RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email 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:						
Greenwich Transfer Station						
FACILITY LOCATION ADDRESS	:	FACILITY	CITY:		STATE:	ZIP CODE:
291 Fiddler's Elbov	v Rd.	Greer	nwich		NY	12834
FACILITY TOWN:		FACILITY	COUNTY:	FACI	LITY PHO	NE NUMBER:
Greenwich			ington		3-692-	7505
FACILITY NYS PLANNING UNIT:	(A list of NY	'S <u>Planning Ur</u>	nits can be found at the end of	this rep	ort). NYS	sdec gion#:5
360 PERMIT #: (Refer to DEC Permit)	DATE IS	SSUED:	DATE EXPIRES:	REGIS		/ITY CODE OR I NUMBER:(Refer to 58T05
FACILITY CONTACT:	and the former to the second	□ public	CONTACT PHONE	(CONTACT	FAX NUMBER:
Roger Letendre		private	NUMBER: 518-747-8196	3	302-78	86-9070
CONTACT EMAIL ADDRESS: rle	tendre@	earthwastea	andmetal.com			
	245 (1.27)		INFORMATION	12.77.2		
OWNER NAME:		OWNER F	OWNER FAX NUMBER: 802-786-9070			
Greenwich Transfer Statio	II, LLC		002	•		
OWNER ADDRESS: 49 Wales St., Suite 1		OWNER CITY: Rutland			STATE:	ZIP CODE: 05701
OWNER CONTACT:		OWNER C	CONTACT EMAIL ADDRE	ESS:	<u> </u>	
Kevin Elnicki		kelnick	ki@earthwastea	ındm	etal.co	om
	Ant. AN	OPERATO	RINEORMATION		3.20acc	
OPERATOR NAME: Same Same Same Same Same Same Same Same	e asowner				□ public □ private	
		S PRE	FERENCES			
Preferred address to receive corre-	spondeno	e: 🔲 Facility	location address		Owner addres	es
Preferred email address: Facility Contact						
Preferred individual to receive correspondence:						
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

<u>Please provide the tonnages of materials received.</u> This includes all materials received at your facility regardless of their destination after processing. DO NOT REPORT IN CUBIC YARDS!

100 % Other (Specify: per bag fee

Specify the methods used to measure	the quantities received and the percentages measured by each method:
% Scale Weight	% Estimated

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)	Clothing	0.28	0.27	0.18	.016	.046	0.08	0.53
Commingled Paper (all grades)		3.92	3.92	3.92	5.86	11.26	8.33	17.77
Single Stream (total)	Brush - CY Yds.	2.84	2.84	2.84	2.84	2.84	2.84	2.84
Other (specifilastics		0.90	0.90	0.90	0.43	0.94	0.15	2.44
Cardboard		4.26	4.26	4.26	4.59	4.91	3.69	4.70
Metals		5.37	5.37	7.13	10.23	15.69	4.58	8.25
BRUSH NOT INCLUDED	IN TOTAL	TONS	RECEIVED					
Total Tons Recei	ved	14.73	14.72	16.39	21.27	33.26	16.83	33.69
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)		Year ns)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)	0.34	0.15	0.14	0.32	0.12	3.03		0.02
Commingled Paper (all grades)	***	7.51	5.64			68.13		0.44
Single Stream	2.84	2.84	2.84	2.84	2.84	34.08 CU Y	ds.	0.22 CU Yds.
Other (specifylastics	1.56	0.70	0.67		1.99	11.58		0.07
Cardboard	5.94	5.05	5.37	2.59	2.85	52.	.47	0.34
Metals	16.38	9.23	5.54	9.97	2.05	99.	.79	0.64
Total Tons Received	24.22	22.64	17.36	12.88	7.01	235.00		1.51

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.

% Truck Count

SECTION 3 - SERVICE AREA OF MATERIAL RECEIVED

<u>Please identify where the material is coming from.</u> 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): All	% Rail: Material(s):					
% Water: Material(s):	% Other (specify:): Material(s):					

	SERVICE AREA OF (KATERIAL RE	CIVID (WAS TO BE	national is continuously	
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)	Clothing - Direct Haul	NY	Washington County	Washington County	0.53
Commingled Paper (all grades)	Direct Haul	NY	Washington County	Washington County	68.13
Single Stream (total)	Brush - Direct Haul	NY	Washington County	Washington County	34.08 CU YDS
Other (specify)	Plastics - Direct Haul	NY	Washington County	Washington County	11.58
Cardboard	Direct Haul	NY	Washington County	Washington County	52.47
Metals	Direct Haul	NY	Washington County	Washington County	99.79
			TOTAL MATE	│ RIAL RECEIVED (tons): 235.00+ 34.08 CU YDS

