CNY RESOURCE RECOVERY, INC.



DATE: 2/13/2020

From: Russell Gower Send to: DEC.

Office Location: Syracuse NY Attention: Phone Number: 315 - 471 - 0254 Office Location: CENTRAL

OFFICE Number of Pages, Including Cover: 2/

Fax Number: OFFICE | Number of Pages, Including Co
□ URGENT SI8 -402 -9041 □ REPLY ASAP □ PLEASE COMMENT □

☐ FOR YOUR INFORMATION PLEASE REVIEW

COMMENTS:

TO: DEC CENTRAL OFFICE

Annual Reports for 2 Locations

Ward copies to follow in mail to appropriate Regional Office 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 awmfannualreport@dec.nv.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 <u>January 01, 2019</u> to <u>December 31, 2019</u>

SECTION 1 - GENERAL INFORMATION

FACILITY NAME:		7	- 0			
CNY RESOUR			<u>.</u>	me salaminia ya Te sara	·	
FACILITY LOCATION ADDRESS	FACILITY LOCATION ADDRESS: FACILITY CITY:				STATE:	ZIP CODE:
5879 FIRESTONE FACILITY TOWN:	DR.	Sye	ACUSE		ŊΥ	
FACILITY TOWN:	esta in internative de la constantive de la cons	FACILITY	COUNTY:	1		NE NUMBER:
DEWITT			DNOAGA			11-0254
FACILITY NYS PLANNING UNIT:	(A list of NY	/S Planning Vo	its can be found at the end	of this rep		BDEC GION#: 7
360 PERMIT #: (Refer to DEC Permit)	DATE IS	38UED:	DATE EXPIRES:	REGI	STRATION	7TY CODE OR I NUMBER:(Refer to 34 R. 20016
FACILITY CONTACT:	gelisteraphy esse hing purp et d. ayan	☐ public	CONTACT PHONE	Angele constitution of the	CONTACT	FAX NUMBER:
RUSSELL GOWE	₹	☐priva te	NUMBER: 315-471-025	-u	315-4	71-02-18
CONTACT EMAIL ADDRESS:		<u>-esour</u>	erecovery (m2507 3	100.00	
				10.2		8
OWNER NAME:			HONE NUMBER:		ER FAX N	
KUSSELL GOWER	In-		471-0254	319		- 0218
OWNER ADDRESS: 5879 FIRESTON	= 10	OWNER C			STATE:	IZIP CODE:
OWNER CONTACT:	- 11-	OWNER	CACUSE CONTACT EMAIL ADD	RESS:	\ <u>* </u>	1 10000
		1 cm	yresourcere	COUR	ry @	jahoo.com
			resolventation	11 # # UPAN I		
OPERATOR NAME:	ne asowner				□public □private	
	Control but a control to the control of the	DESCRIPTION OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OW	PR III. 6 4 5 SPARS ON SECURIOR CONTROL SEC			
Preferred address to receive corre. Other (provide):	spondena	e: 🗷 Facility l	location address		Owner addres	36
Preferred email address: Facil	ity Contact		Dwner Contact		0-143000-00	
Preferred individual to receive corn Other (provide):	esponden	ICO: 🗷 Facil	lity Contact 🚨 O	wner Conta	ct	
	WELL A TOP THE PRINCE OF THE PARTY.	Barrier Laboratory				
Did you operate in 2019? 🗹 Ye	•					
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.nv.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!

Material	Tip Fee	January	February	March	April	May	June	July
an agertan	(\$/Ton)	(toes)	(tons)	(tons)	(tons)	(tons)	(tons)	(tons)
Commingled Containers (metal, glass, plastic)	N/A	NIA	NIA	NIA	NA	NA	N/A	NIA
Commingled Paper (all grades)	_ / ·		1	, in the second		,		
Single Stream								
Other (specify)					et and a second			
N aterial	August (tons)	September (tors)	October (lons)	November (tons)	December (tons)		i Year xns)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)	NA	NIA	NIA	NIA	NA			
Commingled Paper (all grades)	ſ	* **		***************************************				
Single Stream (total)			Hills.de wy	and district or of many	* **illume_a			
Other (specify)	1							
					,			
								1
			<u></u>				·	
							<u> </u>	

If the material type is not listed, use one of the "Other" ines 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.

