

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

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

Complete and submit this form by March 1, 2020.

This annual report is for the year of operation from January 01, 2019 to December 31, 2019

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <u>Commercial Recycling Technology LLC</u>			
FACILITY LOCATION ADDRESS: <u>57-01 Flushing Ave.</u>	FACILITY CITY: <u>New York</u>	STATE: <u>NY</u>	ZIP CODE: <u>11378</u>
FACILITY TOWN: <u>Flushing</u>	FACILITY COUNTY: <u>Queens</u>	FACILITY PHONE NUMBER: <u>718 366 6513</u>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report)			NYSDEC REGION #: <u>2</u>
360 PERMIT #: (Refer to DEC Permit) <u>41MA5</u>	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)
FACILITY CONTACT: <u>Stephen Spallino</u>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <u>718 366 6513</u>	CONTACT FAX NUMBER: <u>718 456 8438</u>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <u>Stephen Spallino</u>	OWNER PHONE NUMBER: <u>718 366 6513</u>	OWNER FAX NUMBER: <u>718 456 8438</u>	
OWNER ADDRESS: <u>57 01 Flushing Ave</u>	OWNER CITY: <u>Flushing</u>	STATE: <u>NY</u>	ZIP CODE: <u>11378</u>
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: <u>Basin Haulage@aol.com</u>		
OPERATOR INFORMATION			
OPERATOR NAME:	<input type="checkbox"/> same as owner		<input type="checkbox"/> public <input type="checkbox"/> private
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input 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 2019? ☒ Yes; Complete this form.

☐ No; Complete and submit Sections 1 and 11. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at: <http://www.dec.ny.gov/chemical/52706.html>.

SECTION 2 - MATERIAL RECEIVED

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

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

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

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)	9.20	9.20	9.82	10.78	8.79	10.27	10.28	10.65
Commingled Paper (all grades)	539.82	539.82	405.59	509.58	433.35	461.61	408.35	402.89
Single Stream (total)								
Other (specify)								
LDR Film			29.19				23.74	
Total Tons Received		549.02	444.60	520.36	442.14	471.88	442.37	413.54
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)		
Commingled Containers (metal, glass, plastic)	9.70	8.13	12.17	8.62	8.37	116.78		
Commingled Paper (all grades)	456.80	398.86	423.51	394.11	425.70	5260.17		
Single Stream (total)								
Other (specify)								
LDR Film		13.65		17.18		83.76		
Total Tons Received		466.50	420.64	435.68	419.91	434.07		

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 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:

% 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 COUNTRY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)
Commingled Containers (metal, glass, plastic)		NY	Queens	DEC Region 2
Commingled Paper (all grades)		NY	Queens	DEC Region 2
Single Stream (total)				
Other (specify)				
	LDPE Film	NY	Queens	DEC Region 2
TOTAL MATERIAL RECEIVED (tons):				

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SECTION 4 -- RESIDUE

Total residue (tons) = Residue destination (Name & Address)
 Percent Residue Calculation: Total tons residue/Total tons material received x 100 =

SECTION 5 -- RECYCLABLES & RECOVERED MATERIALS

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

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

% 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)	Telephone Fibres LTD 159 E Main St New Rochelle NY 10801	NY	Queens	DEC Region 2	5260.17
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper	Telephone Fibres LTD 159 E Main St New Rochelle NY 10801	NY	Queens	DEC Region 2	271.22
Paperboard/Boxboard					
Other Paper (specify)	Telephone Fibres 159 E Main St New Rochelle NY 10801				
TOTAL PAPER RECOVERED (tons):					218.88

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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					
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	Allocco Recycling 510 Kingsland Brooklyn, NY 11222	NY	Queens	DEC Region 2	74.41
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
TOTAL METAL RECOVERED (tons):					

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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)						
PET (plastic #1)						
HDPE (plastic #2)						
Other Rigid Plastics (#3 - #7)						
Industrial Scrap Plastic						
Plastic Film & Bags	Transleone Fibres LTD 159 E Main Street Newburgh NY 10981					83.76
Other Plastics (specify)						
TOTAL PLASTIC RECOVERED (tons):						

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VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT
GLASS - w hole bottles	1 cubic yard	GLASS - crushed mechanically	1 cubic yard	ALUMINUM - cans - w hole	1 cubic yard
GLASS - semi crushed	1 cubic yard	GLASS - uncrushed manually	55 gallon drum	ALUMINUM - cans - flattened	1 cubic yard
PAPER - high grade loose	1 cubic yard	PLASTIC - PET - w hole	1 cubic yard		
PAPER - high grade baled	1 cubic yard	PLASTIC - PET - flattened	1 cubic yard		
PAPER - mixed loose	1 cubic yard	PLASTIC - PET - baled	1 cubic yard	WHITE GOODS - uncompacted	1 cubic yard
NEWSPRINT - loose	1 cubic yard	PLASTIC - styrofoam	1 cubic yard	WHITE GOODS - compacted	1 cubic yard
NEWSPRINT - compacted	1 cubic yard	PLASTIC - HDPE - w hole	1 cubic yard		
CORRUGATED - loose	1 cubic yard	PLASTIC - HDPE - flattened 1	1 cubic yard		
CORRUGATED - baled	1 cubic yard	PLASTIC - HDPE - baled	1 cubic yard	FERROUS METAL - cans w hole	1 cubic yard
		PLASTIC - mixed (grocery bags)	45 gallon bag	FERROUS METAL - cans	1 cubic yard

SECTION 5 -- RECYCLABLES & RECOVERED MATERIALS (continued)

MIXED MATERIAL RECOVERED						
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)	
Commingled Containers (metal, glass, plastic)	Stms Municipal Recycling	NY	Queens	Des Olegon 2	42.37	
	472 2 Ave					
	Brooklyn New York 11232					
Commingled Paper & Containers	Monteleone Fibres				5260.17	
	159 E Main St.					
	New Rochelle, NY 10801					
Single Stream (total)						
Other (specify)						
	LDDE Film				83.76	
	Monteleone Fibres					
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

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.

<u></u> Signature	<u>2/27/2020</u> Date
<u>Stephen Spallino</u> Name (Print or Type)	<u>President</u> Title (Print or Type)
<u>Basin Haulage@aol.com</u> Email (Print or Type)	
<u>57-01 Flushing Ave</u> Address	<u>Maspeth</u> City
<u>New York 11378</u> State and Zip	<u>(718) 366 6513</u> Phone Number

ATTACHMENTS: ☐ YES ☒ NO