PERMITTED TRANSFER FACILITY ANNUAL REPORT

Department of Environmental (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 Warch 1, 2021. 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:					
MSter Resourd FACILITY LOCATION ADDRESS:	e Kecovery Ha	ency			
FACILITY LOCATION ADDRESS:		STATE: ZIP CODE:			
1 Chearwater Rd.	New Paltz	N.Y. 12561			
FACILITY TOWN:	FACILITY COUNTY:	FACILITY PHONE NUMBER:			
New Paltz	Water	(845) 255-6358			
FACILITY NYS PLANNING UNIT: (A list of NY	S <u>Planning Units</u> can be found at the end of	this report). NYSDEC REGION#: 3			
UCRRA		REGION#.			
360 PERMIT #:(Refer to DEC DATE IS	SUED: DATE EXPIRES:	NYS DEC ACTIVITY CODE OR			
3-5138-00089/000r 7/3	0/2009/7/29/2019	REGISTRATION NUMBER: (Refer to DEC Permit) 56703			
FACILITY CONTACT:	public CONTACT PHONE	CONTACT FAX NUMBER:			
Charles whiteler	private NUMBER:	00 (845) 336-4129			
TO THE TOTAL PROPERTY OF THE PARTY OF THE PA	(845) 336-06	00 (843) 336 4129			
CONTACT ENAIL ADDRESS.	OWNER INFORMATION				
OWNER NAME:	OWNER INFORMATION OWNER PHONE NUMBER:	OWNER FAX NUMBER:			
	(845) 336-0600	(845) 336-4129			
Public Benefit Corp. OWNER ADDRESS:	OWNER CITY:	STATE: ZIP CODE:			
P.O. Box 6219	Kingsten	NY 12402			
OWNER CONTACT:	OWNER CONTACT EMAIL ADDR				
Charles Whittaker					
Chares Williams	OPERATOR INFORMATION				
OPERATOR NAME: Same as owner		⊯public			
Charles white	Lec	☐ private			
Preferred address to receive correspondence	PREFERENCES Preferences	₩ Owner address			
Preferred address to receive correspondence [Other (provide):	o. 🖭 racinty location address	- Cayrior debitoro			
Preferred email address: Facility Contact					
Preferred individual to receive correspondence:					
Other (provide):					
Did you operate in 2020? TYes; Comple	ete this form.				
No: Comple	ete and submit Sections 1 and 11. If y	ou no longer plan to operate and wish			
to relinquish your permit/registration associa	ted with this solid waste management	t activity, also complete the "Inactive			
Solid Waste Management Facility or Activity	Notification Form" located at:				

SECTION 2 - SOLID WASTE RECEIVED

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

	disposed and the percentages measured by each method:
<u>\OO</u> % 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)							
<u> </u>							
Total Tons Received	4,066	3,424	3948	3875	4,240	3,872	5,38H

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							V.	
Construction & Demolition (C&D) Debris	\$ 103/ tor	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	3907	3,893	3,439	3,518	41,238	158
Oil/Gas Drilling Waste							-	
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge	\$103/ Hor	307	298	291	271	286	3,520	13
Treated Regulated Medical Waste				1		_	•	•
Emergency Authorization Waste (Storm Debris)				· .				
Other (specify)							·	
								<u> </u>
Total Tons Received		5,124	5,096	4,184	4479	4388	53,800	205

SECTION 3 - SERVICE AREA OF SOLID WASTE RECEIVED

<u>Please identify where the waste is coming from.</u> 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): (D MSW + Studio e	% Rail: Waste Type(s):					
% Water: Waste Type(s):	% Other (specify:): Waste Type(s):					

n surcan allo de sentos com Proposes de sentos com persona	SERVICE AREA OF SOLI	D WASTE RE	CEIVED where the	omilia da mario de la comunicación	
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
Asbestos					
Construction & Demolition (C&D) Debris	"Direct Haul"	NY	Water	UCRRA	9,042
Industrial Waste (Including Industrial Process Sludges)					

I				SERVICE AREA	
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Hauf"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units	TONS RECEIVE
WASIL	OK Directificati	1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Municipal Solid Waste (MSW) Residential, Institutional & Commercial)	"Direct Here!"	NY	Wher	UCRRA	41,238
,					
Oil/Gas Drilling Waste					
Datus					
Petroleum Contaminated Soil					
		<u> </u>			
Sewage Treatment		<u> </u>			5 7 6 6
Plant Sludge	"Direct Hour"	+NY-	Water	LICERA	3,520
Treated Regulated			!		
Medical Waste (TRMW)*	· · · · · · · · · · · · · · · · · · ·				
Emergency Authorization Waste – (Storm Debris)					
Other (specify)					

^{*} List generators that provide you Certificates of Treatment forms and quantities of TRMW from each _

SECTION 4 - TRANSFER OR DISPOSAL DESTINATION

<u>Please identify destination of waste.</u> 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, <u>address</u>, 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, <u>address</u>, 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 met	thod, list type of material(s) and percentages p	of total waste tra	nsported by ea	ch:			
100% Road: Was	ite Type(s): MSW + Slud	98	% Ra	ail: Waste Type(s):		<u> </u>	
% Water: Was		7	% O	ther (specify:): Waste Ty	pe(s):	
	TRANSI	ER OR DISPO	SAL DESTINA	ATION		complete strong out	alla escapiona La companya escapi
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 <u>Planning Units</u>	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Asbestos							- 11
				Ī	_		
Construction &							
Demolition (C&D) Debris				-			
							· · · · · · · · · · · · · · · · · · ·
		· "-					
				1			
Industrial Waste (Including							
Industrial Process							
Sludges)							

	TRANSFE	R OR DISPO	SAL DESTINA	ATION			
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,	Senera County Landfill	NY	Senero	Senera		49,747	49,74
nstitutional & Commercial)	waterloo, NY. 13165						
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge	Cheming County Landfill Williston, VT 05495	W.J	Chemuna	Chemina		3,478	3,47
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
					TOTAL SEN	T (tons): <u>5</u> 3	.225

SECTION 5 - PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

Is your facility <u>also</u> 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 <u>Please identify where the recyclable materials are coming from.</u> DO NOT REPORT IN CUBIC YARDS!

- If the materials **WERE** received from another solid waste management facility, please write in the name and <u>address</u> 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 patiete the misserial is continue 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)								
			⊥ TO	TAL RECEIVED (tons)				

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

Specify transport metho O Road: Material Water: Materia	ransported by each:% Rail: Material(s):): Material(s):						
	PAPER REC				e en letan e sere		
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 Flotbush Pd Kingston N.V.	V	Wster	UCPRA	11		
Junk Mail							
Magazines							
Newspaper							
Office Paper							
Paperboard/ Boxboard							
Other Paper (specify)							
			TOTAL PAPER	RECOVERED (tons):			

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

B. Material Recovered

		Recovered			
	GLASS REC	COVERED			
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					
ndustrial Scrap Glass					
Other Glass (specify)					
			 TOTAL GLASS R	ECOVERED (tons):	38/30/14/19/38/40/38/40/38/40/38/40/38/40/38/40/38/40/38/40/38/40/38/40/38/40/38/40/38/40/38/40/38/40/38/40/3
	METAL REC	COVERED		And the second section of the second	
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
Aluminum Foil / Trays					
Bulk Metal (from MSW)	GUEST Kingston Recycling	Pu	Water	ucera	133
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
			TOTAL METAL R	ECOVERED (tons):	133

