighbor complaints arising from the composting operation and include any methods used to remedy the situations. This should include odor complaints, marketing difficulties, major equipment failure, etc.

SECTION 11 – QUESTIONS

Please identify any questions or concerns that you would like the Department to answer or consider:

SECTION 12 – FOOD DONATION & FOOD SCRAPS RECYCLING LAW

If you are registered or permitted to compost food scraps please complete the following. For all other operations that are interested in processing food scraps, please contact your DEC regional office to determine what is required.

In 2019, New York State passed the Food Donation & Food Scraps Recycling law. Effective January 1, 2022, large generators of food scraps (defined as generating an annual average of two tons per week or more) must donate excess food and recycle all remaining food scraps if they are within 25 miles of an organics recycler (composting facility, anaerobic digester, etc.). Examples of large generators include: large restaurants, grocery stores, hotels, colleges, etc. For more information visit: <https://www.dec.ny.gov/chemical/114499.html>

Contact Information

Under this legislation, DEC is responsible for providing a list of organics recyclers (compost facilities, anaerobic digesters, etc.) to large generators so they can determine available food scraps recycling opportunities in their area.

You will be included in this listing if you hold a permit or registration for the composting of source separated organics or food scraps. This will educate both large generators and haulers of food scraps that you are an available composter in their area.

Please provide the following information to include in the listing.

Name of Business: _____

Business Phone Number: _____

Business Email: _____

Business Website: _____

I would like to opt out of DEC listing my facility as an available food scraps recycler for large generators as it relates to the Food Donation and Food Scraps Recycling law.

Assessing Your Food Scraps Recycling Capacity

DEC is responsible for assessing available food scraps recycling capacity across New York State. Information from your operation will help us do this. Please complete the following section to calculate the amount of excess food scraps your operation will have the capability to process in **2022**. Please stay consistent with units (wet tons or cubic yards).

A. Amount of foods scraps projected to be processed in **2021**: _____

B. Amount of foods scraps projected to be processed in **2022**: _____

* Note: You will not be required to process this quantity of material, these estimates will only be used to assist DEC in capacity planning across the state in preparation for the Food Donation and Food Scraps Recycling law effective January 1, 2022.

Questions?

DEC USE ONLY

Excess Capacity:

SECTION 13 - CERTIFICATION

The Owner or Operator must sign, date and submit one completed form with an original signature to the appropriate Regional Office (See attachment for Regional Office addresses and Contacts.)

The Owner or Operator must also submit one copy by email, fax or mail to:


**NYS Department of Environmental Conservation
Bureau of Waste Reduction and Recycling – Annual Report
625 Broadway – 9th Floor
Albany, New York 12233-7253**

Phone: 518-402-8706

Fax 518-402-9024

Email address: organicrecycling@dec.ny.gov

I certify, under penalty of law, that the information that will be used to determine compliance with the requirements in Subpart 361-3 of 6 NYCRR Part 361 has been prepared under my direction and supervision in accordance with the system designed to ensure that qualified personnel properly gather and evaluate this information. I am aware that false statement made herein are punishable pursuant to section 210.45 of the penal law.

 Signature	<u>2/18/21</u> Date
<u>ANGELINA PEONE</u> Name (Print)	<u>RECYCLING COORDINATOR</u> Title (Print)
<u>APEO@UCRRA.ORG</u> Email (Print)	
<u>P.O. BOX 6219</u> Address	<u>KINGSTON</u> City
<u>NY 12402</u> State and Zip	<u>(845) 336 0600</u> Phone Number

ATTACHMENTS: NO YES (IF YES, LIST ATTACHMENTS)

- Compost Technical Data Sheets
- Operators Log & Temp Sample
- Media Sample



ELECTRONIC WASTE RECEIVED BY CONSOLIDATION FACILITY

Export ▼

Annual | 2020

The status is completed therefore all fields are currently locked. If you need to edit any part of the response, please contact the NYS Electronic Equipment Recycling & Reuse Act Program Program Manager(s).

Electronic Waste Received by Electronic Waste Consolidation Facility

Please read these instructions in their entirety.

This "Electronic Waste Received by Electronic Waste Consolidation Facility" form must be completed by **all registered electronic waste consolidation facilities**. Incomplete or incorrectly filled-out tables or templates will not be accepted by the Department.

Consolidation facilities must separately report the weight of covered electronic equipment (CEE) received that is eligible to be credited to manufacturers towards their acceptance standard goals from any ineligible weight. Electronic waste collection sites and consolidation facilities are required to maintain and report this information and should provide it with electronic waste shipments sent to consolidation facilities. Consolidation facilities, in turn, should also provide records of eligible and ineligible weight with electronic waste shipments sent to other consolidation facilities and recycling facilities. Additional guidance on differentiating between eligible vs. ineligible program weight:

Eligible Program Weight

*All CEE weight accepted from any NYS consumer at no charge.

*All CEE weight accepted from any NYS business consumer at a charge.

*All CEE weight accepted from any NYS consumer at a charge, for which the consumer has been provided a premium service only.

Ineligible Program Weight

*All CEE weight accepted from any NYS consumer other than a business consumer at a charge, for which the entity has not been provided a premium service.

Source Information Guidance – (which entity/source type to select)

- "Collection Event" – If multiple events were held at the same location throughout the year, you should combine the weights of CEE accepted at all events into one location's entry. Collection events do not have registration numbers.
- "Collection Site," or "Other NYS Consolidation Facility" – select one of these source types when CEE was accepted on the facility's behalf by a NYS-**registered** site or facility.
- "Consumer Drop-offs" – CEE dropped off by consumers directly at the consolidation facility must be reported as "Consumer Drop-offs" as the source type, with your consolidation facility's registration number, name and address as the source information. Please combine the total weights of consumer drop-offs accepted by CEE type into one entry, and **do not** list names of individual consumers.
- "Generator Pick-up Total by County," – "Generator Pick-up Total by County" should be selected as the source type when CEE was picked up directly at NYS generators' locations (e.g. places of business and/or households, etc.). Please provide total generator pick-up by NYS counties serviced, one entry per county, and list the Name of the source as, "Generator Pick-up Albany County," for example.
- "Out-of-state Entity," – select this source type when CEE was accepted on the facility's behalf by any entity located outside NYS. Out-of-State Entities do not have registration numbers.

Electronic waste consolidation facilities have the option of reporting electronic waste weight collected one entry at a time, or by uploading the information using the Excel spreadsheet template. **After 3/1/2021, the Excel spreadsheet upload option will not be available for the 2020 reporting period.**

How would you like to provide collection information?

- Entry via table
- Entry via template upload

(Select one)

If you choose to input collection information one entry at a time, and have **MULTIPLE ENTRIES TO ADD**, make sure to check the "Create a new response after saving" box below the table. If you need to come back to this transaction, save the draft. If there are no errors and you are confident of your data, mark complete.

