

CNY RESOURCE RECOVERY, INC. ● ● ●

DATE: 2/13/2020

Send to: DEC

Attention:

Office Location: CENTRAL

Fax Number: OFFICE

URGENT ⁵¹⁸⁻⁴⁰²⁻⁹⁰⁴¹

PLEASE REVIEW

COMMENTS:

From: Russell Gower

Office Location: Syracuse NY

Phone Number: 315-471-0254

Number of Pages, Including Cover: 21

REPLY ASAP PLEASE COMMENT

FOR YOUR INFORMATION

TO: DEC CENTRAL OFFICE

Annual Reports for
2 Locations

Hard 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 awmannualreport@dec.ny.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

FACILITY INFORMATION			
FACILITY NAME: CNY RESOURCE RECOVERY, INC.			
FACILITY LOCATION ADDRESS: 5879 FIRESTONE DR.	FACILITY CITY: SYRACUSE	STATE: NY	ZIP CODE: 13206
FACILITY TOWN: DEWITT	FACILITY COUNTY: ONONDAGA	FACILITY PHONE NUMBER: 315-471-0254	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report.)			NYSDEC REGION #: 7
360 PERMIT #: (Refer to DEC Permit)	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 34R20016
FACILITY CONTACT: RUSSELL GOWER	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 315-471-0254	CONTACT FAX NUMBER: 315-471-0218
CONTACT EMAIL ADDRESS: cnyresourcecovery@yahoo.com			
OWNER INFORMATION			
OWNER NAME: RUSSELL GOWER	OWNER PHONE NUMBER: 315-471-0254	OWNER FAX NUMBER: 315-471-0218	
OWNER ADDRESS: 5879 FIRESTONE DR.	OWNER CITY: SYRACUSE	STATE: NY	ZIP CODE: 13206
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: CNYresourcecovery@yahoo.com		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> same as owner	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input 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:

70 % Scale Weight 20 % Estimated
 30 % Truck Count % Other (Specify: _____)

Material	Tip Fee (\$/Tons)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Paper - PRINTWASTE & NEWS		43	23	22	46	62	43	41
CARDBOARD		215	110	188	163	222	175	166
Plastic		1	0	2	1	1	1	18.6
BATTERIES/LEAD		18	18	40 - Batteries 1.08 LEAD	41	0	36	57
STEEL		11	16	8	14	35	57	10
STAINLESS STEEL		20	18	0	18	18	0	20
Mixed Non-Ferrous		51.4	56	16	75.3	78.7	50.3	31
Total Tons Received								
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Paper - Printwaste & News	22	52	24	22	21	421	1.35	
CARDBOARD	199	128	214	175	77	2035	6.5	
Plastic	1	0	1	0	1	27.6	.088	
BATTERIES/LEAD	62.25 BATTERIES 25.15 LEAD	23.14 BATTERIES 1.86 LEAD	62	65	0	426.08	1.36	
Steel	68	11	23	11	5	269	.86	
Stainless Steel	0	18	18	0	20	150	.48	
Mixed Non-Ferrous	70.2	40.15	44.2	62	30.6	605.85	1.94	
Total Tons Received						3934.53	12.578	

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 material 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:

100 % Road: Material(s): _____ % Rail: Material(s): _____
 _____ % Water: Material(s): _____ % Other (specify: _____): Material(s): _____

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
Commingled Containers <small>(metal, glass, plastic)</small>	N/A	N/A	N/A	N/A	N/A
Commingled Paper <small>(all grades)</small>					
Single Stream <small>(total)</small>					
Other (specify)					
TOTAL MATERIAL RECEIVED (tons)					

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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): _____

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)	N/A		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Corrugated Cardboard	Westrock, Salway	NY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2035
Junk Mail	N/A		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Magazines	N/A		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Newspaper	Green Fibers - Wilkesbury	PA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11
Office Paper			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Paperboard/Boxboard			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other Paper (specify)	Nermax, Brattleboro	VT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	410
Printed Waste			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TOTAL PAPER RECOVERED:					2556

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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 ↓		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Industrial Scrap Glass			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other Glass (specify)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TOTAL GLASS RECOVERED (tons)					
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			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Bulk Metal			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Enameled Appliances / White Goods	METALICO, SYRACUSE	NY	Onondaga	<input checked="" type="checkbox"/>	269
MIXED NON-FERROUS Industrial Scrap Metal	Salomon Metals, Lynn	MA		<input checked="" type="checkbox"/>	462
Alum/Cops/BRASS	Chase BRASS, Montpelier	OH		<input checked="" type="checkbox"/>	143
Tin & Aluminum Containers				<input checked="" type="checkbox"/>	
Other Metal (specify)	LEAD ACID BATTERIES Tonoli	CA		<input checked="" type="checkbox"/>	220
Stainless Steel	Dominion Nickel, Burlington	CA	Ontario	<input checked="" type="checkbox"/>	149
Batteries	RSR, Middletown	NY	ORANGE	<input checked="" type="checkbox"/>	206
TOTAL METAL RECOVERED (tons)					