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

B. Material Recovered

MATERIAL (Name & Address) (Name & Address) (Name & Address) (Sae Attached List of NYS Planning Units (See Att			Recovered			
RECOVERED MATERIAL DESTINATION (Name & Address) STATE OR COUNTRY STATE OR COUNTRY PROVINCE PROVINCE STATE OR COUNTRY SPlanning Units RECOVERED (plastic #1) HDPE (plastic #2) Other Rigid Plastics (#3-#7) Industrial Scrap Plastic Plastic Film & Bags Other Plastics (specify) TOTAL PLASTIC RECOVERED (tons): MISCELL'ANEOUS MATERIAL RECOVERED MATERIAL DESTINATION (Name & Address) DESTINATION STATE OR COUNTRY PROVINCE PROVINCE DESTINATION OF PROVINCE PROVINCE PROVINCE DESTINATION OF PROVINCE P	and the second of the second	PLASTIC RE	ECOVERED.	and a contract of	racing constraints of the	
PET (plastic #1) HDPE (plastic #2) Other Rigid Plastics (#3 - #7) Industrial Scrap Plastic Plastic Film & Bags Other Plastics (specify) TOTAL PLASTIC RECOVERED (tons): **TOTAL PLASTIC RECOVERED (tons):** **TOTAL PLASTIC RECOV			STATE OR	COUNTY OR	PLANNING UNIT (See Attached List of	TONS RECOVERED (out of facility)
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 DESTINATION STATE OR COUNTY OR PROVINCE MATERIAL DESTINATION (Name & Address) DESTINATION COUNTY OR PROVINCE WYS Planning Units TOTAL PLASTIC RECOVERED (tons): TOTAL PLASTIC RECOVERED (tons): TOTAL PLASTIC RECOVERED (tons): MISCELLANEOUS MATERIAL RECOVERED RECOVERED (Name & Address) DESTINATION COUNTY OR PROVINCE (see Attached List of NYS Planning Units) TOTAL PLASTIC RECOVERED (tons): TOTAL PLASTIC RECOVERED (tons): MATERIAL DESTINATION (Name & Address) DESTINATION (See Attached List of NYS Planning Units) TOTAL PLASTIC RECOVERED (tons):						***************************************
Other Rigid Plastics (#3 - #7) Industrial Scrap Plastic Plastic Film & Bags Other Plastics (specify) TOTAL PLASTIC RECOVERED (tons): MISCELLANFOUS MATERIAL RECOVERED RECOVERED DESTINATION STATE OR COUNTY OR PLANNING UNIT (See Attached List of NYS Planning Linits (out of Electronics Fleatonics Recovered TOTAL PLASTIC RECOVERED OUNTY OR PLANNING UNIT (See Attached List of NYS Planning Linits (out of	PET (plastic #1)					
Industrial Scrap Plastic Plastic Film & Bags Other Plastics (specify) TOTAL PLASTIC RECOVERED (tons): MISCELLANEOUS MATERIAL RECOVERED RECOVERED DESTINATION STATE OR COUNTY OR PROVINCE PROVINCE PROVINCE Licetronics Flectronics Planning lints (out of	HDPE (plastic #2)					
Plastic Film & Bags Other Plastics (specify) TOTAL PLASTIC RECOVERED (tons): MISCELLANEOUS MATERIAL RECOVERED RECOVERED DESTINATION STATE OR COUNTY OR PROVINCE (See Attached List of NYS Planning Units) (out of Electronics) Electronics						
Other Plastics (specify) TOTAL PLASTIC RECOVERED (tons): MISCELLANEOUS MATERIAL RECOVERED RECOVERED DESTINATION STATE OR COUNTY OR PROVINCE PROVINCE Flectronics DESTINATION STATE OR COUNTY OR PROVINCE NYS Planning Links (out of						
TOTAL PLASTIC RECOVERED (tons): MISCELLANEOUS MATERIAL RECOVERED RECOVERED DESTINATION STATE OR COUNTY OR PROVINCE DESTINATION (See Attached List of NYS Planning Units) (See Attached List of NYS Planning Units) (Out of NYS Planning Units)	Plastic Film & Bags					
RECOVERED MATERIAL DESTINATION MATERIAL DESTINATION (Name & Address) DESTINATION STATE OR COUNTRY PROVINCE DESTINATION STATE OR COUNTRY PROVINCE NYS Planning linits (out of	Other Plastics (specify)					
RECOVERED MATERIAL DESTINATION STATE OR COUNTRY DESTINATION STATE OR COUNTRY PLANNING UNIT (See Attached List of NYS Planning Units (out of					RECOVERED (tons):	
RECOVERED MATERIAL DESTINATION STATE OR COUNTY OR PROVINCE PLANNING UNIT (See Attached List of NYS Planning Units (out of	Complete the Complete Complete	MISCELLANEOUS MA	TERIAL RECOVE	RED	prodestable description	egyanti ete substitu
		1	STATE OR	COUNTY OR	PLANNING UNIT (See Attached List of	TONS RECOVERED (out of facility)
	Electronics		OA			
Textiles	Textiles					
Other (specify) Casings Inc My Green Green 12	Other (specify)	Casings Inc	VV	Green	Green	12
Tires 169 maple flux lats Kill, N.Y.	Tires	169 maple flip Cotskill, N.Y.	Į.			
TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons): 36) T	OTAL MISCELLA	NEOUS MATERIA	AL RECOVERED (tons):	32

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

B. Material Recovered

	MIXED MATERIA	AL 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)					
				L RECOVERED (tons)	
Ling Exclusive profit actions of the pro-	ORGANIC MATER	NAL RECOVERED		AND STREET STREET, WAS	ENGAGE SPECIAL CONTRACTOR
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	(LICREA) 999 Flotbush Rd. Kingsto	104	Ulster	UCERA	23
alean wood	(ucera) Compost Facility	NY	Wester	LICERA	22
		TOTAL OF	RGANIC MATERIA	L RECOVERED (tons):	<u>45</u>

SECTION 6 - UNAUTHORIZED SOLID WASTE

	Date	e Received	Type Receiv	red Date Dis	sposed	Disposal Me	ethod & Location		* ₂
	V1/7		20 Frances	- 1	10/ 4		Chennant	NY.	T,
	1/1/20	12/2./		1/1/-1	2/21/2 12.	LIC ACE	2 6		
	1/1/20	12/31/2	c lead acid	batt 1/1/20-1	2/31/20 00.	est Lingsh	on Repydin	g - Kir	raston, N
	1/1/20	-12/31/5	20 freon ap	phallilzo-	12/3/20 In	terstate Ri	on Repyclin	x bord M.	H .
		·		` Radiatio	n Monitoring				
es your facility use	e a fixed ra	diation moi	nitor? Yes	No					
ntify Manufacture	r	and	Model	of fixed	d unit.				
ntify Manufacture es your facility us			ModelYe	Servence	d unit.				
es your facility us	e a portabl	e rad iation	ground district.	s No					· .
es your facility usentify Manufacture	e a portabl	e radiation	monitor?Ye	s No of fixed	d unit.				
es your facility usentify Manufacture he radiation monit	e a portabl	e radiation and een triggere	monitor?Ye	s No of fixed	d unit. cident:	Pooding	Dienosal	Rem	oved
es your facility usentify Manufacture	e a portabl	e radiation and een triggere	monitor?Ye	s No of fixed	d unit.	Reading	Disposal Status	Rem Date	oved Time
es your facility usentify Manufacture he radiation monit	e a portablerors have be	e radiation and een triggere	monitor?Ye I Modeled give information	s No of fixed	d unit. cident: Truck	Reading			
es your facility usentify Manufacture he radiation monit	e a portablerors have be	e radiation and een triggere	monitor?Ye I Modeled give information	s No of fixed	d unit. cident: Truck	Reading			
es your facility usentify Manufacturente radiation monit	e a portablerors have be	e radiation and een triggere	monitor?Ye I Modeled give information	s No of fixed	d unit. cident: Truck	Reading			
es your facility usentify Manufacturene radiation monit	e a portablerors have be	e radiation and een triggere ived Time	monitor?Ye I Model ed give information Hauler	s No of fixed below for each in	d unit. cident: Truck Number			Date	

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.
$\frac{2}{24/20}$ Signature
Name (Print or Type) Charles Whittaker Operations Manager (845) 336-0600 Title (Print or Type) Phone Number
Rox 6219 Address State and Zip
Email (Print or Type)
ATTACHMENTS: YES NO (Please check appropriate line)

REPRINTED (12/20)



PERMITTED TRANSFER FACILITY ANNUAL REPORT

Department of Environmental Conservation PERMITED TRANSPER 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:			
FACILITY LOCATION ADDRESS	ource	Kecovery	Agency
FACILITY LOCATION ADDRESS	FACILITY	CITY:	STATE: ZIP CODE:
999 Flatbush Rd. FACILITY TOWN:	Kir	igston	NY. 12401
FACILITY TOWN:	FACILITY	COUNTY:	FACILITY PHONE NUMBER:
Ulster	1 2 2 2	ster	(845) 336-0600
FACILITY NYS PLANNING UNIT: (A list of NY	s Planning Vo	its can be found at the end of	this report). NYSDEC REGION #:
UCRRA			REGION#:
360 PERMIT #:(Refer to DEC DATE IS	SUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR
3-5154-00125-00001 8/1	8/2009	8/17/2019	REGISTRATION NUMBER: (Refer to DEC Permit) 56702
FACILITY CONTACT:	public	CONTACT PHONE	CONTACT FAX NUMBER:
Charles Ist Hay	private	NUMBER:	00 (845) 336-4129
Charles whittaker	(a)		000 00 000 000 0000 0000 0000 0000 0000 0000
CONTACT EMAIL ADDRESS: Cwhi		ra, or 9	
OWNER NAME:		HONE NUMBER:	OWNER FAX NUMBER:
Public Benefit Corp.	(RUK)	336-0600	(845) 336-4129
OWNER ADDRESS:	OWNER C	ITY:	STATE: ZIP CODE:
P.O. Box 6219	Kir	igston	WY. 12402
OWNER CONTACT:	OWNER	ONTACT EMAIL ADDR	ESS:
	OPERATO	R INFORMATION	
OPERATOR NAME: ☐ same as owner			☑ public ☑ private
Charles Whittal	er Pre	FERENCES	private
Preferred address to receive correspondence		The state of the second	☑ Owner address
Other (provide):			
Preferred email address: Facility Contact)wner Contact	
C Other (provide):			
Preferred individual to receive correspondent Other (provide):	ce: 🗹 Faci	lity Contact 🔲 Owi	ner Contact
Did you operate in 2020? Yes; Comple	te this form.		
No: Comple	te and subm	it Sections 1 and 11. If y	ou no longer plan to operate and wish
to relinquish your permit/registration associated Solid Waste Management Facility or Activity	ted with this	solid waste management	activity, also complete the "Inactive

SECTION 2 - SOLID WASTE RECEIVED

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

Specify the methods used to measure the quantities dis	sposed and the percentages measured by each method:	
<u>∱Ò⊘</u> % 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)							
	Logick Ogsta-State As						
Total Tons Received	6,656	5,796	6,891	6,551	7,480	7,836	8,118,

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.

