



Department of
Environmental
Conservation

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, 2021.

This annual report is for the year of operation from January 01, 2020 to December 31, 2020

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Power Recycling, A Division of Power Pallet Inc			
FACILITY LOCATION ADDRESS: 4715 State Highway 30	FACILITY CITY: Amsterdam	STATE: NY	ZIP CODE: 12010
FACILITY TOWN: Amsterdam	FACILITY COUNTY: Montgomery	FACILITY PHONE NUMBER: 518-843-3100	
FACILITY NYS PLANNING UNIT: (A list of NYS <u>Planning Units</u> can be found at the end of this report). Montgomery county / Unit #4			NYSDEC REGION #: 4
360 PERMIT #: (Refer to DEC Permit) n/a	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)
FACILITY CONTACT: Ryan Donadio	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 518-843-3100	CONTACT FAX NUMBER: 518-843-6900
CONTACT EMAIL ADDRESS: ryan@powerpalletinc.com			
OWNER INFORMATION			
OWNER NAME: Gary Donadio	OWNER PHONE NUMBER: 518-843-3100	OWNER FAX NUMBER: 518-843-6900	
OWNER ADDRESS: 4715 State Highway 30	OWNER CITY: Amsterdam	STATE: NY	ZIP CODE: 12010
OWNER CONTACT: Gary Donadio	OWNER CONTACT EMAIL ADDRESS: gary@powerpalletinc.com		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> same as owner	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
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 2020? 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:

_____ % Scale Weight

_____ % Estimated

Recycling Type:

_____ % Truck Count

_____ % Other (Specify: _____)

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)		569	587	712	597	393	735	595
Single Stream (total)								
Other (specify) Plastics		60	72	54	68	9	51	
Total Tons Received								
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)	719	691	724	519	522	7404	28	
Single Stream (total)								
Other (specify) Plastic	52	53	65	43	63	580	2	
Total Tons Received								

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 MATWERIAL RECEIVED

City	State	Item_Name	Quantity
Springfield VT	Out of State	paper	2510
Rocky Hill, CT	Out of State	plastic	32735
Windsor, VT	Out of State	paper	60665
Bridgewater, VT	Out of State	paper	62375
Bridgewater, VT	Out of State	paper	995
Bridgewater, VT	Out of State	plastic	5169
Waterbury, CT	Out of State	paper	110650
Newport, VT	Out of State	plastic	22240
Guilderland	Albany	paper	1055026
Latham	Albany	plastic	52643
Plattsburgh	Clinton	paper	76925
Hudson	Columbia	plastic	9877
Hudson	Columbia	paper	83814
Delhi	Delaware	paper	2176357
Poughkeepsie	Dutchess	paper	461391
Buffalo	Erie	paper	206700
Johnstown	Fulton	plastic	269893
Coxsackie	Greene	plastic	40550
Coxsackie	Greene	paper	2813075
Adams	Jefferson	paper	58750
Watertown	Jefferson	plastic	13970
Amsterdam	Montgomery	plastic	131102
Amsterdam	Montgomery	paper	581243
Oneida	Oneida	plastic	7141
Oneida	Oneida	plastic	38750
Oneida	Oneida	paper	85303
Baldwinsville	Onondaga	plastic	161210
Syracuse	Onondaga	metal	1376602
Goshen	Orange	plastic	14130
Goshen	Orange	Metal	1176017
Ballston Spa	Saratoga	plastic	12725
Ballston Spa	Saratoga	paper	185538
Schenectady	Schenectady	ewaste	1
Ogdensburg	St Lawrence	plastic	13875
Ogdensburg	St Lawrence	paper	528245
North Lawrence	Stark	paper	2065
Highland	Sullivan	paper	29520
Lyons	Wayne	plastic	2079688
Lyons	Wayne	plastic	10775

12:59 AM
02/26/21
Accrual Basis

Power Pallet, Inc
Sales by Customer Detail
January through December 2020
Section 5 - Recyclables and Recovered Materials

Name	Addresss	Memo	Pounds
Adirondack Plastics	510 South Main Street NY 12118	Paper	2,669,657.00
APC Paper Group (Recycling)	101 Remington Ave NY 13667	Paper	3,882,784.00
Canusa Hershman Recycling	33 Rewes Drive VT 05478	Paper	3,175,993.00
Canusa Hershman Recycling	33 Rewes Drive VT 05478	Plastic	952,526.00
Continental Paper Grading-C	6790 Century Ave - Suite 400 ON	Paper	1,856,104.00
Sonoco Products Co	200 South Water Street MA 01040	Paper	2,704,620.00
West Rock Missisquoi mill	369 Mill Street VT 05845	Paper	359,712.00

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.

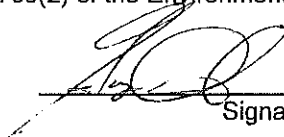
SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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	<u>2/26/21</u> _____ Date
<u>GARY DONADIO</u> _____ Name (Print or Type)	<u>PRESIDENT</u> _____ Title (Print or Type)
<u>gary@powerpalletinc.com</u> _____ Email (Print or Type)	
<u>4715 State Highway Route 30</u> _____ Address	<u>Amsterdam</u> _____ City
<u>New York 12010</u> _____ State and Zip	<u>(518) 965 _3100</u> _____ Phone Number

ATTACHMENTS: YES NO