



# RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email [swmfannualreport@dec.ny.gov](mailto: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: RHRF Development Authority of the North Country			
FACILITY LOCATION ADDRESS: 8023 Washington St.	FACILITY CITY: Harrisville	STATE: NY	ZIP CODE: 13648
FACILITY TOWN: Diana	FACILITY COUNTY: Lewis	FACILITY PHONE NUMBER: 315-661-3214	
FACILITY NYS PLANNING UNIT: <a href="#">A list of NYS Planning Units can be found at the end of this report.</a> Development Authority of the North County (DANC)			NYSDEC REGION #: 6
360 PERMIT #: <a href="#">Refer to DEC Permit</a> #25R20011	DATE ISSUED: 12/06/2019	DATE EXPIRES: 12/05/2024	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: <a href="#">(Refer to DEC Registration</a> #25R20011
FACILITY CONTACT: Patricia Pastella	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 315-263-9505	CONTACT FAX NUMBER: 315-661-3231
CONTACT EMAIL ADDRESS: ppastella@danc.org			
OWNER INFORMATION			
OWNER NAME: DANC	OWNER PHONE NUMBER: 315-661-3200	OWNER FAX NUMBER: 315-661-3201	
OWNER ADDRESS: 317 Washington St	OWNER CITY: Watertown	STATE: NY	ZIP CODE: 13601
OWNER CONTACT: Carl Farone	OWNER CONTACT EMAIL ADDRESS: cfarone@danc.org		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner Patricia Pastella		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input checked="" type="checkbox"/> Other (provide): 23400 NYS Route177, Rodman,NY 13682			
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:

100 \_\_\_\_\_ % Scale Weight \_\_\_\_\_ % Estimated  
 \_\_\_\_\_ % Truck Count \_\_\_\_\_ % Other Specify: \_\_\_\_\_

Material	Tip Fee \$/Ton	January tons	February tons	March tons	April tons	May (tons)	June tons	July (tons)
<b>Commingled Containers</b> <i>metal, glass, plastic</i>								
<b>Commingled Paper (all grades)</b>								
Single Stream (total)	0	0	0	0	153.29	414.59	463.30	468.16
<b>Other (specify)</b>								
<b>Total Tons Received</b>								
Material	August tons	September tons	October tons	November tons	December tons	Total Year tons	Daily Avg. (tons)	
<b>Commingled Containers</b> <i>metal, glass, plastic</i>								
<b>Commingled Paper (all grades)</b>								
Single Stream (total)	500.01	520.70	495.57	433.29	530.30	3,979.21	15.4	
<b>Other (specify)</b>								
<b>Total Tons Received</b>								

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.

Specify transport method, list type of material s and percentages of total material transported by each:

100 % Road: Material s : \_\_\_\_\_ % Rail: Material s : \_\_\_\_\_  
 \_\_\_\_\_ % Water: Material s : \_\_\_\_\_ % Other specify: \_\_\_\_\_): Material s : \_\_\_\_\_

SERVICE AREA OF MATERIAL RECEIVED <span style="color: red; font-size: small;">(where the material is coming from)</span>					
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 <small>See Attached List of NYS Planning Units</small>	TONS RECEIVED
Commingled Containers <small>metal, glass, plastic</small>					
Commingled Paper <small>all grades</small>					
Single Stream <small>(total)</small>	Direct Haul	NY	St. Lawrence County	Development Authority of t	3,979.21
Other (specify					
<b>TOTAL MATERIAL RECEIVED (tons) :</b>					<b>3,979.21</b>

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## 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 destination of recyclable materials.** Indicate the name of the facility, address, 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:

100 % Road: Material s : Direct Haul by Truck \_\_\_\_\_ % Rail: Material s : \_\_\_\_\_  
 % Water: Material s : \_\_\_\_\_ % Other specify: \_\_\_\_\_): Material s : \_\_\_\_\_

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION <small>Name Address</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>out of facility</small>
Commingled Paper <small>all grades</small>					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard/ Boxboard					
Other Paper <small>(specify</small>					
<b>TOTAL PAPER RECOVERED (tons) :</b>					

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 5 – RECYCLABLES RECOVERED MATERIALS** (continued)

GLASS RECOVERED						
RECOVERED MATERIAL	DESTINATION <small>Name Address</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	TONS RECOVERED	TONS RECOVERED out of facility
Container Glass						
Industrial Scrap Glass						
Other Glass <small>(specify)</small>						
<b>TOTAL GLASS RECOVERED (tons) :</b>						
METAL RECOVERED						
RECOVERED MATERIAL	DESTINATION <small>Name Address</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	TONS RECOVERED	TONS RECOVERED out of facility
Aluminum Foil / Trays						
Bulk Metal						
Enameled Appliances / White Goods						
Industrial Scrap Metal						
Tin Aluminum Containers						
Other Metal <small>(specify)</small>						
<b>TOTAL METAL RECOVERED (tons) :</b>						

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**SECTION 5 – RECYCLABLES RECOVERED MATERIALS** continued

**PLASTIC RECOVERED**

RECOVERED MATERIAL	DESTINATION <small>Name Address</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	TONS RECOVERED <small>out of facility</small>
Commingled Plastic #1 - #7)					
PET plastic #1)					
HDPE plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film Bags					
Other Plastics (specify					
<b>TOTAL PLASTIC RECOVERED (tons :</b>					

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**VOLUME TO WEIGHT CONVERSION FACTORS**

MATERIAL	EQUIVALENT	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 – 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		
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 - baled	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 MATERIAL RECOVERED**

RECOVERED MATERIAL	DESTINATION <small>Name Address</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	TONS RECOVERED <small>out of facility</small>
Commingled Containers <small>metal, glass, plastic</small>					
Commingled Paper Containers					
Single Stream <small>(total)</small>	WM Recycle America	NY	Onondaga	Onondaga County (except : 3,870.25	
	OHSWA	NY	Oneida County	Oneida-Herkimer Solid Was	21.83
Other <small>(specify</small>					

**TOTAL MIXED MATERIAL RECOVERED (tons) :** 3,892.08

**MISCELLANEOUS MATERIAL RECOVERED**

RECOVERED MATERIAL	DESTINATION <small>Name Address</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	TONS RECOVERED <small>out of facility</small>
Electronics					
Textiles					
Other <small>(specify</small>					

**TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons) :**

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## 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

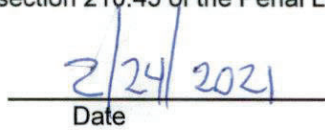
Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management Contacts).

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

  
Date

Carl Farone  
Name (Print or Type)

Executive Director  
Title (Print or Type)

cfarone@danc.org  
Email (Print or Type)

317 Washington St  
Address

Watertown  
City

NY 13601  
State and Zip

(315) 661-3200  
Phone Number

ATTACHMENTS:  YES  NO