

## RECYCLABLES HANDLING RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email [swmfannualreport@dec.ny.gov](mailto:swmfannualreport@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			
<b>FACILITY NAME:</b> Valley Stream Transfer Station			
<b>FACILITY LOCATION ADDRESS:</b> 175 Arlington Ave	<b>FACILITY CITY:</b> Valley Stream	<b>STATE:</b> NY	<b>ZIP CODE:</b> 11580
<b>FACILITY TOWN:</b> Hempstead	<b>FACILITY COUNTY:</b> Nassau	<b>FACILITY PHONE NUMBER:</b> 516-825-8108	
<b>FACILITY NYS PLANNING UNIT:</b> <small>A list of NYS <a href="#">Planning Units</a> can be found at the end of this report).</small> Hempstead			<b>NYSDEC REGION #:</b> 1
<b>360 PERMIT #:</b> <small>Refer to DEC Permit</small> 1-2820-00884/00003	<b>DATE ISSUED:</b> 12/16/2016	<b>DATE EXPIRES:</b> 12/15/2021	<b>NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:</b> <small>(Refer to DEC Registration</small> 30T04
<b>FACILITY CONTACT:</b> Brian Leavey	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	<b>CONTACT PHONE NUMBER:</b> 516-825-8706	<b>CONTACT FAX NUMBER:</b> 516-825-8495
<b>CONTACT EMAIL ADDRESS:</b> vssanit@vsvny.org			
OWNER INFORMATION			
<b>OWNER NAME:</b> Village of Valley Stream	<b>OWNER PHONE NUMBER:</b> 516-825-4200	<b>OWNER FAX NUMBER:</b>	
<b>OWNER ADDRESS:</b> 123 S. Central Ave	<b>OWNER CITY:</b> Valley Stream	<b>STATE:</b> NY	<b>ZIP CODE:</b> 11580
<b>OWNER CONTACT:</b> Robert Fumagalli	<b>OWNER CONTACT EMAIL ADDRESS:</b> vsclr1@vsvny.org		
OPERATOR INFORMATION			
<b>OPERATOR NAME:</b> <input checked="" type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
<b>Preferred address to receive correspondence:</b> <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
<b>Preferred email address:</b> <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
<b>Preferred individual to receive correspondence:</b> <input type="checkbox"/> Facility Contact <input checked="" 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:

100 % Scale Weight \_\_\_\_\_ % Estimated  
 \_\_\_\_\_ % Truck Count \_\_\_\_\_ % Other Specify: \_\_\_\_\_

Material	Tip Fee \$/Ton)	January tons	February tons	March tons	April tons	May tons	June tons	July tons
<b>Commingled Containers</b> <i>metal, glass, plastic</i>								
<b>Commingled Paper (all grades</b>								
<b>Single Stream (total)</b>		204.18	152.78	193.82	175.96	201.56	191.03	208.51
<b>Other (specify</b>								
scrap metal		9.19	6.5	3.74	9.99	9.85	9.55	17
yard waste / trees		156.94	349.40	200.1	265.90	273.42	279.96	249.59
<b>Total Tons Received</b>		<b>370.31</b>	<b>508.68</b>	<b>391.66</b>	<b>451.85</b>	<b>484.43</b>	<b>480.54</b>	<b>475.10</b>
Material	August tons	September tons	October tons	November tons	December tons	Total Year (tons)		
<b>Commingled Containers</b> <i>metal, glass, plastic</i>								
<b>Commingled Paper (all grades</b>								
<b>Single Stream (total)</b>	180.57	200.75	196.86	184.66	235.21	2325.89		8.95
<b>Other (specify</b>								
scrap metal	9.22	14.01	16.77	6.82	6.54	119.18		0.46
yard waste / trees	154.92	273.49	303.72	286.14	173.05	2966.63		11.41
<b>Total Tons Received</b>	<b>344.71</b>	<b>488.25</b>	<b>517.35</b>	<b>477.62</b>	<b>414.80</b>	<b>5411.7</b>		<b>20.81</b>

