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 <u>January 01, 2019</u> to <u>December 31, 2019</u>

SECTION 1 – GENERAL INFORMATION

		FACILITY	INFORMATION:	7		GENERAL STATES	
FACILITY NAME:	_	<u> </u>					
Whitehall Transfer Station							
FACILITY LOCATION ADDRESS:		FACILITY	CITY:		STATE:	ZIP CODE:	
12296 NY Rt. 22		White	hall		NY	12887	
FACILITY TOWN:		FACILITY	COUNTY:	FACII	LITY PHO	NE NUMBER:	
Whitehall			ington	1		-2369	
FACILITY NYS PLANNING UNIT:	(A list of NY	S <u>Planning Un</u>	ilts can be found at the end of	this repo		SDEC GION#: 5	
360 PERMIT #: (Refer to DEC Permit)	DATE IS	SUED:	DATE EXPIRES:	REGIS		/ITY CODE OR NUMBER:(Refer to 58T05	
FACILITY CONTACT:		□ public	CONTACT PHONE	C	CONTACT	FAX NUMBER:	
Roger Letendre		■ private	NUMBER: 518-747-8196	8	302-78	36-9070	
CONTACT EMAIL ADDRESS: riet	tendre@e	arthwaste	andmetal.com				
		OWNER	INFORMATION	AND THE PLANE	14 A	and the second of the second o	
OWNER NAME:	_ ,, _	1			OWNER FAX NUMBER:		
Whitehall Transfer Station	n, LLC	,,_,_,_,_,_,_,_,_,_,_,,_,,,		802-	802-786-9070		
OWNER ADDRESS: 49 Wales St., Suite 1		OWNER C	HTY:	1	STATE:	ZIP CODE: 05701	
OWNER CONTACT:		OWNER CONTACT EMAIL ADDRESS		ESS:	V 1	03701	
Kevin Elnicki		l	ki@earthwastea	_	etal co	nm	
		<u> </u>	RINFORMATION				
ODEDATOD MANE	э as owner	3 - 17 482 - 17 - 17 - 17 - 17 - 17			□public □private	A Marie Company of the Company of th	
		A	FERENCES				
Preferred address to receive correspondence: ☐ Facility location address ☐ Other (provide): ☐ Owner address							
Preferred email address: Facility Contact							
Preferred individual to receive correspondence:							
Did you apprets in 20402 El Very Complete this form							
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 red	ceived	and the percentages measured by each method:
% Scale Weight		_% Estimated
% Truck Count	100	_% 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	0.10	0.09	0.06	0.05	0.16	0.03	0.18
Commingled Paper (all grades)		7.20	7.20	7.20	1.99	3.82		
Single Stream (total)	Brush - CY Yds.	0.96	0.96	0.96	0.96	0.96	0.96	0.96
Other (specinal lastics		0.54	0.54	0.54				
Cardboard		0.49	0.49	0.49	0.72	1.35	1.36	
Metals	,			0.60	7.18			4.98
BRUSH NOT INCLUDED	IN TOTAL	TONS	RECEIVED					
Total Tons Recei	ved	8.33	8.32	8.89	9.94	5.33	1.39	5.16
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	· ·	l Year ns)	Daily Avg. (tons)
Commingled Containers (metal-glass, plastic)	0.11	0.05	0.05	0.11	0.04	1.03		.01
Commingled Paper (all grades)	-	6.38			7.05	40.84		0.39
Single Stream	0.96	0.96	0.96	0.96	0.96	11.52 CU Y	′ds.	0.11 CU Yds
Other (speciplastics	1.21	0.48	0.54			3.85		0.04
Cardboard		1.42	0.78			7.	10	0.07
Metals	4.26	7.76		2.22	2.74	29	.74	0.29
Total Tons Received	5.58	16.09	1.37	2.33	9.83	82.56		0.79

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.

pecify transport method, list type of material(s) and percentages of total material transported by each:					
100 % Road: Material(s): All	% Rail: Matenal(s):				
% Water: Material(s):	% Other (specify:): Material(s):			

	SERVICE AREA OF I	IATERIAL RE	CEVED(Winacotte	maintail is configuram)	
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	1.03
Commingled Paper (all grades)	Direct Haul	NY	Washington County	Washington County	40.84
Single Stream (total)	Brush - Direct Haul	NY	Washington County	Washington County	11.52 CU YDS
Other (specify)	Plastics - Direct Haul	NY	Washington County	Washington County	3.85
Cardboard	Direct Haul	NY	Washington County	Washington County	7.10
Metals	Direct Haul	NY	Washington County	Washington County	29.74
			TOTAL MATE	 RIAL RECEIVED (tons): 82.56 + 11.52 CU YDS

