

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

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 MAR 09 2020
 DIVISION OF
 MATERIALS MANAGEMENT

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: L & H Hauling			
FACILITY LOCATION ADDRESS: 2155 Cty Rt. 38	FACILITY CITY: Norfolk	STATE: NY	ZIP CODE: 13667
FACILITY TOWN: Norfolk NY	FACILITY COUNTY: St. Lawrence	FACILITY PHONE NUMBER: 315-250-9896	
FACILITY NYS PLANNING UNIT: Development Authority of the North Country (Dank)			NYSDEC REGION #: 6
360 PERMIT #:	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 45m16
FACILITY CONTACT: Brad Premo	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 315-250-9896	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: premo.brad@yahoo.com			
OWNER INFORMATION			
OWNER NAME: Brad Premo	OWNER PHONE NUMBER: 315-250-9896	OWNER FAX NUMBER:	
OWNER ADDRESS: 2155 Cty Rt. 38	OWNER CITY: Norfolk	STATE: NY	ZIP CODE: 13667
OWNER CONTACT: 315-250-9896	OWNER CONTACT EMAIL ADDRESS: premo.brad@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 type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
<p>Did you operate in 2019? <input checked="" type="checkbox"/> Yes; Complete this form.</p> <p><input type="checkbox"/> 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:</p>			

SECTION 2 - MATERIAL 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:

____ % Scale Weight
____ % Truck Count

____ % Estimated
100 % Other (Specify: Materials not weighed until Destination)

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers	↓	1.81	2.09	2.29	2.29	2	2.08	2.33
Commingled Paper	↓	4.32	→					
Single Stream								
Other								
Scrap Metal	↓	5.11	→					
Total Tons Received								
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers	1.81	1.95	1.79	2.14	1.85	24.43	.07	
Commingled Paper	4.32	→				51.84	.14	
Single Stream								
Other								
Scrap Metal	5.11	→				61.28	.17	
Total Tons Received						137.55	.38	

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

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 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 received from another solid waste management facility, please write in " " 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): Containers / Mixed Paper / Scrap Metal % Rail: Material(s): _____
 % Water: Material(s): _____ % Other (specify: _____): Material(s): _____

SERVICE AREA OF MATERIAL RECEIVED					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED OR	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT	TONS RECEIVED
Commingled Containers	Direct Haul	NY	St. Lawrence	Dunk Region 6	24.43
Commingled Paper	Direct Haul	NY	St. Lawrence	Dunk Region 6	51.84
Single Stream					
Other					
Scrap Metal	Direct Haul	NY	St. Lawrence	Dunk Region 6	61.28
TOTAL MATERIAL RECEIVED					: 137.55

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SECTION 4 - RESIDUE

Total residue (tons) = < 1 ton Residue destination Massena Transfer Station (49 Dump Rd. Massena NY 13662)
 Percent Residue Calculation: Total tons residue / Total tons material received x 100 = _____

SECTION 5 - RECYCLABLES & RECOVERED 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) mixed paper / containers / scrap metal % Rail: Material(s): _____
 % Water: Material(s): _____ % Other (specify: _____): Material(s): _____

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECOVERED
Commingled Paper	APC Paper 100 Remington Ave Norfolk NY 13667	NY	St. Lawrence	DANC Region 6	51.84
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper					
TOTAL PAPER RECOVERED					: 51.84

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SECTION 5 - RECYCLABLES & RECOVERED MATERIALS

GLASS RECOVERED					
RECOVERED MATERIAL	DESTINATION	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECOVERED
Container Glass	N/A				
Industrial Scrap Glass					
Other Glass					
TOTAL GLASS RECOVERED					:
METAL RECOVERED					
RECOVERED MATERIAL	DESTINATION	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECOVERED
Aluminum Foil / Trays					
Bulk Metal	West Parishville Metals 495 West Parishville Rd. Potsdam	NY	St. Lawrence	DACS Region 6	61.28
Enameled Appliances / White Goods	NY 13676				
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal					
TOTAL METAL RECOVERED					: 61.28

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SECTION 5 - RECYCLABLES & RECOVERED MATERIALS

PLASTIC RECOVERED					
RECOVERED MATERIAL	DESTINATION	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECOVERED
Commingled Plastic					
PET					
HDPE					
Other Rigid Plastics					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics					
TOTAL PLASTIC RECOVERED					:

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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 - 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
			PLASTIC - mixed	45 gallon bag	0.01 tons	FERROUS METAL - cans	1 cubic yard	0.43 tons

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS

MIXED MATERIAL RECOVERED

RECOVERED MATERIAL	DESTINATION	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECOVERED
Commingled Containers	St. Lawrence City Transfer Station 49 Dwyer P.d. Massena NY 13662	NY	St. Lawrence	Dana Region 6	24.43
Commingled Paper & Containers					
Single Stream					
Other					

TOTAL MIXED MATERIAL RECOVERED :

MISCELLANEOUS MATERIAL RECOVERED

RECOVERED MATERIAL	DESTINATION	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECOVERED
Electronics	N/A				
Textiles					
Other					

TOTAL MISCELLANEOUS MATERIAL RECOVERED :

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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 Environmental Conservation Law and section 210.45 of the Penal Law.


Signature

2-28-20
Date

Brad Premo
Name (Print or Type)

owner/operator
Title (Print or Type)

premo.brad@yahoo.com
Email (Print or Type)

2155 Gty Rt. 38
Address

Norfolk
City

NY 13667
State and Zip

315,250-9896
Phone Number

ATTACHMENTS: YES NO