CNY RESOURCE RECOVERY, INC.

	DATE:	2/	13,	1202	Q
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Send to: DEC From: Russell Gower

Office Location: Syracuse MY Attention: Phone Number: 315 - 471 - 0254

Office Location: CENTRAL OFFICE

Number of Pages, Including Cover: 21 Fax Number:_

☐ URGENT 518 -402 -9091 ☐ REPLY ASAP ☐ PLEASE COMMENT ☐

☐ FOR YOUR INFORMATION PLEASE REVIEW

COMMENTS:

TO: DEC CENTRAL OFFICE

Annual Reports for 2 Locations

Hard copies to follow in mail to appropriate Regional Office Please note not Resending 1. Location for each location

fax cover

CNY Resource Recovery, Inc. 5879 Firestone Dr., Syracuse, NY 13206 315-471-0254 Phone | 315-471-0218 Fax www.cnyresourcerecovery.com | Web site

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email awmitannual report@dec.ny.gov or call 618-402-8676.)

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 NAME:	Cartin Types Table 1	A STATE OF THE STA		-
CNY NORT		and the second s		
FACILITY LOCATION ADDRESS	FACILITY	CITY:	STATE:	ZIP CODE:
12521 US Rt. 1		MS CENTER	<u> </u>	13606
FACILITY TOWN:	FACILITY	COUNTY:	FACILITY PHO	· ·
ADAMS CENTER	JE	FFERSON	315-58	
FACILITY NYS PLANNING UNIT:	(A list of NYS Planning Ur	nits can be found at the end of		SDEC GION#: 6
360 PERMIT #; (Refer to DEC Permit)	DATE ISSUED:	DATE EXPIRES:		/ITY CODE OR NUMBER:(Refer to 23 R 2 0005
FACILITY CONTACT:	public Exprivate	NUMBER:		FAX NUMBER:
Ben Gower CONTACT EMAIL ADDRESS:		315-583-555	<u>4 3(> 5</u>	85-9560
CONTACT EMAIL ADDRESS:	及34.40mm(46.20mm)。27.4		No. al Calendaria (Calendaria)	
OWNER NAME:		HONE NUMBER:	OWNER FAX N	UMBER:
Russell Gower	315-	471-0254	315-47	71-0218
OWNER ADDRESS:	CAAMEK	•••	STATE:	ZIP CODE:
5879 FIRESTON	18 1/2. Sy	<i>RACUSC</i> CONTACT EMAIL ADDR		13206
OWNER CONTACT:				has com
		4 TSOUTCE CECO		
OPERATOR NAME: 2 sar	ne aa owner		□ pyblic	A MARIA WAR
	A MANAGEMENT AND		⊡ priva te	
Preferred address to receive corre	and the second s		Owner addre	Haddy three states
Preferred email address: Faci	lity Contact	Owner Contact		
Preferred Individual to receive cor	respondence: 🛂 Fac	ility Contact 🚨 Ow	ner Contact	
Did you operate in 2019?	es; Complete this form			
E N	o Complete and subm	nit Sections 1 and 11. If	you no longer plan	to operate and wish
to relinquish your permit/registrate Solid Waste Management Facility	on sepociated with th	is solid waste manadema	ent activity, also co	omplete the "inactive

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!

% Truck Count			% Other (Speci	'',				
Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers metal, glass, plastic)	NA	NA	NA	NA	NA	NA	N/A	N/A
Commingled Paper (all pades)	,			- T	,		<u></u>	Mary Transfer
Single Stream total)								
Other (specify)			WHEN THE PROPERTY OF THE PROPE					
	1							<u> </u>
			1	<u> </u>				
								Marie Marie and Sa
						er i		
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)		ni Year ons)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)	NIA	NA	NIA	NA	NA			
Commingled Paper (all grades)	1		/	Taxables.				
Single Stream (total)	Walter I							
Other (specify)			W. Carlotte					
				Li-				
	<u></u>							

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.