Entity Type:

Collection Site ▼

Name:

Town of Esopus Transfer Station

Registration # (if applicable):

Address:

70 West Shore Drive

City:

West Park

State:

NY

ZIP Code:

12493

Program Weight in pounds (of Computers; Computer peripherals (CRT); Computer peripherals (non-CRT); Small electronic equipment; Small scale servers; Televisions (CRT); Televisions (non-CRT);)

(if none, enter "0")

COVERED ELECTRONIC EQUIPMENT RECEIVED	IN-STATE QUANTITY COLLECTED - ELIGIBLE PROGRAM WEIGHT (IN POUNDS) *	IN-STATE QUANTITY COLLECTED - INELIGIBLE PROGRAM WEIGHT (IN POUNDS) *	OUT-OF-STATE QUANTITY COLLECTED - INELIGIBLE PROGRAM WEIGHT (IN POUNDS)
Computers	0	0	
Computer peripherals (CRT)	1,420	0	
Computer peripherals (non-CRT)	0	0	
Small electronic equipment	0	0	
Small scale servers	0	0	
Televisions (CRT)	4,420	0	
Televisions (non-CRT)	3,040	0	
Total	8,880	0	

In-State Eligible Weight

8,880

In-State Ineligible Weight

0

Created: Feb 16, 2021 at 12:47 PM EST

UCRRA Staff apeo@ucrra.org

Last Updated: Apr 22, 2021 at 11:34 AM EDT

UCRRA Staff apeo@ucrra.org



ELECTRONIC WASTE RECEIVED BY CONSOLIDATION FACILITY

Export ▾

Annual | 2020

The status is completed therefore all fields are currently locked. If you need to edit any part of the response, please contact the NYS Electronic Equipment Recycling & Reuse Act Program Program Manager(s).

Electronic Waste Received by Electronic Waste Consolidation Facility

Please read these instructions in their entirety.

This "Electronic Waste Received by Electronic Waste Consolidation Facility" form must be completed by **all registered electronic waste consolidation facilities**. Incomplete or incorrectly filled-out tables or templates will not be accepted by the Department.

Consolidation facilities must separately report the weight of covered electronic equipment (CEE) received that is eligible to be credited to manufacturers towards their acceptance standard goals from any ineligible weight. Electronic waste collection sites and consolidation facilities are required to maintain and report this information and should provide it with electronic waste shipments sent to consolidation facilities. Consolidation facilities, in turn, should also provide records of eligible and ineligible weight with electronic waste shipments sent to other consolidation facilities and recycling facilities. Additional guidance on differentiating between eligible vs. ineligible program weight:

Eligible Program Weight

*All CEE weight accepted from any NYS consumer at no charge.

*All CEE weight accepted from any NYS business consumer at a charge.

*All CEE weight accepted from any NYS consumer at a charge, for which the consumer has been provided a premium service only.

Ineligible Program Weight

*All CEE weight accepted from any NYS consumer other than a business consumer at a charge, for which the entity has not been provided a premium service.

Source Information Guidance – (which entity/source type to select)

- "Collection Event" – If multiple events were held at the same location throughout the year, you should combine the weights of CEE accepted at all events into one location's entry. Collection events do not have registration numbers.
- "Collection Site," or "Other NYS Consolidation Facility" – select one of these source types when CEE was accepted on the facility's behalf by a NYS-**registered** site or facility.
- "Consumer Drop-offs" – CEE dropped off by consumers directly at the consolidation facility must be reported as "Consumer Drop-offs" as the source type, with your consolidation facility's registration number, name and address as the source information. Please combine the total weights of consumer drop-offs accepted by CEE type into one entry, and **do not** list names of individual consumers.
- "Generator Pick-up Total by County," – "Generator Pick-up Total by County" should be selected as the source type when CEE was picked up directly at NYS generators' locations (e.g. places of business and/or households, etc.). Please provide total generator pick-up by NYS counties serviced, one entry per county, and list the Name of the source as, "Generator Pick-up Albany County," for example.
- "Out-of-state Entity," – select this source type when CEE was accepted on the facility's behalf by any entity located outside NYS. Out-of-State Entities do not have registration numbers.

Electronic waste consolidation facilities have the option of reporting electronic waste weight collected one entry at a time, or by uploading the information using the Excel spreadsheet template. **After 3/1/2021, the Excel spreadsheet upload option will not be available for the 2020 reporting period.**

How would you like to provide collection information?

- Entry via table
- Entry via template upload

(Select one)

If you choose to input collection information one entry at a time, and have **MULTIPLE ENTRIES TO ADD**, make sure to check the "Create a new response after saving" box below the table. If you need to come back to this transaction, save the draft. If there are no errors and you are confident of your data, mark complete.

Entity Type:

Collection Site ▾

Name:

Town of Ulster Transfer Station

Registration # (if applicable):

Address:

900 Miron Lane

City:

Ulster

State:

NY

ZIP Code:

12487

Program Weight in pounds (of Computers; Computer peripherals (CRT); Computer peripherals (non-CRT); Small electronic equipment; Small scale servers; Televisions (CRT); Televisions (non-CRT);)

(if none, enter "0")

COVERED ELECTRONIC EQUIPMENT RECEIVED	IN-STATE QUANTITY COLLECTED - ELIGIBLE PROGRAM WEIGHT (IN POUNDS) *	IN-STATE QUANTITY COLLECTED - INELIGIBLE PROGRAM WEIGHT (IN POUNDS) *	OUT-OF-STATE QUANTITY COLLECTED - INELIGIBLE PROGRAM WEIGHT (IN POUNDS)
Computers	600	0	
Computer peripherals (CRT)	2,680	0	
Computer peripherals (non-CRT)	5,340	0	
Small electronic equipment	520	0	
Small scale servers	0	0	
Televisions (CRT)	3,720	0	
Televisions (non-CRT)	1,760	0	
Total	14,620	0	

In-State Eligible Weight

14,620

In-State Ineligible Weight

0

Created: Feb 16, 2021 at 12:46 PM EST

UCRRA Staff apec@ucrra.org

Last Updated: Apr 22, 2021 at 11:36 AM EDT

UCRRA Staff apec@ucrra.org

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The status is completed therefore all fields are currently locked. If you need to edit any part of the response, please contact the NYS Electronic Equipment Recycling & Reuse Act Program Program Manager(s).

Electronic Waste Received by Electronic Waste Consolidation Facility

Please read these instructions in their entirety.

This "Electronic Waste Received by Electronic Waste Consolidation Facility" form must be completed by **all registered electronic waste consolidation facilities**. Incomplete or incorrectly filled-out tables or templates will not be accepted by the Department.

Consolidation facilities must separately report the weight of covered electronic equipment (CEE) received that is eligible to be credited to manufacturers towards their acceptance standard goals from any ineligible weight. Electronic waste collection sites and consolidation facilities are required to maintain and report this information and should provide it with electronic waste shipments sent to consolidation facilities. Consolidation facilities, in turn, should also provide records of eligible and ineligible weight with electronic waste shipments sent to other consolidation facilities and recycling facilities. Additional guidance on differentiating between eligible vs. ineligible program weight:

Eligible Program Weight

*All CEE weight accepted from any NYS consumer at no charge.

*All CEE weight accepted from any NYS business consumer at a charge.

*All CEE weight accepted from any NYS consumer at a charge, for which the consumer has been provided a premium service only.

Ineligible Program Weight

*All CEE weight accepted from any NYS consumer other than a business consumer at a charge, for which the entity has not been provided a premium service.

Source Information Guidance – (which entity/source type to select)

- "Collection Event" – If multiple events were held at the same location throughout the year, you should combine the weights of CEE accepted at all events into one location's entry. Collection events do not have registration numbers.

- "Collection Site," or "Other NYS Consolidation Facility" – select one of these source types when CEE was accepted on the facility's behalf by a NYS-registered site or facility.

- "Consumer Drop-offs" – CEE dropped off by consumers directly at the consolidation facility must be reported as "Consumer Drop-offs" as the source type, with your consolidation facility's registration number, name and address as the source information. Please combine the total weights of consumer drop-offs accepted by CEE type into one entry, and **do not** list names of individual consumers.

- "Generator Pick-up Total by County," – "Generator Pick-up Total by County" should be selected as the source type when CEE was picked up directly at NYS generators' locations (e.g. places of business and/or households, etc.). Please provide total generator pick-up by NYS counties serviced, one entry per county, and list the Name of the source as, "Generator Pick-up Albany County," for example.