Additional Information for: CNY Resource Recovery DEC REG # 34 R 20046

SECTION 2 - MATERIAL RECEMED

Please provide the tournames 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:

9 % Scale Weight

20 % Estimated

20 % Truck Count

% Other (Specify:

Material	Tip Fee (\$FTom)	Janeary (tous)	February (term)	March (tons)	April (taus)	May (texts)	June (teas)	duly (tons)
Parc - PRINTWAST		43	23	À À	46	62	43	41
LAROBOARD		215	110	188	163	222	175	166
Plastic		/	0	â	1	/	1	18.6
BATTERIES /LEAD		18	18	40-Batteries 1.08 LEGS	41	0	36	57
STEEL		11	16	8	14	35	57	10
STAINLESS STEEL	<u> </u>	20	18	0	18	18	0	<i>20</i>
Microl Non-Firens		5/04	56	16	75,3	28.7	50.3	3/
Total Tons Recei	wed							
Motorial	August (tons)	September (teas)	October (tone)	November	December		Year	Daily Avg.
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	()	((tome)	(tone)	(to	(20)	(Ross)
Paper of News	22	5 Q	24	22	21	421	- Said in security of the	
PAROBOARD								1.35
<u> </u>	22 199	52 128	24	22		421 2035		
CARDBOARD Plastic	22 199	52 128 0	24	22 175		421	2	1.35
CARDBOARD	32 199	52 128 0	24 214	22 125 0 :	21 77 1	421 2035 27.6	2	1.35
CARDBOARD Plastic Batteries / 15AD	22 199 1 62,35 Bath	52 128 0	24 214 162	22 125 0 :	21 77 1	421 2035 27.6 426	2	1.35 4.5 .088 1.36
CARDBOARD Plastic Batteries / 15AD Steel	22 199 1 62,25 Halfer 25,15 d	52 128 0 123.1460 1.86 coo	24 214 1 62 23	22 125 0 :	21 77 1 0	421 2035 27.6 426 269	.08	1.35 6.5 .088 1.36 .86

If the material type is not field, 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 ill 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 <u>address</u> 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 Hauf" along with the appropriate state, county and planning unit/municipality where the material was generated.

pecify transport method, list type of material(s) and percentages of total material transported by each:					
10 0 % Road: Material(s):	% Rail: Material(s):				
% Water Material(s):	% Other (specify:): Material(s):				

		ing dia an Albin Ng Humangalana			
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	N/A	NA	N/A O	NA O	N/A
Containers			. 0	0	
(metal, glass, plastic)				0	
			0	0	
Commingled Paper (all grades)			•	0	
(an grave)			0	0	
			0	0	
Single Stream		TWOLEGE	0	. 0	
liorari		A A A A A A A A A A A A A A A A A A A	•	0	
Other (specify)			0	0	*
		T Total Control of the Control of th	•	0	
		A. H. A.	0	0	
			, 0	0	
	4	1	¥ 0	0	
er are destructive for the control of	and the state of t		-AUGULANE		de la respectación de la companya d

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 & I	RECOVERED MATERIAL	S
<u>Please identify destination of</u> Destination Planting	f recyclable materials. Indicate the name of thus inning Unit Municipality and the amount of ma	ne facility, <u>address,</u> corresp Iterial recovered. DO NOT i	onding State/Country, County/Province, REPORT IN CUBIC YARDS!
Specify transport method, list typ	e of material(s) and parcentages of total material tran	rsported by each:	
00 % Road: Material(s):		% Rail: Material(s):	
% Water: Material(s):		% Other (specify:): Material(s):

