## RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email <a href="mailto:swmfannualreport@dec.ny.gov">swmfannualreport@dec.ny.gov</a> or call 518-402-8678.)

Complete and submit this form by March 1, 2020.

This annual report is for the year of operation from <u>January 01, 2019</u> to <u>December 31, 2019</u>

#### SECTION 1 – GENERAL INFORMATION

		*FACILITY	INFORMATION	Sandra en c		
FACILITY NAME:						
Jackson Transfer St	ation					
FACILITY LOCATION ADDRESS	:	FACILITY CITY:			STATE:	ZIP CODE:
408 Content Farm Rd.		Camb	oridge		NY	12816
FACILITY TOWN:		FACILITY	COUNTY:	FACI	LITY PHO	NE NUMBER:
Jackson			ington	<u> </u>	3-677	-8687
FACILITY NYS PLANNING UNIT:	(A list of NY	'S <u>Planning Ur</u>	nits can be found at the end of	this rep	ort). NY RE	SDEC GION#: 5
360 PERMIT #: (Refer to DEC Permit)	DATE IS	SUED:	DATE EXPIRES:	REGI		/ITY CODE OR NUMBER:(Refer to 58T05
FACILITY CONTACT:	ACTIVITY AND ADDRESS OF THE PARTY.	□ public	CONTACT PHONE	(	CONTACT	FAX NUMBER:
Roger Letendre		private	NUMBER: 518-747-8196	8	302-78	36-9070
CONTACT EMAIL ADDRESS: rle	tendre@e	earthwaste	andmetal.com	•		
		OWNER	INFORMATION	1.4.6.44		
OWNER NAME:		OWNER PHONE NUMBER:		OWNER FAX NUMBER:		
Jackson Transfer Statio	n, LLC			802-786-9070		
OWNER ADDRESS: 49 Wales St., Suite 1		OWNER CITY:			STATE:	<b>ZIP CODE</b> : 05701
OWNER CONTACT:		OWNER CONTACT EMAIL ADDRESS:				
Kevin Elnicki		kelnick	ki@earthwastea	andm	netal.co	om
	100	OPERATO	RINFORMATION	1000.12	579 <b>9</b> 45-31	<b>35</b>
OPERATOR NAME: □ sam Elnicki Aggregate, Inc.	e as owner				□ public □ private	
	•		FERENCES ***			
Preferred address to receive corre. □ Other (provide):	spondence	9: LL Facility	location address		Owner addre:	SS
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: <a href="http://www.dec.ny.gov/chemical/52706.html">http://www.dec.ny.gov/chemical/52706.html</a> .						

## **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!

Specify the methods used to measure the quantities received and the percentages measured by each method:

\_\_\_\_\_% Scale Weight \_\_\_\_\_% Estimated \_\_\_\_\_% Other (Specify: per bag fee \_\_\_\_\_\_)

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled-Containers (metal, glass, plastic)	Clothing	0.26	0.25	0.17	0.14	0.42	0.07	0.48
Commingled Paper (all grades)		3.88	3.88	3.88	5.34	10.26		16.70
Single Stream (total)	Brush - CY Yds.	2.59	2.59	2.59	2.59	2.59	2.59	2.59
Other (specify) astics	:	0.74	0.74	0.74	1.35	1.35	1.08	1.85
Cardboard		2.33	2.33	2.33	3.53	2.31	4.15	7.33
Metals		1.08	1.08	2.69	9.73	10.78	4.47	8.41
BRUSH NOT INCLUDED	IN TOTAL	TONS	RECEIVED					
Total Tons Recei	ved	8.29	8.28	9.81	20.09	25.12	9.77	34.77
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	5	l Year ns)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)	0.31	0.14	0.12	0.29	0.11	2.76	-	0.03
Commingled Paper (all grades)	11.16	8.37	10.76		7.66	81.89		0.79
Single Stream (total)	2.59	2.59	2.59	2.59	2.59	31.08 CU Y	ds.	0.30 CU Yds
Other (speci例lastics	2.16	0.66	0.73		2.28	13.68		0.13
Cardboard	3.17	2.53	2.38	1.46	3.01	36	.86	0.35
Metals	4.26	17.16	11.08	4.22	7.33	82	.29	0.79
Total Tons Received	21.06	28.86	25.07	5.97	20.39	217.48		2.09

