## RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email <a href="mailto:swmfannualreport@dec.nv.gov">swmfannualreport@dec.nv.gov</a> 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:	_			·					
Lowman Drop Off C									
FACILITY LOCATION ADDRESS	:	FACILITY	CITY:		STATE:	ZIP CODE:			
1488 County Route 60					NY	14901			
FACILITY TOWN:	ACILITY TOWN:		FACILITY COUNTY:			FACILITY PHONE NUMBER:			
Lowman			nung County			ASELLA			
FACILITY NYS PLANNING UNIT: Chemung County	(A list of NY	S <u>Planning Un</u>	i <u>its</u> can be found at the end of	this rep		SDEC GION#:8			
360 PERMIT #: (Refer to DEC Permit)	05/03	SUED: 3/2018	DATE EXPIRES:	REGIS		/ITY CODE OR I NUMBER:(Refer to 08R02			
FACILITY CONTACT:		□ public	CONTACT PHONE	C	ONTACT	FAX NUMBER:			
Alexander Roberts			<b>NUMBER:</b> 607-873-3240						
CONTACT EMAIL ADDRESS: ale	xander.rc	berts@cas	sella.com						
OWNER NAME:			INFORMATION	Á ÇÎ XÎV					
Chemung County		607-73	HONE NUMBER:	OWNER FAX NUMBER:					
OWNER ADDRESS:		OWNER C		607-737-0351					
203 Lake St.		Elmira	(	}	STATE: NY	<b>ZIP CODE:</b> 14901			
OWNER CONTACT:		OWNER C	ONTACT EMAIL ADDRE						
Christopher J. Moss		cmoss	@chemungcour	ntyny	.gov				
		OPERATOR	RINFORMATION						
OPERATOR NAME:	e as owner				□ public □ private	·			
		PREF	ERENCES						
Preferred address to receive correspondence: Facility location address  Owner address  Owner address									
Preferred email address: Facility Contact									
Preferred individual to receive correspondence:  Facility Contact  Owner Contact  Owner Contact									
Did you operate in 2019?  Yes; Complete this form.									
to relinquish your permit/registration Solid Waste Management Facility or	n associate	ed with this	Sections 1 and 11. If yo solid waste management	t activity	/. also com	nplete the "Inactive <b>I</b>			

#### **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!

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

% Scale Weight % Truck Count	•		_% Estimated _% Other (Spec	cify:	)			
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)		3.18	2.49	1.03	3.50	4.77	3.64	4.42
Other (specify)								
Total Tons Rece	ived	3.18	2.49	1.03	3.50	4.77	3.64	4.42
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)		tal Year (tons)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)								
Single Stream (total)	3.83	4.45	3.67	3.42	4.84	46.87		0.4
Other (specify)					· ·			
Total Tons Received	3.83	4.45	3.67	3.42	4.84	46.87		0.4
If the material type is not li			_ <u></u>	<u> </u>			erece out an unu	

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 \*\* This information is proprietary to our company but can be provided upon request.

#### SECTION 3 - SERVICE AREA OF MATERIAL RECEIVED

<u>Please identify where the material is coming from.</u> 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:				
	% Rail: Material(s):			
% Water. Material(s):	% Other (specify:): Material(s):			

	SERVICE AREA OF M	ATERIAL RE	CEIVED(where the r	naterial 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	NY	Chemung County	Chemung County	46.87
Other (specify)					
				1	
			TOTAL MATER	RIAL RECEIVED (tons	s): 46.87

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) = Percent Residue Calcu	otal residue (tons) = Residue destination (Name & Address)					
	SECTION 5 - RECYCLABLES & RECOVERED MATERIALS					
<u>Please identify destin</u> Destina	nation of recyclable materials. Indicate the name tion Planning Unit/Municipality and the amount	e of the facility, <u>a</u> of material reco	<u>iddress,</u> corresp vered. DO NOT F	onding State/Country, ( REPORT IN CUBIC YARI	County/Province, OS!	
Specify transport method	d, list type of material(s) and percentages of total materi s): Single Stream	ial transported by e % Ra	each: ail: Material(s):	): Material(s):		
% Water: Material	(s):	% Ot	her (specify:	): Material(s):		
	PAPER B	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 Paper (all grades)						
Corrugated Cardboard						
Junk Mail						
Magazines						
Newspaper						
Office Paper						
Paperboard/		1				
Boxboard						
Other Paper (specify)				<del>,                                      </del>		
			TOTAL PAP	ER RECOVERED (tons):		