RECOVERED MATERIAL DESTINATION (Name & Address) STATE OR COUNTRY PROVINCE See Attached List of NYS Planning Links Commingled Paper (all grades) Corrugated Cardboard						
Corrugated Cor		 	STATE OR	COUNTY OR	PLANNING UNIT (See Attached List of MYS	TONS RECOVERED (out of facility)
Cardboard		D/A		<u> </u>		
Nagazines		Westrock, Solvay	NY	<u> </u>	<u> </u>	2035
Newspaper Green F. b.c/s - ω. 1 K.s b.ω/y PA	Junk Mail	N/4				
Office Paper Of	Magazines	N/A				
Office Paper	Newspa per	Grem F. bers W. IKsbury	PA			
Boxboard O O Other Paper (specify) Nernah, Brattlebolo V7 O O 410	Office Paper				 	
				<u> </u>		
Huntry Waste	Other Paper (specify) PLINTERS Wast		V7	0	0	

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 manne. 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	N/A		0	0	
Industrial Scrap Glass			0	0	
Other Glass (specify)			0	0	· <u></u>
Salet State (specify			0	0	
	<u> </u>		9	O	
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION MYS PLANNING UNIT (See Attached List of MYS Planning Units)	TONS RECOVERED (out of facility)
Aluminum Foil / Trays			0	0	
The bis Bis as it			0	0	
Bulk Metal			0	0	
Enameled Appliances / White Goods	METALICO, SYRACUSE	NY	onordage 0	0	269
MIKED NON-FEA	eous Solomon Metals, Lynn 185 / Chase BRASS, Montipulier	mA	0	0	462 143
Alum/Copy BR	r · · · · · · · · · · · · · · · · · · ·	OH	0	O	17.3
Conjainers.	ISADACIN BATTSRISSI	3.4	0	0	3.0
Other Metal (specify)	[0]O[]];	CA	Onto Co	0	149
Stainless Steel Balteries	Dominion Nickel, Burligton RSR, Middletown	13 V	ORANGE O	0	206
LAITUIL)	NOR INVALLET WAY		: 27 7 - T - T - T - T - T - T - T - T - T		

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.

PK.O

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

第5号第2号型		1. V			
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION MYS PLANNING UNIT (See Attached List of MYS Planning Units)	TOMS RECOVERED (out of facility)
Commingled Plastic	N/A		0	0	
(#1 - #T)			0	0	
PET (plastic #1)			0	0	
	K+B Plastics		0	0	
HDPE (plastic #2)	Blodge H Mills	-1 NY -1	ortlando	0	27.6
		*	0	0	
Other Rigid Plastics (#3 - #7)		**************************************	<u>0</u>	0	
			0	<u> </u>	
Industrial Scrap Plastic			0	0	
T 12 34 V			0	0	
Plastic Film & Bags -			0	0	
A4 . N			0		
Other Plastics (specify)			. 0	0	
			0	0	226

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	EQUIVALEN	MATERIAL	EQUIVAL	ENT	MATERIAL	EQUIV/	LENT
GLASS - whole bottles	1 cubic yard 0.35	tons GLASS - crushed mechanically	1 cubic yard	0.88 tons	ALUMNUM - cans - whole	1 cubic yard	0.03 tons
GLASS - semi crushed	1 cubic yard 0.70	tons GLASS - uncrushed manually	55 gasion dirum	0.16 tons	ALUMNUM - cans - fiatiened	1 cubic yard	<u> </u>
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 - baled	1 cubic yard	0.38 tons	WHITE GOODS -uncompacted	1 cubic yard	
NEWSPRINT - base	1 cubic yard 0.29	tons PLASTIC - styrofoam	1 cubic yard	0.02 tons	WHITE GOODS -compacted	1 cubic yard	
NEWSPRINT - compacted	1 cubic yard 0.43	tons PLASTIC - HDPE - whole	1 cubic yard	0.012 tons	THE PARK THE PERSONS	Selfer in the	de la Propie
CORRUGATED - locee	1 cubic yerd 0.01	5 tons PLASTIC - HDPE - flatterned 1			添 有""	367	100
CORRUGATED - balled	1 cubic yard 0.55	tons PLASTIC HDPE - baled			FERROUS METAL - cars whole		
The programmer of the		PLASTIC - mixed (gracery bags)			PERROUS METAL - cans	1 cubic yard	 _

