NEW YORK STATE | Department of Environmental Conservation

MUNICIPAL SOLID WASTE PROCESSING 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, 2026.

This annual report is for the year of operation from January 01, 2025 to December 31, 2025

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME:			
FACILITY LOCATION ADDRESS:	**FACILITY CITY:**	**STATE:**	**ZIP CODE:**
FACILITY TOWN:	**FACILITY COUNTY:**	**FACILITY PHONE NUMBER:**	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).		**NYSDEC REGION #:**	

360 PERMIT #:(Refer to DEC Permit)	**DATE ISSUED:**	**DATE EXPIRES:**	**NYS DEC ACTIVITY CODE:** (Refer to DEC Permit)

FACILITY CONTACT:	☐ public ☐ private	**CONTACT PHONE NUMBER:**	**CONTACT FAX NUMBER:**
CONTACT EMAIL ADDRESS:			

OWNER INFORMATION			
OWNER NAME:	**OWNER PHONE NUMBER:**	**OWNER FAX NUMBER:**	
OWNER ADDRESS:	**OWNER CITY:**	**STATE:**	**ZIP CODE:**
OWNER CONTACT:	**OWNER CONTACT EMAIL ADDRESS:**		

OPERATOR INFORMATION	
OPERATOR NAME: ☐ *same as owner*	☐ **public** ☐ **private**

PREFERENCES
Preferred address to receive correspondence: ☐ *Facility location address* ☐ *Owner address* ☐ *Other (provide):*
Preferred email address: ☐ *Facility Contact* ☐ *Owner Contact* ☐ *Other (provide):*
Preferred individual to receive correspondence: ☐ *Facility Contact* ☐ *Owner Contact* ☐ *Other (provide):*

Did you operate in 2025? ☐ 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:

_____% 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)
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)							
Other (specify)							
Total Tons Received							

Type of Solid Waste	Tip Fee ($/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)								
Other (specify)								
Total Tons Received								

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

SECTION 3 – SERVICE AREA OF SOLID WASTE RECEIVED

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

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

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

_____% Road: Waste Type(s):_____ _____% Rail: Waste Type(s):_____

_____% Water: Waste Type(s):_____ _____% Other (specify: _____): Waste Type(s):_____

SERVICE AREA OF SOLID WASTE RECEIVED (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)					
Other (specify)					
				TOTAL RECEIVED (tons):	

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 municipal solid waste processing facility), please identify name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the transfer destination and the amount of waste transferred in the "*Amount to Transfer Destination*" column.
- If the waste is being sent to a landfill or combustor, please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the disposal destination and the amount of waste being sent for disposal in the "*Amount to Disposal Destination*" column.

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

_____% Road: Waste Type(s):_____ _____% Rail: Waste Type(s):_____

_____% Water: Waste Type(s):_____ _____% Other (specify: _____): Waste Type(s):_____

TRANSFER OR DISPOSAL DESTINATION							
TYPE OF SOLID WASTE	**SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (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)							
Residue							
Other (specify)							
					TOTAL SENT (tons):		

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 – MUNICIPAL SOLID WASTE PROCESSING FACILITY RECYCLABLE & RECOVERED MATERIALS

Material Recovered

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

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

_____% Road: Material(s):_____ _____% Rail: Material(s):_____

_____% Water: Material(s):_____ _____% Other (specify: _____): Material(s):_____

PAPER RECOVERED					
RECOVERED MATERIAL	**DESTINATION (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					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
				TOTAL PAPER 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 5 – MUNICIPAL SOLID WASTE PROCESSING FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

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)					
Enameled Appliances / White Goods					
Tin & Aluminum Containers					
Other Metal (specify)					
TOTAL METAL 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 5 – MUNICIPAL SOLID WASTE PROCESSING FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

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)					
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)**
Refuse Derived Fuel					
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

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

_____ _____ (_____)_____-_____
Name (Print or Type) Title (Print or Type) Phone Number

_____ _____ _____
Address City State and Zip

_____
Email (Print or Type)

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

*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

MUNICIPAL SOLID WASTE PROCESSING FACILITY

Municipal Solid Waste Processing Facilities are facilities that perform post-collection separation and/or processing of municipal solid waste to recover recyclables or to produce a refuse-derived fuel.

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, 2026.

Reporting of information indicated on this Active Municipal Solid Waste Processing Facility Annual/Quarterly Report form is required pursuant to 6 NYCRR 360.19(k)(3) and 362-2.4. Failure to provide the required information requested is a violation of the 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.

Solid Waste Volume To Weight Conversion Factors

MATERIAL	EQUIVALENT	
Compacted Solid Waste	1 cubic yard	0.5 tons
Uncompacted Solid Waste	1 cubic yard	0.1 tons

Recyclables Volume To Weight Conversion Factors

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

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SECTION 3 – SERVICE AREA OF SOLID WASTE RECEIVED

Identify the facility's service area by indicating the type of solid waste received, the Solid Waste Management facility (SWMF) from which it was received by your facility (or Direct Haul), the corresponding State/Country, the County/Province, and the NYS Planning Unit and the amount received. **Refer to the list of NYS Planning Units that can be found at the end of this report.** The total amount reported here should equal the total amount reported in Section 2 (Solid Waste Received). DO NOT REPORT IN CUBIC YARDS!

