

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: Commercial Recycling Technology LLC			
FACILITY LOCATION ADDRESS: 57-01 Flushing Ave	FACILITY CITY: New York	STATE: NY	ZIP CODE: 11378
FACILITY TOWN: Flushing	FACILITY COUNTY: Queens	FACILITY PHONE NUMBER: 718 366 6513	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report)			NYSDEC REGION #: 2
360 PERMIT #: (Reference DEC Permit) 41MA5	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Provide DEC Registration #)
FACILITY CONTACT: Stephen Spallino	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 718 366 6513	CONTACT FAX NUMBER: 718 456 8438
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Stephen Spallino	OWNER PHONE NUMBER: 718 366 6513	OWNER FAX NUMBER: 718 456 8438	
OWNER ADDRESS: 57 01 Flushing Ave	OWNER CITY: Flushing	STATE: NY	ZIP CODE: 11378
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: BasinHaulage@aol.com		
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

Provide the tonnages of materials received. This includes all materials received at your facility regardless of their destination after the material is processed. **DO NOT REPORT IN CUBIC YARDS!**

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)	Total Year (tons)
rigid Containers (steel, plastic)	9.70	9.20	9.82	10.78	8.79	10.27	10.28	116.78
rigid Paper (all types, plastic)	456.80	398.86	423.51	394.11	425.70	5260.17		5260.17
Stream								
Material (Specify)								
RE Film		13.65		17.18		83.76		83.76
Total Tons Received		549.02	444.60	520.36	442.14	471.88	442.37	4111.03
Material Received	466.80	420.64	435.68	419.91	434.07			

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 attach another copy of this page, attached another copy of this page, cross out an unused type, and fill in the other materials.

SECTION 3 – SERVICE AREA OF MATERIAL RECEIVED

Identify where the material is coming from. The total tons received reported below should equal the total tons received in Section 2 (including materials received from other sources). **DO NOT REPORT IN CUBIC YARDS!**

If material WAS received from another solid waste management facility, please write in the name and address of the facility along with the county and planning unit/municipality.

If material WAS NOT received from another solid waste management facility, please write in "Direct Haul" along with the appropriate state and planning unit/municipality where the material was generated.

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

Truck: Material(s): _____ % Rail: Material(s): _____

Other: Material(s): _____ % Other (Specify: _____); Material(s): _____

SERVICE AREA OF MATERIAL RECEIVED (where the material is coming from)

MATERIAL TYPE (See Attached List of NYS Planning Units)	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
Plastic		NY	Queens	DEC Region 2	116
Paper		NY	Queens	DEC Region 2	576
Paint					
Other (Specify)		NY	Queens	DEC Region 2	83

TOTAL MATERIAL RECEIVED (tons): _____

If 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 material's 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 4 - RESIDUE

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

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS

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

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

Material(s): _____ % Rail: Material(s): _____
 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 (out)
159 E Main St New Rochelle NY 10801	Monteleone Fibres LTD 159 E Main St New Rochelle NY 10801	NY	Queens	DEC Region 2		524
159 E Main St New Rochelle NY 10801	Monteleone Fibres LTD 159 E Main St New Rochelle NY 10801	NY	Queens	DEC Region 2		27
159 E Main St New Rochelle NY 10801	Monteleone Fibres LTD 159 E Main St New Rochelle NY 10801	NY	Queens	DEC Region 2		218
TOTAL PAPER RECOVERED (tons):						769

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 material 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 SERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TOTAL RECOVERED (tons)
Glass					
Scrap Glass					
Glass (specify)					

TOTAL GLASS RECOVERED (tons):

METAL RECOVERED					
RECOVERED SERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TOTAL RECOVERED (tons)
Foil / Trays					
Appliances					
Food					
Scrap Metal					
Aluminum					
Al (specify)					
1	Allice Youngling 510 Kingsland Boulevard, NY 11217	NY	Queens	DEC Region 2	74

TOTAL METAL RECOVERED (tons):

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 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)

PLASTIC RECOVERED

RECOVERED SERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TOTAL RECYCLED (tons)
ed Plastic					
#1)					
ed Plastic #2)					
d Plastics					
Scrap					
m & Bags	Nonfelene Shoes LTD 159 E Main Street Newburgh NY 10991				83
astics (specify)					

TOTAL PLASTIC RECOVERED (tons):

Serial 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 material 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

SERIAL	EQUIVALENT	MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT
ottle bottles	1 cubic yard	GLASS - crushed mechanically	1 cubic yard	ALUMINUM - cans - whole	1 cubic yard
not crushed	1 cubic yard	GLASS - uncrushed manually	55 gallon drum	ALUMINUM - cans - flattened	1 cubic yard
h grade loose	1 cubic yard	PLASTIC - PET - whole	1 cubic yard		
h grade baled	1 cubic yard	PLASTIC - PET - flattened	1 cubic yard	WHITE GOODS - uncompactd	1 cubic yard
h grade loose	1 cubic yard	PLASTIC - PET - baled	1 cubic yard	WHITE GOODS - compactd	1 cubic yard
h loose	1 cubic yard	PLASTIC - styrofoam	1 cubic yard		
h loose	1 cubic yard	PLASTIC - HDPE - whole	1 cubic yard		
ED - loose	1 cubic yard	PLASTIC - HDPE - flattened 1	1 cubic yard	FERROUS METAL - cans whole	1 cubic yard
ED - baled	1 cubic yard	PLASTIC - HDPE - baled	1 cubic yard	FERROUS METAL - cans	1 cubic yard

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

MIXED MATERIAL RECOVERED

RECOVERED SERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	T RECOVERED (tons)
	Stora's Municipal Recycling 472 2 Ave Brooklyn New York 11232	NY	Queens	Dee Oregon 7	4
	Montelone Fibres 159 E Main St. New Rochelle, NY 10801				526
	Film Teleseone Fibres 159 E Main St. New Rochelle				83

TOTAL MIXED MATERIAL RECOVERED (tons):

MISCELLANEOUS MATERIAL RECOVERED

RECOVERED SERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	T RECOVERED (tons)

TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):

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 material 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: SWMAnnualreport@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	<u>2/27/2020</u> Date
<u>Stephen Spallina</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