RECYCLABLES HANDLING & RECOVERY 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, 2020.

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

SECTION 1 - GENERAL INFORMATION

		FACILITY	INFORMATION		es e la compa	
Facility NAME: Fd's Salvage, Inc.						
FACILITY LOCATION ADDRESS		FACILITY	CITY:	STAT	E: ZIP CO	DE:
21405th Ave			onkoma	N	/ \(\)	179
FACILITY TOWN:		FACILITY	COUNTY:	FACILITY PI	HONE NUME	SER:
IShP	***************************************				FINAL PARK BANK THE PARK	
FACILITY NYS PLANNING UNIT:	· A	and the leaf to and the leaf of the leaf of the	(13.can be found at the end of		NYSDEC REGION #:	1
Islip Resource Recov	Last man menanismina				} s.as. v a/w, v a	
360 PERMIT #: (Refer to DEC	DATE IS	SUED:	DATE EXPIRES:	NYS DEC AC REGISTRAT		
52M54R				DEC Registratio		Te promis os
FACILITY CONTACT:	Micro	public	CONTACT PHONE	CONTA	CT FAX NUI	VIBER:
Ed GROPPE		☐ private	NUMBER: 631-981-5528	2 631-	467-91	167
CONTACT EMAIL ADDRESS:						
OWNERNAME			INFORMATION HONE NUMBER:	OWNER FA	Augusta († 1866). Augusta († 1866).	
Edward K. Groppe	l 		81-5522	631-46	7-946	7
OWNER ADDRESS: A	THE PERSON NAMED AND PARTY OF THE PE	OWNER C	· · · · · · · · · · · · · · · · · · ·	STAT	E: ZIP CO	DE:
240 5 Ave.			<u>lonkoma</u>	N:)	. 1(7	74
OWNER CONTACT:		ľ	CONTACT EMAIL ADDRI		~~. - Λ	
			alvage@ho	tmall-c	ONU	The Control of the State of the
OPERATOR NAME: Sam	e asowner		RINEORMATION	□publ		ин на
OPENATORINAME. Sau sau	6 98 OWNIE		•	□ pubi □ priva		
	hilbridge of the state of the s	ishlede-1	<u> </u>	derigija gridaje		ije daja saksakuli
Preferred address to receive correspondence: Facility location address						
Preferred email address: Facility Contact						
Preferred individual to receive correspondence:						
Did you operate in 2019? 🌠 Ye	s; Comple	te 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 % Truck Count		·	.% Estimated .% Other(Speci	fy:)			
Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tans)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)				,		_		
Commingled Paper (all grades)		675	675	675	675	675	675	615
Single Stream (total)								
Other (specify)								
					-			
Total Tone Recel	ved							
Material	August (tone)	September (tons)	October (tons)	November (tons)	December (tons)		l Year ms)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)						,		
Commingled Paper (all	675	675	675	675	1075	810C)	
Single Stream (total)							***************************************	
Other (specify)								· · · · · · · · · · · · · · · · · · ·
<u> </u>								<u> </u>
fatalione Received								

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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 meterial transported by each:

% Road: Materi	al(s):	% Rail:	Material(s):				
% Water: Mater	rial(s):	% Other (specify:); Material(s):					
		in incent	eranaurus				
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 Motes)	TONS RECEIVED		
Commingled Containers (metal, glass, plassic)	N)A				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Commingled Paper	NIA						
Single Stream (total)	NA						
Other (specify)		· · · · · · · · · · · · · · · · · · ·					
			TOTAL MATER	 RIAL RECEIVED (tons	<u> </u>		

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SECTION 4 - RESIDUE

Total residue (tons) = Peyc⊭nt Residue Calcu	Residue destination (Name & Ad alation: Total tons residue/Total tons material received	dress) x 100 ≃	******		
	SECTION 5 - RECYCLABLE	S & RECOVER	ED MATERIAL	S	
	nation of recyclable materials. Indicate the name ation Planning Unit/Municipality and the amount				
Specify transport matho% Road: Materiali% Water: Materiali): Material(s):	
	PATIENT	ECOVERED			
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 (cut of facility)
Commingled Paper (all grades)	Destinations your depen	and or	BOVE	. K.	5100
Corrugated \ Cardboard	Dostrobions Volv dependence	ing on	BROLE	e .	300 0
Junk Mall		L Q		•••••	
Magazines			-		
Newspaper					
Office Paper					
Paperboard/ Boxboard					
Other Paper (apacity)					
H-12194 ()	i Markasanin Missia (1921–200) isang ing bagi at panggarap at at at ti	l Politika nje nastala sje sje s	I □□⊪TOTAL:PAPI	RRECOVERED (tons):	5 (6)/#2 28 #

