DEPENDABLE
DISPOSAL

6948 Herman Rd.
Syracuse, NY 13209

Phone: 315-689-9588
Fax: 315-689-6611

MORGAN RUBBISH

EMAIL
~~Fax~~ **Cover Sheet**

To: SWMfannualreport@dec.ny.gov

Attn:

Fax #:

From: MARY KATE FLAHERTY (315-689-9588 EXT. 10)

Date: 2-28-2020

Time: 12:45 PM

Subject: FORM 360 ANNUAL REPORT

Pages: 10 **(including cover sheet)**

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email 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: DEPENDABLE DISPOSAL / MORGAN RUBBISH REMOVAL

FACILITY LOCATION ADDRESS:	FACILITY CITY:	STATE:	ZIP CODE:
6948 HERMAN RD.	SYRACUSE	NY	13209

FACILITY TOWN:	FACILITY COUNTY:	FACILITY PHONE NUMBER:
VAN BUREN	ONONDAGA	315-689-9588

FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). ONONDAGA

NYSDEC REGION #: 7

360 PERMIT #: (Refer to DEC Permit)	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)
7A-752	9/6/2019	9/6/2020	34M20

FACILITY CONTACT:	☐ public ☒ private	CONTACT PHONE NUMBER:	CONTACT FAX NUMBER:
MARY KATE FLAHERTY		315-689-9588 EXT. 10	315-689-6611

CONTACT EMAIL ADDRESS: MFlaherty@morganrubbish.com

OWNER INFORMATION

OWNER NAME:	OWNER PHONE NUMBER:	OWNER FAX NUMBER:
STEVE MORGAN	315-447-9540	315-689-6611

OWNER ADDRESS:	OWNER CITY:	STATE:	ZIP CODE:
169 ROBINEAU RD.	SYRACUSE	NY	13209

OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:
STEVE MORGAN	SMORGAN@MORGANRUBBISH.COM (SMALL LETTERS)

OPERATOR INFORMATION

OPERATOR NAME: ☒ *same as owner* ☐ public ☒ private

PREFERENCES

Preferred address to receive correspondence: ☒ *Facility location address* ☐ *Owner address* ☐ *Other (provide):*

Preferred email address: ☒ *Facility Contact* ☐ *Owner Contact* ☐ *Other (provide):*

Preferred individual to receive correspondence: ☒ *Facility Contact* ☐ *Owner Contact* ☐ *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

vide the tonnages of materials received. This includes all materials received at your facility regardless of their destination after p
DO NOT REPORT IN CUBIC YARDS!

methods used to measure the quantities received and the percentages measured by each method:
le Weight _____% Estimated
k Count _____% Other (Specify: _____)

Material	Tip Fee ($/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	
gled Containers (s, plastic)								
gled Paper (all								
ream		122.92	141.38	99.03	182.74	186.78	156.42	14
cify)								
Total Tons Received								

Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Dai
gled Containers (s, plastic)							
gled Paper (all							
ream	132.62	204.3	177.98	145.27	163.93	1861.97	5.
cify)							
Received							

terial 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 a
er 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 3 – SERVICE AREA OF MATERIAL RECEIVED

tify where the material is coming from. The total tons received reported below should equal the total tons received in Section 2 (Received). DO NOT REPORT IN CUBIC YARDS!

e material ***WAS*** received from another solid waste management facility, please write in the name *and* address of the facility along with the e, county and planning unit/municipality.

e material ***WAS NOT*** received from another solid waste management facility, please write in "***Direct Haul***" along with the appropriate state ning unit/municipality where the material was generated.

sport method, list type of material(s) and percentages of total material transported by each:

ad: Material(s):_____ _____% Rail: Material(s):_____

ter: Material(s):_____ _____% Other (specify: _____): Material(s):_____

SERVICE AREA OF MATERIAL RECEIVED (where the material is coming from)					
RIAL	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
ed plastic)					
ed Paper					
eam	DIRECT HAUL	NY	ONONDAGA	ONONDAGA COUNTY REGION #7	186
ify)					
				TOTAL MATERIAL RECEIVED (tons):	186

ial 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 i naterials 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

ed (12/19)

SECTION 4 – RESIDUE

e (tons) = _____ Residue destination (Name & Address) WASTE MANAGEMENT LIVERPOOL, NY
sidue Calculation: Total tons residue/Total tons material received x 100 = _____

SECTION 5 – RECYCLABLES & RECOVERED MATERIALS

entify destination of recyclable materials. Indicate the name of the facility, address, corresponding State/Country, County Destination Planning Unit/Municipality and the amount of material recovered. DO NOT REPORT IN CUBIC YARDS!