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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 & J Demolition (C&D) Debris	103/ Hon	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					İ			
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

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 <u>address</u> 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 transport	ported by each:
(OC) % Road: Waste Type(s):	% Rail: Waste Type(s):
% Water: Waste Type(s):	% Other (specify:): Waste Type(s):

	SERVICE AREA OF SOLI	D WASTE RE	CEIVED (No horse the	wasu is comprom)	
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
Asbestos				···	
	"Direct Haul"	NY	ulster	UCERA	29,142
Construction & Demolition (C&D) Debris					
Industrial Waste (Including Industrial Process Sludges)					

ı	SERVICE AREA OF SOLI	1		SERVICE AREA	I
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	NYS PLANNING UNIT (See Attached List of NYS Planning Units	TONS RECEIVE
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	"Dreat Haul"	WY	Ulster	UCERA	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)					

^{*} List generators that provide you Certificates of Treatment forms and quantities of TRMW from each ____

SECTION 4 - TRANSFER OR DISPOSAL DESTINATION

<u>Please Identify destination of waste.</u> 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, <u>address</u>, 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, <u>address</u>, 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.

	thod, list type of material(s) and percentages o	ftotal waste tra	nsported by ea	ch:			
<u>∤⊘⊘</u> % Road: Was	ste Type(s): MSW		% R	ail: Waste Type(s):	<u></u>		
% Water: Wa	ste Type(s):		% O	ther (specify:): Waste Ty	rpe(s):	
	TRANSF	ER OR DISPO	SAL DESTINA	ATION	en en State en State State en State en State		
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 <u>Planning Units</u>	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
		<u>.</u>					
Asbestos				<u> </u> -			
			•				
				,			
		,		-			
Construction & Demolition (C&D)						** •	
Debris Debris							
		:					
	,						
Industrial Waste (Including			•				
Industrial Process Sludges)							
J.Lugoo,							4

anas ja palantan kan kan kan kan kan kan kan kan kan k	TRÂNSFI	R OR DISPO	SAL DESTINA	XTION		prepara dall'a	
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 1786 Salcman Rd. Water 100. NV 13165	NY	Serera			86,284	86, 28 ¹
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
						·	
					TOTAL SEN	T (tons): 86,	284

SECTION 5 - PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

Is your facility <u>also</u> 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 <u>address</u> 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 RECYC	ABLEMATE	RIAL RECEIVED	where the material is comp	ng transpirit, State Service
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Hauf"	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	, , , , , , , , , , , , , , , , , , , ,	1 ~ .	t -		
Yard Waste (curbside)					
Other (specify)	" Direct Haul"	401	tilster	UCRRA	858
Rubble, Millings +			TO	TAL RECEIVED (tons):	<u>858</u>

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

	od, list type of material(s) and percentages of total waste tra l(s):		: : Material(s):		
	al(s):	% Other (s	pecify:): Material(s):	
	PAPER REI	COVERED			
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	moderials Rennery Fax. 999 Flathish Pd Kingston WY	NY	Ulster	WERRA	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.

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		I Recovered			
	GLASS RE	COVERED		The second secon	
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 R	ECOVERED (tons):	
	METAL RE	COVERED		And the second second	A Same Sections
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)	Court Aberl St Kingston Ny.	MY	Maker	UCLLA	58-3
Bulk Metal (from CD debris)					
Enameled Appliances/ White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)	west Kingston Recualing	NV	Ulster	LICELA	H
Alum+copper					
If the meterial true is not to			TOTAL METAL RI	ECOVERED (tons):	587

		ECOVERED			
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)					2000
PET (plastic #1)					
HDPE (plastic #2)					77.77.77.77.77.77.77.77.77.77.77.77.77.
Other Rigid Plastics (#3 - #7)					NOTE: 100 -
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
		L V	OTAL PLASTIC R	RECOVERED (tons):	
Company of Property and Company of the Company of t	MISCELLANEOUS MA	TERIAL RECOVE	RED	out a serio de como de la Ruis.	and the second
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	Eleatropics Recycling Int Inc	CA		decellified file light and the light	91
Textiles	999 Tlatbush Rd. Kingston	NY	Luster	Well	8
Other (specify)	Casings Inc.	VW	Green	Green	27
Tires	169 maple Ave Catskill NY				
F the material type is not		OTAL MISCELLA	NEOUS MATERIA	L RECOVERED (tons):	126

	MIXED MATERIA	L 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)				·	
		*** ;			
				L RECOVERED (tons):	~*************************************
steaming the endough an are being	ORGANIC MATERI	AL 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				video-Record Control C	(0.000,000,000,000,000,000,000,000,000,0
Food Scraps	999 Flotbush Rd Kingston	NY	ulster	LICORA	Ц
Yard Waste (curbside)					
Other (specify)	999 Flatbush Pd. Kington	NY	USter	UCERA	83
	The second of th	TOTAL 07	<u> </u>	L RECOVERED (tons):	87

SECTION 6 – UNAUTHORIZED SOLID WASTE

Y1/20-12/31/20 read and bott V1/20-12/31/20 west Kingston Recycling V1/20-12/31/20 street bulks V1/20-12/31/20 ctean Horbors Glement, N.Y V1/20-12/31/20 street from Street from N.Y V1/20-12/31/20 street from Street from N.Y V1/20-12/31/20 street from Street from N.Y No Street from Stre	t, N.Y.
Vi 20 - 12/31 20 propage tanks Vi 20 - 12/31 20 Britt froat Port Ewen, NS Vi 20 - 12/31 20 freen appl. Vi 20 - 12/31 20 Triterstate Refrigerant Tox by Radiation Monitoring Oes your facility use a fixed radiation monitor? Yes No No No No No No Interstate Refrigerant Tox by Interstate Refrigerant Tox by No Interstate Refrigerant Tox	n, NSC. MA.
Radiation Monitoring Description and Model of fixed unit. Description Manufacturer and Model of fixed unit.	A Toxbom MA.
Radiation Monitoring Description was a fixed radiation monitor? Yes No Pentify Manufacturer and Model of fixed unit. Description was a portable radiation monitor? Yes No Pentify Manufacturer and Model of fixed unit. The radiation monitors have been triggered give information below for each incident:	
pes your facility use a fixed radiation monitor? Yes No entify Manufacturer and Model of fixed unit. pes your facility use a portable radiation monitor? Yes No entify Manufacturer and Model of fixed unit. the radiation monitors have been triggered give information below for each incident:	Removed
entify Manufacturer and Model of fixed unit. Des your facility use a portable radiation monitor? Yes No Entify Manufacturer and Model of fixed unit. The radiation monitors have been triggered give information below for each incident:	Removed
pes your facility use a portable radiation monitor? Yes No entify Manufacturer and Model of fixed unit. the radiation monitors have been triggered give information below for each incident:	Removed
ntify Manufacturer and Model of fixed unit. ne radiation monitors have been triggered give information below for each incident:	Removed
he radiation monitors have been triggered give information below for each incident:	Removed
	Removed
Received	Removed
	. 1
Incident	

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.
Yes 19 No
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
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:
Division of Materials Management Bureau of Solid Waste Management 625 Broadway Albany, New York 12233-7260 Fax 518-402-9041
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
Name (Print or Type) Name (Print or Type) Name (Print or Type) Name (Print or Type) Phone Number
P.O. Box 6219 Address Kingston Wy. 12402 State and Zip
Email (Print or Type)
ATTACHMENTS: YES NO (Please check appropriate line)

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NEW YORK STATEOR SPORTUNITY Environmental Conservation

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

Environmental (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:	ov For		<u> </u>		<u></u>	
Material Recocver		FACILITY			STATE:	ZIP CODE:
FACILITY LOCATION ADDRESS	_					12401
999 Flatbush Roa	d	Kingston			1	
FACILITY TOWN:		FACILITY	COUNTY:			IE NUMBER:
Ulster		0.000			5-336-	
FACILITY NYS PLANNING UNIT		S <u>Planning Un</u>	its can be found at the end of	this re		SDEC SION#:3
360 PERMIT #: (Refer to DEC Permit) 56MO2	DATE IS 03/28		DATE EXPIRES:	REG	DEC ACTIV ISTRATION Registration)	ITY CODE OR NUMBER:(Refer to
FACILITY CONTACT:		public	CONTACT PHONE		CONTACT	FAX NUMBER:
Charles Whittaker	•	☐ private	NUMBER: 845-336-0600	,	<u>845-33</u>	36-4129
CONTACT EMAIL ADDRESS:						V.
	W. S. L. Sans		INFORMATION	LOW	NER FAX N	IMREP-
OWNER NAME: UCRRA		1	PHONE NUMBER: 36-0600	1	5-336-4	
OWNER ADDRESS:		OWNER CITY:			STATE:	ZIP CODE: 12402
PO BOX 6219		Kingston OWNER CONTACT EMAIL ADDR			NY	12402
OWNER CONTACT:			-	(E35:		
Timothy DeGraff			g)ucrra.org		son haddissal and had	
OPERATOR NAME:	ne as owner	<u>OPERATO</u>	RINFORMATION		■public □private	
		PRE	FERENCES			
Preferred address to receive corre ☐ Other (provide):	spondenc	e: 🔲 Facility	location address	i	Owner addres	ss
Preferred email address: ☐ Faci	lity Contact		Dwner Contact			
Preferred individual to receive cor	responden	ce: 🗆 Faci	lity Contact	ner Cont	fact	
				-		
Did you operate in 2020? 💷 Ye	∍s; Comple	te this form.				

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.

No; Complete and submit Sections 1 and 11. If you no longer plan to operate and wish

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!

ecify the methods used to m % Scale Weight % Truck Count	neasure the qu	antities received ——	and the percent _% Estimated _% Other (Spec		by each method	: Recycling	Type:	
Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers		164.48	122.28	183.77	190.54	236.12	201.70	221.98
metal, glass, plastic) Commingled Paper (ali grades)	\$0	375.90	315.22	369.69	342.20	376.86	418.68	431.12
Single Stream			9 					

							i i
Total Tons Recei	ved	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	189.60	205.54	179.35	175.80	207.54	2278.70	7.37
(metal, glass, plastic) Commingled Paper (all grades)	379.57	427.99	406.61	439.62	471.87	4755.33	15.38
Single Stream							
Other (specify)							
					·		
				<u> </u>			
		000 50	F05 00	C1E 12	670.41	7034 03	22.76
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.

