



Ms. Jessie Sangster.  
NYSDEC – Region 5  
1115 State Route 86, PO Box 296  
Ray Brook, NY 12977

**RE: Clinton County Landfill Materials Recovery Facility  
RHRF Registration # 10R20009  
2019 RHRF Annual Report**

Dear Ms. Sangster:

Enclosed please find the above-referenced 2019 annual report.

Should you have any questions, please do not hesitate to call me at (518) 907-0637.

Respectfully,

**CASELLA WASTE MANAGEMENT, INC.**

Amy S. Davies, I.E.  
Environmental Analyst

ec.

SWMFAnnualreport@dec.ny.gov  
SWMFAnnualReportR5@dec.ny.gov  
S. Lukas - Casella

## RECYCLABLES HANDLING RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email [swmfannualreport@dec.ny.gov](mailto: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			
FACILITY NAME: <b>Clinton County Landfill Materials Recovery Facility</b>			
FACILITY LOCATION ADDRESS: <b>286 Sand Road</b>	FACILITY CITY: <b>Morrisonville</b>	STATE: <b>NY</b>	ZIP CODE: <b>12962</b>
FACILITY TOWN: <b>Schuyler Falls</b>	FACILITY COUNTY: <b>Clinton</b>	FACILITY PHONE NUMBER: <b>518-563-5514</b>	
FACILITY NYS PLANNING UNIT: <small>A list of NYS <a href="#">Planning Units</a> can be found at the end of this report).</small> Clinton County			NYSDEC REGION #: <b>5</b>
360 PERMIT #: <small>Refer to DEC Permit</small>	DATE ISSUED: <b>7/26/2019</b>	DATE EXPIRES: <b>7/26/2024</b>	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: <small>(Refer to DEC Registration</small> 10R20009
FACILITY CONTACT: <b>Sean Lukas</b>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <b>518-563-5514</b>	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: <b>sean.lukas@casella.com</b>			
OWNER INFORMATION			
OWNER NAME: <b>Clinton County</b>	OWNER PHONE NUMBER: <b>518-565-4600</b>	OWNER FAX NUMBER:	
OWNER ADDRESS: <b>137 Margaret Street</b>	OWNER CITY: <b>Plattsburgh</b>	STATE: <b>NY</b>	ZIP CODE: <b>12901</b>
OWNER CONTACT: <b>Mike Zurlo</b>	OWNER CONTACT EMAIL ADDRESS: <b>mike.zurlo@clintoncountygov.com</b>		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner <b>New England Waste Management of NY, Inc.</b>		<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): <b>Clinton County Landfill, PO Box 209, Morrisonville, NY 12962</b>			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input checked="" 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

**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)
<b>Commingled Containers</b> <i>metal, glass, plastic</i>		11.8	19.23	17.33	16.19	28.75	23.72	25.12
<b>Commingled Paper (all grades)</b>		8.93	8.59	1.34	12.01	3.9	21.61	8.96
<b>Single Stream (total)</b>								
<b>Other (specify)</b>								
OCC		15.92	20.14	16.52	20.56	21.40	24.90	12.44
Bulk Metals		15.25	2.4	20.05	50.70	60.77	48.66	45.26
Tires		0	0	0	0	0	0	0
<b>Total Tons Received</b>		<b>51.90</b>	<b>49.36</b>	<b>55.24</b>	<b>99.46</b>	<b>114.82</b>	<b>118.89</b>	<b>91.78</b>
Material	August tons	September tons	October tons	November tons	December tons	Total Year tons	Daily Avg. (tons)	
<b>Commingled Containers</b> <i>metal, glass, plastic</i>	16.25	20.38	22.71	15.14	28.61	244.23	0.80	
<b>Commingled Paper (all grades)</b>	14.73	7.24	19.28	0	0.99	107.58	0.35	
<b>Single Stream (total)</b>								
<b>Other (specify)</b>								
OCC	17.82	13.53	25.01	16.03	13.24	217.51	0.71	
Bulk Metals	24.73	16.48	24.18	18.99	5.77	333.24	1.09	
Tires	0	0	0	1.76	2.06	3.82	0.01	
<b>Total Tons Received</b>	<b>73.53</b>	<b>57.63</b>	<b>91.18</b>	<b>51.92</b>	<b>50.67</b>	<b>906.38</b>	<b>2.97</b>	

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: Material s : \_\_\_\_\_ % Rail: Material s : \_\_\_\_\_  
 \_\_\_\_\_ % Water: Material s : \_\_\_\_\_ % Other specify: \_\_\_\_\_): Material s : \_\_\_\_\_

SERVICE AREA OF MATERIAL RECEIVED <span style="color: red;">where the material is coming from</span>					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>Name Address</small> <span style="color: red;">OR “Direct Haul”</span>	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	TONS RECEIVED
<b>Commingled Containers</b> <small>metal, glass, plastic</small>	Clinton County Transfer Stations, Various Locations	NY	Clinton County	Clinton County	103.24
	Direct Haul	NY	Clinton County	Clinton County	47.60
	Direct Haul	NY	Essex County	Essex County	93.39
	Direct Haul	NY	Clinton County	Clinton County	107.58
<b>Commingled Paper</b> <small>all grades</small>					
<b>Single Stream</b> <small>(total)</small>					
<b>Other (specify</b>	Tires - Clinton County	NY	Clinton County	Clinton County	3.82
OCC	Clinton County Transfer Stations, Various Locations	NY	Clinton County	Clinton County	76.84
OCC	Direct Haul	NY	Clinton County	Clinton County	68.40
OCC	Essex County	NY	Essex County	Essex County	53.65
Bulk Metals	Clinton County Transfer Stations	NY	Clinton County	Clinton County	333.24
<b>TOTAL MATERIAL RECEIVED (tons) :</b>					<b>906.38</b>