- "Out-of-state Entity" – select this source type when CEE was accepted on the facility's behalf by any entity located outside NYS. Out-of-State Entities do not have registration numbers.

Electronic waste consolidation facilities have the option of reporting electronic waste weight collected one entry at a time, or by uploading the information using the Excel spreadsheet template. **After 3/1/2021, the Excel spreadsheet upload option will not be available for the 2020 reporting period.**

How would you like to provide collection information?

Entry via table

Entry via template upload

(Select one)

If you choose to input collection information one entry at a time, and have **MULTIPLE ENTRIES TO ADD**, make sure to check the "Create a new response after saving" box below the table. If you need to come back to this transaction, save the draft. If there are no errors and you are confident of your data, mark complete.

Entity Type:

Consumer Drop-offs ▼

Name:

Ulster County Resource Recovery

Registration # (if applicable):

Address:

999 Flatbush Road

City:

Kingston

State:

NY

ZIP Code:

12401

Program Weight in pounds (of Computers; Computer peripherals (CRT); Computer peripherals (non-CRT); Small electronic equipment; Small scale servers; Televisions (CRT); Televisions (non-CRT);)

(if none, enter "0")

COVERED ELECTRONIC EQUIPMENT RECEIVED	IN-STATE QUANTITY COLLECTED - ELIGIBLE PROGRAM WEIGHT (IN POUNDS) *	IN-STATE QUANTITY COLLECTED - INELIGIBLE PROGRAM WEIGHT (IN POUNDS) *	OUT-OF-STATE QUANTITY COLLECTED - INELIGIBLE PROGRAM WEIGHT (IN POUNDS)
Computers	3,751	0	
Computer peripherals (CRT)	1,410	0	
Computer peripherals (non-CRT)	135,157	0	
Small electronic equipment	120,794	198	
Small scale servers	0	0	
Televisions (CRT)	99,995	0	
Televisions (non-CRT)	15,922	0	
Total	377,029	198	

In-State Eligible Weight

377,029

In-State Ineligible Weight

198

Created: Apr 22, 2021 at 11:59 AM EDT

UCRRA Staff apeo@ucrra.org

Last Updated: Apr 22, 2021 at 11:59 AM EDT

UCRRA Staff apeo@ucrra.org



PERMITTED TRANSFER FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-8678.)

Complete and submit this form by March 1, 2022.

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

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Ulster County Resource Recovery Agency			
FACILITY LOCATION ADDRESS: 1 Clearwater Rd.	FACILITY CITY: New Paltz	STATE: NY	ZIP CODE: 12561
FACILITY TOWN: New Paltz	FACILITY COUNTY: Ulster	FACILITY PHONE NUMBER: (845) 255-6358	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report): WCRRA			NYSDEC REGION #: 3
360 PERMIT #:(Refer to DEC Permit) 3-5138-00089/00001	DATE ISSUED: 7/30/2009	DATE EXPIRES: 7/29/2019	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit) 56T03
FACILITY CONTACT: Charles Whittaker	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: (845) 336-0600	CONTACT FAX NUMBER: (845) 336-4129
CONTACT EMAIL ADDRESS: cwhi@warra.org			
OWNER INFORMATION			
OWNER NAME: Public Benefit Corp	OWNER PHONE NUMBER: (845) 336-0600	OWNER FAX NUMBER: (845) 336-4129	
OWNER ADDRESS: P.O. Box 6219	OWNER CITY: Kingston	STATE: NY	ZIP CODE: 12402
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: Charles Whittaker	<input type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input type="checkbox"/> private
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" 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? Yes; Complete this form.

No; Complete and submit Sections 1 and 11. 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 - 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:

100 % Scale Weight

_____ % Estimated

_____ % Truck Count

_____ % Other (Specify: _____)

Type of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Asbestos							
Construction & Demolition (C&D) Debris	479.37	268.25	787.51	1,086.94	1,020.90	970.02	852.21
Industrial Waste (Including Industrial Process Sludges)							
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	2,972.89	2,640.64	3,788.57	3,927.37	3,621.84	4,383.93	4,640.22
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge	244.94	182.54	332.86	291.70	234.56	265.95	274.43
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
Total Tons Received	3,697.20	3,091.41	4,909.24	5,306.01	4,877.30	5,619.90	5,766.86

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	\$105/ton	912.48	1,026.20	1,064.70	1,125.15	896.13	10,489.86	40.81
Industrial Waste (Including Industrial Process Sludges)								
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	\$105/ton	4,441.41	4,109.04	4,444.18	3,758.23	3,668.54	46,397.16	180.53
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge	\$105/ton	284.34	291.01	315.26	248.81	295.81	3,262.21	12.69
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
Total Tons Received		5,638.23	5,426.25	5,824.14	5,132.19	4,860.48	60,149.23	234.04

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:

100 % Road: Waste Type(s): CD, MSW + sludge % Rail: Waste Type(s): _____
 _____ % Water: Waste Type(s): _____ % Other (specify: _____): Waste Type(s): _____

SERVICE AREA OF SOLID WASTE RECEIVED					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) 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
Asbestos					
Construction & Demolition (C&D) Debris	<u>"Direct Haul"</u>	<u>NY</u>	<u>Ulster</u>	<u>UCRRA</u>	<u>10,489.86</u>
Industrial Waste (Including Industrial Process Sludges)					

SERVICE AREA OF SOLID WASTE RECEIVED

TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) 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) (Residential, Institutional & Commercial)	"Direct Haul"	NY	Ulster	LCRRA	46,397.16
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Sewage Treatment Plant Sludge	"Direct Haul"	NY	Ulster	LCRRA	3,262.21
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other (specify)					
TOTAL RECEIVED (tons): 60,149.23					

* 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:

100% Road: Waste Type(s): MSW + Sludge _____ % 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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Seneca County Landfill Waterloo, NY 13165	NY	Seneca	Seneca		56,506.37	56,506.37
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge	Rockland County Compost facility 400 Torne Valley Rd Hillburn NY 10931	NY	Rockland	RCSWMA		3,253	3,253
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							

TOTAL SENT (tons): 59,759

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					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Commingled Containers (metal, glass, plastic)					
Commingled Paper (all grades)					
Single Stream (total)					
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
TOTAL RECEIVED (tons):					

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:

100% Road: Material(s): OC _____ % Rail: Material(s): _____
 _____ % Water: Material(s): _____ % Other (specify: _____): Material(s): _____

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Paper (all grades)					
Corrugated Cardboard	Materials Recovery Facility 999 Flatbush Rd. Kingston NY	NY	Ulster	UCRRA	13.39
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
TOTAL PAPER RECOVERED (tons):					<u>13.39</u>

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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Container Glass					
Industrial Scrap Glass					
Other Glass (specify)					
TOTAL GLASS RECOVERED (tons):					

METAL RECOVERED

RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Aluminum Foil / Trays					
Bulk Metal (from MSW)					
Bulk Metal (from CD debris)	West Kingston Recycling 642 Abeel St. Kingston NY	NY	Ulster	UCRPA	128.26
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
TOTAL METAL RECOVERED (tons):					128.26

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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Plastic (#1 - #7)					
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					

TOTAL PLASTIC RECOVERED (tons):

MISCELLANEOUS MATERIAL RECOVERED

RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Electronics	Electronics Recycling International 7815 Palm Ave. Fresno, CA	CA			17.46
Textiles	93711				
Other (specify) Tires	Casings Inc. 169 Maple Ave. Catskill, NY.	NY	Green	Green	13.12

TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons): 30.58

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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
TOTAL MIXED MATERIAL RECOVERED (tons):					_____
ORGANIC MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
	Clear Wood (WCRRA) Compost Facility	NY	Ulster	WCRRA	11.98
TOTAL ORGANIC MATERIAL RECOVERED (tons):					_____

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
1/1/21 to 12/31/21	Fluorescent bulbs	1/1/21 to 12/31/21	Clean Harbors Glenmont, NY
1/1/21 to 12/31/21	Propane tanks	1/1/21 to 12/31/21	Brett + Graff Port Ewen, NY.
1/1/21 to 12/31/21	lead acid batt	1/1/21 to 12/31/21	West Kingston Regy, Kingston, NY
1/1/21 to 12/31/21	Green	1/1/21 to 12/31/21	Inter state Refrig Foxboro, MA

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.