Additional Service Area Guidance:

1) Direct hauled from the generator of the waste. In the case where the waste is hauled to your facility from the generator (i.e. hauled from residences, commercial establishments, etc.), "Direct Haul" is the appropriate response in Column 2 under "Service Area." Please report the tonnage by waste type and identify the state, county and planning unit where it was generated;

2) Sent to your landfill from another solid waste management facility. Waste may be sent to your landfill from another solid waste management facility. In this case, please report the tonnage by waste type from each sending solid waste management facility, as well as the sending facility's name, address, county, and the planning unit where the sending facility is located.

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New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Solid Waste Managment

MATERIAL MANAGEMENT PROGRAM CONTACTS

CENTRAL OFFICE
Bureau of Solid Waste Management
625 Broadway
Albany, NY 12233-7260
Phone: (518) 402-8678

For Submission of Solid Waste Management Facility Annual Reports only:
Fax: (518) 402-9041
Email: swmfannualreport@dec.ny.gov

REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON

REGION 1 (Nassau, Suffolk)

James Wade
SUNY @ Stony Brook
50 Circle Road
Stony Brook, NY 11790
Phone: (631) 444-0375
SWMFannualreportR1@dec.ny.gov

REGION 2 (Bronx, Kings, New York, Queens,

Brian Lee

47-40 21st Street
Long Island City, NY 11101-5407
Phone: (718) 482-4996
SWMFannualreportR2@dec.ny.gov

REGION 3 (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester)

Douglas Upright
21 South Putt Corners Road
New Paltz, NY 12561
Phone: (845) 255-3760
SWMFannualreportR3@dec.ny.gov

REGION 4 (Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady, Schoharie)

Brian Maglienti
1130 North Westcott Road
Schenectady, NY 12306
Phone: (518) 357-2085
SWMFannualreportR4@dec.ny.gov

REGION 5 (Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington)

Jessie Sangster
1115 State Route 86, PO Box 296
Ray Brook, NY 12977
Phone: (518) 897-1266
SWMFannualreportR5@dec.ny.gov

REGION 6 (Herkimer, Jefferson, Lewis, Oneida, St. Lawrence)

Jennifer Lauzon
317 Washington Street
Watertown, NY 13601
Phone: (315) 785-2513
SWMFannualreportR6@dec.ny.gov

REGION 7 (Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins)

Steve Perrigo

NYSDEC
5786 Widewaters Parkway
Syracuse, NY 13214
Phone: (315) 426-7419
SWMFannualreportR7@dec.ny.gov

REGION 8 (Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Yates)

Tara Blum
6274 East Avon-Lima Road
Avon, NY 14414
Phone: (585) 226-5411
SWMFannualreportR8@dec.ny.gov

REGION 9 (Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Wyoming)

Efrat Forgette
700 Delaware Avenue
Buffalo, NY 14209
Phone: (716) 851-7220
SWMFannualreportR9@dec.ny.gov

December 2025

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New York State Planning Units & Regions

When completing the annual report, please use the ***Planning Unit*** listed below that corresponds with the municipality and county. Note: The Planning Unit is not the DEC Region.

DEC Region	Planning Unit	County	Municipality
1	Glen Cove	Nassau	Glen Cove (City)
	Hempstead		Hempstead (Town)
	Long Beach		Long Beach (City)
	Town of North Hempstead		North Hempstead (Town), except 8 villages (see below)
	Oyster Bay Solid Waste Disposal District		Oyster Bay (Town), except 16 villages (see below)
	Babylon	Suffolk	Babylon (Town)
	Brookhaven		Brookhaven (Town)
	East Hampton		East Hampton (Town)
	Fishers Island Waste Management District		Fishers Island
	Huntington		Huntington (Town)
	Islip Resource Recovery Agency		Islip (Town)
	Riverhead		Riverhead (Town)
	Shelter Island		Shelter Island (Town)
	Smithtown		Smithtown (Town)
	Southampton		Southampton (Town)
	Southold		Southold (Town), except Fishers Island
2	New York City	Bronx	Bronx
		Kings	Kings (Brooklyn)
		New York	New York (Manhattan)
		Queens	Queens
		Richmond	Richmond (Staten Island)
3	Dutchess County	Dutchess	
	Orange County	Orange	
	Putnam County	Putnam	
	Rockland County Solid Waste Management Authority (RCSWMA)	Rockland	
	Sullivan County	Sullivan	
	Ulster County Resource Recovery Agency (UCRRA)	Ulster	
	Westchester County	Westchester	
4	Colonie	Albany	Cohoes (City)
			Colonie (Town)
			Colonie (Village)
			Menands (Village)
			Watervliet (City)
	Capital Region Solid Waste Management Partnership	Albany	Albany (City)
			Altamont (Village)
			Berne (Town)
			Bethelehem (Town)
			Green Island (Town/Village)
			Guilderland (Town)
			Knox (Town)
			New Scotland (Town)
			Rensselaerville (Town)
			Voorheesville (Village)
			Westerlo (Town)