DEC KEY# 23R20005 additional Information for CNY Northeast

SECTION 2 - MATERIAL RECEIVED

Please provide the tonneges of materials received. This includes all materials received at your facility regardless of their destination after processing.

CO NOT REPORT IN CUBIC YARDS!

30 % Thack Count

* Estimated * Other (Specify:

603 4.973 039 Daily Avg. (Nove) 4, 20,000 60% 20.7 õ Î 7 541.66 Total Year (toms) PY X1 88.93 90,7S 246 Î 3 230 Choque ber 12.5 ĮĮ 59 7 13.6 (tone) 3.62 159 Hard (tows) 26.4 (tens) クグ 204 3 September (form) 3.21 from) 7 0 *∽* Ø 3 August (tows) Tip Fee (\$/Ton) 5 STA WLESS STEED MICOUNDAILEMONE Base - Pervinans Mixed Ban-Fromi Vec a News 8.ATTE RUS 11.5.AD Baltoner 115AD Stainless Steel CARDBOARD ARD 60ARD Total Tass Second Plastic STECL Plartic Steel

If the material type is not lated, use one of the "Other" liens and It in the name of the material. If more "Other" tree out an out an out an unused type and ill in the other materials manne. If still more "Other" tree are needed, attached another copy of this page, cross out an unused type, and thin the other materials manne.

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 trainsport method, list t	ype or make	augits) and l	percentages of total material transported by each:		
inte 9/ Dood: Material(e):	A 5	13/4	1 M 94 Dail: Material/s):	1:14	

| Makerial(s): A Ma

MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name 8 Address) OR "Direct Hau!"	SERVICE AREA STATE OR COUNTRY		SERVICE AREA NYS PLAMMING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Commingled	N/A.		0	0	
Containers			0	0	
(metal, glass, plastic)			0	0	
			0	0	
Commingled Paper (all grades)			0	0	
		W HERE	0	0	
			0	0	
Single Stream (total)		the state of the s	0	0	
,,			0	0	
Other (specify)			0	0	
			0	0	
		- Land Branch	0	0	
-			0	0	
			0	0	
. Vojeta pos esta ka					1.2

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 4 - RESIDUE

Total residue (tons) =	Residue destination (Name & Address)_		
Percent Residue Calculation: Total to	rs residue/Total tons material received x 100 :		
	SECTION 5 - RECYCLABLES & F	RECOVERED MATERIALS	3
Please identify destination of recyc Destination Planning	table materials. Indicate the name of th Unit/Municipality and the amount of ma	e facility, <u>address,</u> correspo terial recovered. DO NOT R	inding State/Country, County/Province, EPORT IN CUBIC YARDS!
Specify transport method, list type of ma	terial(s) and percentages of total material tran	sported by each:	
100 % Road: Material(s): ALL		% Rail: Material(s):	
% Water Material(s):		% Other (specify:):

-41					T)
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of MYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Paper			0	0	
Corrugated Cardboard	Westrock, SOLVAY	NY	Onondaya O	0	1246
Junk Mail			0	0	
Magazines			0	0	
Newspaper			0	0	
Office Paper			0	0	
Paperboard! Boxboard			0	0	
Other Paper (specify)			0	0	

If the material type is not fisted, 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 5-RECYCLABLES & RECOVERED MATERIALS (continued)