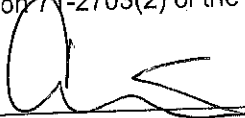
SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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

2/24/22
Date

Charles Whittaker Operations Manager (845) 336-0600
Name (Print or Type) Title (Print or Type) Phone Number

P.O. Box 6219 Kingston NY 12402
Address City State and Zip

cwhi@werra.org
Email (Print or Type)

ATTACHMENTS: YES NO (Please check appropriate line)



Department of Environmental Conservation

PERMITTED TRANSFER FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-8678.)

Complete and submit this form by March 1, 2022.

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

SECTION 1 - GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Ulster County Resource Recovery Agency			
FACILITY LOCATION ADDRESS: 999 Flatbush Rd.	FACILITY CITY: Kingston	STATE: N.Y.	ZIP CODE: 12401
FACILITY TOWN: Ulster	FACILITY COUNTY: Ulster	FACILITY PHONE NUMBER: (845) 336-0600	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). LCRRA			NYSDEC REGION #: 3
360 PERMIT #:(Refer to DEC Permit) 3-5154-00125-00001	DATE ISSUED: 4/20/2021	DATE EXPIRES: 4/19	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit) 56T02
FACILITY CONTACT: Charles Whittaker	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: (845) 336-0600	CONTACT FAX NUMBER: (845) 336-4129
CONTACT EMAIL ADDRESS: cwhi@lcrra.org			
OWNER INFORMATION			
OWNER NAME: Public Benefit Corp.	OWNER PHONE NUMBER: (845) 336-0600	OWNER FAX NUMBER: (845) 336-4129	
OWNER ADDRESS: P.O. Box 6219	OWNER CITY: Kingston	STATE: NY	ZIP CODE: 12402
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner Charles Whittaker		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" 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? Yes; Complete this form.

No; Complete and submit Sections 1 and 11. 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 - 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:

100% Scale Weight

_____% Estimated

_____% Truck Count

_____% Other (Specify: _____)

Type of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Asbestos							
Construction & Demolition (C&D) Debris	1,656.67	1,180.77	2,439.67	3,006.84	3,146.35	2,511.40	2,672.58
Industrial Waste (Including Industrial Process Sludges)							
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	4,812.82	4,101.18	4,811.33	4,821.92	4,481.55	5,544.40	5,453.86
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
Total Tons Received	6,469.49	5,281.95	7,251.00	7,828.76	7,627.90	8,055.80	8,126.44

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	\$105/ton	2,982.20	2,874.33	2,951.13	3,175.26	2,570.76	31,167.96	101.52
Industrial Waste (Including Industrial Process Sludges)								
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	\$105/ton	5,226.45	5,460.92	5,391.11	5,078.56	5,048.18	60,232.28	196.19
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
Total Tons Received		8,208.65	8,335.25	8,342.24	8,253.82	7,618.94	91,400.24	297.71

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:

100% Road: Waste Type(s): _____ % Rail: Waste Type(s): _____
 _____% Water: Waste Type(s): _____ % Other (specify: _____): Waste Type(s): _____

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) 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
Asbestos					
Construction & Demolition (C&D) Debris	"Direct Haul"	NY	Ulster	UCRRA	31,167.96
Industrial Waste (Including Industrial Process Sludges)					

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)

TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	"Direct Haul"	NY	Ulster	UCRRA	60,232.28
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Sewage Treatment Plant Sludge					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other (specify)					
					TOTAL RECEIVED (tons): 91,400.24

* 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:

100 % Road: Waste Type(s): MSW _____ % 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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Seneca Meadows Landfill	NY	Seneca	Seneca		89,443	89,443
	1786 Salzman Rd.						
	Waterloo, NY 13165						
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							

TOTAL SENT (tons) 89,443.20

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 (where the material is coming from)					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Commingled Containers (metal, glass, plastic)					
Commingled Paper (all grades)					
Single Stream (total)					
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)	"Direct Haul" Dirt (242.47 tons)	NY	Ulster	UCRRA	918.82
Rubble	- (196.87 tons) Mullings (479.38 tons)				
TOTAL RECEIVED (tons):					918.82

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:

~~100~~ % Road: Material(s): _____ % Rail: Material(s): _____
 _____ % Water: Material(s): _____ % Other (specify: _____): Material(s): _____

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Paper (all grades)					
Corrugated Cardboard	Materials Recovery Facility 999 Flatbush Rd Kingston, NY	NY	Ulster	WC RRA	72.53
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
TOTAL PAPER RECOVERED (tons):					72.53

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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Container Glass					
Industrial Scrap Glass					
Other Glass (specify)					
TOTAL GLASS RECOVERED (tons):					
METAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Aluminum Foil / Trays					
Bulk Metal (from MSW)	West Kingston Recycling 647 Abeel St. Kingston, NY.	NY	Ulster	UCREA	424.28
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)	West Kingston Recycling Aluminum (1.50) Copper (.91)				2.41
TOTAL METAL RECOVERED (tons):					426.69

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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Plastic (#1 - #7)					
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					

TOTAL PLASTIC RECOVERED (tons):

MISCELLANEOUS MATERIAL RECOVERED

RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Electronics	Corp. Headqu Electronics Recycling Inter. Inc. 7815 N. Palm Ave #140, Fresno, CA	CA			56.64
Textiles	UCRRA 999 Flatbush Rd. Kingston NY	NY	Water	UCRRA	3.11
Other (specify)	Casings Inc. 169 Maple Ave Catskill, NY	NY	Green	Green	26.78

TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons): 86.53

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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
TOTAL MIXED MATERIAL RECOVERED (tons):					

ORGANIC MATERIAL RECOVERED

RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)	UCRRA Compost Facility	NY	Ulster	UCRRA	56.32
Clean Wood	999 Flatbush Rd Kingston, NY				
TOTAL ORGANIC MATERIAL RECOVERED (tons):					53.32

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
1/1/21 - 12/31/21	lead acid batteries	1/1/21 - 12/31/21	West Kingston Recycling 642 Abeel St. Kingston, NY
1/1/21 - 12/31/21	fluorescent bulbs	1/1/21 - 12/31/21	Clean Harbors Glenmont, NY.
1/1/21 - 12/31/21	Propane tanks	1/1/21 - 12/31/21	Britt + Graff Port Ewen, NY
1/1/21 - 12/31/21	freon appliances	1/1/21 - 12/31/21	Interstate Refrigerant Foxboro, MA.

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.

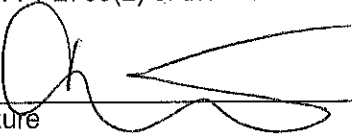
SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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

2/24/22
Date

Charles Whittaker Operations Manager (845) 336-0600
Name (Print or Type) Title (Print or Type) Phone Number

P.O. Box 6219
Address

Kingston
City

12402
State and Zip

Cwhi@werra.org
Email (Print or Type)

ATTACHMENTS: YES NO (Please check appropriate line)



Department of
Environmental
Conservation

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-8678.)

