

# 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			
<b>FACILITY NAME:</b> <b>LAING TRUCKING</b>			
<b>FACILITY LOCATION ADDRESS:</b> <b>133 HOFFMAN ROAD</b>	<b>FACILITY CITY:</b> <b>BAINBRIDGE</b>	<b>STATE:</b> <b>NY</b>	<b>ZIP CODE:</b> <b>13733</b>
<b>FACILITY TOWN:</b> <b>GUILFORD</b>	<b>FACILITY COUNTY:</b> <b>CHENANGO</b>	<b>FACILITY PHONE NUMBER:</b> <b>607-895-6365</b>	
<b>FACILITY NYS PLANNING UNIT:</b> (A list of NYS <a href="#">Planning Units</a> can be found at the end of this report).			<b>NYSDEC REGION #:</b> <b>7</b>
<b>360 PERMIT #:</b> (Refer to DEC Permit) <b>09m04</b>	<b>DATE ISSUED:</b>	<b>DATE EXPIRES:</b>	<b>NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:</b> (Refer to DEC Registration)
<b>FACILITY CONTACT:</b> <b>CAROLINE D. LAING</b>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	<b>CONTACT PHONE NUMBER:</b> <b>607-895-6365</b>	<b>CONTACT FAX NUMBER:</b> <b>607-895-6365</b>
<b>CONTACT EMAIL ADDRESS:</b> laingtrucking@frontier.com			
OWNER INFORMATION			
<b>OWNER NAME:</b> <b>PAUL J. LAING</b>	<b>OWNER PHONE NUMBER:</b> <b>607-895-6365</b>	<b>OWNER FAX NUMBER:</b> <b>607-895-6365</b>	
<b>OWNER ADDRESS:</b> <b>133 HOFFMAN ROAD</b>	<b>OWNER CITY:</b> <b>BAINBRIDGE</b>	<b>STATE:</b> <b>NY</b>	<b>ZIP CODE:</b> <b>13733</b>
<b>OWNER CONTACT:</b> <b>PAUL J. LAING</b>	<b>OWNER CONTACT EMAIL ADDRESS:</b> <b>laingtrucking@frontier.com</b>		
OPERATOR INFORMATION			
<b>OPERATOR NAME:</b> <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
<b>Preferred address to receive correspondence:</b> <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
<b>Preferred email address:</b> <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
<b>Preferred individual to receive correspondence:</b> <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

<p><b>Did you operate in 2019?</b> <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: <a href="http://www.dec.ny.gov/chemical/52706.html">http://www.dec.ny.gov/chemical/52706.html</a> .</p>
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## 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)		1.93	2.25	2.22	1.81	1.80	1.80	1.79
Commingled Paper (all grades)	\$65.00			7.46				
Single Stream (total)								
Other (specify)								
cardboard -occ		4.10	.29	4.06	5.06		2.02	3.41
<b>Total Tons Received</b>								
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers (metal, glass, plastic)	1.80	1.80	2.03	2.10	2.40	23.73	1.98/mo	
Commingled Paper (all grades)						7.46	.62/MO	
Single Stream (total)								
Other (specify)								
cardboard-occ	3.41	3.17	2.0	2.36	4.39	34.27	2.86/mo	
<b>Total Tons Received</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 <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
<b>Commingled Containers</b> <small>(metal, glass, plastic)</small>			DELAWARE <input type="checkbox"/>	4 <input type="checkbox"/>	
	DIRECT HAUL	NY	CHENANGO <input type="checkbox"/>	7 <input type="checkbox"/>	23.73
			OTSEGO <input type="checkbox"/>	4 <input type="checkbox"/>	
<b>Commingled Paper</b> <small>(all grades)</small>			DELAWARE <input type="checkbox"/>	4 <input type="checkbox"/>	
	DIRECT HAUL		CHENANGO <input type="checkbox"/>	7 <input type="checkbox"/>	7.46
			OTSEGO <input type="checkbox"/>	4 <input type="checkbox"/>	
<b>Single Stream</b> <small>(total)</small>	DIRECT HAUL				
<b>Other</b> (specify)					
CARDBOARD	DIRECT HAUL	NY	CHENANGO <input type="checkbox"/>	7 <input type="checkbox"/>	
		NY	DELAWARE <input type="checkbox"/>	4 <input type="checkbox"/>	34.27
			OTSEGO <input type="checkbox"/>	4 <input type="checkbox"/>	
<b>TOTAL MATERIAL RECEIVED (tons):</b>					65.46