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	di/A		0	0	
Industrial Scrap Glass			0	0	
modanisi aciah aissa			0	0	
Other Glass (specify)			0	0	
			0	0	
			0	0	
		3.764 Y			ere a time
		 <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
Aluminum Foil / Trays			0	0	
			0	0	
Bulk Metal	Ferrous Metal transferred to		0	0	3.5
	CHYBOSOUTE RECOVERY in Syracuse	A'Y	Orondage, 0	0	
Enameted Appliances / White Goods		, , , , , , , , , , , , , , , , , , ,	, 0		
		2	0	0	
Industrial Scrap Metal	Mixed non-ferrous Aluminum, Cop	OCT, BRASS +	Stanless 0	0	
Tin & Aluminum	Recovery in Sylamice	NV		0	201.41
Containers	Survey in 19 en and		Onendaya 0	0	201,11
Other Metal (specify)	Lead Acid Based Batteries - RSR		0	0	· · · · · · · · · · · · · · · · · · ·
	Middle fount.	NV	ORANGE O	0	58
	SED batteries - Tropoli		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

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SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

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	NIA		0	0	
(#1 - #7)	·		•	0	
PET (plastic #1)			0	0	
e pidade (*)			0	0	
HDPE (plastic #2)			0	0	
			0	0	
Other Rigid Plastics			0	0	
(#3 - #7)			0	0	
ndustrial Scrap			0	0	- · · · · - <u></u>
Pla stic			0	0	
Plastic Film & Bags —			O	0	
			0	0	
Other Plastics (specify)			0	0	
	¥		0	0	

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VOLUME TO WEIGHT CONVERSION FACTORS

	والمستنبذ والمستنبذ والمناف		TO THE TOTAL		·	
MATERIAL	EQUIVALENT	MATERIAL	EQUIVAL	.ENT	MATERIAL	EQUIVALENT
GLASS - whole bottles	1 cubic yard 0.35 tons	GLASS - crushed mechanically	1 cubic yard	0.68 tons	ALUMNUM - 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	ALUMNUM 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 balled	1 cubic yard 0.36 tons	PLASTIC PET - flattened				
PAPER - mixed loose	1 cubic yard 0.15 tons	PLASTIC - PET - bailed	1 cubic yard		WHITE GOODS -uncompacted	1 cubic yard 0.10 tons
NEWSPRINT - loose	1 cubic yard 0.29 tons	PLASTIC - styrrofoam	1 cubic yard	0.02 tons	WHITE GOODS -compacted	1 cubic yard 0.5 tons
NBASPRINT - compacted	1 cubic yard 0.43 tons	PLASTIC - HDPE - whole	1 cubic yard	0.012 tons		7.0 Var. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
CORRUGATED - bose	1 cubic yard 0.015 ton	s PLASTIC - HDPE - fizitioned 1	1 cubic yard	0.03 tons		
CORRUGATED - beled	1 cubic yard 0.55 tons	PLASTIC HDPE - bailed	1 cubic yard		FERROUS METAL - cans whole	
		PLASTIC - mixed (grocery bags)	45 gallon bag		PERROUS METAL - cans	1 cubic yard 0.43 tons