Other (specify)

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 Hauf" along with the appropriate state, county and planning unit/municipality where the material was generated.

	od, list type of material(s) and percentages of total material transal(s):	% Rail:	Material(s):		
	ial(s):	% Othe	er (specify:): Material(s):	
and the company of the company	SERVICE AREA OF M	ATERIAL REC	CEIVED(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	Direct Haul	NY	Ulster County	Ulster County Resource	2278.70
Containers (metal, glass, plastic)					
	Direct Haul	NY	Ulster County	Ulster County Resource ▼	4755.33
Commingled Paper (all grades)					
(all grades)					
Single Stream					
Othor (avasita)	T .				
Other (specify)					
					·

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

TOTAL MATERIAL RECEIVED (tons): 7034.03

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	nation of recyclable materials. Indicate the name ation Planning Unit/Municipality and the amount o	of the facility, <u>a</u> of material reco	<u>address,</u> correspo vered. DO NOT F	onding State/Country, C REPORT IN CUBIC YARI	County/Province, DS!
Specify transport method 100% Road: Material(% Water: Material	· / ———————————————————————————————————	% Ra	each: ail: Material(s): ther (specify:): Material(s):	
e som fred del 1998 de 1998.	PAPER R	ECOVERED			era Lorenza Gerra de Albanda de Lorenza. Constanto de Arrado
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)	Recycle City PO BOX 4762 Clifton, NJ 07015	NJ			213.34
Corrugated Cardboard	The Yorkshire Group 150 Rivers Edge Unit 342 Medford, MA 02155 Suburban Carting 566 North Road Briarcliff Manor, NY 10591	MA NY	Westchester Cour	Westchester County	1346.62 1106.64
Junk Mail					
Magazines					
Newspaper	Republic Services 237 Dpont Ave Newburgh, NY 12551 Suburban Carting 566 North Road Briarcliff Manor, NY 10591	NY NY	Oswego County Westchester Coun		175.06 753.23
Office Paper	· ·				
Paperboard /	Suburban Carting 566 North Road Briarcliff Manor, NY 10591	NY	Westchester Coun		569.58
Boxboard	Republic Services 237 Dpont Ave Newburgh, NY 12551	NY	Orange County	Orange County	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 PAP	ER RECOVERED (tons):	4587.53

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

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)
	Republic Services 237 Dpont Ave Newburgh, NY 12551	NY	Orange County	у раши	112.60
Container Glass	Pace Glass 1 Caven Point Ave Jersey City, NJ	NJ			290.26
ndustrial Scrap Glass					
Other Glass (specify)	Greene Co Solid Waste PO Box 485 catskill, NY 12414	NY	Greene County	Greene County	310.05
Container					
			TOTAL GLASS R	ECOVERED (tons): 451	.67
	METAL RE	COVERED		graph of the second of the sec	
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					
Alummumi On Trays					
	SIMS 401 Mill Road Linden Ave Ext Jersey City, NJ	NJ			2.67
Bulk Metal	SIMS 401 Mill Road Linden Ave Ext Jersey City, NJ West Kingston Recycling 642 Abeel St Kingston NY 12401	NY	Ulster County	Ulster County Resource	***************************************
			Ulster County		***************************************
Bulk Metal Enameled Appliances / White Goods			Ulster County		***************************************
Bulk Metal Enameled Appliances / White Goods Industrial Scrap Metal			Ulster County		3.90 136.71
Bulk Metal Enameled Appliances / White Goods	West Kingston Recycling 642 Abeel St Kingston NY 12401	NY	Ulster County		3.90
Bulk Metal Enameled Appliances / White Goods Industrial Scrap Metal Tin & Aluminum	West Kingston Recycling 642 Abeel St Kingston NY 12401 SIMS 401 Mill Road Linden Ave Ext Jersey City, NJ	NY	Ulster County		3.90

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

en e	PLASTIC	RECOVERED		131-131	
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	Clynk 202D Scotia Glenville IP Scotia, NY 12065	NY	Schenectady Coul	Schenectady County	7.22
	The Conti Group 1661 46Th St Brooklyn, NY 11204	NY	Kings County	New York City	84.43
DET /mlassis #41	Haycore 3144 Gregoire Rd russell, ON Canada	Canada			65.47
	The Conti Group 1661 46Th St Brooklyn, NY 11204	NY	Kings County	New York City	20.63
HDDE (plactic #2)	Ekman 1608 Rt 88 West Brick, NJ 08724	NJ			129.36
Other Rigid Plastics	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)					POWER TO THE PROPERTY OF THE P
PET #1	Ekman 1608 Rt 88 West Brick, NJ 08724	NJ			41.64
		1	OTAL PLASTIC F	RECOVERED (tons): 4	28.41

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

			VOLUME TO VICIOITY O				=011111/A	LENT
MATERIAL	EQUIVA	LENT	MATERIAL	EQUIVAL	ENT	MATERIAL	EQUIVA	
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	
GLASS - semi crushed	1 cubic yard		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	L	PLASTIC - PET - whole	1 cubic yard	0.015 tons			
PAPER - high grade baled			PLASTIC - PET - flattened	1 cubic yard	0.04 tons			
PAPER - mixed loose		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		PLASTIC - HDPE - whole	1 cubic yard	0.012 tons			
CORRUGATED - loose	1 cubic yard	<u> </u>	PLASTIC - HDPE - flattened 1	1 cubic yard	0.03 tons			
CORRUGATED - baled	1 cubic yard		PLASTIC - HDPE - baled	1 cubic yard	0.38 tons	FERROUS METAL - cans whole	1 cubic yard	0.08 tons
CONTROOR TED - balled	, odbio yara	k	PLASTIC - mixed (grocery bags)		0.01 tons	FERROUS METAL - cans	1 cubic yard	0.43 tons

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	MIXED	IATERIAL RECOVERED		Named is a problem for the control of the control o	
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	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)					
	MISCELLANE	TOTAL OUS MATERIAL RECOVE		L RECOVERED (tons):	0
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)					
				AL RECOVERED (tons)	

SECTION 6 - UNAUTHORIZED SOLID WASTE

Da	te Received	Type Received	Date Disposed	Disposal Method & Location
	ite received	1,750 11000.100		
	SECTION	7 - COST ESTIMA	TES AND FINANCIA	L ASSURANCE DOCUMENTS
n thar	e required cos	t estimates and financia	al assurance documents f	or closure?
				ustments for inflation and any changes to the
Yes	■ No If y	osure Plan?	eeta teneeurig armaar asj	•
		S	ECTION 8 - PROBL	EMS
ere ar	ny problems en rocedures)?	ncountered during the re	eporting period (e.g., spe	cific occurrences which have led to changes i
4.				
] Yes		yes, attach additional st oblem.	neets identifying each pro	blem and the methods for resolution of the
Yes			neets identifying each pro	blem and the methods for resolution of the
Yes		oblem.	neets identifying each pro	
	pr	oblem.	SECTION 9 – CHANG	GES
Vere th	pr ere any chang	oblem. ges from approved repo	SECTION 9 – CHANG orts, plans, specifications,	GES and permit conditions?
Vere th	pr ere any chang	oblem. ges from approved repo	SECTION 9 – CHANG orts, plans, specifications,	GES
Vere th	pr ere any chang	oblem. ges from approved repo	SECTION 9 – CHANG orts, plans, specifications,	GES and permit conditions?
/ere th	ere any chang	ges from approved repo	SECTION 9 – CHANG orts, plans, specifications, neets identifying changes	GES and permit conditions? with a justification for each change.
]Yes	ere any chang	ges from approved repo yes, attach additional sl	SECTION 9 – CHANG orts, plans, specifications, neets identifying changes ONSENT ORDER RI	GES and permit conditions?

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:

ATTACHMENTS: YES INO

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.

A	· •
(h)	2/25/21
Signature	Date
Charles Whittaker	Director of Operations and Safety
Name (Print or Type)	Title (Print or Type)
cwhi@ucrra.org	
Email	(Print or Type)
PO BOX 6219	Kingston
Address	City
NY 12402	,845 <u>,</u> 336 <u>_</u> 0600
State and Zip	Phone Number

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:	FACIL	ITY PHON	IE NUMBER:
NYSDEC				
REGION #:				
FACILITY CONTACT:	CONTACT PHONE NUMBER			
FACILITY CONTACT:	CONTACT PHONE NUMBER:			
CONTACT EMAIL ADDRESS:				
CONTACT EMALE ADDICECO.				
	OWNER INFORMATION			
OWNER NAME:	OWNER PHONE NUMBER:			
OWNER ADDRESS:	OWNER CITY:		STATE:	ZIP CODE:
OWNER CONTACT: OWNER CONTACT EMAIL ADDRESS:				
	OPERATOR INFORMATION			
OPERATOR NAME: Same as owner				
	PREFERENCES			
Preferred address to receive correspondence Other (provide):	: Facility location address	0	wner address	
Preferred email address: Facility Contact	Owner Contact			
Other (provide):				
Preferred individual to receive correspondenc Other (provide):	e: Facility Contact Owne	er	Owne	r Contact
Did you operate in 2020? Yes; Comple	te this form.			
	ete and submit Sections 1, 12 and 1	3 . If yo	u no longei	r plan to operate and
wish to relinquish your permit/registration ass office of your intent. See attachment for Region		ment ac	tivity, pleas	e notify the regional

SECTION 2 – QUANTITY OF MATERIAL RECEIVED

Please report quantities received from <u>January 01, 2020</u> to <u>December 31, 2020</u>

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

SECTION 3 – COMPOST PRODUCTION

WHAT IS THE PROCESS DETENTION TIME? Note: Total time material is processed, not Including storage time	days
COMPOST PRODUCED DURING THE YEAR:	
COMPOST DISTRIBUTED DURING THE YEAR:	
QUANTITY CURRENTLY STOCKPILED: Note: Finished product stockpiled	
AGE OF OLDEST PRODUCT ON SITE:	months

SECTION 4 – COMPOST DISTRIBUTION

Quantity Distributed	Use of Compost (landscaping, agriculture, highway, onsite, bagged, etc.)

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, ≥40C	C. ≥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	

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	d solid waste been received at the composting facility during the reporting period?
Yes	No
If yes, give inform	nation below for each incident (attach additional sheets if necessary):
	SECTION 10 - PROBLEMS/COMPLAINTS
	erational problems or neighbor complaints arising from the composting operation and include ed to remedy the situations. This should include odor complaints, marketing difficulties, major e, etc.
	SECTION 11 – QUESTIONS
Please identify ar	ny 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.nv.gov/chemical/114499.html

Contact Information

law effective January 1, 2022.

Questions?

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.