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## SECTION 4 – RESIDUE

Total residue tons 0      Residue destination Name Address 0  
**Percent Residue Calculation:** Total tons residue/Total tons material received x 100 = 0

## SECTION 5 – RECYCLABLES & RECOVERED MATERIALS

**Please identify destination of recyclable materials.** Indicate the name of the facility, 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 : \_\_\_\_\_ % Rail: Material s : \_\_\_\_\_  
 \_\_\_\_\_ % Water: 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 <small>out of facility</small>
Commingled Paper <small>all grades</small>					
Corrugated Cardboard	Proprietary Information	Canada	QC		501.50
Junk Mail					
Magazines	Proprietary Information	NY	Fulton County	Fulton County	48.80
Newspaper	Proprietary Information	NY	Fulton County	Fulton County	187.81
Office Paper	Proprietary Information	Canada	Quebec		74.16
Paperboard/ Boxboard					
Other Paper (specify					
<b>TOTAL PAPER RECOVERED (tons) :</b>					<b>812.27</b>

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**SECTION 5 – RECYCLABLES & RECOVERED MATERIALS** (continued)

GLASS RECOVERED						
RECOVERED MATERIAL	DESTINATION <small>Name Address</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	TONS RECOVERED out of facility	
Container Glass						
Industrial Scrap Glass						
Other Glass <small>(specify)</small>						
<b>TOTAL GLASS RECOVERED (tons) :</b>						
METAL RECOVERED						
RECOVERED MATERIAL	DESTINATION <small>Name Address</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	TONS RECOVERED out of facility	
Aluminum Foil / Trays						
Bulk Metal	Proprietary Information	NY	Clinton County	Clinton County	333.24	
Enameled Appliances / White Goods						
Industrial Scrap Metal						
Tin Aluminum Containers	Proprietary Information	Canada	Ontario		43.83	
Other Metal <small>(specify)</small>						
<b>TOTAL METAL RECOVERED (tons) :</b> <small>377.07</small>						

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*

**PLASTIC RECOVERED**

RECOVERED MATERIAL	DESTINATION Name Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <i>See Attached List of NYS Planning Units</i>	TONS RECOVERED out of facility
Commingled Plastic #1 - #7)					
PET plastic #1)	Proprietary Information	GA	Murray		45.38
HDPE plastic #2)	Proprietary Information	AL	Pike		48.43
Other Rigid Plastics #3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify					
<b>TOTAL PLASTIC RECOVERED (tons :</b>					93.81

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**VOLUME TO WEIGHT CONVERSION FACTORS**

MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT
GLASS – w hole bottles	1 cubic yard	GLASS - crushed mechanically	1 cubic yard	ALUMINUM – cans – w hole	1 cubic yard
GLASS - semi crushed	1 cubic yard	GLASS - uncrushed manually	55 gallon drum	ALUMINUM – cans – flattened	1 cubic yard
PAPER - high grade loose	1 cubic yard	PLASTIC – PET – whole	1 cubic yard		
PAPER - high grade baled	1 cubic yard	PLASTIC – PET - flattened	1 cubic yard		
PAPER - mixed loose	1 cubic yard	PLASTIC – PET - baled	1 cubic yard	WHITE GOODS - uncompacted	1 cubic yard
NEWSPRINT - loose	1 cubic yard	PLASTIC - styrofoam	1 cubic yard	WHITE GOODS - compacted	1 cubic yard
NEWSPRINT - compacted	1 cubic yard	PLASTIC – HDPE – whole	1 cubic yard		
CORRUGATED – loose	1 cubic yard	PLASTIC – HDPE – flattened 1	1 cubic yard		
CORRUGATED - baled	1 cubic yard	PLASTIC – HDPE - baled	1 cubic yard	FERROUS METAL - cans whole	1 cubic yard
		PLASTIC – mixed grocery bags	45 gallon bag	FERROUS METAL - cans	1 cubic yard

**SECTION 5 – RECYCLABLES & RECOVERED MATERIALS** *continued*

**MIXED MATERIAL RECOVERED**

RECOVERED MATERIAL	DESTINATION <small>Name Address</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	TONS RECOVERED <small>out of facility</small>
Commingled Containers <small>metal, glass, plastic</small>					
Commingled Paper Containers					
Single Stream <small>(total)</small>	Proprietary Information	NY	Clinton County	Clinton County	31.16
Other <small>(specify)</small>					
<b>TOTAL MIXED MATERIAL RECOVERED (tons) : 31.16</b>					

**MISCELLANEOUS MATERIAL RECOVERED**

RECOVERED MATERIAL	DESTINATION <small>Name Address</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	TONS RECOVERED <small>out of facility</small>
Electronics					
Textiles					
Other <small>(specify)</small> Tires	Proprietary Information	Canada	Quebec		86.75
<b>TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons) : 86.75</b>					

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

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: 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.



Digitally signed by Sean Lukas  
Date: 2020.02.26 15:56:27 -05'00'

2/26/2020

Signature

Date

Sean Lukas

General Manager

Name (Print or Type)

Title (Print or Type)

sean.lukas@casella.com

Email (Print or Type)

PO Box 209

Morrisonville

Address

City

NY, 12962

(518) 563-5514

State and Zip

Phone Number

ATTACHMENTS:  YES  NO