



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: Alternatives Recycling Center			
FACILITY LOCATION ADDRESS: 6641 Buyea Rd.	FACILITY CITY: Canastota	STATE: NY	ZIP CODE: 13032
FACILITY TOWN: Lincoln	FACILITY COUNTY: Madison	FACILITY PHONE NUMBER: 315-363-2372	
FACILITY NYS PLANNING UNIT: <small>A list of NYS Planning Units can be found at the end of this report).</small> Madison County			NYSDEC REGION #: 7
360 PERMIT #: <small>Refer to DEC Permit</small>	DATE ISSUED: 07/03/18	DATE EXPIRES: 05/03/23	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: <small>(Refer to DEC Registration</small> 27R20001
FACILITY CONTACT: Darin Pearo	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 315-363-3389 ext 7330	CONTACT FAX NUMBER: 315-363-9205
CONTACT EMAIL ADDRESS: Darin.Pearo@arcofmc.org			
OWNER INFORMATION			
OWNER NAME: Arc Madison Cortland	OWNER PHONE NUMBER: 315-363-3389	OWNER FAX NUMBER: 315-363-4286	
OWNER ADDRESS: 701 Lenox Ave.	OWNER CITY: Oneida	STATE: NY	ZIP CODE: 13421
OWNER CONTACT: Perry Courto	OWNER CONTACT EMAIL ADDRESS: Perry.Courto@arcofmc.org		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner		<input type="checkbox"/> public <input 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:
 100 % Scale Weight _____ % Estimated
 _____ % Truck Count _____ % Other Specify: _____

Recycling Type: Dual Stream

Material	Tip Fee \$/Ton)	January tons	February tons	March tons	April tons	May tons	June tons	July tons
Commingled Containers <i>metal, glass, plastic</i>		76.50	88.17	75.51	75.51	57.43	90.58	103.80
Commingled Paper (all grades)		269.18	195.12	169.91	243.25	203.90	222.39	221.13
Single Stream <i>(total)</i>								
Other (specify)								
Total Tons Received		345.68	283.29	245.42	318.76	261.33	312.97	324.93
Material	August tons	September tons	October tons	November tons	December tons	Total Year (tons)	Daily Avg. tons	
Commingled Containers <i>metal, glass, plastic</i>	29.91	97.89	114.24	57.38	161.88	1028.80	85.73	
Commingled Paper (all grades)	206.34	214.65	257.39	206.06	230.78	2640.10	220.01	
Single Stream <i>(total)</i>								
Other (specify)								
Total Tons Received	236.25	312.54	371.63	263.44	392.66	3668.90	305.74	

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 where the material is coming from					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>Name Address</small> 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>	All Materials are direct haul, either from county transfer station or curbside pickup by trash haulers.		Madison County		1028.80
Commingled Paper <small>all grades</small>	All Materials are direct haul, either from county transfer station or curbside pickup by trash haulers.		Madison County		2640.10
Single Stream <small>(total)</small>					
Other <small>(specify</small>					
TOTAL MATERIAL RECEIVED (tons) :					3668.90

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SECTION 4 – RESIDUE

Total residue tons 156.70 Residue destination Name Address Madison County Division for Solid Waste Landfill, 6663 Buyea Rd. Canastota, NY 13032
 Percent Residue Calculation: Total tons residue/Total tons material received x 100 4.27

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 : _____ % Rail: Material s : _____
 % Water: Material s : _____ % Other specify: _____): Material s : _____

PAPER 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	Casella Recycling, LLC 13 Gibson Rd. Scarborough, ME 04074	ME			2640.10
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard/Boxboard					
Other Paper (specify Gaylord Cardboard	N H Kelman 41 Euclid St. Cohoes, NY 12047	NY	Albany County	Colonie (Town)	4.03
TOTAL PAPER RECOVERED (tons) :					2644.13

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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 <small>See Attached List of NYS Planning Units</small>	TONS RECOVERED out of facility	
Container Glass	TOMRA NY Recycling 1 Corporate Dr. Suite 710 Shelton, CT 06484 ** Clear Glass **	NY	Schenectady County	Schenectady County	147.35	
Industrial Scrap Glass						
Other Glass <small>(specify)</small>						
Aggregate Glass	Madison County Division of Solid Waste Landfill, 6663 Buyea Rd. Canastota, NY 13032	NY	Madison County	Madison County	407.69	
TOTAL GLASS RECOVERED (tons) : 555.04						
METAL RECOVERED						
RECOVERED MATERIAL	DESTINATION Name Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	TONS RECOVERED out of facility	
Aluminum Foil / Trays						
Bulk Metal						
Enameled Appliances / White Goods						
Industrial Scrap Metal						
Tin Aluminum Containers	Conti Metals Inc. 1661 46th St. Brooklyn NY 11204 ** Aluminum Cans and Foil ** Upstate Shreeding P.O. Box 420 Owego, NY 13827 **Tin Cans*	NY NY	Kings County Tioga County	NYC Tioga County	20.75 135.99	
Other Metal <small>(specify)</small>						
Deposit Cans/ Bottles	Caz Cans, LLC 2439 Route 20 E Cazenovia, NY 13035	NY	Madison County	Madison County	17.65	
TOTAL METAL RECOVERED (tons) : 174.39						

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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)	N H Kelman 41 Euclid St. Cohoes, NY 12047 Trigon Plastics 17 Orlan Rd. New Holland, PA 17557	NY PA	Albany County	Colonie (Town)	22.13 273.21
PET plastic #1)					
HDPE plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film Bags					
Other Plastics (specify					
TOTAL PLASTIC RECOVERED (tons : <small>295.34</small>					

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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 – w hole	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 w hole	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>					
Other <small>(specify)</small>					

TOTAL MIXED MATERIAL RECOVERED (tons) : _____

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) : _____

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 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.

Darin Pearo Digitally signed by Darin Pearo
Date: 2021.02.16 14:29:58 -05'00'

Signature

02/16/2020

Date

Darin Pearo

Name (Print or Type)

Director of Facilities & Buisiness

Title (Print or Type)

Darin.Pearo@arcofmc.org

Email (Print or Type)

701 Lenox Ave.

Address

Oneida

City

NY 13421

State and Zip

(315) 363 - 3389 ext 7330

Phone Number

ATTACHMENTS: ___ YES NO