RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT (If you need assistance filling out this form please email <u>swmfannualreport@dec.ny.gov</u> 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 – GEN	NERAL INFO	RMATIO	N		
			NECENATION				
FACILITY NAME: TOWN OF HUP				ng (Conj	er	
FACILITY LOCATION ADDRESS		ACILITY		- J	ST	ATE:	ZIP CODE:
641 New York A	· ·		ington		א	IY	11743
FACILITY TOWN:		-	COUNTY:		FACILIT	PHON	IE NUMBER:
Huntington		~~~~	FOIL			427	-6377
FACILITY NYS PLANNING UNIT	(AlistofNYS	Planning Un	<u>its</u> can be found at	the end of t	his report).		SDEC -1
Town of this	hark	<u>m</u>			· · · ·		GION #:
360 PERMIT #: (Refer to DEC		UED:	DATE EXPIRI	ES:	NYS DEC	ACTIV	ITY CODE OR
Permit)	3/18/	19	3/11/5	<u>94</u>	REGISTR		NUMBER: (Refer to
la de la compañía a constant de la constante presentar a constant de la constant de la constant de la constant		,			85.800 (1995) (2018) //		nos:
FACILITY CONTACT:		public		IONE	CON		FAX NUMBER:
Audrey Gallo] private	NUMBER: 631-35	1-316	アしろ	31-3	51-3330
CONTACT EMAIL ADDRESS: ,	Gallo	CHU	uninat	NA /	.001	<i>.</i>	
		owner	NEORMANION				
OWNER NAME:					OWNER		
Townoftunt			35i - 3n	SO			-3330
owner address: 100 Main St Rm	308 "	owner c HUP	thrator		S1 }		ZIP CODE: 11743
OWNER CONTACT:	(OWNER C	ONTACTEMAI	L ADDRE	SS:	A 1. 8	
John Clark		JCIO	arketh	AUTINE	JUN	IVY.	QOV
		REN KE	MINE OR MANIE	NU			
OPERATOR NAME:	ne asowner		•			ublic	
					⊔p	rivate	
Preferred address to receive corre	spondence: I				N wne	əraddrəs:	S
· · · · · · · · · · · · · · · · · · ·							
Preferred email address: 🔊 Facil Other (provide):	ity Contact	D 0	wner Contact	<u> </u>			
Preferred individual to receive com Other (provide):	espondence:	Facil	ity Contact	Owne.	r Contact		
							· · · · · · · · · · · · · · · · · · ·
Did you operate in 2019?- 🖾 Ye	s; Complete t	this form.	· - · ·				and the second sec

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: <u>http://www.dec.ny.gov/chemical/52706.html</u>

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)
Commingled Containers (metal, glass, plastic)	-							
Commingled Paper (all grades)		SEE	ATTAC	HED S	PREAT	SHEA	5	
Single Stream (total)		<u></u>						
Other (specify)								
				· · ·				
	·							
Total Tons Receiv	red						Control of Control	
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)		Year ns)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)				· · · · ·				
Commingled Paper (all grades)								
Single Stream (total)								
Other (specify)								· · ·
		х.				· · ·		
						· ·	<u>_, _</u>	
Total Tons Received						Nerve and a second s	The second s	And the second se

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:

1_00% Road: Material(s):_	$\underline{-}$	7	\boldsymbol{h}	_	% Rail: Material(s):		
		•	• /				
% Water: Material(s):					% Other (specify:): Material(s);	

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 <u>Planning Units</u>)	TONS RECEIVED
Commingled Containers (metal, glass, plastic)	The recycling conloc is a drop offisite for residential recyclople	NY 2	SOFPOK	Huntingth	n weighed
Commingled Paper (all grades)	All material is weight	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		onotion
Single Stream (total)	only the tocility				
Other (specify)					
				· · ·	
Sec. 2				HALFRECEMED (tons	1929 -

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Section 2- Material Received (for RHRF annual report Town of Huntington Facility ID 52R10249)