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	11/0		0	0	
Containers	10/15		0	0	
(metal, glass, plastic)			0	0	
			0	0	
Commingled Paper & Containers			0	0	
	Blancy		0	•	
Single Officer			0	0	
Single Stream (total)			0	0	
			0	0	
Other (specify)			0	0	
			0	0	
			0	0	
		TOTAL			
		in territorio de la composición de la La composición de la			
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	NIA		0	0	
Dectionics	· · · · · · · · · · · · · · · · · · ·		0	0	
Textiles			0	0	
I CAMICS			0	0	
Other (specify)			0	0	
	1,		0	0	
	W/		0	٥	

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 unau Yes		waste been received at s, give information below	- -	reporting period? tach additional sheets if necessary):				
D	ate Received	Type Received	Date Disposed	Disposal Method & Location				
M'Hindenadessass								
	SECTION	7 - COST ESTIMAT	ES AND FINAN	CIAL ASSURANCE DOCUMENTS				
Are ther	e required cost	t estimates and financia	l assurance documer	nts for closure?				
Yes		es, attach additional she sure Plan?	ets reflecting annua	adjustments for inflation and any changes to the				
Ware ar	uv problems en		CTION 8 ~ PRO	BLEMS specific occurrences which have led to changes in				
facility p	rocedures)?	oodinered during the re	porting period (e.g., c	specific accept closes willout the lead to clight geo in				
Yes		es, attach additional she blem.	ets identifying each	problem and the methods for resolution of the				
and the second s	takalikita dahida	SI	ECTION 9 CHA	NGES				
Were th	ere any change	es from approved report	s, plans, specificatio	ns, and permit conditions?				
Yes No If yes, attach additional sheets identifying changes with a justification for each change.								
			· · · · · · · · · · · · · · · · · · ·					
	SECTIO	N 10 - PERMIT/CO	NSENT ORDER	REPORTING REQUIREMENTS				
Are ther form?	e any additions	al permit/consent order r	eporting requiremen	ts not covered by the previous sections of this				
☐Yes	Yes XNo 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:

ATTACHMENTS: Tyes To No

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.

$oldsymbol{S}(2)$ of the Environmental Conservation Law an	id section 210.45 of the Penal Lav
Susal av. bour	2/13/2020
Signature	Carrie
Russell W. Gower Name (Print or Type)	FRESIDENT
Name (Print or Type)	Title (Print or Type)
Chyresource recovers	1 (D) yahoo Com
Email (Prin	t or Type)
5879 FIRESTONE DR.	Syracuse
Address	/ City
N.Y 13206	(<u>315) 471- 0354</u> Phone Number
State and Zip	Phone Number

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email awmfannualreport@dec.nv.gov or call 618-402-8678.)

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

SECTION - GENERAL INTO MARKET THE PROPERTY OF							
FACILITY NAME:							
CNY NORT	H EA.	ST		111.4 211.4			
FACILITY LOCATION ADDRESS:		FACILITY CITY:		S	STATE: ZIP CODE:		
12521 US R+. 1	12521 US R+. 11		ADAMS CENTER		1	13606	
FACILITY TOWN:	FACILITY TOWN:		FACILITY COUNTY:		FACILITY PHONE NUMBER:		
ADAMS CENTER	ADAMS CENTER		JEFFERSON		315-583-5554		
FACILITY NYS PLANNING UNIT: DANC	(A list of NY	S <u>Planning Vo</u>	its can be found at the end of	this report).		SDEC GION#: 6	
360 PERMIT #: (Refer to DEC Parmit)	DATE IS	SUED:	DATE EXPIRES:	REGISTI	RATION	/ITY CODE OR I NUMBER:(Refer to 23 R 2 0005	
FACILITY CONTACT:	CHAPTER OF THE STATE OF THE STA	🔲 public	CONTACT PHONE	CO	NTACT	FAX NUMBER:	
Ben Gower	ļ	2 private	NUMBER: 3157583.7555	4 3	5- ک	83-5560	
CONTACT EMAIL ADDRESS:							
OWNER NAME:		Discountries in the section of the	HONE NUMBER:	OWNER	FAX N	UMBER:	
Russell Gower	-	315-	471-0254			11-0218	
OWNER ADDRESS: OWNER CITY: STA				ZIP CODE:			
5879 FIRESTONE DR. SYRACUSE NY 13206 OWNER CONTACT: OWNER CONTACT EMAIL ADDRESS:				13206			
OWNER GOIVIAGI.		1			ا سيد	0.00	
			ITSOUTCE FECOV		フー ソル (関連機構)		
	n asowner				public private		
Preferred address to receive correspondence: ☐ Facility location address ☐ Owner address ☐ Owner address ☐ Owner address							
Preferred email address: Facility Contact							
Preferred Individual to receive correspondence:							
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/registratio Solid Waste Management Facility o	n associa	ted with this	solid waste managemen	nt activity.	also cor	molete the "Inactive I	

