

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT
(If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-8678.)

Complete and submit this form by March 1, 2024.

This annual report is for the year of operation from January 01, 2023 to December 31, 2023

SECTION 1 – GENERAL INFORMATION

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

Did you operate in 2023? ☒ Yes; Complete this form.

☐ No; Complete and submit Sections 1 and 11. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at:
https://extapps.dec.ny.gov/docs/materials_minerals_pdf/inactiveswmf.pdf

SECTION 2 - MATERIAL RECEIVED

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

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

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

Please identify the type of recycling activity: _____ Dual Stream _____ Single Stream _____ Other (Specify: _____)

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)	0	194.92	99.86	160.86	130.80	129.91	139.23	184.91
Commingled Paper (all grades)	0	305.12	247.51	288.27	266.01	330.95	317.92	316.81
Single Stream (total)								
Other (specify)								
Total Tons Received		500.04	347.37	449.13	396.81	460.86	457.15	501.72
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)		Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)	152.57	144.53	119.84	134.33	127.44	1719.20		6.76
Commingled Paper (all grades)	327.56	293.57	299.45	334.12	313.36	3640.65		14.33
Single Stream (total)								
Other (specify)								
Total Tons Received	480.13	438.10	419.29	468.45	440.80	5359.85		21.10

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

SECTION 3 – SERVICE AREA OF MATERIAL RECEIVED

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

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

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

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

SERVICE AREA OF MATERIAL RECEIVED (where the material is coming from)					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Commingled Containers (metal, glass, plastic)	Direct Haul	NY	Ulster	UCRRA	1719.20
Commingled Paper (all grades)	Direct Haul	NY	ULSTER	UCRRA	3640.65
Single Stream (total)					
Other (specify)					
TOTAL MATERIAL RECEIVED (tons):					5359.85

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 4 – RESIDUE

Total residue (tons) = 728.94

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

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

SECTION 5 – RECYCLABLES & RECOVERED MATERIALS

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

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

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

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Paper (all grades)					
Corrugated Cardboard	Source One Ventures 2000-2 Shepard Ave E toroto, ON M2N5Y7	Canda			257.44
	Suburban Carting 566 North Rd Briarcliff Manor, NY 10591	NY	Westchester	Westchester	1309.20
Junk Mail					
Magazines					
Newspaper	Suburban Carting 566 North Rd Briarcliff Manor, NY 10591	NY	Westchester	WEstchester	751.96
Office Paper					
Paperboard / Boxboard	Suburban Carting 566 North Rd Briarcliff Manor, NY	NY	Westchester	Westchester	228.96
	The Yorkshire Group 150 Rivers Edge Dr Unit 342 Medford Ma	MA			701.48
Other Paper (specify)	Source One 2000-2 Shepard Ave E Toronto ON	Canada			25.51
Corrugated Cardboard	The Yorkshire Goup 150 Rivers Edge Drive Unit 342 Medford Ma 02155	MA			168.75
TOTAL PAPER RECOVERED (tons):					3443.38

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SECTION 5 – RECYCLABLES & RECOVERED MATERIALS (continued)

GLASS RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Container Glass	Republic Services 508 Fishkill Ave Beacon, NY	NY	Dutchess	Dutchess	474.04
Industrial Scrap Glass					
Other Glass (specify)					
TOTAL GLASS RECOVERED (tons): 474.04					
METAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Aluminum Foil / Trays					
Bulk Metal	West Kingston 642 Abeel St Kingston NY	NY	Ulster	UCRRA	2.87
Enameled Appliances / White Goods					
Industrial Scrap Metal Tin	The Conti Group 1661 46Th st Brooklyn, NY 11204	NY	Kings	NYC	61.24
	Ekman Recycling 1608 Rt 88 West Brick, NJ 08724	NJ			19.47
Tin & Aluminum Containers	West Kingston 642 Abeel St kingston Ny	NY	Ulster	UCRRA	36.70
Other Metal (specify)					
UBC	West Kingston 642 Abeel St Kingston NY 12401	NY	Ulster	UCRRA	9.40
UBC	Canos Recycling 1083 Kings highway Saugerties, NY 12477	NY	Ulster	UCRRA	36.96
TOTAL METAL RECOVERED (tons): 166.64					

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SECTION 5 – RECYCLABLES & RECOVERED MATERIALS (continued)

PLASTIC RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Plastic (#1 - #7) #1	Ekman Recycling 1608 Rt88 West Brick NJ	NJ			20.18
	The Conti Group 1661 46th St Brooklyn, NY 11240	NY	Kings	NYC	41.68
PET (plastic #1)	Scrap Metal Services 415 East 151st East Chicago, IL	IL			41.87
	Haycore 3144 Gregoire Rd Russell, ON	Canada			20.40
HDPE (plastic #2)	The Conti Group 1661 46th St Brooklyn, NY	NY	Kings	NYC	64.16
	Ekman Recycling 1608 Rt 88 WEst Brick NJ	NJ			64.25
Other Rigid Plastics (#3 - #7)	EFS Plastics 5788 Line 84 Listowel Ontario	Canada			40.55
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
TOTAL PLASTIC RECOVERED (tons):					293.09

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VOLUME TO WEIGHT CONVERSION FACTORS

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

SECTION 5 – RECYCLABLES & RECOVERED MATERIALS (continued)

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

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

SECTION 6 – UNAUTHORIZED SOLID WASTE

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

☐ Yes ☒ No If yes, give information below for each incident (attach additional sheets if necessary):

Date Received	Type Received	Date Disposed	Disposal Method & Location

SECTION 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Are there required cost estimates and financial assurance documents for closure?

☐ Yes ☒ No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

SECTION 8 – PROBLEMS

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

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

SECTION 9 – CHANGES

Were there any changes from approved reports, plans, specifications, and permit conditions?

☐ Yes ☒ No If yes, attach additional sheets identifying changes with a justification for each change.

SECTION 10 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form?

☐ Yes ☒ No If yes, attach additional sheets identifying the reporting requirements with their respective responses.

SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management Contacts).

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

**New York State Department of Environmental
Conservation Division of Materials Management
Bureau of Solid Waste Management
625 Broadway
Albany, New York 12233-
7260 Fax 518-402-9041
Email address: SWMFannualreport@dec.ny.gov**

I certify, under penalty of law, that the data and other information identified in this report have been prepared under my direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuant to section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.



Signature

2/20/24

Date

Charles Whittaker

Name (Print or Type)

Director of Operations and Compliance

Title (Print or Type)

cwhi@ucrra.org

Email (Print or Type)

PO BOX 6219

Address

Kingston

City

NY 12402

State and Zip Code

(845) 336-0600

Phone Number

ATTACHMENTS: ☒ YES ☐ NO



PERMITTED TRANSFER FACILITY ANNUAL REPORT

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

Complete and submit this form by March 1, 2024.

This annual report is for the year of operation from January 01, 2023 to December 31, 2023

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Ulster County Resource Recovery Agency			
FACILITY LOCATION ADDRESS: 1 Clearwater Rd	FACILITY CITY: New Paltz	STATE: NY	ZIP CODE: 12561
FACILITY TOWN: New Paltz	FACILITY COUNTY: Ulster	FACILITY PHONE NUMBER: 845-336-0600 ext. 144	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Ulster County Resource Recovery Agency (UCRRA)			NYSDEC REGION #: 3
360 PERMIT #:(Refer to DEC Permit) 3-5138-00089/00001	DATE ISSUED: 8/12/2022	DATE EXPIRES: 8/11/2027	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit) 56-T-03
FACILITY CONTACT: Charles Whittaker	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 845-336-0600 ext. 140	CONTACT FAX NUMBER: 845-336-4129
CONTACT EMAIL ADDRESS: cwhi@ucrra.org			
OWNER INFORMATION			
OWNER NAME: Public Benefit Corp.	OWNER PHONE NUMBER: 845-336-0600	OWNER FAX NUMBER: 845-336-4129	
OWNER ADDRESS: P.O. Box 6219	OWNER CITY: Kingston	STATE: NY	ZIP CODE: 12402
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: Charles Whittaker	<input type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input type="checkbox"/> private
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2023? ☒ Yes; Complete this form.