LEAD ACID

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)	K+B Plastics				
HDPE (plastic #2)		Blodgett Mills	NY	Cortland	27.6
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
TOTAL PLASTIC RECOVERED (tons)					27.6

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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 - whole	1 cubic yard	0.08 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 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 (grocery bags)	45 gallon bag	0.01 tons	FERROUS METAL - cans	1 cubic yard	0.43 tons

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 Containers (metal, glass, plastic)	N/A		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
Commingled Paper & Containers	↓		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
Single Stream (total)	↓		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	↓		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

TOTAL MIXED MATERIAL RECOVERED (tons)

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		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
Textiles	↓		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	↓		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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-
7280 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

2/13/2020
Date

Russell W. Gower
Name (Print or Type)

PRESIDENT
Title (Print or Type)

nyresource recovery@yahoo.com
Email (Print or Type)

5879 FIRESTONE DR.
Address

Syracuse
City

N.Y 13206
State and Zip

(315) 471-0254
Phone Number

ATTACHMENTS: YES NO

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email swm/annualreport@dec.ny.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

FACILITY INFORMATION			
FACILITY NAME: CNY NORTH EAST			
FACILITY LOCATION ADDRESS: 12521 US RT. 11	FACILITY CITY: ADAMS CENTER	STATE: NY	ZIP CODE: 13606
FACILITY TOWN: ADAMS CENTER	FACILITY COUNTY: JEFFERSON	FACILITY PHONE NUMBER: 315-583-5554	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). DANC			NYSDEC REGION #: 6
360 PERMIT #: (Refer to DEC Permit)	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 23R20005
FACILITY CONTACT: Ben Gower	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 315-583-5554	CONTACT FAX NUMBER: 315-583-5560
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Russell Gower	OWNER PHONE NUMBER: 315-471-0254	OWNER FAX NUMBER: 315-471-0218	
OWNER ADDRESS: 5879 FIRESTONE DR.	OWNER CITY: Syracuse	STATE: NY	ZIP CODE: 13206
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: CNYITSOURCE.RECOVERY@yahoo.com		
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input 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/52708.html>.

Additional Information for CNY Northeast DEC Reg# 23R20005

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:

70 % Scale Weight
30 % Truck Count

~~200~~ % Estimated
 % Other (Specify: _____)

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Paper- Printwaste & News		0	0	0	0	0	0	0
Cardboard		131	204	159	164	238	146	48
Plastic		0	0	0	0	0	0	0
Batteries/Lead		11.6	0	0	30.63 Batteries 37 Lead	0	0	21.15
Steel		0	0	1	0	0	0	1
Stainless Steel		1.65	1.71	0	0	1.18	0	1.09
Mixed Non-Ferrous		7.8	13.3	3.62	14	13.6	21.7	20.7
Total Tons Received								
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Paper- Printwaste & News	0	0	0	0	0	0	0	
Cardboard	45	37	49	25	0	1246	3.98	
Plastic	0	0	0	0	0	0	0	
Batteries/Lead	0	16	0	0	21	90.75	1.29	
Steel	0	0	1	0	5	3.5	0.11	
Stainless Steel	0	3.21	3.65	0	0	12.49	0.039	
Mixed Non-Ferrous	25	16.7	26.4	13.6	12.5	188.92	0.603	
Total Tons Received						1541.66	4.923	

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regardless of their destination after processing.

Section 2 (So) Waste

long with the appropriate

ropriate state, county and

May (tons)	June (tons)	July (tons)
N/A	N/A	N/A
/	/	/
/	/	/
/	/	/
/	/	/
/	/	/
/	/	/
Total Year (tons)		Daily Avg. (tons)
/	/	/
/	/	/
/	/	/
/	/	/
/	/	/
/	/	/

TONS RECEIVED	

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

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 518-402-0041
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.

Russell W. Gower
Signature

2/13/2020
Date

Russell W. Gower
Name (Print or Type)

PRESIDENT
Title (Print or Type)

CNY Resource Recovery @ yahoo.com
Email (Print or Type)

5879 FIRESTONE DR
Address

SYRACUSE
City

NY
State and Zip

(315) 471-0254
Phone Number

ATTACHMENTS: YES NO