sport method, list type of material(s) and percentages of total material transported by each:
ad: Material(s):_____ _____% Rail: Material(s):_____
ter: Material(s):_____ _____% Other (specify: _____): Material(s):_____

PAPER RECOVERED

VERED ERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	REC (out
led Paper					
ed d					
s					
er					
per					
rd/	WASTE MANAGEMENT MORGAN RD. LIVERPOOL, NY. 13088	NY	ONONDAGA	ONONDAGA COUNTY REGION #7	18
per (specify)					

TOTAL PAPER RECOVERED (tons): 18

erial 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 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

VERED ERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	REC (out
Glass	DEPENDABLE DISPOSAL / MORGAN RUBBISH 6948 HERMAN RD. SYRACUSE, NY. 13209	NY	ONONDAGA	ONONDAGA REGION #7	18
Scrap Glass					
	N/A				
ss (specify)	DEPENDABLE DISPOSAL / MORGAN RUBBISH 6948 HERMAN RD. SYRACUSE, NY. 13209	NY	ONONDAGA	ONONDAGA REGION #7	N/

TOTAL GLASS RECOVERED (tons): 18

METAL RECOVERED

VERED ERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	REC (out
Foil / Trays					
Appliances ods					
Scrap Metal	N/A				
ninum s					
al (specify)					

TOTAL METAL RECOVERED (tons): 0

erial 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 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

OVERED ERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	REC (out
led Plastic	DEPENDABLE DISPOSAL/MORGAN RUBBISH 6948 HERMAN RD. SYRACUSE, NY. 13209	NY	ONONDAGA	ONONDAGA REGION 7	
c #1)					
tic #2)					
id Plastics					
Scrap					
m & Bags					
stics (specify)					

TOTAL PLASTIC RECOVERED (tons):

erial 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 i 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

ERIAL	EQUIVALENT		MATERIAL	EQUIVALENT		MATERIAL	EQUIV
hole bottles	1 cubic yard	0.35 tons	GLASS - crushed mechanically	1 cubic yard	0.88 tons	ALUMINUM – cans – whole	1 cubic yard
mi crushed	1 cubic yard	0.70 tons	GLASS - uncrushed manually	55 gallon drum	0.16 tons	ALUMINUM – cans – flattened	1 cubic yard
h grade loose	1 cubic yard	0.18 tons	PLASTIC – PET – whole	1 cubic yard	0.015 tons		
h grade baled	1 cubic yard	0.36 tons	PLASTIC – PET - flattened	1 cubic yard	0.04 tons		
ed loose	1 cubic yard	0.15 tons	PLASTIC – PET - baled	1 cubic yard	0.38 tons	WHITE GOODS - uncompacted	1 cubic yard
- loose	1 cubic yard	0.29 tons	PLASTIC - styrofoam	1 cubic yard	0.02 tons	WHITE GOODS - compacted	1 cubic yard
- compacted	1 cubic yard	0.43 tons	PLASTIC – HDPE – whole	1 cubic yard	0.012 tons		
ED – loose	1 cubic yard	0.015 tons	PLASTIC – HDPE – flattened 1	1 cubic yard	0.03 tons		
ED - baled	1 cubic yard	0.55 tons	PLASTIC – HDPE - baled	1 cubic yard	0.38 tons	FERROUS METAL - cans whole	1 cubic yard
			PLASTIC – mixed (grocery bags)	45 gallon bag	0.01 tons	FERROUS METAL - cans	1 cubic yard

SECTION 5 – RECYCLABLES & RECOVERED MATERIALS (continued)

MIXED MATERIAL RECOVERED

VERED ERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	REC (out
led s , plastic)					
led Paper & s					
eam	WASTE MANAGEMENT MORGAN RD. LIVERPOOL, NY. 13088	NY	ONONDAGA	ONONDAGA REGION #7	18
cify)					

TOTAL MIXED MATERIAL RECOVERED (tons): 18

MISCELLANEOUS MATERIAL RECOVERED

VERED ERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	REC (out
cs					
	N/A				
cify)					

TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons): 0

erial 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 i 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.

Signature

2-28-2020
Date

MARY K. FLAHERTY
Name (Print or Type)

SAFETY/COMPLIANCE MGR.
Title (Print or Type)

MFlaherty@morgancubbish.com
Email (Print or Type)

6948 HERMAN RD.
Address

SYRACUSE
City

NY. 13209
State and Zip

(315) 689-9588
Phone Number

ATTACHMENTS: ☐ YES ☒ NO