* 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

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.

onable paredam to economizate to or the pename	
Me Pure Signature	2 18 2 Date
ANGELINA PĔONE	RECYCLING COORDINATOR
Name (Print)	Title (Print)
APEO@UCRRA.ORG	
Email (Pr	rint)
P.O. BOX 6219	KINGSTON
Address	City
NY 12402	845 336 - 0600
State and Zip	Phone Number

ATTACHMENTS: ONO YES (IF YES, LIST ATTACHMENTS)

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



Program: NYS Electronic Equipment Recycling & Reuse Act Program

PROGRAM SUPPORT REQUEST

ULSTER COUNTY RESOURCE RECOVERY AGENCY - CONSOLIDATION FACILITY

ELECTRONIC WASTE RECEIVED BY CONSOLIDATION FACILITY

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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 <u>MULTIPLE ENTRIES TO ADD</u>, 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:	Name:	Registration #	(if applicable):	
Collection Site	Town of Esopus Transfer Sta	tion		
Address:	City:	State:	ZIP Code:	
70 West Shore Drive	West Park	NY	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



Program: NYS Electronic Equipment Recycling & Reuse Act Program

PROGRAM SUPPORT REQUEST

ULSTER COUNTY RESOURCE RECOVERY AGENCY - CONSOLIDATION FACILITY

ELECTRONIC WASTE RECEIVED BY CONSOLIDATION FACILITY

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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 <u>MULTIPLE ENTRIES TO ADD</u>, 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:	Name:	Registration # (if applicable):	
Collection Site	Town of Ulster Transfer Station	1	
Address:	City:	State:	ZIP Code:
900 Miron Lane	Ulster	NY	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 Ineligib	le Weight	
	0	

Created: Feb 16, 2021 at 12:46 PM EST UCRRA Staff apeo@ucrra.org

Last Updated: Apr 22, 2021 at 11:36 AM EDT UCRRA Staff apeo@ucrra.org

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 <u>MULTIPLE ENTRIES TO ADD</u>, 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:	Name:	Registration # (ii	applicable):	
Consumer Drop-offs	∨ Ulster County Re	source Recovery		
Address:	City:	State:	ZIP Code:	
999 Flatbush Road	Kingston	NY	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	

n-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

Department of Environmental Conservation

PERMITTED TRANSFER FACILITY ANNUAL REPORT

Department of Environmental (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:		\wedge		
FACILITY LOCATION ADDRESS:	esource Recove	ry Haency		
FACILITY LOCATION ADDRESS:)	FACILITY CITY:	' STATE: ZIP CODE:		
1 Clearwater Rd.	New Paltz FACILITY COUNTY:	NY 12561		
FACILITY TOWN:	FACILITY COUNTY:	1		
New Paltz	Wester	(845) 255-6358		
FACILITY NYS PLANNING UNIT: (Alist of NY	S <u>Planning Units</u> can be found at the end of	this report). NYSDEC		
UCERA		REGION#: 3		
360 PERMIT #:(Refer to DEC DATE IS	SUED: DATE EXPIRES:	NYS DEC ACTIVITY CODE OR		
3-5138-00089/0001 7/30	3/2009 7/29/2019	REGISTRATION NUMBER: (Refer to DEC Permit) 56 To 3		
FACILITY CONTACT:	public CONTACT PHONE	CONTACT FAX NUMBER:		
Abordes White Vot	private NUMBER:	600 (845) 336-4129		
Charles Whitalert	-	604 (8-2):12-16 -112-9		
CONTACT EMAIL ADDRESS: Cuh	OWNER INFORMATION			
OWNER NAME:	OWNER PHONE NUMBER:	OWNER FAX NUMBER:		
Public Benefit Cop	(845) 336-0600	(845) 336-4129		
OWNER ADDRESS:	OWNER CITY:	STATE: ZIP CODE:		
PO. Box 6219	Kingston OWNER CONTACT EMAIL ADDRI	NY 1240>		
OWNER CONTACT:	OWNER CONTACT EMAIL ADDR	ESS:		
	OPERATOR INFORMATION			
OPERATOR NAME: Same as owner		⊯ public		
Charles Whittak	PREFERENCES	☐ private		
Preferred address to receive correspondence		Dar Owner address		
Other (provide):	- — · · · · · · · · · · · · · · · · · ·			
Preferred email address: Facility Contact				
Preferred individual to receive correspondence: La Facility Contact				
Other (provide):				
Did you operate in 2021? Yes; Complete this form.				
No: Complet	e and submit Sections 1 and 11. If vo	ou no longer plan to operate and wish		
to relinquish your permit/registration associate Solid Waste Management Facility or Activity N	ed with this solid waste management	activity, also complete the "Inactive		
Solid Waste Management Facility or Activity N	lotification Form" located at: <u>http://wv</u>	ww.dec.ny.gov/chemical/52/06.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!

	TARDS!	_
Specify the methods used to measure the quantities disp <u>ICC</u> % Scale Weight	posed and the percentages measured by each method:% Estimated	ŕ
% Truck Count	% Other (Specify:)	

Type of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July
Asbestos					(cons)	(tolis)	(tons)
Construction & Demolition (C&D) Debris	479,37	268.25	787.51	1,086,94	1000 00	670.07	04001
Industrial Waste (Including Industrial Process Sludges)		200.2	101,51	1,080,19	1,020,90	976.02	852.21
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	2,972,89	2.640 64	3,788.67	392737	2 (2(0))	11 707 07	
Oil/Gas Drilling Waste		7.10	2 10010	0, 10, 1.07	3,621,84	4,585,45	4,640.2
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge	244.94	182.54	332.86	291.70	234.56	91505	0711117
Treated Regulated Medical Waste	,		222100		101.06	265,95	274.43
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
				<u> </u>			
							<u> </u>
Total Tons Received	3,697,20	3,691.41	4,90924	5,306,01	4.877.30	5619.90	5 766.8L

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	3,7 <i>58.</i> 13	3,668.54	46,397.16	180,53
Oil/Gas Drilling Waste			•			-		
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge	\$105/	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	100 12 12 15 12 12 13 14 12 1 18 12 13 15 15 15	5,638,23	5,426.25	5,824.14	5,132.19	4,86048	60,149.23	234.04

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 metho	d, list type of material(s) and percentages of total waste transp			<i>:</i>	
100 % Road: Waste T	Type(s): CD, MSW+Sludge		Waste Type(s):): Waste Type(s):_	
% Water: Waste	Type(s):	% Othe	я (ѕреслу). waste Type(3)	
and the second of the second o	SERVICE AREA OF SOL	ID WASTE RE	CEIVED See See	ericano de la companio del companio della companio	
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
Asbestos					
	"Direct Haul"	MY	Wster	WORRA	10,489.86
Construction &		1			
Demolition (C&D) Debris					

Industrial Waste (Including Industrial Process Sludges)

	SERVICE AREA OF SOLI			SERVICE AREA	
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	NYS PLANNING UNIT (See Attached List of NYS Planning Units	TONS RECEIVED
	"Direct Hard"	NV	Weter	LICERA	46.397.16
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)		7		WINCH!	
Commercial)			-		·
1					
Oil/Gas Drilling Waste				*****	
Petroleum					
Contaminated Soil					
	" Direct Hau!"	N. V.	Inlater	LICRRA	3.262.2
Sewage Treatment Plant Sludge					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste					
(Storm Debris)					
Other (specify)				· · · · · · · · · · · · · · · · · · ·	

^{*} 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, <u>address</u>, 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, <u>address</u>, 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 met	hod, list type of material(s) and percentages of	total waste trar	nsported by eac	eh:			
100% Road: Wast	te Type(s): MSW + Sludg	<u>e</u>		il: Waste Type(s):			
% Water: Was	7		% Ot	her (specify:): Waste Ty	oe(s):	
		ER OR DISPO	ČAI DESTINA	TION			
	IRANSF		SAL DESILIV	INGX		_	
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							
ASSOCIO							
			1	<u> </u>			
Canatavation 8							
Construction & Demolition (C&D)							
Debris							
			<u> </u>				
				<u> </u>		<u> </u>	
			1				
Industrial Waste (Including							
Industrial Process Sludges)							
Jiuuges/					1		

	TRANSF	R OR DISPO	SAL DESTINA	TION			
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)	Senera County Landfill Waterloo, NY 13165	WY	Seneco	Senera		56,506,37	56,506.3
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge	Rockland County Compos facility 400 Torne Valley Rd Hillburg NV	+ NY	Rockland	RCSWMA'		3,253	3,253
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							;
	I	all region as a second	eranga basa-kangana Kanada kanganan		TOTAL SEN	IT (tons): <u>59</u>	759

SECTION 5 - PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

Is your facility <u>also</u> 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 <u>address</u> of the facility along with the appropriate state, county and planning unit/municipality.
- If the materials WERENOT 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.

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

SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued) B. Material Recovered

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

₩ Road: Material	od, list type of material(s) and percentages of total waste tra l(s):	% Rail: Material(s):					
	PAPER RE		pecily:	j: Materiai(s):			
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 Faculity 999 Flatbush Rd. Kingstan NY	NY	Ulster	ucera	(3.39		
Junk Mail							
Magazines							
Newspaper							
Office Paper							
Paperboard/ Boxboard							
Other Paper (specify)							
			TOTAL PAPER	RECOVERED (tons):	13,39		

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

B. Material Recovered

		Recovered			
	GLASS REC	COVERED			
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 R	ECOVERED (tons):	
	METAL RE	COVERED			
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
Aluminum Foil / Trays					
Bulk Metal (from MSW)					
Bulk Metal (from CD debris)	West Kingston Recycling 642 Abeel St. Kingston N.V.	NY	Uster	LICRPA	128.26
Enameled Appliances / White Goods	V V				
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
			TOTAL METAL	RECOVERED (tons):	128.26

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

B. Material Recovered

	PLASTIC RE	COVERED			
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)					
		Marie e	OTAL PLASTIC F	RECOVERED (tons):	
	MISCELLANEOUS MA	TERIAL RECOVE	ERED.	and the second of the second o	en e
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 Recycling Internat		T		17.46
Electronics	7815 Palm Aue Fresno CA				
Textiles	93711				
Other (specify) Times		NY	Green	Green	13.12
	Ave. Cotskill, NV.	OTAL MISCELLA	NEOUS MATERI	 AL RECOVERED (tons)	<u> :_30,5%</u>