☐ No; Complete and submit Sections 1 and 11. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at:
https://extapps.dec.ny.gov/docs/materials_minerals_pdf/inactiveswmf.pdf

SECTION 2 - SOLID WASTE RECEIVED

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

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

100 % Scale Weight

_____% Estimated

_____% Truck Count

_____% Other (Specify: _____)

Types of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Asbestos							
Construction and Demolition (C&D) Debris	565.50	426.88	649.41	782.12	795.45	786.92	769.65
Industrial Waste (Including Industrial Process Sludges)							
Mixed Municipal Solid Waste (MSW) (Residential, Institutional, & Commercial)	3,520.12	2,838.32	3,472.18	3,208.39	3,743.34	3,785.93	3,784.78
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge	251.10	201.52	260.73	239.22	302.5	302.47	289.48
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
Total Tons Received	4,336.72	3,466.72	4,382.32	4,229.73	4,841.29	4,875.32	4,843.91

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

SECTION 2 - SOLID WASTE RECEIVED (continued)

Type of Solid Waste	Tip Fee (\$/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Asbestos								
Construction & Demolition (C&D) Debris		888.81	959.53	1,026.16	717.79	497.36	8,869.12	34.92
Industrial Waste (Including Industrial Process Sludges)								
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)		4,065.66	4,407.96	3,815.91	3,575.16	3,367.12	4,3584.87	171.59
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge		256.35	331.87	277.19	257.80	289.07	3,259.3	12.83
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
Total Tons Received		5,210.82	5,699.36	5,119.26	4,550.75	4,153.55	55,713.29	219.34

26.07

232.58

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

SECTION 3 – SERVICE AREA OF SOLID WASTE RECEIVED

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

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

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

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

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Asbestos					
Construction & Demolition (C&D) Debris	"Direct Haul"	NY	Ulster County	Ulster County Resource Recovery Agency	8,869.12
Industrial Waste (Including Industrial Process Sludges)					

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	"Direct Haul"	NY	Ulster County	UCRRA	43,584.87
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other (specify)	Sewage Treatment Plant Sludge - "Direct Haul"	NY	Ulster County	UCRRA	3,259.3
TOTAL RECEIVED (tons):					55,713.29

* List generators that provide you Certificates of Treatment forms and quantities of TRMW from each _____

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SECTION 4 - TRANSFER OR DISPOSAL DESTINATION

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

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

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

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

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

TRANSFER OR DISPOSAL DESTINATION							
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Seneca Meadows Landfill	NY	Seneca County	Seneca County		51,795.25	51,795.25
	1786 Salcman Rd						
	Waterloo, NY 13165						
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge	Rockland County Compost Facility	NY	Rockland County	Rockland County Solid Waste Management Auth		3,222.02	3,222.02
	400 Torne Valley Rd						
	Hillburn, NY 10931						
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
					TOTAL SENT (tons): 55,017.27		

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

SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

A. Recyclables Received

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

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

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

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)								
Single Stream (total)								
Brush, Branches, Trees, & Stumps								
Food Scraps								
Yard Waste (curbside)								
Other (specify)								
Total Tons Received								

Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)							
Commingled Paper (all grades)							
Single Stream (total)							
Brush, Branches, Trees, & Stumps							
Food Scraps							
Yard Waste (curbside)							
Other (specify)							
Total Tons Received							

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

SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

B. Service Area of Recyclable Material Received

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

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

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

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

SERVICE AREA OF RECYCLABLE MATERIAL RECEIVED (where the material is coming from)					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	STATE OR COUNTRY	COUNTY OR PROVINCE	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" Rubble	NY	Ulster County	Ulster County Resource Recovery Agency	45.07
TOTAL RECEIVED (tons):					45.07

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

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

C. Material Recovered

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

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

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

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Paper (all grades)					
Corrugated Cardboard	Materials Recovery Facility 999 Flatbush Rd, Kingston NY 12401	NY	Ulster County	Ulster County Resource Recovery Agency	36.80
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
TOTAL PAPER RECOVERED (tons):					36.80

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

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

C. Material Recovered GLASS RECOVERED

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

TOTAL GLASS RECOVERED (tons):

METAL RECOVERED

RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Aluminum Foil / Trays					
Bulk Metal (from MSW)	West Kingston Recycling - 642 Abeel St, Kingston NY 12401	NY	Ulster County	Ulster County Resource Recovery Agency	136.33
	Canos Recycling - 1083 Kings Hwy, Saugerties NY 12401	NY	Ulster County	Ulster County Resource Recovery Agency	11.60
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)	"Copper" Canos Recycling - 1083 Kings Hwy, Saugerties NY 12401	NY	Ulster County	Ulster County Resource Recovery Agency	0.34

TOTAL METAL RECOVERED (tons): 148.27

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

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

D. Material Recovered

PLASTIC RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Plastic (#1 - #7)					
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
TOTAL PLASTIC RECOVERED (tons):					
MISCELLANEOUS MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Electronics	Corporate Headquarters - Electronics Recyclers International 7815 N. Palm Ave, Ste 140, Fresno CA 93711	CA	Fresno County		9.93
Textiles					
Other (specify)	"Tires" Casings Inc. - 169 Maple Ave, Catskill NY 12414	NY	Greene County	Greene County	12.61
TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons): 22.54					

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

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

MIXED MATERIAL RECOVERED					
RECOVERED MIXED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
TOTAL MIXED MATERIAL RECOVERED (tons):					
ORGANIC MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
	"Clean wood" UCRRRA Compost Facility - 999 Flatbush Rd, Kingston NY 12401	NY	Ulster County	Ulster County Resource Recovery Agency	46.21
TOTAL ORGANIC MATERIAL RECOVERED (tons):					46.21

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

SECTION 6 – UNAUTHORIZED SOLID WASTE

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

☒ Yes ☐ No If yes, give information below for each incident (attach additional sheets if necessary):

Date Received	Type Received	Date Disposed	Disposal Method & Location
1/1/22-12/31/23	Fluorescent Bulbs	1/1/23-12/31/23	Clean Harbors, Norwell, MA
1/1/23-12/31/23	Propane Tanks	1/1/23-12/31/23	Britt & Graff, Port Ewen, NY
1/1/23-12/31/23	Freon from appliances	1/1/23-12/31/23	Interstate Refrigerant, Foxboro, MA
1/1/23-12/31/23	Lead-acid Batteries	1/1/23-12/31/23	West Kingston Recycling (Kingston, NY) & Canos Recycling (Saugerties, NY)

Radiation Monitoring

Does your facility use a fixed radiation monitor? ____ Yes ☒ No

Identify Manufacturer _____ and Model _____ of fixed unit.

Does your facility use a portable radiation monitor? ____ Yes ☒ No

Identify Manufacturer _____ and Model _____ of fixed unit.

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

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

SECTION 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Are there required cost estimates and financial assurance documents for closure?

☐ Yes ☒ No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

SECTION 8 – PROBLEMS

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

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

SECTION 9 – CHANGES

Were there any changes from approved reports, plans, specifications, and permit conditions?

☐ Yes ☒ No If yes, attach additional sheets identifying changes with a justification for each change.

SECTION 10 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form?

☐ Yes ☒ No If yes, attach additional sheets identifying the reporting requirements with their respective responses.

SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management Contacts).

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

**New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Solid Waste Management
625 Broadway
Albany, New York 12233-7260
Fax 518-402-9041
Email address: SWMFannualreport@dec.ny.gov**

I certify, under penalty of law, that the data and other information identified in this report have been prepared under my direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuant to section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.



Signature

Date

2/16/24

Charles Whittaker

Name (Print or Type)

Director of Operations & Compliance

Title (Print or Type)

845 336 0600 ext. 140

Phone Number

P.O. Box 6219

Address

Kingston

City

NY 12402

State and Zip

cwhi@ucrra.org

Email (Print or Type)

ATTACHMENTS: ____ YES ☒ NO (Please check appropriate line)



PERMITTED TRANSFER FACILITY ANNUAL REPORT

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

Complete and submit this form by March 1, 2024.

This annual report is for the year of operation from January 01, 2023 to December 31, 2023

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Ulster County Resource Recovery Agency			
FACILITY LOCATION ADDRESS: 999 Flatbush Rd	FACILITY CITY: Kingston	STATE: NY	ZIP CODE: 12401
FACILITY TOWN: Ulster	FACILITY COUNTY: Ulster	FACILITY PHONE NUMBER: 845-336-0600	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). UCRRA			NYSDEC REGION #: 3
360 PERMIT #:(Refer to DEC Permit) 3-5154-00125/00001	DATE ISSUED: 4/20/2021	DATE EXPIRES: 4/19/2026	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit)
FACILITY CONTACT: Charles Whittaker	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 845-336-0600 ext. 140	CONTACT FAX NUMBER: 845-336-4129
CONTACT EMAIL ADDRESS: cwhi@ucrra.org			
OWNER INFORMATION			
OWNER NAME: Public Benefit Corp.	OWNER PHONE NUMBER: 845-336-0600	OWNER FAX NUMBER: 845-336-4129	
OWNER ADDRESS: P.O. Box 6219	OWNER CITY: Kingston	STATE: NY	ZIP CODE: 12402
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner Charles Whittaker		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2023? ☒ Yes; Complete this form.

☐ No; Complete and submit Sections 1 and 11. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at:
https://extapps.dec.ny.gov/docs/materials_minerals_pdf/inactiveswmf.pdf

SECTION 2 - SOLID WASTE RECEIVED

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

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

100 % Scale Weight

% Estimated

% Truck Count

% Other (Specify:)

Type of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Asbestos							
Construction & Demolition (C&D) Debris	1843.60	1605.72	1846.18	2266.05	2526.93	2451.32	2555.54
Industrial Waste (Including Industrial Process Sludges)							
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	5368.96	4135.62	5149.14	4791.82	5365.73	5641.95	5973.48
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
Total Tons Received	7212.56	5741.34	6995.32	7057.87	7892.66	8093.27	8529.02

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

SECTION 2 - SOLID WASTE RECEIVED (continued)

Type of Solid Waste	Tip Fee (\$/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Asbestos								
Construction & Demolition (C&D) Debris	\$110/ton	3017.01	2603.37	2534.48	2006.62	1725.90	26,982.72	88.18
Industrial Waste (Including Industrial Process Sludges)								
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	\$110/ton	6112.51	5437.88	5396.29	5193.41	4679.53	63,246.32	206.69
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Other <small>(specify)</small>								
Total Tons Received		9129.52	8041.25	7930.77	7200.03	6405.43	90,229.04	294.87

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

SECTION 3 – SERVICE AREA OF SOLID WASTE RECEIVED

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

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

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

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

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Asbestos					
Construction & Demolition (C&D) Debris	"Direct Haul"	NY	Ulster County	Ulster County Resource Recovery Agency	26,982.72
Industrial Waste (Including Industrial Process Sludges)					

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR <i>"Direct Haul"</i>	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	"Direct Haul"	NY	Ulster County	Ulster County Resource Recovery Agency	63,246.32
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Sewage Treatment Plant Sludge					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other (specify)					
TOTAL RECEIVED (tons):					90,229.04

* List generators that provide you Certificates of Treatment forms and quantities of TRMW from each _____

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

SECTION 4 - TRANSFER OR DISPOSAL DESTINATION

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

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

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

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

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

TRANSFER OR DISPOSAL DESTINATION							
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Seneca Meadows Landfill	NY	Seneca County	Seneca County		88,553.97	88,553.97
	1786 Salcman Rd						
	Waterloo, NY 13165						
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
						TOTAL SENT (tons): 88,553.97	

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

SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

A. Recyclables Received

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

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

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

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)								
Single Stream (total)								
Brush, Branches, Trees, & Stumps								
Food Scraps								
Yard Waste (curbside)								
Other (specify)								
Total Tons Received								

Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)							
Commingled Paper (all grades)							
Single Stream (total)							
Brush, Branches, Trees, & Stumps							
Food Scraps							
Yard Waste (curbside)							
Other (specify)							
Total Tons Received							

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

SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

B. Service Area of Recyclable Material Received

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

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

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

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

SERVICE AREA OF RECYCLABLE MATERIAL RECEIVED (where the material is coming from)					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	STATE OR COUNTRY	COUNTY OR PROVINCE	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" RUBBLE	NY	Ulster County	Ulster County Resource Recovery Agency	333.18
TOTAL RECEIVED (tons):					333.18

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

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

C. Material Recovered

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

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

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

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION <small>(Name & Address)</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
Commingled Paper <small>(all grades)</small>					
Corrugated Cardboard	Materials Recovery Facility 999 Flatbush Rd, Kingston, NY 12401	NY	Ulster County	Ulster County Resource Recovery Agency	126.76
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper <small>(specify)</small>					
TOTAL PAPER RECOVERED (tons):					126.76

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

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

C. Material Recovered

GLASS RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Container Glass					
Industrial Scrap Glass					
Other Glass (specify)					
TOTAL GLASS RECOVERED (tons):					
METAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Aluminum Foil / Trays					
Bulk Metal (from MSW)	West Kingston Recycling - 642 Abeel St, Kingston, NY 12401	NY	Ulster County	Ulster County Resource Recovery Agency	218.83
	Cano's Recycling - 1083 Kings Hwy, Saugerties, NY, 12477	NY	Ulster County	Ulster County Resource Recovery Agency	211.80
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)	Canos Recycling - Aluminum (1.62 tons), Copper (0.82 ton);Wire (0.66 ton)	NY	Ulster County	Ulster County Resource Recovery Agency	3.10
TOTAL METAL RECOVERED (tons):					433.73

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

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

C. Material Recovered

PLASTIC RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Plastic (#1 - #7)					
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
TOTAL PLASTIC RECOVERED (tons):					
MISCELLANEOUS MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Electronics	Corporate Headquarters - Electronics Recyclers International 7815 N. Palm Ave. Ste. 140, Fresno, CA 93711	CA	Fresno		43.68
Textiles					
Other (specify)	Casings Inc. - 169 Maple Ave, Catskill, NY 12414	NY	Greene County	Greene County	22.71
Tires					
TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):					66.39

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

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

C. Material Recovered

MIXED MATERIAL RECOVERED					
RECOVERED MIXED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
TOTAL MIXED MATERIAL RECOVERED (tons):					
ORGANIC MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Brush, Branches, Trees, & Stumps					
Food Scraps	UCRRA Compost Facility - 999 Flatbush Rd, Kingston, NY 12401	NY	Ulster County	Ulster County Resource Recovery Agency	3.11
Yard Waste (curbside)					
Other (specify)	"Clean Wood" - UCRRA Compost Facility - 999 Flatbush Rd, Kingston, NY, 12401	NY	Ulster County	Ulster County Resource Recovery Agency	160.15
	"Dirt" - UCRRA Compost Facility - 999 Flatbush Rd, Kingston, NY, 12401	NY	Ulster County	Ulster County Resource Recovery Agency	27.75
TOTAL ORGANIC MATERIAL RECOVERED (tons):					191.01

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

SECTION 6 – UNAUTHORIZED SOLID WASTE

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

☐ Yes ☒ No If yes, give information below for each incident (attach additional sheets if necessary):

Date Received	Type Received	Date Disposed	Disposal Method & Location
1/1/23-12/31/23	Lead-acid batteries	1/1/23-12/31/23	West Kingston Recycling & Cano's Recycling
1/1/23-12/31/23	Fluorescent Bulbs	1/1/23-12/31/23	Clean Harbors, Norwell, MA 02061
1/1/23-12/31/23	Propane Tanks	1/1/23-12/31/23	Britt & Graff, Port Ewen, NY
1/1/23-12/31/23	Freon from appliances	1/1/23-12/31/23	Interstate Refrigerant, Foxboro, MA

Radiation Monitoring

Does your facility use a fixed radiation monitor? ____ Yes ☒ No

Identify Manufacturer _____ and Model _____ of fixed unit.

