RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(if you need assistance filling out this form please email swmfannuaireport@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 <u>January 01, 2019</u> to <u>December 31, 2019</u>

SECTION 1 - GENERAL INFORMATION

	of Lean of the control	FACILITY	(INFORMATION					
FACILITY NAME:								
Bristol Hill RHRF								
FACILITY LOCATION ADDRESS	:	FACILITY	CITY:		STATE:	ZIP CODE:		
3125 State Route	3	Fultor			NY	13069		
FACILITY TOWN:		FACILITY	COUNTY:	FACII	FACILITY PHONE NUMBER:			
Volney		Oswe				-9200		
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Oswego County NYSDEC REGION #: 7								
360 PERMIT #: (Refer to DEC Permit)				NUMBER:(Refer to				
FACILITY CONTACT:		• public	CONTACT PHONE	[0	ONTACT	FAX NUMBER:		
Carl Schmidt		□ private	NUMBER: 315-591-9200	315-591-9203		91-9203		
CONTACT EMAIL ADDRESS: carl.schmidt@oswegocounty.com								
		OWNER	INFORMATION			The Charles of the Control of the Co		
OWNER NAME:						OWNER FAX NUMBER:		
Oswego County Dept of Solid	d Waste			315-	-591-92			
OWNER ADDRESS: 3125 State Route 3		OWNER C		STATE: NY	ZIP CODE: 13069			
OWNER CONTACT:			CONTACT EMAIL ADDRE	=00.	IN T	13008		
Carl Schmidt	ł	1	hmidt@oswego		oty cor	n		
Oan Committee		1	R INFORMATION	,coa,	ity.co.			
OPERATOR NAME:	e as owner	OFERATOR	CINFORMATION	1	 ⊡public			
Attached to the state of the st					□ private			
Conformal address to receive corre	donoc		FERENCES	17 /				
Preferred address to receive corres Other (provide):	зропиенсе	†: ∟. ⊦aciity i	ocation address	I. =U €	Owner addre:	SS .		
Preferred email address: ☐ Facili ☐ Other (provide):								
Preferred individual to receive correspondence:								
Did you operate in 2019? 🖪 Yes	s; Complet	e 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

<u>Please provide the tonnages of materials received.</u> This includes all materials received at your facility regardless of their destination after processing. DO NOT REPORT IN CUBIC YARDS!

[∞] % Scale Weight % Truck Count		-	_% Estimated _% Other (Speci	ify:				
Material Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)								
Single Stream (total)	0	434.15	346.35	395.48	422.84	480.66	462.37	536.43
Other (specify)	<u> </u>							
Total Tons Rece	ived	434.15	346.35	395.48	422.84	480.66	462.37	536.43
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)		tal Year tons)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)						Ì		
Commingled Paper (all grades)								
Single Stream (total)	482.87	484.10	528.33	426.16	530.68	5530.42		21.2
Other (specify)						·		
Í								
					1			

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.

	ood, list type of material(s) and percentages of total material tran	sported by ea	ch:					
100 % Road: Materi	al(s): All	% Rail: Material(s):						
% Water: Mater	rial(s):	% Oth	er (specify:): Material(s):				
	SERVICE AREA OF N	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 (See Attached List of NYS Planning Units)	TONS RECEIVED			
Commingled								
Containers								
(metal, glass, plastic)								
Commingled Paper								
(all grades)								
Single Stream	Direct Haul-Bristol Hill Transfer Station	NY	Oswego County	Oswego County	204.41			
(total)	Hannibal Transfer Station	NY	Oswego County	Oswego County	157.37			
Direct Haul-Haulers		NY	Oswego County	Oswego County	5168.64			
Other (specify)	Electronics-Direct Haul	NY	Oswego County	Oswego County	65.87			
Bulk Metal	Direct Haul	NY	Oswego County	Oswego County	217.38			
License Plates	Direct Haul	NY	Oswego County	Oswego County	2.01			
			·					
	·				1111			

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TOTAL MATERIAL RECEIVED (tons): 5815.68