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

B. Material Recovered

	MIXED MATERIA	L RECOVERED.	Andreas (1995)		
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)					
					<u> </u>
		TOTAL	MIXED MATERIA	 AL RECOVERED (tons)	<u> </u>
	ORGANIC MATER				of second is 100 Hz age
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)	(ucera) Compost Facility	NY	Water	ucrea	11.98
Treat Court	The state of the s	TOTAL O	RGANIC MATERI	AL RECOVERED (tons):

SECTION 6 - UNAUTHORIZED SOLID WASTE

	Date	Received	Type Received	Date Dis	posed	Disposal Me	thod & Location		
	1/1/21	to 12/31/2	I fluorsed but	D5 1/21 to	12/31/21 Cle	an Harbers	Glermount	NY	
	1/1/25	to 12/31/	Propage tank	(1//	12/31/21 BC	H+ Graff	Port Even 1	· 4.c	
	1/1/21	to 12/31/2		t 41/2/to			Reay, Lings	on NY	
	41/21	to 12/31/2	10	V1/21-to 1	2/31/21 Int	erslate l	efria Toxbor	c.MA	
				Radiation	n Monitoring		,		
es your facility us	e a fixed ra	diation monif	or? Yes	_No					
ntify Manufacture	er	and M	Model	of fixed	l unit.				
es your facility us				No No					
			Model	offixed	l unit.				
		and the second second	give information belo						
			GIVE IIIIOIIII AAAOII DOIG	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
ne radiation moni								Rem	
	Rece	· · · · ·			Truck	Reading	Disposal	Rem	
Incident Number		· · · · ·	Hauler	Origin		Reading	Disposal Status	Rem	oved Time
Incident	Rece	ived			Truck	Reading			
Incident	Rece	ived			Truck	Reading			

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 $\frac{2/z_{Y}/z_{z}}{Date}$
Charles Whitfaler Operations Manager (845) 336-0600 Name (Print or Type) Title (Print or Type) Phone Number
Address City State and Zip
Email (Print or Type)
ATTACHMENTS: YES NO (Please check appropriate line)

REPRINTED (12/21)



PERMITTED TRANSFER FACILITY ANNUAL REPORT

Department of Environmental (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 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	162794				
FACILITY NAME:							
Ulster County Reso	ource	Recovery	Agency				
FACILITY LOCATION ADDRESS:	FACILITY	CITY:	→ STATE: ZIP C	ODE:			
999 Flatbush Rd.	Kin	goton	N.Y. 12	401			
FACILITY TOWN:	FACILITY	COUNTY:	FACILITY PHONE NUI	VIBER:			
- Ulster	Wle	Her	(845) 336	-0600			
FACILITY NYS PLANNING UNIT: (Alistof NY	S Planning Un	its can be found at the end of					
UCRRA			REGION #	#:			
360 PERMIT #:(Refer to DEC DATE IS	SUED:	DATE EXPIRES:	NYS DEC ACTIVITY CO	ODE OR			
	12321	4/19	REGISTRATION NUMBER				
3-5154-00125 0000- 1/20			DEC Permit) 56T0				
FACILITY CONTACT:	public	l	CONTACT FAX N	UMBER:			
Charles Whittaker	private	NUMBER: (845) 336-06	00 (845) 336	-4179			
	(A) V.(d)	rra org	001(21,1) 220	11.4			
	OWNER	NFORMATION					
OWNER NAME:	OWNER F	HONE NUMBER:	OWNER FAX NUMBER	₹:			
Public Benefit Corp.	CRUK	336-06-00	(845) 336-	-4129			
Public Benefit Corp. OWNER ADDRESS:	OWNER C) 336-0600 SITY:	STATE: ZIP C	ODE:			
PO. Box 6219	Kir	195ton		407			
OWNER CONTACT:	OWNER C	ONTACT EMAIL ADDRI	SS:				
		·	*				
	OPERATO	RINFORMATION					
OPERATOR NAME: Same as owner			public				
Charles Whi	ttack	erences	□ private				
Preferred address to receive correspondence	and the state of t		Owner address				
Other (provide):			•				
Preferred email address: 🛛 Facility Contact	По	wner Contact					
Other (provide):		••••					
Preferred individual to receive correspondence	ce: 🔀 Facil	ity Contact 🔲 Own	er Contact				
Other (provide):							
Did you operate in 2021? 💢 Yes; Complet	te this form.						
☐ No: Complet	e and submi	t Sections 1 and 11. If yo	u no longer plan to opera	te and wish			
to relinquish your permit/registration associate	ed with th <mark>is</mark> s	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

<u>Please provide the tonnages of solid waste received.</u> 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:					
\$\frac{100}{0}\% \text{ 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	FF.081,1	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)	Ц, 812.82	4,101,18	4,811.33	4,821,92	4,481,55	5,544,40	5,453,86
Oil/Gas Drilling Waste						d d	
Petroleum Contaminated Soil						,. <u>.</u>	
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.

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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	\$105/	2,982,20	2,874.33	2,951,13	3,175,26	2570.76	31,167,96	101,52
Industrial Waste (Including Industrial Process Sludges)		3	,					
	\$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					,		- E	
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

SECTION 3 - SERVICE AREA OF SOLID WASTE RECEIVED

<u>Please identify where the waste is coming from.</u> 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	d, list type of material(s) and percentages of total waste trans	ported by each	<u>.</u>				
	ype(s):	-					
% Water: Waste	Type(s):	% Other (specify:): Waste Type(s):					
	SERVICE AREA OF SOL	ID WASTE RE	CEIVED (where th	e waste is coming from).	The second secon		
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		
Asbestos							
Construction & Demolition (C&D) Debris	"Direct Haul"	NY	Water	UCRRA	31,167,96		
Industrial Waste (Including Industrial Process Sludges)							

English (1975) (1975) English (1976)	SERVICE AREA OF SOLI	D WASTE RE	CEIVED (where the		
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 Hau!"	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)					
		1	TO	TAL RECEIVED (tons	91,400.21

^{*} List generators that provide you Certificates of Treatment forms and quantities of TRMW from each_

SECTION 4 - TRANSFER OR DISPOSAL DESTINATION

<u>Please identify destination of waste.</u> 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, <u>address</u>, 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, <u>address</u>, 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.

	inod, list type of material(s) and percentages of ste Type(s):M\S W	r total waste tra		cn: ail: Waste Type(s):			
% Water: Was				ther (specify:			
	TRANSF	ER OR DISPO					
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 <u>Planning Units</u>	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Asbestos							
				<u> </u>			
Construction & Demolition (C&D)							
Debris			·				
	,						
Industrial Waste							
(Including Industrial Process							
Sludges)							

	TRANSFI	R OR DISPO	SAL DESTINA	ATION 18 SECTION			
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)	Senera Meadows Landfill 1786 Salaman Rd. Waterloo, NY 13165	NY	Seneca	Seneca		ି <u>ଟ୍ରମ୍ୟୁୟ</u>	89,443
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
					TOTAL SEN	T (tons) 80	1,443.20

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.

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SECTION 5 - PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

ls your facility <u>also</u> 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 <u>Please identify where the recyclable materials are coming from.</u> DO NOT REPORT IN CUBIC YARDS!

- If the materials WERE received from another solid waste management facility, please write in the name and <u>address</u> 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 RECYCL	ADIE MATE	PIMUNDERENTER		
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 (242,474on	VU (a	Water	UCRRA	918.82
Rubble	- (196.97 fors) Millings (479.38 for			TALRECEIVED (tons)	018 82
		mest for the first of	organización propried de la comp	MENTOLIVED (IOIS)	· <u>~_~</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.

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SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued) B. Material Recovered

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

	d, list type of material(s) and percentages of total waste tra (s):	transported by each:% Rail: Material(s):					
	al(s):	% Other (specify:): Material(s):					
	PAPER REC	OVERED	The street was Not Street				
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 Removery Facility 999 Tetbush Rd Lingston, NV	NY	Ulster	UCRRA	72.53		
Junk Mail							
Magazines							
Newspaper							
Office Paper							
Paperboard / Boxboard				·			
Other Paper (specify)							
A STATE OF THE STA			TOTAL PAPE	 RECOVERED (tons):	72,53		

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

B. Material Recovered

	GLASS RE	COVERED	art 1986 ar te de la company	e de la companya del companya de la companya del companya de la co	e Maria de la Caración de la Caració
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 R	ECOVERED (tons):	
	METAL RE	COVERED		The second secon	
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 Kecycling 647 Abeel St. Kingston N.V.	NY	Wister	WCRRA	424.28
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)	West Kingston Recycling Filiminum (1.50) dopper (191)				2.41
		<u> </u>	L TOTAL METAL E	PECOVERED/tonsl:	1127 # 0

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

B. Material Recovered

	PLASTIC RI	ECOVERED			
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					
PET (plasfic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
The Disease that the Conference of		1	OTAL PLASTIC	RECOVERED (tons):	
TOTAL TOTAL STREET	MISCELLANEOUS MA	TERIAL RECOVE	ERED (1)		
RECOVERED MATERIAL	DESTINATION Cerp. Headqu (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	Electroricas Recycling Inter Inc	CA			56.64
	7815 N. Palm Ave #140 Fresno, CA			1 1 1 1 1 1 1	
Textiles	999 Flotbush Rd. Kingsten WY	NY	Water	UCERA	3.11
Other (specify)	Casings Inc.	VW	Green	Green	26.78
Tires	1109 made Ave Catskill, NY	ı			
all the second of the second of	. The state of th	OTAL MISCELLA	ANEOUS MATERI	AL RECOVERED (tons	: 86.53

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

B. Material Recovered

	MIXED MATERIA	AL RECOVERED		Grand Brand Commence (1997) Commence (1997)	
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					
Other (specify)					
		TOTAL	MIYED MATERIA	L RECOVERED (tons)	
	ORGANIC MATER	· · · · · · · · · · · · · · · · · · ·		IE RECOVERED (tolls)	
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)	LICERA Compost Facility	PU	Wester	UCRRA	56.32
Clean Wood	1 999 Flotbush Rd Kingston, NI		CANDOMATER	L DECOVERED #	: 53,32
H	•	TOTAL OF	KGANIC MATERIA	AL RECOVERED (tons)	- 22.24