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 <span style="color: red; font-size: small;">where the material is coming from</span>					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <span style="font-size: x-small;">Name Address</span> <span style="color: red; font-weight: bold;">OR “Direct Haul”</span>	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT <span style="font-size: x-small;">See Attached List of NYS Planning Units</span>	TONS RECEIVED
Commingled Containers <span style="font-size: x-small;">metal, glass, plastic</span>					
Commingled Paper <span style="font-size: x-small;">all grades</span>					
Single Stream <span style="font-size: x-small;">(total)</span>	direct haul - curbside - village of valley stream	NY	Nassau County	Hempstead (Town)	2325.89
Other (specify scrap metal yard waste / trees	direct haul - curbside or drop off - village of valley stream	NY	Nassau County	Hempstead (Town)	119.18
	direct haul - curbside or drop off - village of valley stream	NY	Nassau County	Hempstead (Town)	2966.63
<b>TOTAL MATERIAL RECEIVED (tons) :</b>					5411.70

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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:

100 % Road: Material s : \_\_\_\_\_ % Rail: Material s : \_\_\_\_\_  
 % Water: Material s : \_\_\_\_\_ % Other specify: \_\_\_\_\_): Material s : \_\_\_\_\_

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION Name Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	TONS RECOVERED <small>out of facility</small>
Commingled Paper <small>all grades</small>					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard/ Boxboard					
Other Paper (specify					
<b>TOTAL PAPER RECOVERED (tons :</b>					

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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						
<b>TOTAL GLASS RECOVERED (tons) :</b>						
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						
Enameled Appliances / White Goods						
Industrial Scrap Metal						
Tin Aluminum Containers						
Other Metal (specify						
Scrap Metal	Gershow - 97 E. Hawthorne Ave, Valley Stream, NY 11580	NY	Nassau County	Hempstead (Town)	119.18	
<b>TOTAL METAL RECOVERED (tons) :</b> 119.18						

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**SECTION 5 – RECYCLABLES & RECOVERED MATERIALS** *continued*

**PLASTIC RECOVERED**

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

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

**VOLUME TO WEIGHT CONVERSION FACTORS**

MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT
GLASS – w hole bottles	1 cubic yard 0.35 tons	GLASS - crushed mechanically	1 cubic yard 0.88 tons	ALUMINUM – cans – w hole	1 cubic yard 0.03 tons
GLASS - semi crushed	1 cubic yard 0.70 tons	GLASS - uncrushed manually	55 gallon drum 0.16 tons	ALUMINUM – cans – flattened	1 cubic yard 0.125 tons
PAPER - high grade loose	1 cubic yard 0.18 tons	PLASTIC – PET – 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 RECOVERED**

RECOVERED MATERIAL	DESTINATION Name Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <i>See Attached List of NYS Planning Units</i>	TONS RECOVERED out of facility
Commingled Containers <i>metal, glass, plastic</i>					
Commingled Paper Containers					
Single Stream <i>(total)</i>	Jamaica Ash - 172 School St, Westbury, NY 11590	NY	Nassau County	Not Affiliated - Westbury (V	2325.89
Other <i>(specify</i>					

**TOTAL MIXED MATERIAL RECOVERED (tons) :** 2325.89

**MISCELLANEOUS MATERIAL RECOVERED**

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

**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.

Dominick Milillo Digitally signed by Dominick Milillo  
Date: 2020.02.26 07:46:03 -05'00'  
\_\_\_\_\_  
Signature

2/24/2020  
\_\_\_\_\_  
Date

Dominick Milillo  
\_\_\_\_\_  
Name (Print or Type)

Assistant Sanitation Supervisor  
\_\_\_\_\_  
Title (Print or Type)

dmilillo@vsvny.org  
\_\_\_\_\_  
Email (Print or Type)

123 S. Central Ave  
\_\_\_\_\_  
Address

Valley Stream  
\_\_\_\_\_  
City

NY 11580  
\_\_\_\_\_  
State and Zip

(516) 825-8108  
\_\_\_\_\_  
Phone Number

ATTACHMENTS:  YES  NO