Does your facility use a portable radiation monitor? ____ Yes ☒ No

Identify Manufacturer _____ and Model _____ of fixed unit.

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

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

SECTION 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Are there required cost estimates and financial assurance documents for closure?

☐ Yes ☒ No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

SECTION 8 – PROBLEMS

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

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

SECTION 9 – CHANGES

Were there any changes from approved reports, plans, specifications, and permit conditions?

☐ Yes ☒ No If yes, attach additional sheets identifying changes with a justification for each change.

SECTION 10 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form?

☐ Yes ☒ No If yes, attach additional sheets identifying the reporting requirements with their respective responses.

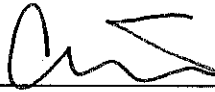
SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management Contacts).

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

New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Solid Waste Management
625 Broadway
Albany, New York 12233-7260
Fax 518-402-9041
Email address: SWMFannualreport@dec.ny.gov

I certify, under penalty of law, that the data and other information identified in this report have been prepared under my direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuant to section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.


Signature

2/16/24
Date

Charles Whittaker

Name (Print or Type)

Director of Operations & Compliance

Title (Print or Type)

845 336 0600

Phone Number

P.O. Box 6219

Address

Kingston

City

12402

State and Zip

cwhi@ucrra.org

Email (Print or Type)

ATTACHMENTS: YES ☒ NO (Please check appropriate line)

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

2023

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, 2023 to December 31, 2023

Annual Report Form Due: No Later than March 1, 2024

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 <https://dec.ny.gov/environmental-protection/waste-management/solid-waste-management-facilities/forms>. If you have any questions on this form, please e-mail OrganicsAnnualReports@dec.ny.gov.

Failure to provide the required information requested is a violation of 6 NYCRR Part 360 series.

Attach additional supplementary information if needed.

FACILITY NAME: ULSTER COUNTY RESOURCE RECOVERY AGENCY

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

COUNTY WHERE FACILITY IS LOCATED: ULSTER COUNTY

DEC USE ONLY

Region: SWIMS:

MATRIX:

Date Reviewed:

Reviewed By:

Data Entered:

COMPOST FACILITY ANNUAL REPORT
SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: ULSTER COUNTY RESOURCE RECOVERY AGENCY			
FACILITY LOCATION ADDRESS: 999 FLATBUSH ROAD	FACILITY CITY: KINGSTON	STATE: NY	ZIP CODE: 12401
FACILITY TOWN: ULSTER	FACILITY COUNTY: ULSTER	FACILITY PHONE NUMBER: 845-336-0600	
NYSDEC REGION #: REGION 3			
FACILITY CONTACT: ANGELINA BRANDT		CONTACT PHONE NUMBER: 845-336-0600	
CONTACT EMAIL ADDRESS: APEO@UCRRA.ORG			
OWNER INFORMATION			
OWNER NAME: UC RESOURCE RECOVERY AGENCY		OWNER PHONE NUMBER: UC RESOURCE RECOVERY AGENCY	
OWNER ADDRESS: P.O. BOX 6219	OWNER CITY: KINGSTON	STATE: NY	ZIP CODE: 12402
OWNER CONTACT: ANNA ROPPOLO, INTERIM EXECUTIVE DIRECTOR		OWNER CONTACT EMAIL ADDRESS: AROP@UCRRA.ORG	
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> Same as owner CHARLES WHITTAKER, DIRECTOR OF OPERATIONS AND COMPLIANCE			
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Did you operate in 2023? <input checked="" type="radio"/> Yes; Complete this form. <input type="radio"/> No; Complete and submit Sections 1 and 13. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, please notify the regional office of your intent. See attachment for Regional Office addresses and contacts.			

SECTION 2 – QUANTITY OF MATERIAL RECEIVED

Please report quantities received from January 01, 2023 to December 31, 2023

Note: If you operate a registered or permitted mulch processing facility, please complete the Mulch Processing Facility annual report form.

	Inputs	Quantity	Unit	Source(s)
YARD WASTE	Leaves only		Tons	
	Grass Clippings		Tons	
	Mixture of Grass and Leaves		Tons	*INCLUDED IN BRUSH*
	Brush (Small branches and limbs, <4 inch diameter)	1,149.17	Tons	COMMERCIAL, MUNICIPAL
SSO	Source Separated Organics (Food scraps, soiled paper products, etc.)	5,481.10	Tons	COMMERCIAL, MUNICIPAL
	Food Processing Waste (brewery grains, grape pomace, etc.)		Tons	
OTHER	Crop Residues (Corn stalks, etc.)		Tons	
	Manure (including bedding)		Tons	
	Sawdust/Shavings		Tons	
	Animal Carcasses (road-kill, animal mortalities)	12.14	Tons	COMMERCIAL
	Paper Mill Residuals		Tons	
	Digestate		Tons	
	Other: <u>CONTAMINATION</u>	34.39	Tons	COMMERCIAL, MUNICIPAL
BULKING AGENT	Woodchips	3,630.98	Tons	MUNICIPAL
	Sawdust		Tons	
	Other: <u>CLEAN WOOD</u>	247.27	Tons	UNADULTERATED CLEAN WOOD DIVERSIONS

SECTION 3 – COMPOST PRODUCTION

HOW LONG DOES IT TAKE TO PRODUCE COMPOST? <i>Note: Total time material is active composting and curing, not Including storage time</i>	<u>90 (NINETY)</u> days
COMPOST PRODUCED DURING THE YEAR:	<u>5,434.89 TONS</u> cubic yards or tons
COMPOST DISTRIBUTED DURING THE YEAR:	<u>4,291.51 TONS</u> cubic yards or tons
COMPOST CURRENTLY STOCKPILED: <i>Note: Finished product</i>	<u>1,265.36 TONS</u> cubic yards or tons
AGE OF OLDEST COMPOST PRODUCT ON SITE:	<u>6 (SIX)</u> months

SECTION 4 – COMPOST DISTRIBUTION

Quantity Distributed	Use of Compost (landscaping, topsoil blend, agriculture, highway, onsite, bagged, etc.)
BAGGED COMPOST - 1,162 BAGS (@ 40 LBS. EACH) = 23.24 TONS	191 (BAGGED COMPOST) TRANSACTIONS
BULK COMPOST - 4,268.27 TONS	1,146 (BULK COMPOST) TRANSACTIONS
	SOLD TO RESIDENTIAL, COMMERCIAL, MUNICIPAL, CUSTOMERS.
	BAGGED COMPOST IS EXACT SAME PRODUCT SOLD IN BULK FOR GENERAL USES.
	COMPOST IS SOLD FINELY SCREENED AND IS UNBLENDED.
NOTE:	COMPOST PRODUCED DURING THE YEAR =
	COMPOST DISTRIBUTED (4,291.51 TONS)
	+ STOCKPILE AS OF 12/31/23 (1,113.38 TONS)
	+ MORTALITY COMPOST USED ONSITE (EST. 30 TONS)

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 4 or 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
Physical Contaminants, if required					See 361-3.2(e)(3)(iv)
Other _____					

* Please see attachments *

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 required to meet pathogen and vector attraction reduction.

