

## RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email [swmfannualreport@dec.ny.gov](mailto: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 January 01, 2019 to December 31, 2019

### SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <b>Empire Recycling Corp.</b>			
FACILITY LOCATION ADDRESS: <b>1701 North St. Bldg.38</b>		FACILITY CITY: <b>Endicott</b>	STATE: ZIP CODE: <b>NY 13760</b>
FACILITY TOWN: <b>Endicott</b>		FACILITY COUNTY: <b>Broome</b>	FACILITY PHONE NUMBER: <b>607-729-1518</b>
FACILITY NYS PLANNING UNIT: (A list of NYS <a href="#">Planning Units</a> can be found at the end of this report)			NYSDEC REGION #: <b>7</b>
360 PERMIT #: (Refer to DEC Permit)	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:(Refer to DEC Registration)
FACILITY CONTACT: <b>Kyle Dixson</b>		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <b>607-240-6882</b>
			CONTACT FAX NUMBER: <b>607-238-7226</b>
CONTACT EMAIL ADDRESS: <b>bobs@empirerecycling.com</b>			
OWNER INFORMATION			
OWNER NAME: <b>Empire Recycling Corp.</b>		OWNER PHONE NUMBER: <b>315 724 7161</b>	OWNER FAX NUMBER: <b>315 724 0167</b>
OWNER ADDRESS: <b>P.O. Box 514</b>		OWNER CITY: <b>Utica</b>	STATE: ZIP CODE: <b>NY 13503</b>
OWNER CONTACT: <b>Dave Levitt</b>		OWNER CONTACT EMAIL ADDRESS: <b>dave@empirerecycling.com</b>	
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 checked="" type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input checked="" 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>.

**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:

100 % Scale Weight \_\_\_\_\_ % Estimated  
 \_\_\_\_\_ % Truck Count \_\_\_\_\_ % Other (Specify: \_\_\_\_\_)

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)	N/A							
Commingled Paper (all grades)	N/A	205.67	201.11	180.26	180.45	190.23	265.45	422.73
Single Stream (total)	N/A							
Other (specify): Plastics								
<b>Total Tons Received</b>		<b>205.67</b>	<b>201.11</b>	<b>180.26</b>	<b>180.45</b>	<b>190.23</b>	<b>265.45</b>	<b>422.73</b>
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)	338.67	351.98	451.38	335.33	305.99			
Single Stream (total)								
Other (specify): Plastics								
<b>Total Tons Received</b>	<b>338.67</b>	<b>351.98</b>	<b>451.38</b>	<b>335.33</b>	<b>305.99</b>	<b>3429.25</b>	<b>285.77</b>	

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 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): \_\_\_\_\_      \_\_\_\_\_ % Rail: Material(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Material(s): \_\_\_\_\_      \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Material(s): \_\_\_\_\_

SERVICE AREA OF MATERIAL RECEIVED (where the material is coming from)					
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)	N/A				
Commingled Paper (all grades)	N/A				
Single Stream (total)	N/A				
Other (specify)					
<b>TOTAL MATERIAL RECEIVED (tons):</b>					

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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): \_\_\_\_\_ % 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)					
Corrugated Cardboard	Solvay	NY			1454.71
	GP Harmon 289.04/Celmark 142.01	Chicago, Il.			431.05
Junk Mail					
Magazines					
Newspaper	Green Fiber	PA			272.44
Office Paper	SCA	NY			327.64
	Midland Davis 204.56/Atlantic 232.78/Continental 64.31				830.07
Paperboard / Boxboard					
Other Paper (specify)	Books/Rolls/Flour Bags/Blank News				298.63
<b>TOTAL PAPER RECOVERED (tons):</b>					<b>2989.03</b>

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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	N/A				
Industrial Scrap Glass	N/A				
Other Glass (specify)					
<b>TOTAL GLASS RECOVERED (tons):</b>					
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	N/A				
Bulk Metal	N/A				
Enameled Appliances / White Goods	N/A				
Industrial Scrap Metal	N/A				
Tin & Aluminum Containers	N/A				
Other Metal (specify)					
<b>TOTAL METAL RECOVERED (tons):</b>					

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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)	N/A					
HDPE (plastic #2)	N/A					
Other Rigid Plastics (#3 - #7)	N/A					
Industrial Scrap Plastic	N/A					
Plastic Film & Bags	Cellmark/Hershmam	CT				143.17
Other Plastics (specify)						
<b>TOTAL PLASTIC RECOVERED (tons):</b>						143.17

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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
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 - w hole	1 cubic yard	0.012 tons			
CORRUGATED - loose	1 cubic yard	0.015 tons	PLASTIC - HDPE - flattened	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				
Commingled Paper & Containers	N/A				
Single Stream (total)	N/A				
Other (specify)					
<b>TOTAL MIXED MATERIAL RECOVERED (tons):</b>					
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				
Textiles	N/A				
Other (specify)					
<b>TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):</b>					

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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	<u>02/17/2020</u> _____ Date
<u>Dave Levitt</u> _____ Name (Print or Type)	<u>Facilities Manager</u> _____ Title (Print or Type)
<u>dave@empirerecycling.com</u> _____ Email (Print or Type)	
<u>P.O. Box 514</u> _____ Address	<u>Utica</u> _____ City
<u>N.Y. 13503</u> _____ State and Zip	<u>(315) 724-7161</u> _____ Phone Number

ATTACHMENTS:  YES  NO