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 <u>address</u> 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	YATERIAL RE		क्रिक्सिकि स्टामानु किला)	
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 <sub>(metal, glass, plastic)</sub>	Clothing - Direct Haul	NY	Washington County	Washington County	2.76
Commingled Paper (all grades)	Direct Haul	NY	Washington County	Washington County	81.89
Single Stream (total)	Brush - Direct Haul	NY	Washington County	Washington County	31.08 CU YDS
Other (specify)	Plastics - Direct Haul	NY	Washington County	Washington County	13.68
Cardboard	Direct Haul	NY	Washington County	Washington County	36.86
Metals	Direct Haul	NY	Washington County	Washington County	82.29
			TOTAL MATE	│ RIAL RECEIVED (tons	): 217,48+ 31,08 CU YDS

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# **SECTION 4 – RESIDUE**

Total residue (tons) = Residue destination (Name & Add Percent Residue Calculation: Total tons residue/Total tons material received of the control of	dress) x 100 =
SECTION 5 - RECYCLABLES	S & RECOVERED MATERIALS
<u>Please identify destination of recyclable materials.</u> Indicate the name Destination Planning Unit/Municipality and the amount of	of the facility, <u>address</u> , corresponding State/Country, County/Province, of material recovered. DO NOT REPORT IN CUBIC YARDS!
Specify transport method, list type of material(s) and percentages of total material	ial transported by each:
100 % Road: Material(s): All	%
% 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 (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Paper (all grades)	Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls	NY	Washington County	Washington County	81.89
Corrugated Cardboard	Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls	NY	Washington County	Washington County	36.86
Junk Mail	N/A				
Magazines	N/A				
Newspaper	N/A				
Office Paper		-1-			
Paperboard/ Boxboard					
Other Paper (specify)					
			TOTAL PAP	ER RECOVERED (tons):	118.75

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## SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	CLASS R	COVERED			
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	GOVERED	TOTAL GLASS R	 ECOVERED (tons): •	
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 Foll / Trays	N/A				
Bulk Metal	Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls	NY	Washington County	Washington County	82.29
Enameled Appliances / White Goods	N/A				
Industrial Scrap Metal	N/A				
Tin & Aluminum Containers	N/A				
Other Metal (specify)				1479	
			TOTAL METAL R	RECOVERED (tons): 82	.29

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# SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

PLASTIC RECOVIERED						
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	7.90	
HDPE (plastic #2)	Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls	NY	Washington County	Washington County	5.78	
Other Rigid Plastics (#3 - #7)	N/A					
Industrial Scrap Plastic	N/A					
Plastic Film & Bags	N/A					
Other Plastics (specify)	N/A					
		T	OTAL PLASTIC R	ECOVERED (tons): 1	3.68	

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## **VOLUME TO WEIGHT CONVERSION FACTORS**

MATERIAL	EQUIVA	LENT	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 - whole	1 cubic yard	0.012 tons			
CORRUGATED - loose	1 cubic yard	0.015 tons	PLASTIC - HDPE - flattened 1	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
		properties 2	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 MATERIA	NL 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	N/A				
Containers (metal, glass, plastic)					
Committee of Doman 8	N/A				
Commingled Paper & Containers					
	N/A				
Single Stream (total)					
Other (specify)	N/A				]
		 TOTAL	 MIXED MATERIA	L RECOVERED (tons)	 
	MISCELLANIEOUS MA	VERIAL RECOVE	RED	The Control of State of the Sta	
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	2.76
Other (specify)					
Brush	Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls	NY	Washington County	Washington County	31.08 CU YDS
		<u>l</u> Otal Miscella	<u> </u> NEOUS MATERI <i>A</i>	 	2.76+31.08 CU YDS

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### **SECTION 6 – UNAUTHORIZED SOLID WASTE**

Has unauthorized solid waste been received at the facility during the reporting period? ☐ Yes If yes, give information below for each incident (attach additional sheets if necessary): Type Received **Date 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? **■** No Yes 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 If yes, attach additional sheets identifying the reporting requirements with their respective ■No 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.

13(2) of the Environmental Conservation Law	and section 210.45 of the Penal Law
Signature	2(20/2070) Date
<sup>ℓ</sup> Kevin C. Elnicki	President
Name (Print or Type)	Title (Print or Type)
kelnicki@earthwasteandmet	al.com
Email (F	rint or Type)
49 Wales St., Suite 1	Rutland
Address	City
VT 05701	(802 <sub>)</sub> 775 <sub>-</sub> 7722
State and Zip	Phone Number

ATTACHMENTS: \_\_\_ YES .\_ NO