SECTION 6 - UNAUTHORIZED SOLID WASTE

	Date	e Received - 12/31/2 1 - 12/31/2 1 - 12/31/2	21 fluorescenta	batteries 11/21- H hubs 1/1/21.	-12/31/21 Cle	est Kingsto 2 Abeel 34 2 an Harbors H+ (graff 7	ethod & Location Recycling Lingston, No Glenmont, No ort Even, No Finerant For	j4.	ι Ά ,
					on Monitoring		<i>t</i>		
es your facility us									
ntify Manufacture			······································	of fixe	d unit.				
es your facility us	e a portable	e radiation m	onitor? Ye	s No					
ntify Manufacture	r	and I	Model	offixe	d unit.				
e radiation monit	ors have be	en triggered	give information	below for each ir	ncident:				
Incident	Rece	ived			Truck	Deading	Dignosal	Rem	oved
Number	Date	Time	Hauler	Origin	Number	Reading	Disposal Status	Date	Time
							÷		
	İ								

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 ☐ 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 $\frac{2/zy/zz}{Date}$
Charles Whittaker Operations Manager (845) 336-0600 Name (Print or Type) Title (Print or Type) Phone Number
PO. Box 6219 Address City State and Zip
Email (Print or Type)
ATTACHMENTS: YES NO (Please check appropriate line)

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RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

Environmental (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		grade of		
FACILITY NAME:		1'4 /B.A					
Material Recovery			•		·		
FACILITY LOCATION ADDRESS		FACILITY			STATE:	ZIP CODE:	
999 Flatbush Roa	d	Kings	ton		NY	12401	
FACILITY TOWN:		FACILITY	COUNTY:	FAC	ILITY PHOI	NE NUMBER:	
Ulster	Ulster	•	84	5-336-	-5717		
FACILITY NYS PLANNING UNIT: Ulster County Resource Recovery Agency	(Alist of NY	S <u>Plannina Ur</u>	<u>ills</u> can be found at the end of	this re	port). NY:	sdec gion#:3	
360 PERMIT #: (Refer to DEC	DATE IS	SUED:	DATE EXPIRES:			/ITY CODE OR	
Permit) 56M02	03/28	/28/02			ISTRATION Registration)	NUMBER:(Refer to	
FACILITY CONTACT:		public	CONTACT PHONE		CONTACT	FAX NUMBER:	
Charles Whittaker	•	☐ private	NUMBER: 845-336-0600		845-33	36-4129	
CONTACT EMAIL ADDRESS: CW	hi@ucrra	a.org					
1 (1) (1) (1) (1) (1) (1) (1) (1			INFORMATION	11. 21. 21.			
OWNER NAME:			PHONE NUMBER:	1	NER FAX N		
UCRRA		845-336-0600			845-336-4129		
OWNER ADDRESS: PO BOX 6219		OWNER CITY: Kingston			STATE:	ZIP CODE: 12402	
OWNER CONTACT:			ONTACT EMAIL ADDRE	ESS:			
Timothy DeGraff		tdeg@	ucrra.org				
BESTANDERS BESTANDERS (MANY CONTROL OF THE PROPERTY		OPERATO	RINFORMATION			Strength second with 10 age.	
OPERATOR NAME:	e as owner				■ public □ private		
		the said the said trades in the said to the said to	FERENCES		-		
Preferred address to receive correction Other (provide):	spondence): 💹 Facility l	ocation address	ang na	Owneraddres	ss ·	
Preferred email address: Facil Other (provide):	ity Contact	and C)wner Contact				
Preferred individual to receive com Other (provide):	espondend	e: 🔲 Facil	lity Contact 🔳 Own	er Cont	act		
Did you operate in 2021? 💷 Ye	s; Complet	e this form.					
l No	· Complete	and submi	t Sections 1 and 11. If vo	ou no	longer plan i	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

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

pecify the methods used to r ⁰⁰ _% Scale Weight	neasure the qua	antities received	_% Estimated		by each method:	•		
% Truck Count	•		_% Other (Spec	ify:)			
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 Rece	ived	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)		al 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		+	+	-	1	 		
(total)							•	
				. :				
(total)				:				
(total)								
(total)								

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

<u>Please Identify where the material is coming from.</u> 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 metring 100 % Road: Materi	iod, list type of material(s) and percentages of total material tran al(s):	•	cn: : Material(s):			
% Water: Mater	rial(s):	% Other (specify:): Material(s):				
Edition to the second s	SERVICE AREA OF M	ATERIAL RE	CEIVED (who) is that	savatil is contro bose.		
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)	Direct Haul	NY	Ulster	UCRRA 🔄	2110.24	
(metal, glass, plasuc)	Direct Haul	NY	Ulster	UCRRA	4797.32	
Commingled Paper (all grades)			120000			
Single Stream (total)						
Other (specify)		<u> </u>				
u e e						

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

TOTAL MATERIAL RECEIVED (tons): 6907.56

SECTION 4 - RESIDUE

Total residue (tons) = 90 Percent Residue Calcu	D5.14 Residue destination (Name & Adulation: Total tons residue/Total tons material received	dress) <u>UCRRA 999 Fla</u> x 100 = <u>13%</u>	atbush Road Kingston,	NY	
	SECTION 5 - RECYCLABLE	S & RECOVER	ED MATERIAL	S	
Please Identify destination	nation of recyclable materials. Indicate the name ation Planning Unit/Municipality and the amount	e of the facility, <u>a</u> of material reco	a <u>ddress</u> , correspo vered. DO NOT F	onding State/Country, REPORT IN CUBIC YAR	County/Province, DS!
100 % Road: Material	· ·	% Ra	ail: Material(s):		·
% Water: Materia	II(S):	% OI	ther (specify:). Material(s)	
THE RESIDENCE TO SERVICE STATE	PAPER I	RECOVERED			Statement of the State
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	The Yorkshire Group 150 Rivers Edge Drive Unit 342 Medford, MA 02155	MA			1497.94
Cardboard	Suburban Carting 566 North Road Briarcliff Manor, NY 10591	NY	Westchester	Westchester	978.35
Junk Mail					
Magazines					
Newspaper	Suburban Carting 566 North Road Briarcliff Manor, NY 10591	MY	Westchester	Westchester County	1124.85
Office Paper					
Paperboard/	The Yorkshire Group 150 Rivers Edge Drive Unit 342 Medford, MA 02155	MA			244.87

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.

NY

Suburban Carting 566 North Road Briarcliff Manor, NY 10591

769.19

Westchester

TOTAL PAPER RECOVERED (tons): 46/5/26

Westchester

Boxboard

Other Paper (specify)

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	GLASS RE	COVERED			
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	Greene	494.34
Industrial Scrap Glass					
Other Glass (specify)					
	METAL-RE		TOTAL GLASS R	ECOVERED (tons): 49	4.34
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	UCRRA	3.31
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers	The Conti Group 1661 46th Street Brooklyn, NY 11204 Ekman 1608 Rout 88 West Brick, NJ 08724	NY NJ	Kings County	New York City	57.87 82.77
Other Metal (specify)					
UBC	The Conti Group 1661 46th Street Brooklyn, NY 11204	NY	Kings County	New York City	20.36
transa oraz politika		Participal Control	TOTAL METAL R	ECOVERED (tons): #	7,69 ,

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	Clynk 202D Scotia Glenville Ind Park Scotia, NY	NY	Schenectady	Schenectady County	.22		
(#1 - #7)	Bottle Depot PO BOX 142 Circleville, NY 10919	NY	Orange	Orange	.55		
DET (allertie #4)	The Conti Group 1661 46Th Street Brooklyn, NY 11204	NY	Kings County	New York City	103.46		
PET (plastic #1)	Haycore 3144 Gregoire Road Russell ON	Canada			21.71		
UDDE	Haycore 3144 Gregoire Road Russell ON	Canada			41.77		
HDPE (plastic #2)	Ekman Recycling 1608 Route 88 West Brick, NJ 08724	NJ			83.92		
Other Rigid Plastics	EFS Plastics 5788 Line 84 Listowel Ontario Canada	Canada			38.51		
(#3 - #7)							
Industrial Scrap	The Conti Group 1661 46Th Street Brooklyn, NY 11204	NY	Kings	New York City	21.70		
Plastic							
Diactic Film 9 Page	EFS Plastics 5788 Line 84 Listowel Ontario Canada	Canada			19.20		
Plastic Film & Bags							
Other Plastics (specify)							
PET #1	Ekman Recycling 1608 Route 88 West Brick, NJ 08724	Canada	-		64.71		
en um mus suremper es la Maria esta Ambre.		o established proprieta production	OTAL PLASTIC R	ECOVERED (tons):	5.75		

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	EQUIVA	LENT	MATERIAL	EQUIVAL	ENT	MATERIAL	EQUIVA	LENT
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	
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	a Zindanina kutu kang pengalah dan Salah ke	artigues en el cu	a traction
PAPER - high grade baled	1 cubic yard	0.36 tons	PLASTIC - PET - flattened	1 cubic yard	0.04 tons		un paringe properties de la con-	
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 - whole	1 cubic yard	0.012 tons	CARTE TO PERMIT		46, 22, 29, 29, 2
CORRUGATED - loose	1 cubic yard	0.015 tons	PLASTIC - HDPE - flattened 1	1 cubic yard	0.03 tons	The state of the Control of the state of the	ALCOHOLD IN	
CORRUGATED - baled	1 cubic yard	0.55 tons	PLASTIC - HDPE - baled	1 cubic yard	0.38 tons	FERROUS METAL - cans whole	1 cubic yard	0.08 tons
	1156		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 MATER	IAL 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)					
ng pakisan ng Paggala (ng Rapa) (ng Paggala). Ng pakisan ng Paggala (ng Rapa)	an an entre source source and residence and the second second	TOTAL	MIXED MATERIA	L RECOVERED (tons)	SHOOT SHEET
	MISCELLANEOUS M	ATERIAL RECOVE	RED to the project		and contract of the Car
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)			<u> </u>		
(
Complete graphs and the property of the proper		TOTAL MISCELLA	NEOUS MATERIA	AL RECOVERED (tons)	