SECTION 4-RESIDUE

Total residue (tons) = 0 Residue destination (Name & Address) Percent Residue Calculation: Total tons residue/Total tons material received x 100 =									
	SECTION 5 - RECYCLABLES & RECOVERED MATERIALS								
Please identify destina Destina	nation of recyclable materials. Indicate the name ation Planning Unit/Municipality and the amount	e of the facility, <u>a</u> of material reco	<u>iddress,</u> correspo vered. DO NOT F	onding State/Country, (REPORT IN CUBIC YARI	County/Province, OS!				
Specify transport method, list type of material(s) and percentages of total material transported by each: 100									
% Water. Material	l(s):	% Ot	her (specify:): Material(s):					
	PAPER R	ECOVERED							
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)									
Corrugated Cardboard									
Junk Mail									
Magazines									
Newspaper				3					
Office Paper									
Paperboard/ Boxboard									
Other Paper (specify)									
		Bodhalohakanahala	TOTAL PAPE	R RECOVERED (tons):	manisticaritaniko ekitiko (iliana).				

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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	·				
Industrial Scrap Glass					
Other Glass (specify)					
		and produced by the control of the c	TOTAL GLASS R	ECOVERED (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					
Bulk Metal	180 Flood Drive Properties, LLC, Fulton	NY	Oswego County	Oswego County	217.38
Enameled Appliances / White Goods					
Enameled Appliances / White Goods Industrial Scrap Metal					
/ White Goods					
/ White Goods Industrial Scrap Metal Tin & Aluminum					

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SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	PLAS	TIC 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)					
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
		TO	TAL PLASTIC R	ECOVERED (tons):	estrika i i i i i i i i i i i i i i i i i i

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VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVA	ALENT	MATERIAL	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 - whole	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	
PAPER - high grade loose	1 cubic yard	0.18 tons	PLASTIC - PET - whole	1 cubic yard	0.015 tons	Terri kisioosi jossissä ilikuuteen reedoosvalusi ilivaskoisvastas	laidardal detarranas i paiscente:	- Atticipitate per per
PAPER - high grade baled	1 cubic yard	0.36 tons	PLASTIC - PET - flattened	1 cubic yard	0,04 tons		Herral Silbin	
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	•	WHITE GOODS - compacted	1 cubic yard	
NEWSPRINT - compacted	1 cubic yard	0.43 tons	PLASTIC - HDPE - whole	1 cubic yard	0.012 tons		i Milistri III Jamie i riece i	aislaisi siistaa aa ee
CORRUGATED - loose	1 cubic yard	0.015 tons	PLASTIC - HDPE - flattened 1	1 cubic yard	0.03 tons			as masones manera. Sidnida la tables dispu
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
		i dominica d	PLASTIC - mixed (grocery bags)	45 gallon bag	-	FERROUS METAL - cans	1 cubic yard	

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	MIXED MATERIA	AL 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)					
Commingled Paper & Containers					
Single Stream (total)	Oneida-Herkimer Solid Waste Authority, 80 Leland Ave., Utica	NY	Oneida County	Oneide-Herkimer Solid Wa	5530.42
Other (specify)					
	MISCELLANEOUS MA			L RECOVERED (tons	: 5530.42
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	Maven Technologies, LLC, 1450 Lyell Ave., Rochester	NY	Monroe County	Monroe County	65.87
Textiles	St. Pauly Textile, Inc., 1067 Gateway Drive, Farmington (all transfer stations Oswego County system-wide reported here)	NY	Ontario County	Ontario County	35.44
Other (specify)					
	<u> </u>	 Otal:Miscella	 NEOUS MATERIA	L RECOVERED (tons)	<u>.</u> • 101.31

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SECTION 6 – UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received at the facility during the reporting period? If yes, give information below for each incident (attach additional sheets if necessary): Date Disposed Disposal Method & Location **Date Received** Type Received SECTION 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS Are there required cost estimates and financial assurance documents for closure? ™No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Yes 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)? If yes, attach additional sheets identifying each problem and the methods for resolution of the Yes ■No problem. **SECTION 9 - CHANGES** Were there any changes from approved reports, plans, specifications, and permit conditions? If yes, attach additional sheets identifying changes with a justification for each change. Yes No 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	2-25-2020 Date
Carl L. Schmidt	Operations Manager
Name (Print or Type)	Title (Print or Type)
carl.schmidt@oswegcoun	ty.com
Emai	I (Print or Type)
3125 State Route 3	Fulton
Address	City
NY 13069	,315,591 ₉₂₀₀
State and Zip	Phone Number

ATTACHMENTS: YES INO

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