Complete and submit this form by March 1, 2022.

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

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Material Recovery Facility (MRF)			
FACILITY LOCATION ADDRESS: 999 Flatbush Road	FACILITY CITY: Kingston	STATE: NY	ZIP CODE: 12401
FACILITY TOWN: Ulster	FACILITY COUNTY: Ulster	FACILITY PHONE NUMBER: 845-336-5717	
FACILITY NYS PLANNING UNIT: (A list of NYS <u>Planning Units</u> can be found at the end of this report). Ulster County Resource Recovery Agency			NYSDEC REGION #: 3
360 PERMIT #: (Refer to DEC Permit) 56M02	DATE ISSUED: 03/28/02	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)
FACILITY CONTACT: Charles Whittaker	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 845-336-0600	CONTACT FAX NUMBER: 845-336-4129
CONTACT EMAIL ADDRESS: cwhi@ucrra.org			
OWNER INFORMATION			
OWNER NAME: UCRRA	OWNER PHONE NUMBER: 845-336-0600	OWNER FAX NUMBER: 845-336-4129	
OWNER ADDRESS: PO BOX 6219	OWNER CITY: Kingston	STATE: NY	ZIP CODE: 12402
OWNER CONTACT: Timothy DeGraff	OWNER CONTACT EMAIL ADDRESS: tdeg@ucrra.org		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2021? Yes; Complete this form.

No; Complete and submit Sections 1 and 11. 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 - MATERIAL RECEIVED

Please provide the tonnages of materials received. This includes all materials received at your facility regardless of their destination after processing.
DO NOT REPORT IN CUBIC YARDS!

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

100 % Scale Weight _____ % Estimated
 _____ % Truck Count _____ % Other (Specify: _____)

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)	\$0	173.00	181.69	200.49	183.24	137.54	188.04	191.61
Commingled Paper (all grades)	\$0	376.47	338.70	404.74	415.67	391.58	457.58	433.26
Single Stream (total)								
Other (specify)								
Total Tons Received		549.47	520.39	605.23	598.91	529.12	645.62	624.87
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers (metal, glass, plastic)	183.25	183.05	160.21	156.00	172.12	2110.24	6.87	
Commingled Paper (all grades)	392.44	391.27	387.92	403.53	404.16	4797.32	15.63	
Single Stream (total)								
Other (specify)								
Total Tons Received		575.69	574.32	548.13	559.53	576.28	6907.56	22.50

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 3 – SERVICE AREA OF MATERIAL RECEIVED

Please identify where the material 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 material **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 material **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 material was generated.

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

100 % Road: Material(s): _____ % Rail: Material(s): _____
 _____ % Water: Material(s): _____ % Other (specify: _____): Material(s): _____

SERVICE AREA OF MATERIAL RECEIVED					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR " <i>Direct Haul</i> "	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 <small>(metal, glass, plastic)</small>	Direct Haul	NY	Ulster <input checked="" type="checkbox"/>	UCRRA <input checked="" type="checkbox"/>	2110.24
Commingled Paper <small>(all grades)</small>	Direct Haul	NY	Ulster <input checked="" type="checkbox"/>	UCRRA <input checked="" type="checkbox"/>	4797.32
Single Stream <small>(total)</small>					
Other (specify)					
TOTAL MATERIAL RECEIVED (tons):					6907.56

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

SECTION 4 – RESIDUE

Total residue (tons) = 905.14

Residue destination (Name & Address) UCRRA 999 Flatbush Road Kingston, NY

Percent Residue Calculation: Total tons residue/Total tons material received x 100 = 13%

SECTION 5 – RECYCLABLES & RECOVERED MATERIALS

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

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

100 % Road: Material(s): _____ % Rail: Material(s): _____
 % Water: Material(s): _____ % Other (specify: _____): Material(s): _____

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
Commingled Paper <small>(all grades)</small>					
Corrugated Cardboard	<small>The Yorkshire Group 150 Rivers Edge Drive Unit 342 Medford, MA 02155</small>	MA			1497.94
	<small>Suburban Carting 566 North Road Briarcliff Manor, NY 10591</small>	NY	Westchester <input checked="" type="checkbox"/>	Westchester <input checked="" type="checkbox"/>	978.35
Junk Mail					
Magazines					
Newspaper	<small>Suburban Carting 566 North Road Briarcliff Manor, NY 10591</small>	NY	Westchester <input checked="" type="checkbox"/>	Westchester County <input checked="" type="checkbox"/>	1124.85
Office Paper					
Paperboard / Boxboard	<small>The Yorkshire Group 150 Rivers Edge Drive Unit 342 Medford, MA 02155</small>	MA			244.87
	<small>Suburban Carting 566 North Road Briarcliff Manor, NY 10591</small>	NY	Westchester <input checked="" type="checkbox"/>	Westchester <input checked="" type="checkbox"/>	769.19
Other Paper (specify)					
TOTAL PAPER RECOVERED (tons):					4615.20

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 – RECYCLABLES & RECOVERED MATERIALS (continued)

GLASS RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Container Glass	Greene Co Solid Waste PO BOX 485 Catskill, NY 12414	NY	Greene <input checked="" type="checkbox"/>	Greene <input checked="" type="checkbox"/>	494.34
Industrial Scrap Glass					
Other Glass (specify)					
TOTAL GLASS RECOVERED (tons):					494.34
METAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Aluminum Foil / Trays					
Bulk Metal	West Kingston Recycling 642 Abeel Street Kingston, NY 12401	NY	Ulster <input checked="" type="checkbox"/>	UCRRA <input checked="" type="checkbox"/>	3.31
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers	The Conti Group 1661 46th Street Brooklyn, NY 11204	NY	Kings County <input checked="" type="checkbox"/>	New York City <input checked="" type="checkbox"/>	57.87
	Ekman 1608 Rout 88 West Brick, NJ 08724	NJ			82.77
Other Metal (specify)					
UBC	The Conti Group 1661 46th Street Brooklyn, NY 11204	NY	Kings County <input checked="" type="checkbox"/>	New York City <input checked="" type="checkbox"/>	20.36
TOTAL METAL RECOVERED (tons):					157.69

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 – RECYCLABLES & RECOVERED MATERIALS (continued)

PLASTIC RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Plastic (#1 - #7)	Clynk 202D Scotia Glenville Ind Park Scotia, NY	NY	Schenectady <input checked="" type="checkbox"/>	Schenectady County <input checked="" type="checkbox"/>	.22
	Bottle Depot PO BOX 142 Circleville, NY 10919	NY	Orange <input checked="" type="checkbox"/>	Orange <input checked="" type="checkbox"/>	.55
PET (plastic #1)	The Conti Group 1661 46Th Street Brooklyn, NY 11204	NY	Kings County <input checked="" type="checkbox"/>	New York City <input checked="" type="checkbox"/>	103.46
	Haycore 3144 Gregoire Road Russell ON	Canada			21.71
HDPE (plastic #2)	Haycore 3144 Gregoire Road Russell ON	Canada			41.77
	Ekman Recycling 1608 Route 88 West Brick, NJ 08724	NJ			83.92
Other Rigid Plastics (#3 - #7)	EFS Plastics 5788 Line 84 Listowel Ontario Canada	Canada			38.51
Industrial Scrap Plastic	The Conti Group 1661 46Th Street Brooklyn, NY 11204	NY	Kings <input checked="" type="checkbox"/>	New York City <input checked="" type="checkbox"/>	21.70
Plastic Film & Bags	EFS Plastics 5788 Line 84 Listowel Ontario Canada	Canada			19.20
Other Plastics (specify)					
PET #1	Ekman Recycling 1608 Route 88 West Brick, NJ 08724	Canada			64.71
TOTAL PLASTIC RECOVERED (tons):					395.75

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.

VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT	
GLASS – w hole bottles	1 cubic yard	0.35 tons	GLASS - crushed mechanically	1 cubic yard	0.88 tons	ALUMINUM – cans – w hole	1 cubic yard	0.03 tons
GLASS - semi crushed	1 cubic yard	0.70 tons	GLASS - uncrushed manually	55 gallon drum	0.16 tons	ALUMINUM – cans – flattened	1 cubic yard	0.125 tons
PAPER - high grade loose	1 cubic yard	0.18 tons	PLASTIC – PET – w hole	1 cubic yard	0.015 tons			
PAPER - high grade baled	1 cubic yard	0.36 tons	PLASTIC – PET - flattened	1 cubic yard	0.04 tons			
PAPER - mixed loose	1 cubic yard	0.15 tons	PLASTIC – PET - baled	1 cubic yard	0.38 tons	WHITE GOODS - uncompacted	1 cubic yard	0.10 tons
NEWSPRINT - loose	1 cubic yard	0.29 tons	PLASTIC - styrofoam	1 cubic yard	0.02 tons	WHITE GOODS - compacted	1 cubic yard	0.5 tons
NEWSPRINT - compacted	1 cubic yard	0.43 tons	PLASTIC – HDPE – w hole	1 cubic yard	0.012 tons			
CORRUGATED – loose	1 cubic yard	0.015 tons	PLASTIC – HDPE – flattened 1	1 cubic yard	0.03 tons			
CORRUGATED - baled	1 cubic yard	0.55 tons	PLASTIC – HDPE - baled	1 cubic yard	0.38 tons	FERROUS METAL - cans w hole	1 cubic yard	0.08 tons
			PLASTIC – mixed (grocery bags)	45 gallon bag	0.01 tons	FERROUS METAL - cans	1 cubic yard	0.43 tons

SECTION 5 – RECYCLABLES & RECOVERED MATERIALS (continued)

MIXED MATERIAL RECOVERED

RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					

TOTAL MIXED MATERIAL RECOVERED (tons):

MISCELLANEOUS MATERIAL RECOVERED

RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Electronics					
Textiles					
Other (specify)					

TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):

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

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

2/24/22

Date

Charles Whittaker

Name (Print or Type)

Director of Operations and Compliance

Title (Print or Type)

cwhi@ucrra.org

Email (Print or Type)

PO BOX 6219

Address

Kingston

City

NY 12402

State and Zip

(845) 336-0600

Phone Number

ATTACHMENTS: YES NO

New York State Department of Environmental Conservation
Division of Materials Management
Albany, New York 12233-7253

2021

REGISTERED OR PERMITTED FACILITY ANNUAL REPORT

COMPOSTING

(DO NOT USE THIS FORM FOR BIOSOLIDS COMPOSTING)

6 NYCRR Part 361-3.2

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

Annual Report Form Due: No Later than March 1, 2022

This form may be used for all composting facilities under section 361-3.2 of the Part 360 series except for biosolids composting. Biosolids composting requires the submission of a different annual report form. Forms for all solid waste management facilities can be found at <http://www.dec.ny.gov/chemical/52706.html>. If you have any questions on this form, please e-mail organicrecycling@dec.ny.gov.

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 series.

Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

FACILITY NAME: ULSTER COUNTY RESOURCE RECOVERY AGENCY

SW FACILITY ACTIVITY NUMBER(S): (Ex. 02P20099) 56-T-02

COUNTY WHERE FACILITY IS LOCATED: ULSTER COUNTY

DEC USE ONLY

Region: SWIMS:
MATRIX:

Date Reviewed:

Reviewed By:

Data Entered:

**COMPOST FACILITY ANNUAL REPORT
SECTION 1 – FACILITY INFORMATION**

FACILITY INFORMATION			
FACILITY NAME: ULSTER COUNTY RESOURCE RECOVERY AGENCY			
FACILITY LOCATION ADDRESS: 999 FLATBUSH ROAD	FACILITY CITY: KINGSTON	STATE: NY	ZIP CODE: 12401
FACILITY TOWN: KINGSTON	FACILITY COUNTY: ULSTER	FACILITY PHONE NUMBER: 845-336-0600	
NYSDEC REGION #: REGION 3			
FACILITY CONTACT: ANGELINA BRANDT		CONTACT PHONE NUMBER: 845-336-0600	
CONTACT EMAIL ADDRESS: APEO@UCRRA.ORG			
OWNER INFORMATION			
OWNER NAME: UC RESOURCE RECOVERY		OWNER PHONE NUMBER: 845-336-0600	
OWNER ADDRESS: P.O. BOX 6219	OWNER CITY: KINGSTON	STATE: NY	ZIP CODE: 12402
OWNER CONTACT: TIM DEGRAFF, EXEC. DIRECTOR	OWNER CONTACT EMAIL ADDRESS: TDEG@UCRRA.ORG		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> Same as owner CHARLES WHITTAKER, DIRECTOR OF OPERATIONS			
PREFERENCES			
Preferred address to receive correspondence: <input type="radio"/> Facility location address <input checked="" type="radio"/> Owner address <input type="radio"/> Other (provide):			
Preferred email address: <input checked="" type="radio"/> Facility Contact <input type="radio"/> Owner Contact <input type="radio"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="radio"/> Facility Contact <input type="radio"/> Owner <input type="radio"/> Owner Contact <input type="radio"/> Other (provide):			
Did you operate in 2021? <input checked="" type="radio"/> Yes; Complete this form. <input type="radio"/> No; Complete and submit Sections 1, 12 and 13. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, please notify the regional office of your intent. See attachment for Regional Office addresses and contacts.			

SECTION 2 – QUANTITY OF MATERIAL RECEIVED

Please report quantities received from January 01, 2021 to December 31, 2021

	Inputs	Quantity	Unit	Source(s)	
YARD WASTE	Leaves only		Choose Units		
	Grass Clippings		Choose Units		
	Mixture of Grass and Leaves		Choose Units	*included in BRUSH*	
	Brush (Small branches and limbs, <4 inch diameter)	879.19	Tons	<input type="text" value="v"/>	COMMERCIAL, MUNICIPAL
SSO	Source Separated Organics (Food scraps, soiled paper products, etc.)	3,383.36	Tons	<input type="text" value="v"/>	COMMERCIAL, MUNICIPAL
	Food Processing Waste (brewery grains, grape pomace, etc.)		Choose Units		
OTHER	Crop Residues (Corn stalks, etc.)		Choose Units		
	Manure (including bedding)		Choose Units		
	Sawdust/Shavings		Choose Units		
	Animal Carcasses (road-kill, animal mortalities)	13.35	Tons	<input type="text" value="v"/>	COMMERCIAL
	Paper Mill Residuals		Choose Units		
	Digestate		Choose Units		
	Other: _____		Tons	<input type="text" value="v"/>	
BULKING AGENT	Woodchips	2,114.26	Tons	<input type="text" value="v"/>	MUNICIPAL
	Sawdust		Choose Units		
	Other: <u>CLEAN WOOD</u>	25.48	Tons	<input type="text" value="v"/>	UNADULTERATED CLEAN WOOD DIVERSIONS

SECTION 3 – COMPOST PRODUCTION

WHAT IS THE PROCESS DETENTION TIME? <i>Note: Total time material is processed, not including storage time</i>	<u>90</u>		days	
COMPOST PRODUCED DURING THE YEAR:	2,923.58	Tons	<input style="width: 20px; height: 20px;" type="text"/>	
COMPOST DISTRIBUTED DURING THE YEAR:	1,707.51	Tons	<input style="width: 20px; height: 20px;" type="text"/>	
QUANTITY CURRENTLY STOCKPILED: <i>Note: Finished product stockpiled</i>	1206.07	Tons	<input style="width: 20px; height: 20px;" type="text"/>	
AGE OF OLDEST PRODUCT ON SITE:	<u>less than 6 months</u>		months	