Pathogen Reduction 361-3.7(a)

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

Vector Attraction Reduction 361-3.7(b)

- ☒ Aerobic Process 14 days, $\geq 40^{\circ}\text{C}$, $\geq 45^{\circ}\text{C}$ avg.
- ☐ Other (specify): _____

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 7 –SAMPLE MANAGEMENT PLAN

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

UCRRA IS A PROUD MEMBER OF THE U.S. COMPOSTING COUNCIL AND PARTICIPATES IN THE STA "SEAL OF TESTING ASSURANCE" PROGRAM. THE AGENCY SAMPLES AND TESTS FINISHED COMPOST PRODUCT FOUR TIMES PER YEAR (ONCE PER QUARTER).

COMPOSITE SAMPLES CONSISTING OF SEVERAL SUBSAMPLES ARE COLLECTED FROM VARIOUS DEPTHS/AREAS OF THE SCREENED, FINISHED COMPOST STOCKPILE. THE TOTAL SAMPLE, ESTIMATED TO BE 2 GALLONS OR 8 LBS. IS SHIPPED TO AGROLAB INC. IN HARRINGTON DE. A DIAGRAM SHOWING SAMPLING METHODS IS ATTACHED.

SECTION 8 – ATTACHMENTS (IF REQUIRED)

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 – COMPOSTING FACILITIES LOCATED ON LONG ISLAND

If your composting facility is located in Nassau or Suffolk County, please describe how your facility complied with the requirements of Section 361-4.6.

N/A

SECTION 10 – UNAUTHORIZED WASTE

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

☐ Yes ☒ No

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

N/A

SECTION 11 – PROBLEMS/COMPLAINTS

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

The Agency received several odor complaints, primarily from one individual in 2023. These complaints were investigated accordingly, but could not be verified as odors emanating from the Agency's compost operation. Records detailing the operational response are attached.

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.

Contact Information

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

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

Please provide the following information to include in the listing.

Name of Business: Ulster County Resource Recovery Agency

Business Phone Number: 845-336-0600

Business Email: APEO@UCRRA.ORG

Business Website: WWW.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 **2025**. Please stay consistent with units (wet tons or cubic yards).

A. Amount of food scraps projected to be processed in **2025**: 7,000 Tons

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

Questions?

AMOUNT OF FOOD SCRAPS PROJECTED TO BE PROCESSED IN 2025 REFLECTS THE AGENCY'S PENDING PERMIT MODIFICATION TO INCREASE FROM 5,000 TONS PER YEAR TO 7,000 TONS PER YEAR.

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 (preferred), 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: OrganicsAnnualReports@dec.ny.gov

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

Angelina Brandt 2/21/24
Signature Date

Angelina Brandt

Name (Print)

Dir. Sustainability

Title (Print)

APEO@UCRRA.ORG

Email (Print)

P.O. BOX 6219

Address

KINGSTON

City

NY 12402

State and Zip

(845) 336-0600

Phone Number

ATTACHMENTS: ☐ NO ☒ YES (IF YES, LIST ATTACHMENTS)

- media Sample
- Scale logs
- Compost Technical Data Sheets
- Compost Sampling map
- Operators Log
- Odor Complaints



Ulster County Resource Recovery Agency - Consolidation Facility

Workspace

PROGRAM INSTRUCTIONS

Active | 2023-2019 | 2018-2015

Registration and Reporting Forms

Registration for Electronic Waste Collection Sites, Consolidation & Recycling Facilities

VERIFIED

One Time Only

Annual Report for NYS Electronic Waste Consolidation Facilities

[View All →](#)

COMPLETED

Annual , 2023

Electronic Waste Received by Consolidation Facility

[View All →](#)

NEW

5

Annual , 2023



Ulster County Resource Recovery Agency - Consolidation Facility

Electronic Waste Received By Consolidation Facility

Showing 5 results					Export ▾
RESPONSE STATUS	ID	CYCLE	TRANSACTION DATE	CREATED	UPDATED
COMPLETED	2186531	Annual Jan 1, 2023 - Dec 31, 2023	Jan 1, 2023	Jan 29, 2024 at 12:40 PM EST	Jan 29, 2024 at 02:42 PM EST
COMPLETED	2186499	Annual Jan 1, 2023 - Dec 31, 2023	Jan 1, 2023	Jan 29, 2024 at 12:34 PM EST	Jan 29, 2024 at 02:42 PM EST
COMPLETED	2186487	Annual Jan 1, 2023 - Dec 31, 2023	Jan 1, 2023	Jan 29, 2024 at 12:32 PM EST	Jan 29, 2024 at 02:42 PM EST
COMPLETED	2186467	Annual Jan 1, 2023 - Dec 31, 2023	Jan 1, 2023	Jan 29, 2024 at 12:28 PM EST	Jan 29, 2024 at 02:41 PM EST
COMPLETED	2186451	Annual Jan 1, 2023 - Dec 31, 2023	Jan 1, 2023	Jan 29, 2024 at 12:26 PM EST	Jan 29, 2024 at 02:41 PM EST
Showing 5 results					



Ulster County Resource Recovery Agency - Consolidation Facility

Annual Report For NYS Electronic Waste Consolidation Facilities

Ulster County Resource Recovery Agency - Consolidation Facility - Annual | 2023

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).

(January 1 - December 31, 2023 Reporting Period)

Due: March 1, 2024

This online annual report form must be completed in accordance with the NYS Electronic Equipment Recycling and Reuse Act (Environmental Conservation Law, Article 27, Title 26) and supporting 6 NYCRR Subpart 368-3. Each registered electronic waste consolidation facility is required to report annually to the NYS Department of Environmental Conservation (Department) by March 1st, for the previous calendar year.

Each registered electronic waste consolidation facility must complete and submit this online annual report form by March 1st.

Electronic waste consolidation facilities that operated during the previous calendar year must also complete and submit the separate and supplemental **Electronic Waste Received at Consolidation Facility** form located back on the Workspace page.

Electronic waste consolidation facilities must also maintain all supporting documentation regarding the management of electronic waste (e.g. registration/reporting forms, shipping invoices, bills of lading, etc.) on-site for a period of three years for data verification purposes.

Failure to submit a complete and timely annual report, including the certification form with appropriate signatures, will subject the electronic waste consolidation facility to civil penalties under the Act.

You will need to notify the Department via e-mail or phone if a change is necessary after submittal. The Department will then grant you access to edit information previously submitted.

Please direct all questions regarding the content of this annual report to ReTRAC.Ewaste@dec.ny.gov or call (518) 402-8706.