additional Information for CNY NorthEast DEC REG# 23R20005

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. DO NOT REPORT IN CUBIC YARDS!

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

20 % Scale Weight

* Estimated

30 % Truck Count

____% Other (Specify: ____

Material	Tip Fee (\$FTon)	January (toms)	Followary (Inno.)	March (tons)	April (town)	ithey (tens)	.hune (hans)	July (tous)
PROSC - PRINTWAST		0	0	0	0	0	0	0
LAROBOARD .		131	204	159	164	238	146	48
Plastic		0	0	0	0	.0	0	0
BATTERIES /LEAD		11.6	0	D	30.63 Batter 371 1500	0	0	21.15
STEEL		0	0	1.	0	0	0	1
STAINLESS STEEL	ž Ž	1.65	1.71	0	0	1.18	.0	1.09
Mixad Non-Famous		2.8	13.3	3.62	14	13.6	21.7	20.7
Total Tone Receiv	ed							
	August	September	October		December	Take	Year	Daily Avg.
Material	(tons)	(tons)	(pant)	November (tone)	(Jour)) (***)	(tons)
Printwaster Paper - News CARDROARD					(tons)) `	(tons)
laper - + News			(tame)	(tone)	(tone)	0) `	3.98 O
Plastic			(tame)	(tone)	(tone)	0) `	
Paper - Printingster PARDROARD		(tom) 0 37 0	(tame)	(1000) 0 25 0	(1000) O O 2 /	0 1246 0) `	3.98 O
Paper - Printwaster Paper - ANOWS CARDROARD Plastic Batteries / LSAD		(tom) 0 37 0	(tame)	0 25 0	(1000) O O 2 /	0 1246		3.98 0 129
Printwaster Printwaster Paper-+ News CARDROARD Plastic Batteries / LSAD Steel		0 37 0 16 0	0 49 0	0 25 0	(1000) 0 0 21 .5	0 1246 0 90.75 3.5	9	3.98 0 ,29 ,011

If the material type is not listed, use one of the "Other" lines and fill in the name of the materials. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If slift more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

regardless of their destination after processing.

June

(tons)

July

ftons)

Dally Avg.

(tons)

May

(tons)

Total Year

(tons)

are needed, cross out an unused type and fill in used type, and fill in the other materials name.

1 Section 2 (Sold Waste

long with the appropriate

ropriate state, county and

TONS RECEIVED

i type and fill in the oother

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:

ATTACHMENTS: TYES TO NO

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.

(%) of the Challoumental Couselagnon Fam an	iu section 2 iv.45 pi trie Fenal Lav
Susselle Hour	2/13/2020
Signatuře	Dat # /
Russell Lo. Gower Name (Print or Type)	Possibent Title (Print or Type)
CAY Frequence recovery (Vahoo Com
Email/(Prin	(or Type)
5879 FIRESTONE DR	<u>Sypacuse</u> City
Address	Čity
	(315)471-0254
State and Zip	Phone Number