

# REGISTERED C&D DEBRIS HANDLING AND RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email [swmannualreport@dec.ny.gov](mailto: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: <b>Santoro C&amp;D Processing Facility</b>			
FACILITY LOCATION ADDRESS: <b>1287 Pangburn Rd</b>	FACILITY CITY: <b>Schenectady</b>	STATE: <b>NY</b>	ZIP CODE: <b>12306</b>
FACILITY TOWN: <b>Rotterdam</b>	FACILITY COUNTY: <b>Schenectady</b>	FACILITY PHONE NUMBER: <b>518-857-4927</b>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Schenectady County			NYSDEC REGION #: <b>4</b>
360 PERMIT #: (Refer to DEC Permit) N/A	DATE ISSUED: N/A	DATE EXPIRES: N/A	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 47W0A
FACILITY CONTACT: <b>Gary Santoro</b>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 518-857-4927	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <b>Gary Santoro</b>	OWNER PHONE NUMBER: 518-857-4927	OWNER FAX NUMBER:	
OWNER ADDRESS: 1287 Pangburn Rd	OWNER CITY: Schenectady	STATE: NY	ZIP CODE: 12306
OWNER CONTACT: Joseph J. Bianchine (ABD Engineers, LLP)	OWNER CONTACT EMAIL ADDRESS: <b>joe@abdeng.com (Joe Bianchine)</b>		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner	<input type="checkbox"/> public <input checked="" type="checkbox"/> private		
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input checked="" type="checkbox"/> Other (provide): Owner Contact: Joseph J. Bianchine, 411 Union St, Schenectady, NY 12305			
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input checked="" type="checkbox"/> Other (provide): <b>joe@abdeng.com (Joseph J. Bianchine)</b>			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" 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> .

For facilities that have not transitioned into 6 NYCRR 361-5 and operated during 2018 under 6 NYCRR 360-16, please go directly to Section 2.

For facilities regulated under 6 NYCRR 361-5, the check boxes correspond with the registrations that have been issued to your facility. Please check all that apply and then move to Section 2:  
For clarifications, see 6 NYCRR 361-5.2

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Facility received less than 500 tons per day of the following recognizable, uncontaminated wastes: <b>concrete</b> and <b>other masonry materials</b> (including steel or fiberglass reinforcing embedded in concrete), <b>brick</b> , and <b>rock</b> . | <input type="checkbox"/> 2. Facility received less than 500 tons per day uncontaminated <b>asphalt pavement</b> or <b>asphalt millings</b> .  |
| <input type="checkbox"/> 3. Facility received less than 500 tons per day of uncontaminated <b>asphalt roofing shingles</b> and <b>roofing paper</b> that do not contain asbestos-containing materials  | <input type="checkbox"/> 4. Facility received less than 500 tons per day of uncontaminated, unadulterated <b>gypsum wallboard</b> .   |
| <input type="checkbox"/> 5. Facility received less than 500 tons per day of unadulterated, uncontaminated <b>wood</b> .  | <input type="checkbox"/> 6. Facility received less than 500 tons per day of <b>soil, sand, gravel</b> , or <b>rock</b> . The soil must have no evidence of chemical or physical contamination.<br><br><b>This may NOT be combined with 7.</b> |
| <input type="checkbox"/> 7. Facility received less than 500 tons per day of <b>restricted-use fill</b> and <b>limited-use fill</b> .<br><br><b>This may NOT be combined with 6.</b>  | <input type="checkbox"/> 8. Facility received less than 500 tons per day of other uncontaminated, source-separated recyclables generated from C&D debris <b>for use under an approved case-specific beneficial use determination</b> .        |

## SECTION 2 - SOLID WASTE RECEIVED

**Please provide the tonnages of waste received.** This includes all wastes 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

100 % Estimated

\_\_\_\_\_ % Truck Count

\_\_\_\_\_ % Other (Specify: \_\_\_\_\_)

Type of Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Concrete							
Other Masonry Materials							
Brick							
Rock							
Asphalt Pavement							
Asphalt Millings							
Asphalt Roofing Shingles							
Roofing Paper							
Gypsum Wallboard							
Unadulterated Wood							
Soil							
Sand							
Gravel							
Rock							
Restricted-Use Fill							
Limited-Use Fill							
Other (specify)							
<b>Total Tons Received</b>							

If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

**SECTION 2 – SOLID WASTE RECEIVED** (continued)

Type of Waste	Tip Fee (\$/Ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Concrete							500	
Other Masonry Materials								
Brick								
Rock								
Asphalt Pavement								
Asphalt Millings								
Asphalt Roofing Shingles								
Roofing Paper								
Gypsum Wallboard								
Unadulterated Wood								
Soil								
Sand								
Gravel								
Rock								
Restricted-Use Fill								
Limited-Use Fill								
Other (specify)								
<b>Total Tons Received</b>							500	

If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

### SECTION 3 – SERVICE AREA OF SOLID WASTE 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 waste **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 waste **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 waste was generated.