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## SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	GLASS RE	COVERED			
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)					
			TOTAL CLASS D	ECOVERED (tons):	
	METALIRE		TOTAL GLASS R	ECOVERED (toris).	
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					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
			TOTAL METAL	RECOVERED (tons): _	·

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## SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	PLASTIC RI	COVERED	1000		
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)					
		T	OTAL PLASTIC R	ECOVERED (tons):	

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#### **VOLUME TO WEIGHT CONVERSION FACTORS**

MATERIAL	EQUIVA	LENT	MATERIAL	EQUIVAL	ENT	MATERIAL	EQUIVA	LENT
GLASS - w hole bottles	1 cubic yard	0.35 tons	GLASS - crushed mechanically	1 cubic yard	0.88 tons	ALUMINUM - cans - w hole	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	0.125 tons
PAPER - high grade loose	1 cubic yard	0.18 tons	PLASTIC - PET - whole	1 cubic yard	0.015 tons			11.14
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	1 cubic yard	0.03 tons			
CORRUGATED - baled	1 cubic yard	0.55 tons	PLASTIC - HDPE - balled	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)

	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)	Chemung County Transfer Station	NY	Chemung County	Chemung County	46.87
Other (specify)					
		TOTAL	MIXED MATERIA	AL RECOVERED (tons	46.87
	MISCELLANEOUS: M/				<u> </u>
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					
Textiles			-		
Other (specify)					
		OTAL MISCELLA	NEOUS MATERIA	AL RECOVERED (tons	):

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# SECTION 6 - UNAUTHORIZED SOLID WASTE

<u> </u>	Date Rece	eived	Type Received	Date Disposed	Disposal Method & Location
_					
	<del>,,</del>				
			<u></u>		
	SECT	TION 7 -	COST ESTIMAT	ES AND FINANCIA	L ASSURANCE DOCUMENTS
Are the				assurance documents fo	
Yes					stments for inflation and any changes to the
		Closur	e Plan?	g	owners of mission and any onanges to the
			SE	CTION 8 - PROBLE	MS
Were a	any probler	ms encou		CTION 8 – PROBLE	
Were a	any probler procedure	ns encou s)?			MS fic occurrences which have led to changes in
acility _	any probler procedure No	s)?	ntered during the rep	porting period (e.g., speci	
acility _	procedure 	s)? If yes, a	ntered during the rep	porting period (e.g., speci	fic occurrences which have led to changes in
acility _	procedure 	s)? If yes, a	ntered during the repartach additional sheen.	porting period (e.g., speci	fic occurrences which have led to changes in em and the methods for resolution of the
Yes	Procedure No	s)? If yes, a probler	ntered during the rep attach additional shee n.	oorting period (e.g., specifiets identifying each problem	fic occurrences which have led to changes in em and the methods for resolution of the
Yes  Vere th	Procedure No	If yes, a probler	ntered during the repartach additional sheen.  SE om approved reports	ets identifying each problematical problematics of the control of	fic occurrences which have led to changes in em and the methods for resolution of the
acility Yes	Procedure No	If yes, a probler	ntered during the repartach additional sheen.  SE om approved reports	ets identifying each problematical problematics of the control of	fic occurrences which have led to changes in em and the methods for resolution of the
Yes  Vere th	Procedure No	If yes, a probler	ntered during the repartach additional sheen.  SE om approved reports	ets identifying each problematical problematics of the control of	fic occurrences which have led to changes in em and the methods for resolution of the
Yes  Vere th	nere any cl	lf yes, a	ntered during the repartach additional sheen.  SE  Dom approved reports attach additional sheen	ets identifying each problematic identifying each problematic identifying each problematic identifying each problematic identifying changes with the control of the control	fic occurrences which have led to changes in em and the methods for resolution of the
Yes Vere th	nere any cl	hanges fr	ntered during the reports attach additional sheet in.  SE  Dom approved reports attach additional sheet	ets identifying each problematic identifying each problematic identifying each problematic identifying changes with the control of the contro	fic occurrences which have led to changes in em and the methods for resolution of the essential states and permit conditions?

# 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 I 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.

Alexander Roberts Signature	02/26/2020 Date
Alexander Roberts	Environmental Analyst
Name (Print or Type)	Title (Print or Type)
alexander.roberts@casella.co	om - 1
Email (Pri	nt or Type)
1488 County Route 60	Elmira
Address	City
NY 14901	<sub>(</sub> 607 <sub>)</sub> 873 <sub>-</sub> 3240
State and Zip	Phone Number