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 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 <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
<b>Commingled Paper</b> <small>(all grades)</small>	BURT ADAMS DISPOSAL, COMBES LANE, NORWICH	NY	CHENANGO <input type="checkbox"/>	7 <input type="checkbox"/>	7.46
<b>Corrugated Cardboard</b>	BURT ADAMS DISPOSAL, NORWICH, NY	NY	CHENANGO <input type="checkbox"/>	7 <input type="checkbox"/>	34.27
	CHENANGO COUNTY LANDFILL, NORWICH	NY	CHENANGO <input type="checkbox"/>	7 <input type="checkbox"/>	
<b>Junk Mail</b>					
<b>Magazines</b>					
<b>Newspaper</b>					
<b>Office Paper</b>	N/A				
<b>Paperboard / Boxboard</b>	N/A				
<b>Other Paper (specify)</b>	N/A				
<b>TOTAL PAPER RECOVERED (tons):</b>					41.73

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 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)	N/A				
<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					
Bulk Metal	OTSEGO AUTO CRUSHERS, NORWICH	NY	CHENANGO <input type="checkbox"/>	7 <input type="checkbox"/>	8
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers	N/A				
Other Metal (specify)					
<b>TOTAL METAL RECOVERED (tons):</b> 8					

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 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)					
Other Rigid Plastics (#3 - #7)	N/A				
Industrial Scrap Plastic	N/A				
Plastic Film & Bags	N/A				
Other Plastics (specify)					
<b>TOTAL PLASTIC RECOVERED (tons):</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.

**VOLUME TO WEIGHT CONVERSION FACTORS**

MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT	
GLASS – w hole 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 - uncompactd	1 cubic yard	0.10 tons
NEWSPRINT - loose	1 cubic yard	0.29 tons	PLASTIC - styrofoam	1 cubic yard	0.02 tons	WHITE GOODS - compactd	1 cubic yard	0.5 tons
NEWSPRINT - compactd	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)	DELAWARE COUNTY LANDFILL	NY	DELAWARE <input type="checkbox"/>	4 <input type="checkbox"/>	23.73
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					

**TOTAL MIXED MATERIAL RECOVERED (tons):** 23.73

**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)					

**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.

Caroline D. Laing  
Signature

2/27/20  
Date

Caroline D. Laing  
Name (Print or Type)

Partner, Laing Trucking  
Title (Print or Type)

laingtrucking@frontier.com  
Email (Print or Type)

133 H. S. ROAD  
Address

BAIDBRIDGE  
City

NY 13733  
State and Zip

(607) 856-6365  
Phone Number

ATTACHMENTS:  YES  NO

**Division of Materials Management  
New York State Department of Environmental Conservation  
Albany, New York 12233-7260**

**RECYCLABLES HANDLING & RECOVERY FACILITY**

A Recyclable Handling and Recovery Facility is a facility that receives source-separated recyclables. Further information and a listing of the recyclable handling and recovery facilities are available online at <http://www.dec.ny.gov/chemical/50793.html>.

If your facility is authorized to operate a construction and demolition debris handling and recovery facility you need to submit a Construction and Demolition Debris Handling and Recovery Facility Annual Report.

If your facility is authorized to operate as a transfer facility you need to submit a Transfer Facility Annual Report. If your facility is authorized to operate as a recyclables handling & recovery facility and a transfer facility you must submit both annual reports.

Forms for all solid waste management facilities can be found at <http://www.dec.ny.gov/chemical/52706.html> and a brief description of each type of facility can be found at <http://www.dec.ny.gov/chemical/8495.html>.

**Annual Report**

**Submit the Annual Report no later than March 1, 2020.**

Reporting of the information indicated on this Recyclables Handling and Recovery Facility Annual Report form is required pursuant to 6 NYCRR Part 360. Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual/Quarterly Report requirements of 6 NYCRR Part 360.

Where the Annual Report requirements have been modified, appropriate Sections (as necessary to reflect the modification) must be completed and submitted with a copy of the Department's written notification which allows the modification.

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

**SECTION 3 – SERVICE AREA OF MATERIAL RECEIVED**

Identify the facility's service area by indicating the type and amount of material received, the Solid Waste Management facility (SWMF) from which it was received by your facility (or Direct Haul), the corresponding State/Country, the County/Province, and the NYS Planning Unit from which waste was received. **Refer to the list of NYS Planning Units that can be found at the end of this report.** The Total Tons Received reported below should equal the Total Tons Received in Section 2. **DO NOT REPORT IN CUBIC YARDS!**

**Additional Service Area Guidance:**

- 1) Direct hauled from the generator of the recyclables. In the case where the recyclables are hauled to your recycling facility from the generator (i.e. hauled from residences, commercial establishments, etc.), "Direct Haul" would be the appropriate response in Column 2 under "Service Area". Please report the tonnage by material type and identify the state, county and planning unit where it was generated; or
- 2) Sent to your recycling facility from another solid waste management facility. Recyclables may be sent to your recycling facility from another solid waste management facility. In this case, please report the tonnage by material type from each sending solid waste management facility, as well as the sending facility's name, address, county, and the planning unit where the sending facility is located.