SECTION 4 – COMPOST DISTRIBUTION

Quantity Distributed Cubic Yards	Use of Compost (landscaping, agriculture, highway, onsite, bagged, etc.)
1707.51 tons	SOLD TO COMMERCIAL, MUNICIPAL AND RESIDENTIAL
(approximate)	CUSTOMERS (594 TRANSACTIONS RECORDED)
or ~ est. 3,400 cubic yards	FOR USE IN AGRICULTURE, LANDSCAPING, GARDENING, ETC.
10 tons or est. ~ 20 cubic yards	USED ON SITE AT UCRRRA 999 FLATBUSH RD
	(FROM MORTALITY COMPOSTING)
note: compost produced during the year	= 1707.51 tons sold + 10 tons used on site + 1206.07 tons currently stockpiled

If **PERMITTED SSO** composting facility, continue to Section #5
SSO – Source Separated Organics

ALL OTHER COMPOSTING FACILITIES, continue to Section #9

SECTION 5 – PATHOGEN AND VECTOR ATTRACTION REDUCTION

For permitted SSO composting facilities only. Check one method for each:

Pathogen Reduction 361-3.7(a)

- Windrow Composting
- Aerated Static Pile Composting
- In-vessel Composting
- Other (specify): _____

Vector Attraction Reduction 361-3.7(b)

- 38 % Volatile Solids Reduction
- SOUR
- Aerobic Process 14 days, $\geq 40C$, $\geq 45 C$ avg.

IMPORTANT NOTE!

Attach operating and monitoring data to show compliance with methods chosen. Temperature data records should indicate when a pile was created, pile was moved, additional material was added and/or pile was turned.

SECTION 6 – FINISHED COMPOST ANALYSIS

For permitted SSOW composting facilities only. Please attach sampling analyses and laboratory reports as required under Part 360 or your permit. Copies of original laboratory results must be attached. All results, except pH and Total Solids, must be on a dry weight basis. See 361-3.9 Table 6 for pollutant limits and Table 5 for annual product testing frequency 361-3.9 Table 5.

Summarize data in table below or attached document. Print additional pages as needed.

Analysis Date =====>				Max. Conc. (mg/kg)
Arsenic (mg/kg)				41
Cadmium (mg/kg)				10
Chromium (mg/kg)				1,000
Copper (mg/kg)				1,500
Lead (mg/kg)				300
Mercury (mg/kg)				10
Molybdenum (mg/kg)				40
Nickel (mg/kg)				200
Selenium (mg/kg)				100
Zinc (mg/kg)				2,500
TKN (mg/kg)				
Ammonia Nitrogen (mg/kg)				
Nitrate (mg/kg)				
Total Phosphorus (mg/kg)				
Total Potassium (mg/kg)				
pH (s.u.)				
Total Solids(%)				
Total Volatile Solids (%)				
Fecal Coliform (MPN/g)				<1,000 MPN/g
Salmonella (MPN/4g)				<3MPN/4g
Other _____				

* Please see attachments *

SECTION 7 –SAMPLE MANAGEMENT PLAN

For permitted SSO composting facilities only. Describe the number, frequency and location of samples taken. Include a diagram showing all sampling locations.

UCRRA IS A PROUD MEMBER OF THE US COMPOSTING COUNCIL AND PARTICIPATES IN THE STA CERTIFIED COMPOST PROGRAM.

WE SAMPLE AND TEST OUR FINISHED, SCREENED COMPOST PRODUCT FOUR TIMES PER YEAR (ONCE PER QUARTER).

COMPOSITE SAMPLES OF SEVERAL SUBSAMPLES ARE COLLECTED FROM VARIOUS AREAS OF THE FINISHED, SCREENED COMPOST STOCKPILE. THE TOTAL SAMPLE, ESTIMATED TO BE 2 GALLONS IN VOLUME, IS SHIPPED TO AGROLAB INC. IN HARRINGTON, DE.

A DIAGRAM SHOWING SAMPLING METHODS IS ATTACHED.

SECTION 8 – ATTACHMENTS (IF REQUIRED)

Permitted SSO composting facilities, please attach:

- Temperature monitoring and detention time data.
- Sample analyses laboratory reports.
- Any additional reporting requirements.

Do you have a variance to the Part 360 permit requirements? Yes No

If yes, please describe:

SECTION 9 – UNAUTHORIZED WASTE

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

Yes No

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

SECTION 10 – PROBLEMS/COMPLAINTS

Describe any operational problems or neighbor complaints arising from the composting operation and include any methods used to remedy the situations. This should include odor complaints, marketing difficulties, major equipment failure, etc.

The Agency received three odor complaints in 2021 which could not be verified as emanating from the compost operation. The Agency responded to community concerns about the composting program through an Every Door Direct Mailing initiative - sent to 673 households within a 1 mile radius of the compost operation. The Agency also created a memo for county government and our host community, describing the Agency's compost operation, in response to community concerns.

SECTION 11 – QUESTIONS

Please identify any questions or concerns that you would like the Department to answer or consider:

NYSDEC's list of Food Scrap Recyclers - accessible online at https://www.dec.ny.gov/docs/materials_minerals_pdf/foodscrapsrecyclers.pdf does not include the registered composting operation at the Town of New Paltz Transfer Station, even though the site accepts commercial food scraps. The inclusion of this NYSDEC registered composting site would be beneficial for calculating the true composting capacity in Ulster County.

The Department should also be aware that the Agency invested significantly in its Organics Recovery Facility improvements in 2020-2021 and is seeking a permit modification to expand its capacity.

SECTION 12 – FOOD DONATION & FOOD SCRAPS RECYCLING LAW

If you are registered or permitted to compost food scraps please complete the following. For all other operations that are interested in processing food scraps, please contact your DEC regional office to determine what is required.

In 2019, New York State passed the Food Donation & Food Scraps Recycling law. Effective January 1, 2022, large generators of food scraps (defined as generating an annual average of two tons per week or more) must donate excess food and recycle all remaining food scraps if they are within 25 miles of an organics recycler (composting facility, anaerobic digester, etc.). Examples of large generators include: large restaurants, grocery stores, hotels, colleges, etc. For more information visit: <https://www.dec.ny.gov/chemical/114499.html>

Contact Information

Under this legislation, DEC is responsible for providing a list of organics recyclers (compost facilities, anaerobic digesters, etc.) to large generators so they can determine available food scraps recycling opportunities in their area.

You will be included in this listing if you hold a permit or registration for the composting of source separated organics or food scraps. This will educate both large generators and haulers of food scraps that you are an available composter in their area.

Please provide the following information to include in the listing.

Name of Business: ULSTER COUNTY RESOURCE RECOVERY AGENCY

Business Phone Number: 845-336-0600

Business Email: APEO@UCRRA.ORG

Business Website: WWW.UCRRRA.ORG

I would like to opt out of DEC listing my facility as an available food scraps recycler for large generators as it relates to the Food Donation and Food Scraps Recycling law.

Assessing Your Food Scraps Recycling Capacity

DEC is responsible for assessing available food scraps recycling capacity across New York State. Information from your operation will help us do this. Please complete the following section to calculate the amount of excess food scraps your operation will have the capability to process in **2023**. Please stay consistent with units (wet tons or cubic yards).

A. Amount of foods scraps projected to be processed in **2023**: 5,000 Tons



* Note: You will not be required to process this quantity of material, these estimates will only be used to assist DEC with the annual food scraps recycling capacity assessment for the Food Donation and Food Scraps Recycling law.