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

RECOVERED MATERIAL DESTINATION (Name & Address) RECOVERED MATERIAL DESTINATION STATE OR COUNTRY PROVINCE DESTINATION STATE OR COUNTRY PROVINCE PLANNING UNIT (See Attached List of received from the Personal Units) (see Attached List of received from th			TI EITE LO (COIL	RECOVERED M		₹₩. ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩
RECOVERED MATERIAL (Name & Address) DESTINATION (Name & Address)						
Containers	TONS RECOVERED (out of facility)	PLANNING UNIT	COUNTY OR	STATE OR		
(metal, glass, plastic) Commingled Paper & O O O O O O O O O O O O O O O O O O		0	0		N/A	Commingled
Commingled Paper & O O O O O O O O O O O O O O O O O O	<u></u>		0			
Containers Contai		0	0			(metal, glass, pasue)
Containers Contai						Commingled Pager &
Single Stream (botal) O O O O O O O O O O O O O O O O O O O						
RECOVERED DESTINATION (Name & Address) DESTINATION STATE OR COUNTRY PROVINCE Electronics DESTINATION OF COUNTRY PROVINCE DESTINATION (Name & Address) DESTINATION OF COUNTRY OR PROVINCE DESTINATION OF COUN						
Cither (specify)		·				Single Stream
Other (specify) O O O O O O IDITAL SECURAL					·	
RECOVERED DESTINATION STATE OR COUNTRY PROVINCE PLANNING UNIT (See Attached List of NYS Planning Units) (o						
RECOVERED DESTINATION STATE OR COUNTRY PROVINCE See Attached List of NYS Planning Units (or Country or Province) Electronics Textiles O O O O O O O O O O O O O O O O O O O						Other (specify)
RECOVERED DESTINATION STATE OR COUNTY OR PLANNING UNIT (See Attached List of NYS Pianning Units) (O		0	0			
RECOVERED DESTINATION (Name & Address) DESTINATION STATE OR COUNTRY COUNTRY DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Linits) (o) Textiles Other (specify)						
RECOVERED DESTINATION STATE OR COUNTY OR PROVINCE PLANNING UNIT (See Attached List of NYS Planning Units) (or Country) Electronics Textiles DESTINATION STATE OR COUNTRY PROVINCE DESTINATION COUNTY OR PLANNING UNIT (See Attached List of NYS Planning Units) O O O O Other (specify)						
RECOVERED DESTINATION STATE OR COUNTY OR PLANNING UNIT (See Attached List of NYS Pizaning Units) (or Country) Electronics Textiles DESTINATION STATE OR COUNTY OR PROVINCE PLANNING UNIT (See Attached List of NYS Pizaning Units) (or Country)						
Textiles O O O O O O O O O O O O O O O O O O O	TONS RECOVERED (out of Society)	PLANNING UNIT	COUNTY OR	DESTINATION STATE OR	DESTINATION	
Textiles		0	0		NIA	Flectronics
Other (specify)		0	0			
Other (specify)						Textiles
		0	0			
		0	0		<u> </u>	Other (specify)
		0	0			
		- I	_	ELIVACINA		

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

				the facility during the for each incident (att	reporting period? ach additional sheets if necessary):
D	ate Recei	ved	Type Received	Date Disposed	Disposal Method & Location
	,				
		.,,.,		<u></u>	
			A Victorial Space		
	SECT	ION 7 -	COST ESTIMAT	ES AND FINANC	IAL ASSURANCE DOCUMENTS
Are ther	e required	d cost es	timates and financia	l assurance documen	te for closure?
☐Yes	□No		attach additional she e Plan?	eets reflecting annual	adjustments for inflation and any changes to the
San Asia Sali					
				CTION 8 - PROE	
Were an	y problen rocedures	ne encou s)?	intered during the re	oorting period (e.g., e	pecific occurrences which have led to changes in
□Yes	□N₀	if yes, proble		ets identifying each p	roblem and the methods for resolution of the
			SI	ECTION 9 - CHAI	NGES
Were the	ere any cl	hanges f	rom approved report	s, plans, specification	s, and permit conditions?
Yes	□ ‰	lfyes,	attach additional she	ets identifying change	es with a justification for each change.
	•				
	SEC	CTION	10 - PERMIT/CO	NSENT ORDER F	REPORTING REQUIREMENTS
Are there	e any add	litional p	ermit/consent order r	eporting requirement	в not covered by the previous sections of this
Yes	ØN₀	lf yes, respon		ets identifying the rep	porting requirements with their respective

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 mall to:

New York State Department of Environmental
Conservation Division of Materials Management
Bureau of Solid Waste Management
625 Broadway
Albany, New York 122337260 Fax 518-402-9041

Email address: SWMFannuaireport@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.

Russell Gowr	2/13/20) Date
Russell W. Gower Name (Print or Type)	PRESIDENT Title (Print or Type
CNY FESOURCE FECOVERY (A) Email/(Printo	yahoo . Com r Type)
5879 FIRESTONE DR Address	<u>Sveacus</u> City
<u> </u>	(315)471-0259 Phone Number