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

100 % Road: Waste Type(s): \_\_\_\_\_ % Rail: Waste Type(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Waste Type(s): \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Waste Type(s): \_\_\_\_\_

SERVICE AREA OF SOLID WASTE RECEIVED <span style="color: red;">(where the waste is coming from)</span>					
TYPE OF WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>(Name &amp; Address)</small> OR " <span style="color: red;">Direct Haul</span> "	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
<b>Concrete</b>	Direct Haul	New York	Schenectady Co <input type="checkbox"/>	Schenectady County <input type="checkbox"/>	500
<b>Other Masonry Materials</b>					
<b>Brick</b>					
<b>Rock</b>					

**SERVICE AREA OF SOLID WASTE RECEIVED** (where the waste is coming from)

TYPE OF WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR " <i>Direct Haul</i> "	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS <a href="#">Planning Units</a> )	TONS RECEIVED
Asphalt Pavement					
Asphalt Millings					
Asphalt Roofing Shingles					
Roofing Paper					
Gypsum Wallboard					
Unadulterated Wood					

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Soil					
Sand					
Gravel					
Rock					
Restricted-Use Fill					
Limited-Use Fill					
Other (specify)					
<b>TOTAL RECEIVED (tons):</b>					<u>500</u>

If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

## SECTION 4 - TRANSFER OR DISPOSAL DESTINATION

**Please identify destination of waste. Please only include waste sent off-site for disposal or further transfer prior to disposal. Exclude Recyclable Material amounts reported in Section 5. DO NOT REPORT IN CUBIC YARDS!**

- If the waste is being sent to another facility for transfer or processing prior to disposal (e.g. Transfer station or C&D debris processing facility), please identify name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the transfer destination and the amount of waste transferred in the "Amount to Transfer Destination" column.
- If the waste is being sent to a landfill or combustor, please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the disposal destination and the amount of waste being sent for disposal in the "Amount to Disposal Destination" column.
- If the waste is being sent to a landfill to be utilized as Alternative Operating Cover (AOC), please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the landfill and the amount of waste being sent for use as AOC in the "Amount Used as AOC" column.

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

\_\_\_\_\_ % Road: Waste Type(s): \_\_\_\_\_      \_\_\_\_\_ % Rail: Waste Type(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Waste Type(s): \_\_\_\_\_      \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Waste Type (s): \_\_\_\_\_

TRANSFER OR DISPOSAL DESTINATION								
TYPE OF WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	AMOUNT USED AS AOC (TONS)	TOTAL YEAR (TONS)
<b>Residue</b>								
<b>Other (specify)</b>								
<b>TOTAL SENT (tons):</b>								_____

If more "Other" lines are needed, cross out an unused type and fill in the other waste name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other waste name.

## SECTION 5 - MATERIAL RECOVERED FOR REUSE/RECYCLING

**Please identify destination of recovered materials.** Indicate the location of use/name of the destination, 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:

100 % Road: Material(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Material(s): \_\_\_\_\_  
 \_\_\_\_\_ % Rail: Material(s): \_\_\_\_\_  
 \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Material(s): \_\_\_\_\_

Loads of material that are to be used under a pre-determined or case-specific BUD do not need to be reported. The only exception is for specific material types (RCA, asphalt millings, etc.) distributed in excess of 10,000 tons (360.12(c)(5)). In this case, the total tonnage should be reported, but not the individual destinations.

MATERIAL RECOVERED FOR REUSE/RECYCLING					
MATERIAL RECOVERED	LOCATION OF USE/DESTINATION <small>(Name &amp; Address) Please note that "direct haul", "various", and "various locations" are not acceptable responses for the address of the location of use.</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
Concrete	Local Contractors - Schenectady	New York	Schenectady <input type="checkbox"/>	Schenectady County <input type="checkbox"/>	500
Other Masonry Materials					
Brick					
Rock					
Bulk Metal (from C&D Debris)					

**MATERIAL RECOVERED FOR REUSE/RECYCLING**

<b>MATERIAL RECOVERED</b>	<b>LOCATION OF USE/DESTINATION</b> <small>(Name &amp; Address) Please note that "direct haul", "various", and "various locations" are not acceptable responses for the address of the location of use.</small>	<b>DESTINATION STATE OR COUNTRY</b>	<b>DESTINATION COUNTY OR PROVINCE</b>	<b>NYS PLANNING UNIT</b> <small>(See Attached List of NYS Planning Units)</small>	<b>TONS RECOVERED</b> <small>(out of facility)</small>
Asphalt Pavement					
Asphalt Millings					
Asphalt Roofing Shingles					
Roofing Paper					
Gypsum Wallboard					
Unadulterated Wood					
Soil					
Sand					

MATERIAL RECOVERED FOR REUSE/RECYCLING					
MATERIAL RECOVERED	LOCATION OF USE/DESTINATION <small>(Name &amp; Address) Please note that "direct haul", "various", and "various locations" are not acceptable responses for the address of the location of use.</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
Gravel					
Restricted-Use Fill					
Limited-Use Fill					
Other (specify)					
<b>TOTAL RECOVERED (tons):</b>					500

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 6 – UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste, including other construction & demolition debris not authorized for management at your facility, 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/Transfer 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 - REGISTRATION/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.

*Gary Santoro*  
Signature

1/2/2020  
Date

Gary Santoro  
Name (Print or Type)

Owner  
Title (Print or Type)

joe@abdeng.com (Joseph J. Bianchine)  
Email (Print or Type)

1287 Pangburn Rd  
Address

Schenectady  
City

NY 12306  
State and Zip

(518) 857-4927  
Phone Number

ATTACHMENTS:  YES  NO  
(Please check appropriate line)