Questions?

SECTION 13 - CERTIFICATION

The Owner or Operator must sign, date and submit one completed form with an original signature to the appropriate Regional Office (See attachment for Regional Office addresses and Contacts.)

The Owner or Operator must also submit one copy by email, fax or mail to:

**NYS Department of Environmental Conservation
Bureau of Waste Reduction and Recycling – Annual Report
625 Broadway – 9th Floor
Albany, New York 12233-7253**

Phone: 518-402-8706

Fax 518-402-9024

Email address: organicrecycling@dec.ny.gov

I certify, under penalty of law, that the information that will be used to determine compliance with the requirements in Subpart 361-3 of 6 NYCRR Part 361 has been prepared under my direction and supervision in accordance with the system designed to ensure that qualified personnel properly gather and evaluate this information. I am aware that false statement made herein are punishable pursuant to section 210.45 of the penal law.

Angelina Brandt
Signature

02/02/22
Date

Angelina Brandt

Name (Print)

Director of Sustainability

Title (Print)

APEO@UCRRA.ORG

Email (Print)

P.O. BOX 6219

Address

KINGSTON

City

NY 12402

State and Zip

845 336 0600

Phone Number

ATTACHMENTS: NO YES (IF YES, LIST ATTACHMENTS)

- Material Summary Reports (Foodwaste, Bush, Woodchips, Clean Wood, Compost, dear, screened compost on site)
- Compost Promotional Materials
- Compost Sampling Map
- All Compost Technical Data Sheets
- Records of Odor Complaints + Responses
- Compost Sales Policy
- Operator Log Book



HOUSEHOLD HAZARDOUS WASTE COLLECTION EVENT 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 – EVENT INFORMATION

SPONSOR INFORMATION			
SPONSOR NAME: ULSTER COUNTY RESOURCE RECOVERY AGENCY			
SPONSOR ADDRESS: 999 FLATBUSH ROAD	SPONSOR CITY: KINGSTON	STATE: NY	ZIP CODE: 12401
SPONSOR CONTACT: ANGELINA BRANDT	SPONSOR CONTACT PHONE NUMBER: 845 336 0600	SPONSOR CONTACT FAX NUMBER: 845 3364129	
COSPONSOR: N/A	COSPONSOR PHONE NUMBER: N/A	COSPONSOR FAX NUMBER: N/A	
CONTRACTOR INFORMATION			
CONTRACTOR NAME: CLEAN HARBORS ENVIRONMENTAL SERVICES			
CONTRACTOR ADDRESS: 42 LONGWATER DRIVE	CONTRACTOR CITY: NORWELL	STATE: MA	ZIP CODE: 02061
CONTRACTOR CONTACT: BILL ORLUK, DISTRICT TECHNICAL MANAGER	CONTRACTOR CONTACT PHONE NUMBER: 860-883-1239	CONTRACTOR CONTACT FAX NUMBER:	
EVENT LOCATION INFORMATION (Attach additional sheets if necessary)			
LOCATION OF COLLECTION: UCRRA New Paltz Transfer Station		DATE: 04,24,21	
TOWN: 1 Clearwater Road, New Paltz, NY 12561		COUNTY: Ulster	
LOCATION OF COLLECTION: UCRRA Ulster Transfer Station		DATE: 06,27,21	
TOWN: 999 Flatbush Road, Kingston, NY 12401		COUNTY: Ulster	
LOCATION OF COLLECTION: UCRRA New Paltz Transfer Station		DATE: 08,21,21	
TOWN: 1 Clearwater Road, New Paltz, NY 12561		COUNTY: Ulster	
LOCATION OF COLLECTION: UCRRA Ulster Transfer Station		DATE: 10,24,21	
TOWN: 999 Flatbush Road, Kingston, NY 12401		COUNTY: Ulster	
LOCATION OF COLLECTION:		DATE: <u> </u> / <u> </u> / <u> </u>	
TOWN:		COUNTY:	
LOCATION OF COLLECTION:		DATE: <u> </u> / <u> </u> / <u> </u>	
TOWN:		COUNTY:	

SECTION 2 – GENERAL INFORMATION

Total population of area served:	EST. 177,573
Number of participants during the year:	871
Households	0
Farmers	0
CESQGs (Conditionally exempt small quantity generators)	0

Disposal costs, including contractor fees:	\$120,197.49
Publicity and educational costs:	_____
Other costs:	_____
Total cost:	_____

*Comments: Disposal costs exclude Agency Bulb Disposal.
Primary publicity included Agency e-newsletter and social media. Paid advertising was limited/cancelled due to event registration filling up weeks before each event.

*List any restrictions on the type of household hazardous waste that was collected. Also, include any other relevant comments/information not included elsewhere on this form.

Sample media attached shows how program was advertised and how participants were advised of program rules and criteria.

SECTION 3 – HOUSEHOLD HAZARDOUS WASTE COLLECTION DETAILS

Household Hazardous Waste	Weight/Volume*	Units
Antifreeze		Gallons
Hazardous Paint	20,141	Gallons Pounds
Automotive Batteries	9	Pounds units
Hazardous Household Batteries	—	Pounds
Pesticides (Solids)	4,886	Pounds
Pesticides (Liquids)	7,089	Gallons pounds
Mercury Containing Devices	40	Pounds
Bulk Mercury	—	Pounds
Fluorescent Bulbs	2,046	Pounds
CRT TVs/Monitors	—	Pounds
Non-CRT TVs/Monitors	—	Pounds
Other Electronics	—	Pounds
Other HHW (Solids) Oxidizing Solids	340	Pounds
Other HHW (Liquids) Bulk Flammable Liquids	11,850	Gallons Pounds
Miscellaneous Solid Waste (Solids)	68	Pounds
Miscellaneous Solid Waste (Liquids) Ammonia	431	Gallons Pounds
Other (specify) Bulk Aerosols	3,891	Pounds
Caustic/Acids	3,022	
Total Disposed For Year		

*Please report the weight/volume of household hazardous waste in the container, not the size of the container.

Also recovered: 109 fire extinguishers, 21 large propane tanks, Reprinted (12/21) 161 small propane tanks, 0.75 tons corrugated cardboard, 2.56 tons municipal (nonhazardous) solid waste.

SECTION 4 – HOUSEHOLD HAZARDOUS WASTE DISPOSAL DETAILS

Provide the name and address of the permitted or authorized facility where the collected HHW or CESQG waste is being reused or managed as hazardous waste. *Clean Harbors facilities:*

- 1) El Dorado, AR (309 American Rd, El Dorado, AR 71730);
- 2) Reidsville, NC (208 Watlington Industrial Dr, Reidsville, NC 27320).
- 3) Cranston, RI (167 Mill St, Cranston, RI 02905)

- 4) *Smithfield, KY (3700 Lagrange Rd, Smithfield KY 40068)*
- 5) *Spring Grove, OH (4879 Spring Grove Ave, Cincinnati OH 45232)*

SECTION 5 – UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received 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 6 – PROBLEMS

Were any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in procedures)?

Yes No If yes, attach additional sheets identifying each problem and the methods for resolution of each problem.

SECTION 7 - SIGNATURE AND DATE

Sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management Contacts).

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.

Angelina Brandt

Signature

1/18/22

Date

Angelina Brandt

Name (Print or Type)

Director of Sustainability

Title (Print or Type)

APEO@UCRRA.ORG

Email (Print or Type)

P.O. BOX 6219

Address

Kingston

City

NY 12402

State and Zip

(845) 3360600

Phone Number

ATTACHMENTS: YES NO
(Please check appropriate line)