01/17/2020 02:16:31 PM



35 Academy Street PO Box 490 Oneonta, NY 13820-0490

Fax Transmittal

Pages: 10

To:	NYDEC			From	: Jacquelin	e MacDavit	t
Fax:	1518402	29041		Email	: macdavitt	j@arcotseg	o.org
Phone:				Fax:	607-433-8430	Phone:	607-432-8595
RE:	Recycla	ables Han	dling Annu	al Repor	rt		
Urgent	<u></u>	For	Review	Pl	ease Comment 🔍	Please	Reply
Comme	Ple	ase see a	attached d	ocument .	and reach out	with any	questions.

CONFIDENTIALITY NOTICE: This fax is intended solely for the use of the designated recipient(s) named above and may contain information that is confidential, privileged, and exempt from disclosure by law. If you are not the intended recipient (or authorized to receive for the recipient), you are hereby notified that any review, disclosure, dissemination, distribution, or copying of this communication is strictly prohibited. If you received this communication in error, please contact the sender at the phone number

listed above and destroy this fax. If unable to contact the sender, call the Privacy Officer at 607-433-8445.

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email swmfannuaireport@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 <u>January 01, 2019</u> to <u>December 31, 2019</u>

SECTION 1 - GENERAL INFORMATION

		FACILITY	INFORMATION	The second				
FACILITY NAME:						None Marie Control of the Control of		
Otsego County Chapter, NYSARC, Inc.								
FACILITY LOCATION ADDRESS	FACILITY	FACILITY CITY:			: ZIP CODE:			
23 Duane Streeet		Oneo	nta		NY	13820		
FACILITY TOWN:		FACILITY	COUNTY:	FACI	LITY PHO	ONE NUMBER:		
Oneonta		Otsec	•			3-7831		
FACILITY NYS PLANNING UNIT: Otsego County	(AlistofNY	'S <u>Planning Ur</u>	iits can be found at the end of	f this rep	ort). N R	ysdec egion#:4		
360 PERMIT #: (Refer to DEC Permit)	DATE IS	SUED:	DATE EXPIRES:			IVITY CODE OR		
unavailable	4/29/	2019	4/19/2024	REGI:	STRATIO gistration)	N NUMBER:(Refer to 39R11201		
FACILITY CONTACT:		□ public	CONTACT PHONE	C	ONTAC	T FAX NUMBER:		
William Hardy		private	NUMBER: 607-353-7831	16	507- 4	133-8430		
CONTACT EMAIL ADDRESS: Ha	irdyw@ar	cotsego.or	9		* *************************************			
		OWNER	INFORMATION					
OWNER NAME:	VDO las	1	HONE NUMBER:			NUMBER;		
Otsego County Chapter, NYS/	ARC, (NC		. /	607-	433-8			
OWNER ADDRESS: 35 Academy Street, PO Box	490	OWNER C	AT YS		STATE:	ZIP CODE: 13820		
OWNER CONTACT:		OWNER C	ONTACT EMAIL ADDRI	ESS:				
Patricia Knuth		knuthp	@arcotsego.or	g				
			RINFORMATION	en en en en en				
OPERATOR NAME: sam	e as owner				□public □private			
			ERENCES			hdi isi Cual-abababababa		
Preferred address to receive corre: Other (provide):	Preferred address to receive correspondence: Facility location address							
Preferred email address: Facility Contact								
Preferred individual to receive correspondence:								
Did you operate in 2019? Yes; Complete this form.								
<u></u>	-							
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!

			% Other (Spec	nys):			
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)	,			!	-	······································		
Single Stream (total)								:
Other (specify)			·		i a a a a a a a a a a a a a a a a a a a	<u></u>		
polystyrene			,				<1	<1
	,							
Total Tons Receiv	ed a managaga	e programa en en en en en en en En programa en en en en en			supresidents des		en e	
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)		l Year ns)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)							***************************************	
(metal, glass, plastic) Commingled Paper (all grades)			-					
Single Stream (total)		1,000	**************************************			*ununandi		**************************************
Other (specify)							,	
Polystyrene	<1	<1	<1	<1	<1		2	.01
:								
		4		<u>L</u>				

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: Materia	al(a);	% Rail: Material(s):					
% Water: Mater	al(s):	% Other (specify:): Material(s):					
	SERVICE AREA OF M	ATERIAL RE	CEIVED(where the	material is coming from)			
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		
Commingled							
Containers (metal, glass, plastic)		<u> </u>	<u> </u>				
			<u> </u>				
Commingled Paper (all grades)			y				
(un grando)					_ 19		
Single Stream							
(total)							
Other (specify)					Anna de Caración d		
polystyrene	Direct Haul	Otsego	Otsego	Otsego County	2		
					<u> </u>		
					- Massagna		
aragual la ensençação de la como d La como de la como de l			TOTAL MATER	RIAL RECEIVED (tons	1 2		