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OCC	-	17.09	13.97	15.83	16.75	21.09	17.19	18.87	18.10	13.26	18.42	32.73	26.54	229.84	0.63
Mixed News/Offic	-	19.95	15.94	29.94	16.69	32.23	25.22	18.95	18.59	19.89	27.49	17.54	31.84	274.27	0.75
Glass	-	5.25	8.51	11.44	7.34	3.67	7.39	14.35	-	11.24	5.56	6.08	11.87	92.70	0.25
Metal	-	12.37	17. 1 7	21.24	17.51	18.93	22.20	20.36	23.46	17.43	18.22	18.69	23.67	231.25	0.63
Plastic & Tin	-	4.54	6.08	7.82	6.33	4.58	6.22	4.90	3.75	4.83	1.42	8.58	9.67	68.72	0.19
E-Waste	-	0.68	-	0.70	1.80	2.55	4.32	3.07	3.99	-	3.08	2.95	1.75	24.89	0.07
Textiles	-	0.46	0.23	0.30	0.24	0.27	0.23	0.26	0.27	0.31	0.19	0,15	0.28	3.18	0.01
Propane Tanks		0.40	0.37	0.35	0.48	0.46	0.44	0.48	0.33	0.44	0.42	0.42	0.54	5.12	0.01

E77 \$ 200

residue is combined with Other SECTION 4-RESIDUE dept waste who Pation (Name & Address) Total residue (tons) = <u>UNERO</u> Residue destination (Name & Address) Percent Residue Calculation: Total tons residue/Total tons material received x 100 =

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS

<u>Please identify destination of recyclable materials.</u> Indicate the name of the facility, <u>address</u>, 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:

<u>00</u> % Road: Material % Water: Materia			ail: Material(s): ther (specify:): Material(s):	· .
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS <u>Planning Units</u>)	TONS RECOVERED (out of facility)
Commingled Paper (all grades)	Omni Kecycling Wostany	MY	Nassau	Hempsleep	074
Corrugated Cardboard	i) () ()	- <u>t</u> (£ \$	11	229
Junk Mail				· · · · · · · · · · · · · · · · · · ·	
Magazines					
Newspaper					· ·
Office Paper		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · ·	
Paperboard / Boxboard					
Other Paper (specify)					
			TOTAL PAPE		503

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SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

		Plotter la official			
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS <u>Planning Units</u>)	TONS RECOVERED (out of facility)
Container Glass	Omni Recycling Wostary	NY	NOSSQU	Hempsen	92
Industrial Scrap Glass			· · · · · · · · · · · · · · · · · · ·		
Other Glass (specify)			· · · · · · · · · · · · · · · · · · ·		
			(ONALCLASS.R	ECOVERED (tons):	
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	Gershow Motols Peconic Blid Metton	NY	SOFFICK	Brookhaven	1231
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					· · · · · · · · · · · · · · · · · · ·
Other Metal (specify) ガハナ ア)のかく	Omn'i Rocyclino Westar 172 School Stowestar	YNY	Nassqu	Hempstee	, 66
		<u>Y</u>			

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RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS <u>Planning Units</u>)	TONS RECOVERED (out of facility)
Commingled – Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
			· · · · · · · · · · · · · · · · · · ·		
	A MISCELLA REVESIME			REGOVERED ((Cons)2	
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	E-WORLS 230 Hanse the Free port, NY 11590	NY	Nassau	Hempster	24
Textiles	H+M Marconi Blud Copleave M	M	SHOK	Babylon	3
Other (specify)					
Propane Eank	Starlite, 114 Fourthte	- NY	SUGPOL	Islip	5
		TALMISCELLA			30

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

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 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of	TONS RECOVERED
· · · · · · · · · · · · · · · · · · ·		COUNTRY	PROVINCE	NYS Planning Units)	(out of facility)
Commingled Plastic (#1 - #7)	(included w/-tin cons)				
					· · · · · · · · · · · · · · · · · · ·
PET (plastic #1)			·	,	
HDPE (plastic #2)					
Other Rigid Plastics					
(#3 - #7)					
Industrial Scrap		\sim			
Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
and the second			JIAL PEASILOR	Egowered (ons):	$x_i \chi$

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VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVA	LENT	MATERIAL	EQUIVAL	ENT	MATERIAL	EQUIVA	LENT
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		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	and the second	and a second	
CORRUGA TED - baled	1 cubic yard	0.55 tons	PLASTIC - HDPE - baled	1 cubic yard	0.38 tons	FERROUS METAL - cans whole		-
and a second state of the		Large Armsteinen	PLASTIC mixed (grocery bags)	45 gallon bag	0.01 tons	FERROUS METAL - cans	1 cubic yard	0.43 tons

Reprinted (12/19)

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?



ΠYes

Yes

Yes

XNo

ANo

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)?

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?

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?

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.

100

ATTACHMENTS: _ _ YES _ _ NO