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SECTION 4 - RESIDUE

Total residue (tons) = _ Percent Residue Calc	Residue destination (Name & A ulation: Total tons residue/Total tons material received				
	SECTION 5 RECYCLABLE	ES & RECOVER	RED MATERIAL	s	
<u>Please identify dest</u> Destin	<u>ination of recyclable materials.</u> Indicate the nan ation Planning Unit/Municipality and the amoun	ne of the facility, <u>a</u> t of material reco	<u>address,</u> corresp vered. DO NOT I	onding State/Country, REPORT IN CUBIC YAR	County/Province, DS!
Specify transport method 100 % Road: Material % Water: Material	,	% Ra	ail: Material(s):): Material(s):	
	PAPER	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 Paper	Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls	NY	Washington County	Washington County	68.13

INY

Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls

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Washington County

TOTAL PAPER RECOVERED (tons): 120.60

Washington County

52.47

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Corrugated

Cardboard

Junk Mail

Magazines

Newspaper

Office Paper

Paperboard / Boxboard

Other Paper (specify)

N/A

N/A

N/A

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	GLASS RE	COMERED			
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	N/A				
Industrial Scrap Glass	N/A				
Other Glass (specify)	N/A				
	METAL RE	COVERED	 TOTAL GLASS R	ECOVERED (tons): 0	
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	N/A				
Bulk Metal	Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls	NY	Washington County	Washington County	99,79
Enameled Appliances / White Goods	N/A				
Industrial Scrap Metal	N/A				
Tin & Aluminum Containers	N/A				
Other Metal (specify)					
			TOTAL METAL R	ECOVERED (tons): 99	.79 (4)(1)(1)

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SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	PLASTIC R	ECOMERED			
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)	N/A				
PET (plastic #1)	Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls	NY	Washington County	Washington County	6.29
HDPE (plastic #2)	Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls	NY	Washington County	Washington County	5.29
Other Rigid Plastics (#3 - #7)	N/A				
Industrial Scrap Plastic	N/A				
Plastic Film & Bags	N/A				
Other Plastics (specify)	N/A				
			OTAL PLASTIC R	RECOVERED (tons):	58

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VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVA	LENT	MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT	
GLASS - whole 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		696 (2)-5-4	
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	1	WHITE GOODS - compacted	1 cubic yard	0.5 tons
NEWSPRINT - compacted	1 cubic yard	0.43 tons	PLASTIC - HDPE - whole	1 cubic yard	0.012 tons	M. Morrison, Co. Co.	学,并创发之 学	
CORRUGATED - loose	1 cubic yard	0.015 tons	PLASTIC HDPE flattened 1	1 cubic yard	0.03 tons			
CORRUGA TED - 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 MATTERIA	NL 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	N/A				
Containers (metal, glass, plastic)					
Commingled Paper &	N/A ·				
Containers				_	
	N/A	<u> </u>	<u> </u>		
Single Stream	140				
(total)					
Other (specify)	N/A				
		ender in de la langue de la la la compression de la compression della compression de	AND DESCRIPTIONS OF PROPERTY OF	L RECOVERED (tons)	
	MISCELLANIEOUS MA		RED		
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					
Textiles	Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls	NY	Washington County	Washington County	3.03
Other (specify)		<u> </u>	<u> </u>	[<u> </u>
Brush	Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls	NY	Washington County	Washington County	34.08 CU YDS
		 Dtal Miscella	 NEOUS MATERIA	L RECOVERED (tons)	3.03+34.08 CU YDS

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		aste been received at	the facility during the	D SOLID WASTE reporting period? tach additional sheets if necessary):			
	ate Received	Type Received	Date Disposed	Disposal Method & Location			
	ate Neceiveu	Type Neceived	Date Disposed	Disposal Method & Location			
		<u> </u>					
	SECTION 7	- COST ESTIMA	TES AND FINANC	CIAL ASSURANCE DOCUMENTS			
Are ther	e required cost e	estimates and financia	al assurance documer	nts for closure?			
Yes			eets reflecting annual	adjustments for inflation and any changes to the			
<u> </u>	Closi	ure Plan?					
		SE	ECTION 8 - PROP	BLEMS			
	ny problems enco procedures)?	ountered during the re	eporting period (e.g., s	specific occurrences which have led to changes in			
☐ Yes	No If yes		eets identifying each	problem and the methods for resolution of the			
		,					
		S	ECTION 9 – CHA	NGES			
Were th	ere any changes	from approved repor	ts, plans, specificatio	ns, and permit conditions?			
☐Yes	No If yes	s, attach additional sh	eets identifying chang	ges with a justification for each change.			
	SECTION	LAO DEDMITICO	NICENT ODDED				
	SECTION 10 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS						
Are the form?	re any additional	permit/consent order	reporting requiremen	ts not covered by the previous sections of this			
Yes	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.

3(2) of the Environmental Conservation La	w and section 210,45 of the Penal Law
Signature	Z Z6 7070 Date
Kevin C. Elnicki	President
Name (Print or Type)	Title (Print or Type)
kelnicki@earthwasteandme	etal.com
Email ((Print or Type)
49 Wales St., Suite 1	Rutland
Address	City
VT 05701	(802 ₎ 775 ₋ 7722
State and Zip	Phone Number

ATTACHMENTS: Tyes I NO