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 4-RESIDUE

Total residue (tons) = $\frac{2}{}$	Residue destination (Name & A	ddress) still retain at facili	lty		
Percent Residue Calcu	lation: Total tons residue/Total tons material received	1 x 100 = 200	······································		
	SECTION 5 - RECYCLABLE	ES & RECOVER	ED MATERIAL	S	
Please Identify destina Destina	nation of recyclable materials, indicate the name tion Planning Unit/Municipality and the amount	e of the facility, <u>a</u> t of material reco	address, corresp vered. DO NOT I	onding State/Country, (REPORT IN CUBIC YAR)	County/Province, DSI
Specify transport method	d, list type of material(s) and percentages of total maters):	eñal transported by e			
% Water: Material	(5):	% Oi	her (specify:): Material(s):	
	PAPER	REGOVERED			
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 Paper (all grades)					
Corrugated Cardboard					
Junk Mail -					
Magazines					
Newspaper -					
Office Paper					
Paperboard/ Boxboard					
Other Paper (specify)					
Polystyrene	insufficient collection to sell so retained at facility				
	le de la company de la la company de la c		TOTAL PARE	R RECOVERED (tons):	
If the material type is not	listed, use one of the "Other" lines and fill in the name of the	e material. If more *Ot	her" lines are neede	cross nut an unused type :	and fill in the other

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.

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SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

medical process of the second	GLASS RE	COVERED			
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					2.1
Other Glass (specify)					
			TOTAL GLASS R	ECOVERED (tons):	
<u> </u>	METAL RE	COVERED	dilijake se s	kasa Militar Lag	441
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 REGOVERED (out of facility)
Aluminum Foil / Trays		:			
Bulk Metaj					
Enameled Appliances / White Goods					The construction of the co
Industrial Scrap Metal					
Tin & Aluminum Containers		****			
Other Metal (specify)					
		2018			
	one consiste the control of the cont		TOTALMETALR	ECOVERED (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 name.

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

4/11/03/2006/2006/2011/4	PLAS	TIG REGOVERED			
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)					MATERIAL PROPERTY OF THE PROPE
PET (plastic#1)		4		, , , , , , , , , , , , , , , , , , , ,	
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic		3,501,000			
Plastic Film & Bags				J	
Other Plastics (specify)			THE STATE OF THE S	:	
	Section of the second fitting and the second section in		TALPLASTICR	ECOVERED (tons):	1921 H. Carlott of Spring Page 20

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	EQUIVA	LENT	MATERIAL	EQUIVA	ENT	MATERIAL	EQUIV/	LENT
GLASS - whole 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	ALUMNUM - cans - flattened	1 cubic yard	
PAPER - high grade loose	1 cubic yard	0.18 tons	PLASTIC - PET - whole	1 cubic yard	0.015 tons			1
PAPER - high grade baled	1 cubic yard	0.36 tens	PLASTIC - PET - flattened	1 cubic yard	0.04 tons	demonstration contains the second second	14-1-15-2-1	137
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	
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	Appropriate Construction of the Construction o		
CORRUGATED - baled			PLASTIC - HDPE - baled	1 cubic yard	0,38 tons	FERROUS METAL - cans whole	1 cubic yard	0.08 tons
ar Engan (album) yaken nega			PLASTIC - mixed (grocery bags)	45 gallon bag	0.01 tons	FERROUS METAL - cans		0.43 tons

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	MIXED	NATERIAL RECOVERED	JULIA		
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)					1
Commingled Paper & Containers			and the same of th		
Single Stream (total)					
Other (specify)					
	AN PROPERTY OF THE PROPERTY OF	TOTAL JUS MATERIAL RECOVE		L RECOVERED (tons):	rens liptor unarge cost.
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			A 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Textiles					
Other (specify)					
		L The straight of the misselles	NEOUS MATERIA	 LREGGVERED (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

	corces and		ste been received at		
Yes	■ No	If yes, g	ive information below	for each incident (a	ttach additional sheets if necessary):
[Date Rece	ived	Type Received	Date Disposed	Disposal Method & Location
	······································				
(<u></u>	<u>,</u>			
		3			
: 	SECT	ION 7	COST ESTIMAT	ES AND FINAN	CIAL ASSURANCE DOCUMENTS
Are the	re require	d cost ea	itimates and financial	essurance documer	nts for closure?
∐Yes	■No				adjustments for inflation and any changes to the
		Closu	e Plan?	···· • · · · • • • • · · · · · · · · ·	
					Airme
			SE	CTION 8 - PROP	BLEMS
Were a	ny probler procedure:	ns encou s)?			pecific occurrences which have led to changes in
Yes	■ No	If yes, proble	attach additional she	ets identifylng each (problem and the methods for resolution of the
			SE	ECTION 9 – CHA	NGES
Were th	nere any ci	hanges f	rom approved reports	s, plans, specification	s, and permit conditions?
☐Yes	• No	If yes,	attach additional she	ets identifying chang	es with a justification for each change.
			and the state of t	, , , , , , , , , , , , , , , , , , ,	
	SEC	CTION	10 - PERMIT/COI	NSENT ORDER I	REPORTING REQUIREMENTS
Are thei form?	re any add	litional p	ermit/consent order re	porting requirement	s not covered by the previous sections of this
∐Yes	No	If yes, respon	attach additional she ses.	ets identifying the rep	ociting requirements with their respective
	······································	·			

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	
Name (Print or Type)	Facility Operator Title (Print or Type)
Hardy we are o Email (Pri	
23 Duane 5+	Oneonta
Address	City
NY 13820	(607, 353 7831
State and Zip	Phone Number
ATTACHMENTS: Tyes No	