

WASTE TIRE HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-8678.)

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

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

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Service Tire Truck Centers			
FACILITY LOCATION ADDRESS: 2801 Court St	FACILITY CITY: Syracuse	STATE: NY	ZIP CODE: 13208
FACILITY TOWN: Salina	FACILITY COUNTY: Onondaga	FACILITY PHONE NUMBER: 315-295-8473	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: 7
360 PERMIT #:	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:
FACILITY CONTACT: Delaura Bachmann	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 315-295-8473	CONTACT FAX NUMBER: 315-295-8474
CONTACT EMAIL ADDRESS: dbachmann@sttc.com			
OWNER INFORMATION			
OWNER NAME: Walter Dealtrey	OWNER PHONE NUMBER: 610-954-8473	OWNER FAX NUMBER: 610-954-5983	
OWNER ADDRESS: 2255 Avenue A	OWNER CITY: Bethlehem	STATE: PA	ZIP CODE: 18017
OWNER CONTACT: " "	OWNER CONTACT EMAIL ADDRESS: wdealtrey@sttc.com		
OPERATOR INFORMATION			
OPERATOR NAME:	<input 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 type="checkbox"/> Owner address <input checked="" type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input checked="" type="checkbox"/> Other (provide): sdealtrey@sttc.com			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input checked="" type="checkbox"/> Other (provide): Scott Dealtrey, sdealtrey@sttc.com			

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 - WASTE TIRES RECEIVED

Provide the tonnages of waste tires received. Include all types of waste tires received. **DO NOT REPORT IN NUMBER OF TIRES!**

Specify the methods used to measure the quantities disposed and the percentages measured by each method:

_____ % Scale Weight

_____ % Estimated

_____ % Truck Count

100 _____ % Other (Specify: NY DEC Tire Conversion Factor)

Type of Waste Tire	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Whole Tires - passenger	2.4	1	1.7	2	4.7	2.5	1.1
Whole Tires - truck	3.9	5.1	5	4.3	2.9	5	8.1
Whole Tires - OTR							
Tire Chips							
Other (specify)							
Total Tons Received	6.3	6.2	6.7	6.3	7.6	7.5	9.2

SECTION 2 - WASTE TIRES RECEIVED (continued)

Type of Waste Tire	Tip Fee (\$/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Whole Tires - passenger		3	2.8	1.8	2.3	2.4	27.8	.07
Whole Tires - truck		3.7	4.7	6.7	4.9	6.6	60.8	.16
Whole Tires - OTR								
Tire Chips								
Other (specify)								
Total Tons Received		6.7	7.5	8.5	7.2	9	88.6	.23

SERVICE AREA OF WASTE TIRES RECEIVED					
TYPE OF WASTE TIRE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul" AND PART 364 TRANSPORTER PERMIT #	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Tire Chips					
Other (specify)					
TOTAL RECEIVED (tons):					88.6

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

SECTION 5 – WASTE TIRE STORAGE

Provide the **tonnage** of waste tires stored. DO NOT REPORT IN NUMBER OF TIRES!

WASTE TIRE STORAGE		
TYPE OF WASTE TIRE	TONS AT THE BEGINNING OF THE REPORTING PERIOD	TONS AT THE END OF THE REPORTING PERIOD
Whole Tires - passenger	.39	.84
Whole Tires - truck	3.7	2.7
Whole Tires - OTR		
Tire Chips		
Other (specify)		
TOTAL	4.09	3.54

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 Permitting and Planning
625 Broadway
Albany, New York 12233-7260
Fax 518-402-9041
Email address: SWMAnnualreport@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

3/4/2020

Date

Scott Dealtrey

Name (Print or Type)

Vp Of Operations

Title (Print or Type)

sdealtrey@sttc.com

Email (Print or Type)

2225 Avenue A

Address

Bethlehem

City

PA, 18017

State and Zip

610 954 8473

Phone Number

ATTACHMENTS: YES NO