Consolidation Facility Information

Name of Facility: *

Ulster County Resource Recovery A

Department-Issued Registration #: *

00455

Site Address: *

999 Flatbush Road

City: *

Kingston

State: *

New York

ZIP Code: *

12401

County: *

Ulster

If this annual report is for a retail consolidation facility, please upload a list of all retail collection site locations that currently send electronic waste to this consolidation facility:

No File Selected

Please identify the current primary contact and mailing address (if different from above) for the electronic waste consolidation facility:

Name: *

Title:

Angelina Brandt

Director of Sustainability

Phone Number: *

Extension:

E-mail: *

8453360600

apeo@ucrra.org

Please enter up to 12 numeric characters only

Mailing Address:

999 Flatbush Road

City:

Kingston

State:

NY

ZIP Code:

12401

Would the electronic waste consolidation facility like to list a secondary contact? *

☒ Yes

☐ No

Please identify the current secondary contact and mailing address for the electronic waste consolidation facility:

Name: *

Title:

Charles Whittaker

Director of Operations

Phone Number: *

Extension:

Email: *

8453360600

cwhi@ucrra.org

Please enter up to 12 numeric characters only

Mailing Address:

999 Flatbush Road

City:

Kingston

State:

NY

Postal (ZIP) Code:

12401

Is the consolidation facility's current legal department contact the same as the primary contact? *

☐ Yes

☒ No

Please identify the current legal department contact and mailing address:

Name: *

Title:

Kenneth Gilligan

Agency Counsel

Phone Number: *

Extension:

E-mail: *

8453360600

kennethdgilligan@aol.com

Please enter up to 12 numeric characters only

Mailing Address: *

P.O. Box 6219

City: *

Kingston

State: *

NY

Country: *

USA

Postal (ZIP) Code: *

12402

Did the site/facility charge consumers, other than business consumers or for the provision of a premium service, for the acceptance of covered electronic equipment? *

☐ Yes ☒ No

Important: 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, must be tracked separately from eligible program weight, and reported as ineligible program weight at the time of annual reporting.

Is the site/facility participating as a program partner in an electronic waste acceptance program?

☒ Yes
☐ No

Important: Sites/facilities operating as program partners cannot charge consumers (except for business consumers) for the acceptance of any Covered Electronic Equipment and cannot in turn be charged by other program partners. Sites/facilities can charge consumers for the provision of premium services.

Please identify the electronic waste acceptance program the site/facility participates in:

Name:

ERI

Registration #:

Electronic Waste Received

Electronic waste consolidation facilities that operated during the previous calendar year must complete and submit the separate and supplemental **Electronic Waste Received at Consolidation Facility** form, located back on the Workspace page. Please provide the total of all eligible and ineligible program weight received, based on the information provided in the supplemental Electronic Waste Received at Consolidation Facility form.

To view weight reported in supplemental "Electronic Waste Received by Consolidation Facility" survey click [here](#).

Total Eligible Program Waste Received: 272,437

Total Ineligible Program Weight Received: 0

Covered Electronic Equipment Destined for Reuse

Please list the name and address of each in-state or out-of-state reuse organization to which covered electronic equipment (CEE) was sent for reuse during this reporting period. Please also provide the quantity, by weight (in pounds), of each type of CEE sent to each such person. (for Computers; Computer peripherals (CRT); Computer peripherals (non-CRT); Small electronic equipment; Small scale servers; Televisions (CRT); Televisions (non-CRT);)

If the facility retained CEE on-site for reuse that was accepted during this reporting period, please enter Retained on-site for Name.

1. (if none, enter "0")

Name	Address	City:	State:
			<div>- Select -</div>

ZIP Code: Registration # (if applicable)

Computers:

Computer peripherals (CRT)

Computer peripherals (non-CRT)

Small electronic equipment

Small scale servers

0

Televisions (CRT)

Televisions (non-CRT):

Total

0

Electronic Waste Shipped Off-site

Please list the name, address, and registration number (if applicable), of each in-state or out-of-state electronic waste recycling facility or reuse organization to which electronic waste was sent during this reporting period. Please also provide the quantity, again broken down by eligible and ineligible weight, of each type of electronic waste sent to each such person. Please remember to provide records of eligible and ineligible weight with electronic waste shipments sent to recycling facilities.

Note: a facility performing any type of dismantling of covered electronic equipment must change its facility designation to a recycling facility, so that it may properly report the weight of component materials shipped off-site. Please contact the Department if a change is necessary.

Each person who owns or operates an in-state electronic waste consolidation or recycling facility as defined in Section 27-2601 of the Electronic Equipment Recycling and Reuse Act, should already be registered with the Department. Electronic waste recycling facility registration numbers are available on the Department's website at: <http://www.dec.ny.gov/chemical/73670.html>.

Quantity (in pounds) of Eligible Weight Shipped Off-site (for Computers; Computer peripherals (CRT); Computer peripherals (non-CRT); Small electronic equipment; Small scale servers; Televisions (CRT); Televisions (non-CRT);)

1. (If none, enter "0")

Facility Organization Name

Full Address

State:

Registration #

ERI

89 R Cross St

MA

Computers *

5,036

Computer peripherals (CRT) *

4,524

Computer peripherals (non-CRT) *

64,055

Small electronic equipment *

130,926

Small scale servers *

0

Televisions (CRT) *

31,707

Televisions (non-CRT) *

36,189

Total Pounds:

272,437

Quantity (in pounds) of Ineligible Weight Shipped Off-site (for Computers; Computer peripherals (CRT); Computer peripherals (non-CRT); Small electronic equipment; Small scale servers; Televisions (CRT); Televisions (non-CRT);)

1. (if none, enter "0")

Facility Organization Name

Full Address

State

Registration #

- Select -

Computers *

0

Computer peripherals (CRT) *

0

Computer peripherals (non-CRT) *

0

Small electronic equipment *

0

Small scale servers *

0

Televisions (CRT) *

0

Televisions (non-CRT): *

0

Total Pounds:

0

Hazardous Waste Exemption

Electronic waste is potentially a hazardous waste. Electronic waste directed for recycling is exempted from regulation under the hazardous scrap metal exemption (6 NYCRR 371.1(c)(1)(iii)(b)), or excluded from regulation under the processed scrap metal exclusion (6 NYCRR 371.1(e)(1)(xiii)) provided that scrap metal will ultimately be reclaimed.

Completion of the **Hazardous Waste Exemption** portion of this annual report form satisfies the requirement to submit a "c7" notification to the Department pursuant to 6 NYCRR 371.1(c)(7), which states, in part: "Parties who raise a claim that a certain material is not a solid or hazardous waste, or is exempt or conditionally exempt from regulation, based on the intent to reclaim, recycle or reuse, must notify the department, in writing, before utilizing the exemption or exclusion."

Collection sites, consolidation facilities and recycling facilities must list the facility type, name, and address of each entity to which electronic waste will be sent in the table below. Recycling facilities must also list the entity type, name, and address of each scrap metal recycler and smelter to which electronic waste component materials will be sent.

This list of intended downstream vendors for the current program year must be kept current. This Hazardous Waste Exemption portion of the online registration and annual report must be updated within 30 days of an anticipated change in vendors.

It is unlikely that scrap metal recyclers or smelters will have registration numbers. In addition, registration numbers are not applicable for out-of-state facilities. Electronic waste recycling facility registration numbers are available on the Department's website at: <http://www.dec.ny.gov/chemical/73670.html>.

	FACILITY TYPE *	NAME *	ADDRESS *	CITY *	STATE *	COUNTRY *	POSTAL (ZIP) CODE *	REGISTRATION # (IF APPLICABLE)
1	Recycli...	ERI	89 R Cross St	Holliston	NY	United States	01746	

Electronic Waste Consolidation Facility Certification

By completing and submitting the information below, I certify that the information provided on the on-line annual report and supplemental Electronic Waste Received by Consolidation Facility form to which this certification applies is accurate and complete, and that this entity will comply with the requirements of New York State's Electronic Equipment Recycling and Reuse Act, all other applicable laws, rules and regulations. I also hereby affirm under penalty of law that the information provided in this form and attached statements and exhibits is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Name: *

Angelina Peone

Date: *

01/29/2024

Title: *

Director of Sustainability

Consolidation Facility: *

Ulster County Resource Recovery A

Registration #: *

00455

By checking the box next to "Sign Electronically," I hereby indicate my intent to electronically sign and submit this report, and that I have the authority to electronically sign this form on behalf of the consolidation facility. *

☒ Sign Electronically

Please note: If you do not wish to sign this form electronically, please contact the Department for a paper certification form to be signed and mailed in.