4		Rensselaer	East Greenbush (Town)
			Rensselaer (City)
	Eastern Rensselaer County Solid Waste Management Authority	Rensselaer	Castleton-on-Hudson (Village)
			Hoosick Falls (Village)
			Nassau (Village)
			Pittstown (Town)
			Schaghticoke (Town/Village)
			Stephentown (Town)
			Valley Falls (Village)
	Columbia County	Columbia	
	Delaware County	Delaware	
	Greene County	Greene	
	Montgomery County	Montgomery	
	Otsego County	Otsego	
	Schoharie County	Schoharie	
	Schenectady County	Schenectady	
5	Clinton County	Clinton	
	Essex County	Essex	
	County of Franklin Solid Waste Management Authority (CFSWMA)	Franklin	
	Fulton County	Fulton	
	Hamilton County	Hamilton	
	Saratoga County	Saratoga	
	Warren County	Warren	
	Washington County	Washington	
6	Development Authority of the North Country (DANC)	Jefferson	
		Lewis	
		St. Lawrence	
	Oneida-Herkimer Solid Waste Authority	Oneida	
		Herkimer	
7	Broome County	Broome	
	Cayuga County	Cayuga	
	Chenango County	Chenango	
	Cortland County	Cortland	
	Madison County	Madison	
	Onondaga County	Onondaga	All municipalities, except Town and Village of Skaneatles (See below)
	Oswego County	Oswego	
	Tioga County	Tioga	
	Tompkins County	Tompkins	
8	Chemung County	Chemung	
	GLOW Region Solid Waste Management Committee	Genesee	
		Livingston	
	Monroe County	Monroe	
	Ontario County	Ontario	
	Orleans County	Orleans	
	Schuyler County	Schuyler	
	Seneca County	Seneca	
	Steuben County	Steuben	
	Wayne County	Wayne	
	Yates County	Yates	
9	Allegany County	Allegany	
	Cattaraugus County	Cattaraugus	
	Chautauqua County	Chautauqua	

9	GLOW Region Solid Waste Management Committee	Wyoming	
	Niagara	Niagara	
	Northeast-Southtowns Solid Waste Management Board (NEST)	Erie	Akron (Village)
			Alden (Town/Village)
			Angola (Village)
			Aurora (Town)
			Blasdell (Village)
			Boston (Town)
			Brant (Town)
			Cheektowaga (Town)
			Clarence (Town)
			Colden (Town)
			Collins (Town)
			Concord (Town)
			Depew (Village)
			East Aurora (Village)
			Eden (Town)
			Elma (Town)
			Evans (Town)
			Farnham (Village)
			Gowanda (Village)
			Hamburg (Town/Village)
			Holland (Town)
			Lackawanna (City)
			Lancaster (Town/Village)
			Marilla (Town)
			Newstead (Town)
			North Collins (Town/Village)
			Orchard Park (Town/Village)
			Sardinia (Town)
			Sloan (Village)
			Springville (Village)
			Wales (Town)
			West Seneca (Town)
	Northwest Communities Solid Waste Management Board (NWCB)	Erie	Amherst (Town)
			Grand Island (Town)
			Kenmore (Village)
			Tonawanda (Town/Village)
			Williamsville (Village)

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Municipalities Not Currently Affiliated With a Recognized Planning Unit

DEC Region	County	Non-Member Municipality	
1	Nassau	North Hempstead	Great Neck Estates (Village)
			Great Neck Plaza (Village)
			Mineola (Village)
			New Hyde Park (Village)
			Plandome (Village)
			Plandome Manor (Village)
			Westbury (Village)
			Williston Park (Village)
		Oyster Bay	Bayville (Village)
			Brookville (Village)
			Centre Island (Village)
			Cove Neck (Village)
			Glenwood – Glen Head Garbage District
			Lattington (Village)
			Laurel Hollow (Village)
			Matinecock (Village)
			Mill Neck (Village)
			Muttontown (Village)
			Old Brookville (Village)
			Old Westbury (Village) (portion)
			Oyster Bay Cove (Village)
			Roslyn Harbor (Village) (portion)
			Sea Cliff (Village)
			Upper Brookville (Village)
4	Albany	Coeymans (Town)	
		Ravena (Village)	
	Rensselaer	Berlin (Town)	
		Brunswick (Town)	
		Grafton (Town)	
		Hoosick (Town)	
		Nassau (Town)	
		Petersburg (Town)	
		Poestenkill (Town)	
		North Greenbush (Town)	
		Sand Lake (Town)	
		Schodack (Town)	
		Troy (City)	
7	Onondaga	Skaneatles (Town/Village)	
9	Erie	Buffalo (City)	