SECTION 6 - UNAUTHORIZED SOLID WASTE

Date Rec	eived Ty	pe Received	Date Disposed	Disposal Method & Location
				Maria Cara Cara Cara Cara Cara Cara Cara
SEC	TION 7 - CC	ST ESTIMAT	ES AND FINANC	CIAL ASSURANCE DOCUMENTS
re there requir	ed cost estima	tes and financia	l assurance documer	its for closure?
Yes No	If yes, atta	ch additional she	ets reflecting annual	adjustments for inflation and any changes to the
	Closure Pla	an?		
	,			
		Q.F.	CTION 8 – PRO	RI EMS
Were any probl facility procedur	ems encounter es)?	ed during the re	porting period (e.g., s	specific occurrences which have led to changes in
Yes No	If yes, atta	ch additional she	eets identifying each	problem and the methods for resolution of the
mast manut	problem.			
	:			·
		S	ECTION 9 - CHA	NGES
Were there any	changes from	approved repor	ts, plans, specificatio	ns, and permit conditions?
Were there any				ns, and permit conditions? ges with a justification for each change.
				•
				•
Yes No	If yes, atta	ch additional sh	eets identifying chang	ges with a justification for each change.
Yes No	If yes, atta	ch additional sh	eets identifying chang	ges with a justification for each change. REPORTING REQUIREMENTS
Yes No	If yes, atta	ch additional sh	eets identifying chang	ges with a justification for each change.
Yes No	If yes, atta	- PERMIT/CO	eets identifying chang NSENT ORDER reporting requiremen	ges with a justification for each change. REPORTING REQUIREMENTS

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.

	2/24/22
Signature	Date
Charles Whittaker	Director of Operations and Compliance
Name (Print or Type)	Title (Print or Type)
cwhi@ucrra.org	
	Email (Print or Type)
PO BOX 6219	Kingston
Address	City
NY 12402	₍ 845 ₎ 336 ₋ 0600
State and Zip	Phone Number

ATTACHMENTS: Tyes I 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:	FACILITY CITY:		STATE:	ZIP CODE:		
999 FLATBUSH ROAD	KINGSTON		NY	12401		
FACILITY TOWN:	FACILITY COUNTY:	FACIL	ITY PHONE NUMBER:			
KINGSTON	ULSTER	845	5-336-	0600		
NYSDEC REGION 3						
FACILITY CONTACT:	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:	OWNER CONTACT EMAIL ADDRE					
TIM DEGRAFF, EXEC. DIRECTOR	TDEG@UCRRA.OR	G	· 12 a ·			
	OPERATOR INFORMATION					
OPERATOR NAME: Same as owner CHARLES WHITT	TAKER, DIRECTOR OF OP	ERA	TIONS			
	PREFERENCES					
Preferred address to receive correspondence: Other (provide):	OFacility location address	O 0	wner address			
Preferred email address: Facility Contact	Owner Contact					
Other (provide):						
Preferred individual to receive correspondence:						
Did you operate in 2021? Yes; Complet			-			
wish to relinquish your permit/registration asse	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 <u>January 01, 2021</u> to <u>December 31, 2021</u>

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

SECTION 3 - COMPOST PRODUCTION

WHAT IS THE PROCESS DETENTION TIME? Note: Total time material is processed, not Including storage time	90 days	
COMPOST PRODUCED DURING THE YEAR:	2,923.58 Tons	•
COMPOST DISTRIBUTED DURING THE YEAR:	1,707.51 Tons	To the state of th
QUANTITY CURRENTLY STOCKPILED: Note: Finished product stockpiled	1206.07 Tons	
AGE OF OLDEST PRODUCT ON SITE:	less than 6 months month	s

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 UCRRA 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	
O In-vessel Composting	
Other (specify):	
	Vector Attraction Reduction 361-3.7(b)
38 % Volatile Solids Reduction	
Sour	
Aerobic Process 14 days, ≥40C	, ≥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		

lease 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? OYes	●No
If ves. please describe:	

SECTION 9 – UNAUTHORIZED WASTE

Has unauthorized solid waste beer	n received at the composting facility during the reporting period?
Yes No	
O.33 O.13	
If yes, give information below for ea	ach 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 recieved three odor complaints in 2021 which could not be verified as eminating 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.

A. Amount of foods scraps projected to be processed in **2023**:

Name of Business: ULSTER COUNTY RESOURCE RECOVERY AGENCY

Business Phone Number: 845-336-0600

Business Email: APEO@UCRRA.ORG

Business Website: WWW.UCRRA.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).

5,000

Tons

Questions?

^{*} 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.

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.

02/02/22 Date
Director of Sustainability
Title (Print)
rint)
KINGSTON
City
(845)336 - 0600 Phone Number

ATTACHMENTS: ONO YES (IF YES, LIST ATTACHMENTS)
· <u>Material Summary Reports</u> (Foodwaste, Bush, Woodchips, Clean Wood, Compost Promotional Materials Compost, dear, screened compost on site
· Compost Promotional Materials Compost, Clear, scrand compositions
· Compost Sampling Mayo · All Compost Technical Data Sheets
· Records of Odor Complaints + Responses
· Compost Sales Policy
· Operator Los 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 <u>January 01, 2021</u> to <u>December 31, 2021</u>

SECTION 1 - EVENT INFORMATION

SPONSOR INFORMATION					
SPONSOR NAME: ULSTER COUNTY RESOURCE RECOVERY AGENCY					
SPONSOR ADDRESS:	SPONSOR CITY:		STATE:	ZIP CODE:	
999 FLATBUSH ROAD	KINGSTON		NY	12401	
PONSOR CONTACT: SPONSOR CONTACT PHONE		SPONSOR CONTACT FAX			
		NUMBER: 845 336 0600		NUMBER: 845 3364129	
cosponsor: N/A			COSPONSOR FAX NUMBER: N/A		
CONTRACTOR INFORMATION					
CLEAN HAR	BOR	S ENVIRONMEN	IT/	AL SER	
CONTRACTOR ADDRESS: 42 LONGWATER DRIVE	CONTR. NORWE	ACTOR CITY: LL		STATE: MA	ZIP CODE: 02061
CONTRACTOR CONTACT:		ACTOR CONTACT PHONE		NTRACTOR CONTACT FAX	
BILL ORLUK, DISTRICT TECHNICAL MANAGER	NUMBE	R: 860-883-1239	NU	MBER:	
EVENT LOCATION INF	ORMATI	ON (Attach additional sheets	if n	ecessary)	
LOCATION OF COLLECTION: UCRRA New Paltz Transfer Station				DATE: 04,24,21	
TOWN: 1 Clearwater Road, New Paltz, NY 12561				COUNTY:	JIster
LOCATION OF COLLECTION: UCRRA	Ulste	r Transfer Statior	1	_{DATE:} 06	<u>,</u> 27,21
TOWN: 999 Flatbush Road, K	(ingst	on, NY 12401		COUNTY: U	JIster
LOCATION OF COLLECTION: UCRRA NE	w Palt	z Transfer Station		DATE: 08	
TOWN: 1 Clearwater Road, New Paltz, NY 12561				COUNTY:	JIster
LOCATION OF COLLECTION: UCRRA Ulster Transfer Station			1	DATE: 10	
TOWN: 999 Flatbush Road, Kingston, NY 12401			1	COUNTY:	JIster
LOCATION OF COLLECTION:			į	DATE:	<u> </u>
TOWN:				COUNTY:	
LOCATION OF COLLECTION:				DATE:	
TOWN:				COUNTY:	

SECTION 2 – GENERAL INFORMATION

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

Disposal costs, including contractor fees:	\$120,197.49
Publicity and educational costs:	
Other costs:	
To *Comments: Disposal costs exclude Agen	tal cost: cy Bulb Disposal.
Primary publicity included Agency e-n Social media. Paid advertising was	ewsletter and
due to event registration filling u	of weeks before

*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	Pounds
Automotive Batteries	9	units Founds
Hazardous Household Batteries		Pounds
Pesticides (Solids)	4,886	Pounds
Pesticides (Liquids)	4,886 7,089	pounds
Mercury Containing Devices	40	Pounds
Bulk Mercury	editor half processed and the state of the s	Pounds
Fluorescent Bulbs	2,046	Pounds
CRT TVs/Monitors		Pounds
Non-CRT TVs/Monitors	Appell Schoolman gerinnen geri	Pounds
Other Electronics	* Agency of the second of the	Pounds
Other HHW (Solids) Oxidizing Solids	340	Pounds
Other HHW (Liquids) Bulk Flammable Liquids	11,850	Pounds
Miscellaneous Solid Waste (Solids)	68	Pounds
Miscellaneous Solid Waste (Liquids) Ammon ເພັ	431	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) [61 small propane tanks, 0.75 tons corrugated cardboard,

2.56 tons municipal (nonhazardous) Solid waste.

SECTION 4 – HOUSEHOLD HAZARDOUS WASTE DISPOSAL DETAILS

			ed facility where the collected HHW or vaste. Clean Harbors facilities:		
El Dorado, AR (309 American Rd, El Dorado, AR 71730);					
Reidsville, NC (208 Watlington Industrial Dr, Reidsville, NC 27320).					
Cranston, RI (167 Mill St, Cranston, RI 02905)					
4) Smithfield, Ky (3700 Lagrange Rd, Smithfield Ky 400G8) 5) Spring Grove, OH (4879 Spring Grove Ave, Cincinnation 45232 SECTION 5 - UNAUTHORIZED SOLID WASTE Has unauthorized solid waste been received during the reporting period?					
Date Received	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 - 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.

Angelin Beanath Signature	$\frac{1/18/22}{\text{Date}}$
Angelina Brandt	Director of Sustainability
Name (Print or Type)	Title (Print or Type)
APEO@UCRRA.ORG	
Email (Print or Ty	pe)
P.O. BOX 6219	Kingston
Address	City
NY 12402	⁸⁴⁵ 3360600
State and Zip	Phone Number

ATTACHMENTS: YES NO (Please check appropriate line)