

FAX TRANSMITTAL

DATE: 11/23/2020

TO: DEC Central office FROM: All Container Recovery

FAX: 1-(518)-402-9041 FAX: 631-951-0075

TEL: TEL: 631-231-8732

CC: PAGES: 9 pages + cover pg

COMMENTS:

Recyclables Annual Report  
for All Container Recovery

# 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> All Container Recovery			
<b>FACILITY LOCATION ADDRESS:</b> 21 Pine Aire Dr.	<b>FACILITY CITY:</b> Bay Shore	<b>STATE:</b> N.Y	<b>ZIP CODE:</b> 11706
<b>FACILITY TOWN:</b> Islip	<b>FACILITY COUNTY:</b> Suffolk	<b>FACILITY PHONE NUMBER:</b> 631-459-0968	
<b>FACILITY NYS PLANNING UNIT:</b> (A list of NYS Planning Units can be found at the end of this report).			<b>NYSDEC REGION #:</b> 1
<b>360 PERMIT #:</b> (Refer to DEC Permit) 52M73	<b>DATE ISSUED:</b> 3/13/2013	<b>DATE EXPIRES:</b>	<b>NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:</b> (Refer to DEC Registration)
<b>FACILITY CONTACT:</b>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	<b>CONTACT PHONE NUMBER:</b> 516-903-7401	<b>CONTACT FAX NUMBER:</b> 631-951-0075
<b>CONTACT EMAIL ADDRESS:</b>			
OWNER INFORMATION			
<b>OWNER NAME:</b> Joseph Jacinto	<b>OWNER PHONE NUMBER:</b> 576-903-7401	<b>OWNER FAX NUMBER:</b> 631-951-0075	
<b>OWNER ADDRESS:</b> 198 Suffolk Ave	<b>OWNER CITY:</b> Brentwood	<b>STATE:</b> N.Y.	<b>ZIP CODE:</b> 11717
<b>OWNER CONTACT:</b>		<b>OWNER CONTACT EMAIL ADDRESS:</b>	
OPERATOR INFORMATION			
<b>OPERATOR NAME:</b> same as owner		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
<input type="checkbox"/> same as owner			
REFERENCES			
<b>Preferred address to receive correspondence:</b> <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
<b>Preferred email address:</b> <input 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 type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
<b>Did you operate in 2019?</b> <input checked="" type="checkbox"/> Yes; Complete this form.  <input type="checkbox"/> 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: <a href="http://www.dec.ny.gov/chemical/52706.html">http://www.dec.ny.gov/chemical/52706.html</a> .			

## 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)		NONE	NONE	NONE	3.27	7.33	6.74	13.69
Commingled Paper (all grades)								
Single Stream (total)								
Other (specify)								
<b>Total Tons Received</b>								
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers (metal, glass, plastic)	7.44	8.34	NONE	NONE	NONE	47.01	.261	
Commingled Paper (all grades)								
Single Stream (total)								
Other (specify)								
<b>Total Tons Received</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): \_\_\_\_\_

SECTION 3 – SERVICE AREA OF MATERIAL RECEIVED					
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
<b>Commingled Containers</b> (metal, glass, plastic)	TOWN OF EAST HAMPTON	NEW YORK	SUFFOLK COUN <input checked="" type="checkbox"/>	East Hampton (Town) <input checked="" type="checkbox"/>	47.01
	260 Springs Fireplace Road East Hampton NY 11706				
<b>Commingled Paper</b> (all grades)	NONE				
<b>Single Stream</b> (total)	NONE				
<b>Other (specify)</b>	NONE				
<b>TOTAL MATERIAL RECEIVED (tons)</b>					

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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 <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
Commingled Paper <small>(all grades)</small>	NONE				
Corrugated Cardboard	NONE				
Junk Mail	NONE				
Magazines	NONE				
Newspaper	NONE				
Office Paper	NONE				
Paperboard / Boxboard	NONE				
Other Paper (specify)	NONE				
<b>TOTAL PAPER 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.

**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	NONE				
Industrial Scrap Glass	NONE				
Other Glass (specify)	NONE				
<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	NONE				
Bulk Metal	NONE				
Enameled Appliances / White Goods	NONE				
Industrial Scrap Metal	NONE				
Tin & Aluminum Containers	Novelis 356 Lenox Rd. Atlanta GA. 30326				7
Other Metal (specify)					
<b>TOTAL METAL RECOVERED (tons):</b>					

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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)	NONE				
PET (plastic #1)	EKMAN RECYCLING 1608 ROUTE 88 WEST BRICK NJ.			East Hampton (Town) <input checked="" type="checkbox"/>	19.5
HDPE (plastic #2)	EKMAN RECYCLING 1608 ROUTE 88 WEST BRICK NJ.				21.5
Other Rigid Plastics (#3 - #7)	NONE				
Industrial Scrap Plastic	NONE				
Plastic Film & Bags	NONE				
Other Plastics (specify)	NONE				
<b>TOTAL PLASTIC RECOVERED (tons)</b>					

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**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 - w hole	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 - w hole	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 w hole	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 (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Containers (metal, glass, plastic)	NONE				
Commingled Paper & Containers	NONE				
Single Stream (total)	NONE				
Other (specify)	NONE				
<b>TOTAL MIXED MATERIAL RECOVERED (tons):</b>					
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	NONE				
Textiles	NONE				
Other (specify)	NONE				
<b>TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):</b>					

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### 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.

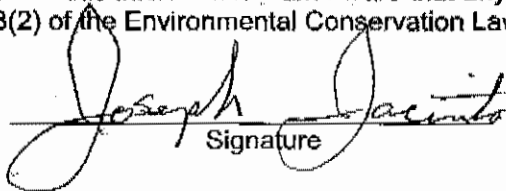
**SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR**

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

11/23/20

Date

Joseph Jacinto

Name (Print or Type)

President

Title (Print or Type)

Email (Print or Type)

198 Suffolk Ave.

Address

Brentwood

City

New York, 11717

State and Zip

(516) 903 7401

Phone Number

ATTACHMENTS:  YES  NO