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SECTION 4 – RESIDUE

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: Material(s):	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: % Raail: Material(s): % Rail: Material(s): % Other (specify:): Material(s): % Rail: Material(s): % Other (specify:): Material(s): % Recovered % Rail: Material(s): % Other (specify:): Material(s): % Recovered % Other (specify:): Material(s): % Recovered % Other (specify:): Material(s): % Recovered % Other (specify:): Material(s): % Recovered % Other (specify:): Material(s): % Recovered % Other (specify:): Material(s): % Recovered % Other (specify:): Material(s): % Recovered % Other (specify:): Material(s): % Recovered % Other (specify:): Material(s): % Recovered % Other (specify:): Material(s): % Recovered % Other (specify:): Material(s): % Recovered % Other (specify:): Material(s): % Rail: Material(s): % Rail: Material(s): % Recovered % Other (specify:): Material(s): % Rail: Material(s): %	Total residue (tons) = Residue destination (Name & Address) Percent Residue Calculation: Total tons residue/Total tons material received x 100 =								
Specify transport method, list type of material(s) and percentages of total material transported by each: 100 % Road: Material(s): All	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:									
Water: Material(s): All	Material(s): Mate	Please identify dest Destin	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!							
Water: Material(s):	Water: Material(s):		Specify transport method, list type of material(s) and percentages of total material transported by each:							
RECOVERED MATERIAL DESTINATION STATE OR COUNTRY COUNTRY DESTINATION STATE OR COUNTRY OR PROVINCE PROVINCE STATE OR COUNTRY PLANNING UNIT (See Attached List of NYS Planning Units) (out of facility) Commingled Paper (all grades) Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls NY Washington County Washington County Washington County 7.10 NY NA NA NA NA NA NA NA NA NA	RECOVERED MATERIAL DESTINATION STATE OR COUNTY OR PROVINCE Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls Corrugated Cardboard M/A N/A DESTINATION COUNTY OR PROVINCE PROVINCE DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units) NY Washington County Washington County Washington County Washington County 7.10 7.10 M/A				ther (specify:): Material(s):				
RECOVERED MATERIAL DESTINATION (Name & Address) COUNTRY STATE OR COUNTRY PLANNING UNIT (See Attached List of NYS Planning Units) RECOVERED (out of facility) Commingled Paper (all grades) Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls NY Washington County Washington County Washington County Washington County 7.10	RECOVERED (Name & Address) COUNTRY COUNTRY COUNTRY PLANNING UNIT (See Attached List of NYS Planning Units) RECOVERED (out of facility) RECOVERED (out of facility) Commingled Paper (all grades) Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls Corrugated Cardboard Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls NY Washington County Washington County Washington County 7.10 Junk Mail		PAPER	REGOVERED						
(all grades) Corrugated Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls NY Washington County 7.10 Cardboard N/A	(all grades) Corrugated Cardboard Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls NY Washington County Washington County 7.10									
Corrugated Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls NY Washington County 7.10 N/A	Corrugated Cardboard Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls NY Washington County Washington County 7.10			STATE OR	COUNTY OR	PLANNING UNIT (See Attached List of NYS	RECOVERED			
Cardboard N/A	Cardboard Junk Mail N/A	MATERIAL Commingled Paper	(Name & Address)	STATE OR COUNTRY	COUNTY OR PROVINCE	PLANNING UNIT (See Attached List of NYS Planning Units)	RECOVERED (out of facility)			
N/A	Junk Mail N/A N/A	MATERIAL Commingled Paper	(Name & Address)	STATE OR COUNTRY	COUNTY OR PROVINCE	PLANNING UNIT (See Attached List of NYS Planning Units) Washington County	RECOVERED (out of facility)			
Junk Mail N/A	Junk Mail N/A	MATERIAL Commingled Paper (all grades) Corrugated	(Name & Address) Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls	STATE OR COUNTRY	COUNTY OR PROVINCE Washington County	PLANNING UNIT (See Attached List of NYS Planning Units) Washington County	RECOVERED (out of facility) 40.84			
	Magazines N/A	MATERIAL Commingled Paper (all grades) Corrugated	(Name & Address) Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls	STATE OR COUNTRY	COUNTY OR PROVINCE Washington County	PLANNING UNIT (See Attached List of NYS Planning Units) Washington County	RECOVERED (out of facility) 40.84			
Magazines N/A		MATERIAL Commingled Paper (all grades) Corrugated Cardboard	(Name & Address) Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls	STATE OR COUNTRY	COUNTY OR PROVINCE Washington County	PLANNING UNIT (See Attached List of NYS Planning Units) Washington County	RECOVERED (out of facility) 40.84			

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TOTAL PAPER RECOVERED (tons): 47.94

Newspaper

Office Paper

Paperboard/ Boxboard

Other Paper (specify)

N/A

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	CLASS 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				
		GOVERED	TOTAL GLASS R	 ECOVERED (tons): <u>•</u>	
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	29.74
Enameled Appliances / White Goods	N/A				
Industrial Scrap Metal	N/A				
Tin & Aluminum Containers	N/A				
Other Metal (specify)					
			TOTAL METAL R	 RECOVERED (tons): 28	.74

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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)	N/A						
PET (plastic #1)	Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls	NY	Washington County	Washington County	1.29		
HDPE (plastic #2)	Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls	NY	Washington County	Washington County	2.56		
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	RECOVERED (tons): 3	85.		

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VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVA	LENT	MATERIAL	EQUIVALENT		MATERIAL	EQUIVA	LENT
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			ALUMINUM - cans - flattened	1 cubic yard	1
PAPER - high grade loose	1 cubic yard	0.18 tons	PLASTIC - PET - whole					
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			
CORRUGA TED - baled	1 cubic yard	0.55 tons	PLASTIC - HDPE - balled	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	L 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		<u> </u>			
	N/A				
Single Stream (total)					
Other (specify)	N/A				
		TOTAL	MIXED MATERIA	AL RECOVERED (tons)	
	MISCELLANEOUS MA	alland de mai egypt bli brebella	Springer (m. 1919) (1914), problem (1914) of the sec-		
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	1.03
Other (specify)					
Brush	Kingsbury Transfer Station, 1612 NY Hwy. 196, Hudson Falls	NY	Washington County	Washington County	11.52 CU YDS
	l Projection of the second of	I OTAL MISCELLA	I NEOUS MATERIA	L AL RECOVERED (tons)	1.03 +11.52 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 . 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 Epvironmental Conservation Law and section 210.45 of the Penal Law.

lance	2/26/2070
Signature	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