Created: Jan 29, 2024 at 12:50 PM EST

UCRRA Staff

apeo@ucrra.org

Last Updated: Jan 29, 2024 at 02:44 PM EST

UCRRA Staff

apeo@ucrra.org

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.

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 3/1/2024, the Excel spreadsheet upload option will not be available for the 2023 reporting period.

How would you like to provide collection information?

☒ Entry via table

☐ Entry via template upload

(Select one)

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

Entity Type:

Name:

Registration # (if applicable):

Consumer Drop-offs

Ulster County Resource Recovery A

Address:

City:

State:

ZIP Code:

Program Weight in pounds (of Computers, Computer peripherals (CRT), Computer peripherals (non-CRT), Small electronic equipment, Small scale servers, Televisions)
Ulster County Resource Recovery Agency - Consolidation Facility - Annual | 2023

(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	5,036	0	
Computer peripherals (CRT)	3,684	0	
Computer peripherals (non-CRT)	52,255	0	
Small electronic equipment	130,926	0	
Small scale servers	0	0	
Televisions (CRT)	29,267	0	
Televisions (non-CRT)	31,309	0	
Total	252,477	0	

In-State Eligible Weight

252,477

In-State Ineligible Weight

0

Created: Jan 29, 2024 at 12:40 PM EST

UCRRA Staff

apeo@ucrri.org

Last Updated: Jan 29, 2024 at 02:42 PM EST

UCRRA Staff

apeo@ucrri.org



Ulster County Resource Recovery Agency - Consolidation Facility

Electronic Waste Received By Consolidation Facility

Ulster County Resource Recovery Agency - Consolidation Facility - Annual | 2023

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

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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.
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- "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.

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 3/1/2024, the Excel spreadsheet upload option will not be available for the 2023 reporting period.

How would you like to provide collection information?

☒ Entry via table

☐ Entry via template upload

(Select one)

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

Entity Type: Name: Registration # (if applicable):

Collection Site

Town of New Paltz Transfer Station

Address:

3 Clearwater Road

City:

New Paltz

State:

NY

ZIP Code:

12561

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)	0	0	
Computer peripherals (non-CRT)	740	0	
Small electronic equipment	0	0	
Small scale servers	0	0	
Televisions (CRT)	0	0	
Televisions (non-CRT)	1,160	0	
Total	1,900	0	

In-State Eligible Weight

1,900

In-State Ineligible Weight

0

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UCRRA Staff

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Last Updated: Jan 29, 2024 at 02:42 PM EST

UCRRA Staff

apeo@ucrra.org



Ulster County Resource Recovery Agency - Consolidation Facility

Electronic Waste Received By Consolidation Facility

Ulster County Resource Recovery Agency - Consolidation Facility - Annual | 2023

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.

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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.

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 3/1/2024, the Excel spreadsheet upload option will not be available for the 2023 reporting period.

How would you like to provide collection information?

- ☒ Entry via table
- ☐ Entry via template upload

(Select one)

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

Entity Type:

Name:

Registration # (if applicable):

Collection Site

Town of Ulster Transfer Station

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	0	0	
Computer peripherals (CRT)	840	0	
Computer peripherals (non-CRT)	3,300	0	
Small electronic equipment	0	0	
Small scale servers	0	0	
Televisions (CRT)	1,520	0	
Televisions (non-CRT)	140	0	
Total	5,800	0	

In-State Eligible Weight

5,800

In-State Ineligible Weight

0

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UCRRA Staff

apeo@ucrra.org

Last Updated: Jan 29, 2024 at 02:42 PM EST

UCRRA Staff

apeo@ucrra.org



Ulster County Resource Recovery Agency - Consolidation Facility

Electronic Waste Received By Consolidation Facility

Ulster County Resource Recovery Agency - Consolidation Facility - Annual | 2023

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

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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.
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- "Out-of-state Entity" – select this source type when CEE was accepted on the facility's behalf by any entity located outside NYS.

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How would you like to provide collection information?

- ☒ Entry via table
- ☐ Entry via template upload

(Select one)

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

Entity Type:

Name:

Registration # (if applicable):

Collection Site >

Town of Esopus Transfer Station

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)	0	0	
Computer peripherals (non-CRT)	2,940	0	
Small electronic equipment	0	0	
Small scale servers	0	0	
Televisions (CRT)	920	0	
Televisions (non-CRT)	3,580	0	
Total	7,440	0	

In-State Eligible Weight

7,440

In-State Ineligible Weight

0

Created: Jan 29, 2024 at 12:28 PM EST

UCRRA Staff

apeo@ucrra.org

Last Updated: Jan 29, 2024 at 02:41 PM EST

UCRRA Staff

apeo@ucrra.org



Ulster County Resource Recovery Agency - Consolidation Facility

Electronic Waste Received By Consolidation Facility

Ulster County Resource Recovery Agency - Consolidation Facility - Annual | 2023

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.

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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.

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 3/1/2024, the Excel spreadsheet upload option will not be available for the 2023 reporting period.

How would you like to provide collection information?

☒ Entry via table

☐ Entry via template upload

(Select one)

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

Entity Type:

Name:

Registration # (if applicable):

Collection Site ▾

Village of Saugerties

Address:

City:

State:

ZIP Code:

Steele Place

Saugerties

NY

12477

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)	0	0	
Computer peripherals (non-CRT)	4,820	0	
Small electronic equipment	0	0	
Small scale servers	0	0	
Televisions (CRT)	0	0	
Televisions (non-CRT)	0	0	
Total	4,820	0	

In-State Eligible Weight

4,820

In-State Ineligible Weight

0

Created: Jan 29, 2024 at 12:26 PM EST

UCRRA Staff

apeo@ucrra.org

Last Updated: Jan 29, 2024 at 02:41 PM EST

UCRRA Staff

apeo@ucrra.org



HOUSEHOLD HAZARDOUS WASTE COLLECTION EVENT ANNUAL REPORT

Submit the Annual Report no later than March 1, 2024.

This annual report is for the year of operation from January 01, 2023 to December 31, 2023

SECTION 1 – EVENT INFORMATION

SPONSOR NAME: ULSTER COUNTY RESOURCE RECOVERY AGENCY			
SPONSOR ADDRESS: 999 FLATBUSH RD	SPONSOR CITY: KINGSTON	STATE: N Y	ZIP CODE: 12401
SPONSOR CONTACT: ANGELINA BRANDT	SPONSOR CONTACT PHONE NUMBER: 845-336-0600	SPONSOR CONTACT FAX NUMBER: 845-336-4129	
COSPONSOR: N/A	COSPONSOR PHONE NUMBER:	COSPONSOR FAX NUMBER: N/A	
CONTRACTOR INFORMATION			
CONTRACTOR NAME: CLEAN HARBORS ENVIRONMENTAL SERVICES INC.			
CONTRACTOR ADDRESS: 42 LONGWATER DR	CONTRACTOR CITY: NORWELL	STATE: MA	ZIP CODE: 02061
CONTRACTOR CONTACT: LIZ ORLUK	CONTRACTOR CONTACT PHONE NUMBER: 860-993-5826	CONTRACTOR CONTACT FAX NUMBER:	
EVENT LOCATION INFORMATION (Attach additional sheets if necessary)			
LOCATION OF COLLECTION: UCRRA NEW PALTZ TRANSFER STATION		DATE: 04,29,23	
TOWN: 1 CLEARWATER ROAD NEW PALTZ NY 12561		COUNTY: ULSTER	
LOCATION OF COLLECTION: UCRRA ULSTER TRANSFER STATION		DATE: 06,25,23	
TOWN: 999 FLATBUSH ROAD KINGSTON NY 12401		COUNTY: ULSTER	
LOCATION OF COLLECTION: UCRRA NEW PALTZ TRANSFER STATION		DATE: 08,19,23	
TOWN: 1 CLEARWATER ROAD NEW PALTZ NY 12561		COUNTY: ULSTER	
LOCATION OF COLLECTION: UCRRA ULSTER TRANSFER STATION		DATE: 10,22,23	
TOWN: 999 FLATBUSH ROAD KINGSTON NY 12401		COUNTY: ULSTER	
LOCATION OF COLLECTION:		DATE: / /	
TOWN:		COUNTY:	
LOCATION OF COLLECTION:		DATE: / /	
TOWN:		COUNTY:	

