**RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT** 



Department of **REGYCLADLES HARDENSS Stress Stress Stress Stress Stress Stress Stress Regy Charles Stress St** 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**

		ACILITY	INFORMATION	
FACILITY NAME:	. (	0	1. A A	
Spohn D.	15 <i>po</i> 521	5 er	VIC E	
FACILITY LOCATION ADDRESS	: F/	ACILITY	CITY:	STATE: ZIP CODE:
556 RT 55			lohawk	N.Y. 13407
FACILITY TOWN:	F	ACILITY	COUNTY:	FACILITY PHONE NUMBER:
German Flatts		114	Kimer	(315) 866-8820
Gneida - Herk				
<b>360 PERMIT #:</b> (Refer to DEC Permit)	DATE ISSU	IED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 2 RI 0006
FACILITY CONTACT:		public	CONTACT PHONE	CONTACT FAX NUMBER:
Mike Spohn		private	(315)335-128	38 315-866-3699
CONTACT EMAIL ADDRESS:	M Spo	hn(2	Spohn Dispo	selicom
OWNER NAME:			NFORMATION /	OWNER FAX NUMBER:
Michael Spohn			<u>335-1288</u>	315-866-3699
OWNER ADDRESS: 622 Forge Hill Es		WNER C	ion, NY	STATE: ZIP CODE: NY 13357
OWNER CONTACT:	0	WNER C	ONTACT EMAIL ADDR	ESS:
Mike Spohn		MS	Spohn@Spohr	n Disposal.com
the second s	OP	ERANCO:	R INFORMATION	
	e as owner			□ public □ private
PREFERENCES         Preferred address to receive correspondence:       Facility location address         Other (provide):       Other (provide):				
Preferred email address:  Facility Contact  Owner Contact  Contact				
Preferred individual to receive correspondence:  Facility Contact  Gowner Contact				
	o Complete th	io form		
Did you operate in 2020?				
No 🗆 No	; Complete an	nd submit	Sections 1 and 11. If y	ou 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 o	uantities received and the percentages measured by each method:
% Scale Weight	% Estimated
% Truck Count	% Other (Specify:

Recycling Type: Single Stream

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)	NA	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Other (specify)								
Total Tons Recei	ved			사람 영화				
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)		lYear ns)	Daily Avg. (tons)
Commingled Containers				and the second se	the second s			
(metal, glass, plastic)								
(metal, glass, plastic) Commingled Paper (all grades)								
(metal, glass, plastic) Commingled Paper (all	0,5	0.5	0.5	0.5	0,5	6		0.01
(metal, glass, plastic) Commingled Paper (all grades) Single Stream	0,5	0.5	0.5	0.5	0,5	6		0.01
(metal, glass, plastic) Commingled Paper (all grades) Single Stream (total)	0,5	0.5	0.5	0.5	0,5	6		0.01
(metal, glass, plastic) Commingled Paper (all grades) Single Stream (total)	0.5	0.5	0.5	0.5	0,5	6		0.01
(metal, glass, plastic) Commingled Paper (all grades) Single Stream (total)	0.5	0.5	0.5	0.5	0,5	6		0.01

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.

# See Atlachment

#### 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!

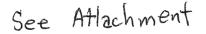
- If the material WAS received from another solid waste management facility, please write in the name and address of the facility along with the appropriate state, county and planning unit/municipality.
- If the material WAS NOT received from another solid waste management facility, please write in "Direct 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:

% Road: Material(s):	% 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 <u>Planning Units</u> )	TONS RECEIVED
Commingled					
Containers (metal, glass, plastic)					
(inetal, glass, plastic)					
Commingled Paper					
(all grades)					
Single Stream					
(total)					
Other (specify)					
			TOTAL MATER	RIAL RECEIVED (ton	s):

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) = \_\_\_\_\_ Residue destination (Name & Address)\_\_\_\_\_ Percent Residue Calculation: Total tons residue/Total tons material received x 100 = \_\_\_\_\_

#### SECTION 5 - RECYCLABLES & RECOVERED MATERIALS

#### <u>Please identify destination of recyclable materials.</u> Indicate the name of the facility, <u>address</u>, 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:

% Road: Material(s):	% Rail: Material(s):		
% Water: Material(s):	% Other (specify:	): Material(s):	
PAPER RE	COVERED		

		Line Ball Ser W. Just Schuller 1			
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 / Boxboard					
Other Paper (specify)					
化合金 医学习的人名		ales, and the second	TOTAL PAP	ER 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 name.

# See Attachment

# SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	GLASS REC	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)					
				ECOVERED (tons):	
	METAL RE	and the second	TOTAL GLASS R	LCOVERED (Ions).	
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					
Industria I Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
			TOTAL METAL P	RECOVERED (tons):	

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	MIXED MATERIA	L RECOVERED			
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS <u>Planning Units</u> )	TONS RECOVERED (out of facility)
Commingled Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
		TOTAL	MIXED MATERIA	L RECOVERED (tons)	
	MISCELLANEOUS MA	TERIAL RECOVE	RED		
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	Oneidz-Herkimer Weste Authority				3.0 Est.
Textiles					
Other (specify)					
	1	OTAL MISCELLA	NEOUS MATERI	AL RECOVERED (tons)	

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

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 VNo 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?



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)?



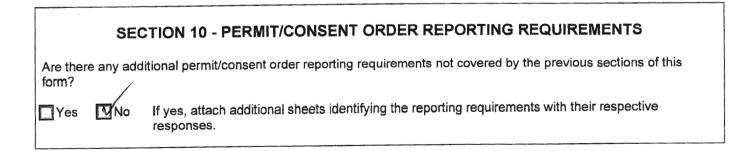
Yes

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?

If yes, attach additional sheets identifying changes with a justification for each change.



**U**No

#### 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.

Allecture Mon	March 15, 2021 Date
Michae J. Spohn	President
Name (Print or Type)	Title (Print or Type)
Office @ Spol	hn Disposal-com
622 Forge Hill Estate	nt or Type) I
Abbress	<u> </u>
13357	( <u>315) 335-1288</u>
State and Zip	Phone Number

ATTACHMENTS: VES . NO

Facility consist of two byd containers It is used for missed recycles on Residential Routes and 21 handstops on Residential Routes were our large trucks have problems maneuvering. Electronic are picked up at curbside under Electronic are picked up at curbside under contract with Oneida & Herkimer Weste Auth. All items are delivered to the Authority All items are delivered to the Authority For processing of Recyclables