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SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	The state of the s	SIRECOVERUE	Y		A THE REPORT OF THE PARTY OF TH
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	PLANNING UNIT (See Attached List of	TONS RECOVERED
···			TROVINCE	NYS Planning Units)	(out of facility)
Container Glass	<u> </u>				
Industrial Scrap Glass	NA				
Other Glass (specify)					
			TOTAL GLASS R	ECOVERED (tons):	Sa kay tana sede)matak
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Stanging Units)	TONS RECOVERED (out of facility)
Aluminum Foil / Trays	NA			- described (Income Alabora)	
Bulk Metal	MA		V-700-2-	**************************************	en ann an Anna
Bulk Metal Enameled Appliances White Goods	NIA				and the state of t
Enameled Appliances	NIA NIA				
Enameled Appliances White Goods	NIA NIA NIA				
Enameled Appliances White Goods ndustrial Scrap Metal	NIA NIA NIA				

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SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

		IC/RECOVEREDS (A)			
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)	NIA				
PET (plastic#1)	NA				- manger accounts on an analysis and analysis of the Williams and analysis of the Williams
HDPE (plastic #2)	AİM				
Other Rigid Plastics (#3 - #7)	Alb		TV-907WRF-V		
Industrial Scrap Plastic	NIA				
Plastic Film & Bags	NA				
Other Plastics (specify)	NA				
			TAL PLASTIC R	ECOVERED (tons):	

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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 tona	GLASS - crushed mechanically	1 cubic yard	0.88 tons	ALUMNUM — cans — whole	1 cubic yard	0.03 tons
GLASS - semi crushed	1 cubic yard	0.70 tons	GLASS - uncrushed menually	55 gallon drum		ALUMINUM cans flattened	1 cubic yard	0.125 tons
PAPER - high grade loose	1 cubic yard	0.18 tons	PLASTIC PET w trafe	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 tone	PLASTIC - PET - balled	1 cubio yard	0.38 tons	WHITE GOODS - uncompacted	1 cubic yard	
NEWSPRINT - loose	1 cubic yard	0.29 tons	PLASTIC - styrofoam	1 cubic yard		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			PLASTIC - HDPE - baled	1 cubic yard	0.38 tons	FERROUS METAL - cans whole	1 cubic yard	0.08 tons
	Total Devil	25: F.22-94	PLASTIC — mixed (grocery bage)	45 gellon bag	0.01 tona	FERROUS METAL - cans	1 cubic yard	0.43 tons

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SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	HEAD OF THE PROPERTY OF THE PROPERTY OF THE	RIAL 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)	NH				4.00
Commingled Paper & Containers	NIA				VPVEV-V
Single Stream (total)	NIA				
Other (specify)					***************************************
· •		7,7130°° 4400044400°04400004440000444	***************************************	***************************************	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		TOTAL	MIXED MATERIA	L RECOVERED (tons):	na sa karan na kana da kala da ka
	A STATE OF THE PROPERTY AND A STATE OF THE PROPERTY OF THE PRO				
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Etaming Units)	TONS RECOVERED (out of facility)
Electronics	NIA	4x//maxiv/hamasassassassassassassassassassassassass		************************************	
Textiles	NIA				
Other (specify)					×ו••
A MINADARA E PARA ISTRA IN A REPORTED A REPO		TOTAL MISCELLA	MEOUS MATERIA	I RECOVERED (fanct)	N CONTRACTOR

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SECTION 6 - UNAUTHORIZED SOLID WASTE

	ate Received	Type Received	Date Disposed	Disposal Method & Location
	and the same of th			
	- W) - (1
		77484		
	······································			
				L ASSURANCE DOCUMENTS
			assurance documents f	
Yes		s, attach additional she sure Plan?	eets reflecting annual adj	ustments for inflation and any changes to the
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1 4444	·	Č.	CTION 8 - PROBLE	- DAC
	ny problems end procedu <mark>re</mark> s)?	ountered during the re	porting period (e.g., spec	affic occurrences which have led to changes in
Yes		s, attach additional she llem.	eats identifying each prob	olem and the methods for resolution of the
	V	Si	ECTION 9 — CHANG	ES
ere th	nere any change:	s from approved report	s, plans, specifications, a	and permit conditions?
Yes	No If ye	s, attach additional she	eets identifying changes v	with a justification for each change.
***************************************				V/
	SECTIO	N 10 - PERMIT/CO	NSENT ORDER RE	PORTING REQUIREMENTS
		comittagenent order	reporting requirements as	ot covered by the previous sections of this
re thei	re any additional	permioconsent order		

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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.

Educal Stagge	1)10/20 Date
Edward K. GRoppe Name (Print or Type)	President Title (Print or Type)
edssalvage@noti	nail-com
21405 Ave_	Pontontoma
Address NY 11779 State and Zip	(43),981-5522 Phone Number

ATTACHMENTS: Tyes No