

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

If you need assistance filling out this form, please email swm/annualreport@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: Lake Pleasant Transfer Station			
FACILITY LOCATION ADDRESS: 2297 NYS Route 8	FACILITY CITY: Lake Pleasant	STATE: NY	ZIP CODE: 12108
FACILITY TOWN: Lake Pleasant	FACILITY COUNTY: Hamilton	FACILITY PHONE NUMBER: n/a	
FACILITY NYS PLANNING UNIT: <small>(All Solid Waste Management Units participate at the end of this report)</small> Hamilton County			NYSDEC REGION #: 5
360 PERMIT #: <small>(Permit from DEC Permit)</small>	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: <small>(Permit or DEC Registration)</small> 21R06

FACILITY CONTACT: Joe Blackwood	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 518-548-3867	CONTACT FAX NUMBER: n/a
CONTACT EMAIL ADDRESS:			

OWNER INFORMATION

OWNER NAME: Hamilton County	OWNER PHONE NUMBER: 518-548-7141	OWNER FAX NUMBER: 518-548-4308	
OWNER ADDRESS: PO Box 56	OWNER CITY: Lake Pleasant	STATE: NY	ZIP CODE: 12108
OWNER CONTACT: Tracy J. Eldridge	OWNER CONTACT EMAIL ADDRESS: highway@hamiltoncountyny.gov		

OPERATOR INFORMATION

OPERATOR NAME: <input checked="" type="checkbox"/> same as owner	<input checked="" type="checkbox"/> public <input type="checkbox"/> private
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PREFERENCES

Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Other (provide):	<input checked="" type="checkbox"/> Owner address
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Other (provide):	<input checked="" type="checkbox"/> Owner Contact
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Other (provide):	<input checked="" type="checkbox"/> Owner Contact

Did you operate in 2019? <input checked="" type="checkbox"/> Yes, Complete this form. <input type="checkbox"/> 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	
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SECTION 4 – RESIDUE

Total residue (tons) = 0 Residue destination (Name & Address) _____
 Percent Residue Calculation: Total tons residue/Total tons material received x 100 = _____

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): All Recyclables recovered % Rail: Material(s): _____
 % Water: Material(s): _____ % Other (specify: _____): Material(s): _____

PAPER 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 Paper <small>(all grades)</small>	Empire Recycling, Utica	NY	Oneida	Oneida-Herkimer Solid Waste	118.61
Corrugated Cardboard	Empire Recycling, Utica	NY	Oneida	Oneida-Herkimer Solid Waste	151.82
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper <small>(specify)</small>					
TOTAL PAPER RECOVERED (tons):					270.43

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)

GLASS 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)
Container Glass	Andata Products, Richfield Springs	NY	Otsego	Otsego County	50.00
Industrial Scrap Glass					
Other Glass (specify)					
TOTAL GLASS RECOVERED (tons):					50.00
METAL 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)
Aluminum Foil / Trays					
Bulk Metal					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers	Empire Recycling, Utica	NY	Onalda County	Oneida-Herkimer Solid War	42.00
Other Metal (specify)					
TOTAL METAL RECOVERED (tons):					42.00

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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 (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Plastic (#1-#7)					
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3-#7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
PET #1 & HDPE #2 Mixed	Empire Recycling, Utica	NY	Oneida County	Oneida-Herkimer Solid Wat	62.38
TOTAL PLASTIC RECOVERED (tons):					62.38

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VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT	
GLASS - w hole bottles	1 cubic yard	0.35 tons	GLASS - crushed mechanically	1 cubic yard	0.88 tons	ALUMINUM - cans - whole	1 cubic yard	0.03 tons
GLASS - semi crushed	1 cubic yard	0.70 tons	GLASS - uncrushed manually	55 gallon drum	0.16 tons	ALUMINUM - cans - flattened	1 cubic yard	0.125 tons
PAPER - high grade loose	1 cubic yard	0.18 tons	PLASTIC - PET - whole	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 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	0.5 tons
NEWSPRINT - compacted	1 cubic yard	0.43 tons	PLASTIC - HDPE - w hole	1 cubic yard	0.012 tons			
CORRUGATED - loose	1 cubic yard	0.015 tons	PLASTIC - HDPE - flattened	1 cubic yard	0.03 tons			
CORRUGATED - baled	1 cubic yard	0.55 tons	PLASTIC - HDPE - baled	1 cubic yard	0.38 tons	FERROUS METAL - cans whole	1 cubic yard	0.08 tons
			PLASTIC - mixed (grocery bags)	45 gallon bag	0.01 tons	FERROUS METAL - cans	1 cubic yard	0.43 tons

SECTION 5 – RECYCLABLES & RECOVERED MATERIALS (continued)

MIXED MATERIAL 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 <i>(metal, glass, plastic)</i>					
Commingled Paper & Containers					
Single Stream <i>(total)</i>					
Other <i>(specify)</i>					

TOTAL MIXED MATERIAL RECOVERED (tons): _____

MISCELLANEOUS MATERIAL 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)
Electronics	Sunking, Brockport	NY	Monroe County	Monroe County	31.65
Textiles					
Other <i>(specify)</i>					
Tires	Casings, Catskill	NY	Greene County	Greene County	32.00

TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons): 63.65

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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):

Data 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



Signature



Date

Tracy J. Eldridge

Name (Print or Type)

Solid Waste Coord

Title (Print or Type)

highway@hamiltoncountyny.gov

Email (Print or Type)

PO Box 56

Address

Lake Pleasant

City

NY 12108

State and Zip

(518) 548 7141

Phone Number

ATTACHMENTS: YES NO