

## 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			
<b>FACILITY NAME:</b> Tabor Road Transfer Station			
<b>FACILITY LOCATION ADDRESS:</b> 12 Tabor Road	<b>FACILITY CITY:</b> Round Lake	<b>STATE:</b> NY	<b>ZIP CODE:</b> 12151
<b>FACILITY TOWN:</b> Halfmoon	<b>FACILITY COUNTY:</b> Saratoga	<b>FACILITY PHONE NUMBER:</b> 518-688-4535	
<b>FACILITY NYS PLANNING UNIT:</b> (A list of NYS <a href="#">Planning Units</a> can be found at the end of this report). Saratoga County			<b>NYSDEC REGION #:</b> 5
<b>360 PERMIT #:</b> (Refer to DEC Permit) 5-4138-00263/00001	<b>DATE ISSUED:</b> 12/27/2019	<b>DATE EXPIRES:</b> 12/26/2029	<b>NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:</b> (Refer to DEC Registration) 46RP0021
<b>FACILITY CONTACT:</b> John Brady	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	<b>CONTACT PHONE NUMBER:</b> 518-688-4535	<b>CONTACT FAX NUMBER:</b> N/A
<b>CONTACT EMAIL ADDRESS:</b> jbrady@tbrecycling.com			
OWNER INFORMATION			
<b>OWNER NAME:</b> Consolidated Waste Services LLC	<b>OWNER PHONE NUMBER:</b> 518-282-5600	<b>OWNER FAX NUMBER:</b> N/A	
<b>OWNER ADDRESS:</b> P.O. Box 442	<b>OWNER CITY:</b> Clifton Park	<b>STATE:</b> NY	<b>ZIP CODE:</b> 12065
<b>OWNER CONTACT:</b> 518-282-5600	<b>OWNER CONTACT EMAIL ADDRESS:</b> customerservice@tbrecycling.com		
OPERATOR INFORMATION			
<b>OPERATOR NAME:</b> <input checked="" type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
<b>Preferred address to receive correspondence:</b> <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
<b>Preferred email address:</b> <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
<b>Preferred individual to receive correspondence:</b> <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 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	<u>2/26/2020</u> _____ Date
<u>Scott Earl</u> _____ Name (Print or Type)	<u>Owner</u> _____ Title (Print or Type)
<u>silvercw@aol.com</u> _____ Email (Print or Type)	
<u>4 Enterprise Ave</u> _____ Address	<u>Clifton Park</u> _____ City
<u>NY 12065</u> _____ State and Zip	<u>(518) 527-4017</u> _____ Phone Number

ATTACHMENTS:  YES  NO