

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

FEB 21 2020

(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.

Environmental Quality
Region 6This annual report is for the year of operation from January 01, 2019 to December 31, 2019

SECTION 1 - GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: CNY NORTH EAST			
FACILITY LOCATION ADDRESS: 12521 US RT. 11	FACILITY CITY: ADAMS CENTER	STATE: NY	ZIP CODE: 13606
FACILITY TOWN: ADAMS CENTER	FACILITY COUNTY: JEFFERSON	FACILITY PHONE NUMBER: 315-583-5554	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). DANC			NYSDEC REGION #: 6
360 PERMIT #: (Refer to DEC Permit)	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 23R20005
FACILITY CONTACT: Ben Gower	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 315-583-5554	CONTACT FAX NUMBER: 315-583-5560
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Russell Gower	OWNER PHONE NUMBER: 315-471-0254	OWNER FAX NUMBER: 315-471-0218	
OWNER ADDRESS: 5879 FIRESTONE DR.	OWNER CITY: Syracuse	STATE: NY	ZIP CODE: 13206
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: cnyitsource.recovery@yahoo.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <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>.

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!

70	% Scale Weight	N/A
70	% Truck Count	

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.

Additional Information for CNY Northeast DEC Reg# 23R20005

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 received and the percentages measured by each method:
 70 % Scale Weight
 30 % Truck Count
 % Estimated
 % Other (Specify:)

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
PAPER - PRINT WASTE		0	0	0	0	0	0	0
CRADBOARD		131	204	159	164	238	146	48
Plastic		0	0	0	0	0	0	0
BATTERIES/LEAD		11.6	0	0	30.63 batteries 32 lead	0	0	21.15
STEEL		0	0	1	0	0	0	1
STAINLESS STEEL		1.65	1.71	0	0	1.18	0	1.09
Mixed Non-ferrous		7.8	13.3	3.62	14	13.6	21.7	20.7
Total Tons Received								
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
PAPER - PRINT WASTE	0	0	0	0	0	0	0	
CRADBOARD	45	37	49	25	0	1246	3.98	
Plastic	0	0	0	0	0	0	0	
BATTERIES/LEAD	0	16	0	0	21	90.75	1.29	
Steel	0	0	1	0	1.5	3.5	1.011	
Stainless Steel	0	3.21	3.65	0	0	12.44	1.039	
Mixed Non-ferrous	25	16.7	26.4	13.6	12.5	188.92	1.603	
Total Tons Received						1541.66	4.923	

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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 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:

% Road: Material(s): Asph N/A
 % Water: Material(s): N/A N/A
 % Rail: Material(s): N/A
 % Other (specify: N/A): Material(s): N/A

SERVICE AREA OF MATERIAL RECEIVED (Use the material(s) coming from)					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTRY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYSP Planning Units)	TONS RECEIVED
Commingled Containers (metal, glass, plastic)	N/A			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Commingled Paper (all grades)				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Single Stream (total)				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (specify)				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TOTAL MATERIAL RECEIVED (tons):					

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SECTION 4 - RESIDUE

Total residue (tons) = _____ 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 _____ % Rail: Material(s): _____
 _____ % 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)					<input checked="" type="checkbox"/>
Corrugated Cardboard	<u>WestRock, SOLVAY</u>	<u>NY</u>	<u>Montgomery</u>		<input checked="" type="checkbox"/> <u>1246</u>
Junk Mail					<input checked="" type="checkbox"/>
Magazines					<input checked="" type="checkbox"/>
Newspaper					<input checked="" type="checkbox"/>
Office Paper					<input checked="" type="checkbox"/>
Paperboard/Boxboard					<input checked="" type="checkbox"/>
Other Paper (specify)					<input checked="" type="checkbox"/>
TOTAL PAPER RECOVERED (tons):					<u>1246</u>

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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	WPA					
Industrial Scrap Glass						
Other Glass (specify)						
TOTAL GLASS RECOVERED (tons):						
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	Ferrous Metal transferred to NY Resource Recovery in Syracuse	NY	Onondaga		3.5	
Enameled Appliances / White Goods						
Industrial Scrap Metal	Mixed non-ferrous - Aluminum, Copper, Brass + Stainless IS transferred to NY Resource Recovery in Syracuse	NY	Onondaga		201.41	
Tin & Aluminum Containers						
Other Metal (specify)	Lead Acid Based Batteries - BSR	NY	Onondaga		58	
	Lead Acid Based Batteries - Tonnoli	Canada	Ontario		33	
TOTAL METAL RECOVERED (tons):					245.91	

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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				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
PET (plastic #1)					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
HDPE (plastic #2)					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other Rigid Plastics (#3 - #7)					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Industrial Scrap Plastic					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Plastic Film & Bags					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other Plastics (specify)					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TOTAL PLASTIC RECOVERED (tons):							

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VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT
GLASS - whole bottles	1 cubic yard 0.35 tons	GLASS - crushed mechanically	1 cubic yard 0.88 tons	ALUMINUM - cans - w hole	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 - w hole	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
NEUMSPRINT - loose	1 cubic yard 0.29 tons	PLASTIC - styrofoam	1 cubic yard 0.02 tons	WHITE GOODS - compacted	1 cubic yard 0.5 tons
NEUMSPRINT - 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	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 w hole	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 (metal, glass, plastic)	N/A			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Commingled Paper & Containers				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Single Stream (total)	✓			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (specify)				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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	N/A			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Textiles	✓			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (specify)				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):						

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

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 Environmental Conservation Law and section 210.45 of the Penal Law.

<u>Russell W. Gower</u> Signature	<u>2/13/2020</u> Date
<u>Russell W. Gower</u> Name (Print or Type)	<u>PRESIDENT</u> Title (Print or Type)
<u>any resource recovery @ yahoo.com</u> Email (Print or Type)	
<u>3879 FIRESTONE DR</u> Address	<u>Syracuse</u> City
<u>NY</u> State and Zip	<u>(315) 471-0254</u> Phone Number

ATTACHMENTS: ☐ YES ☒ NO