SECTION 2 – GENERAL INFORMATION

Total population of area served:	<u>EST. 182,951</u>
Number of participants during the year:	
Households	<u>1,076</u>
Farmers	<u>0</u>
CESQGs (Conditionally exempt small quantity generators)	<u>0</u>

Disposal costs, including contractor fees:	<u>\$156,578.28</u>
Publicity and educational costs:	<u>(Posters) \$279.00</u>
Other costs:	<u>N/A</u>
Total cost:	<u>\$156,857.28</u>
*Comments: <u>Costs noted above exclude Agency Bulb Disposal.</u>	
<u>The Agency utilized various free methods of advertising such as</u>	
<u>e-newsletter, social media, website, community calendars,</u>	
<u>etc. and promoted the program at educational classes and</u>	
<u>UCRRA events. Low promotional costs did not affect participation in events.</u>	

*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.

Please refer to the media samples attached for list of accepted/unaccepted items, program rules/criteria, and advertising examples.

SECTION 3 – HOUSEHOLD HAZARDOUS WASTE COLLECTION DETAILS

Household Hazardous Waste	Weight/Volume*	Units
Antifreeze <u>Aerosols</u>	<u>4,150</u>	Gallons <u>Pounds</u>
Hazardous Paint	LATEX — 33,600 OIL — 9,850	Gallons <u>Pounds</u> pounds
Automotive Batteries	<u>70</u>	Pounds <u>units</u>
Hazardous Household Batteries	<u>6</u>	Pounds
Pesticides (Solids)	<u>3,200</u>	Pounds
Pesticides (Liquids)	<u>7,650</u>	Gallons
Mercury Thermostats		Number Collected
Other Mercury Containing Devices	<u>97</u>	Pounds
Bulk Mercury		Pounds
CRT TVs/Monitors	<u>N/A</u>	Pounds
Non-CRT TVs/Monitors	<u>N/A</u>	Pounds
Other Electronics	<u>N/A</u>	Pounds
<u>Epoxy Resins/Adhesives</u> Other HHW (Solids)	<u>13,250</u>	Pounds
<u>Bulk flammable Liquids</u> Other HHW (Liquids)	<u>17,650</u>	Gallons <u>Pounds</u>
Miscellaneous Solid Waste (Solids)	<u>2601</u> Lapack Acids, Bases, Caustics	Pounds
Miscellaneous Solid Waste (Liquids)	<u>680</u> Labpack Ammonia	Gallons <u>Pounds</u>
Fluorescent Bulbs	<u>2,290</u>	Pounds
Other (specify)	Road flares — 20 PCB Ballasts — 26	pounds <u>pounds</u>
Total Disposed For Year	<u>95,070.00</u>	<u>pounds</u>

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

Additionally : 159 fire extinguishers, 28 large propane tanks,
190 small propane tanks, 1.1 tons cardboard
2.92 tons nonhazardous municipal solid waste.

SECTION 4 – HOUSEHOLD HAZARDOUS WASTE DISPOSAL DETAILS

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

- ① Clean Harbors Reidsville LLC, 208 Watlington Industrial Dr Reidsville NC 27320
- 1) ② Clean Harbors Tennessee LLC, 2815 Old St. Hwy 11 Greenbrier TN 37073
- ③ Clean Harbors El Dorado LLC, 309 American Circle El Dorado AR 71730
- 2) ④ Clean Harbors Chattanooga LLC, 3300 Cummings Rd Chattanooga TN 37419
- ⑤ Safety Kleen Systems Inc, 3700 Lagrange Rd Smithfield KY 40068
- 3) ⑥ Safety Kleen Systems Inc, 167 Mill Street Cranston RI 02905
- ⑦ Spring Grove Resource Recovery Inc, 4879 Spring Grove Ave Cincinnati OH
- ⑧ Battery Solutions LLC, 4930 Holtz Dr Wixom MI 48393 45232
- ⑨ Clean Harbors of Connecticut Inc, 51 Broderick Rd Bristol CT 06010

SECTION 5 – UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received during the reporting period?

☐ Yes ☒ No If yes, give information below for each incident (attach additional sheets if necessary):

Date Received	Type Received	Date Disposed	Disposal Method & Location

SECTION 6 – PROBLEMS

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

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

SECTION 7 - SIGNATURE AND DATE

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

Submit one copy by email, fax or mail to:

New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Solid Waste Management
625 Broadway
Albany, New York 12233-7260
Fax 518-402-9041
Email address: SWMFannualreport@dec.ny.gov

I certify, under penalty of law, that the data and other information identified in this report have been prepared under my direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuant to section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.

Angelina Brandt
Signature

01/19/24
Date

Angelina Brandt

Name (Print or Type)

Dir. Sustainability

Title (Print or Type)

APEO@UCRRA.ORG

Email (Print or Type)

UCRRA P.O. BOX 6219

Address

KINGSTON

City

NY 12402

State and Zip

(845) 336 0600

Phone Number

ATTACHMENTS: X YES ____ NO
(Please check appropriate line)

*This page for reference only. Please do not return with submittal.

**Division of Materials Management
New York State Department of Environmental Conservation
Albany, New York 12233-7260**

HOUSEHOLD HAZARDOUS WASTE COLLECTION FACILITIES AND EVENTS

Household Hazardous Waste (HHW) Collection Facilities and Events are facilities or events involving the collection, storage and disposal of household hazardous waste. Further information and a listing of the household hazardous waste collection facilities are available online at <https://www.dec.ny.gov/environmental-protection/waste-management/solid-waste-management-facilities/household-hazardous-waste-collection-facilities>.

Forms for all solid waste management facilities can be found at <https://www.dec.ny.gov/environmental-protection/waste-management/solid-waste-management-facilities/forms> and a brief description of each type of facility can be found at <https://www.dec.ny.gov/environmental-protection/waste-management/solid-waste-management-facilities>.

Annual Report

Submit the Annual Report no later than March 1, 2024.

Reporting of the information indicated on this Active Household Hazardous Waste Collection Facilities and Events Annual Report form is required pursuant to 6 NYCRR Part 360. 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.

Where the Annual Report requirements have been modified, appropriate Sections (as necessary to reflect the modification) must be completed and submitted with a copy of the Department's written notification which allows the modification.

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

Household Hazardous Waste Conversion Factors

MATERIAL	EQUIVALENT	
Automotive Batteries	1 battery	25 lbs
CRTs	1 CRT	25 lbs
Fluorescent Bulbs	1 4ft. bulb	0.6 lbs
Hazardous Household Batteries	1 drum	500 lbs
Misc. Solid Waste (Liquids)	1 gal	8.33 lbs
Misc. Solid Waste (Solids)	1 drum	200 lbs
Other HHW (Liquids)	1 gal	8.33 lbs
Other HHW (Solids)	1 drum	200 lbs
TVs	1 TV	40 lbs