



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: Calgon Carbon Corporation North Tonwanda			
FACILITY LOCATION ADDRESS: 412 Bryant St/476 Niagara Pkwy	FACILITY CITY: North Tonawanda	STATE: PA	ZIP CODE: 14120
FACILITY TOWN: Wheatfield	FACILITY COUNTY: Niagara	FACILITY PHONE NUMBER: 716-531-9115	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Niagara			NYSDEC REGION #: 9
360 PERMIT #: (Refer to DEC Permit) 32TP20003	DATE ISSUED: 11/29/2018	DATE EXPIRES: 11/29/2023	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 32R20003
FACILITY CONTACT: Jeff Shirley	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 716-531-9115	CONTACT FAX NUMBER: N/A
CONTACT EMAIL ADDRESS: Jeffrey.Shirley@kuraray.com			
OWNER INFORMATION			
OWNER NAME: Calgon Carbon Corporation	OWNER PHONE NUMBER: 412-787-4793	OWNER FAX NUMBER: N/A	
OWNER ADDRESS: 3000 GSK Drive	OWNER CITY: Moon Twp	STATE: PA	ZIP CODE: 15108
OWNER CONTACT: David McAdams	OWNER CONTACT EMAIL ADDRESS: david.mcadams@kuraray.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" 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

100 _____ % Other (Specify: sales)

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers <small>(metal, glass, plastic)</small>								
Commingled Paper (all grades)								
Single Stream (total)								
Other (specify)								
Spent activated carbon	0	143.0	331.2	289.9	130	464	575.5	862.7
Total Tons Received		143	331.2	289.9	130	464	575.5	862.7
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers <small>(metal, glass, plastic)</small>								
Commingled Paper (all grades)								
Single Stream (total)								
Other (specify)								
Spent activated carbon	194.4	213.4	487.5	481.7	145	4318	11.8	
Total Tons Received	194.4	213.4	487.5	481.7	145	4318	11.8	

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): spent activated carbon _____ % Rail: Material(s): _____
 _____ % Water: Material(s): _____ _____ % Other (specify: _____): Material(s): _____

SERVICE AREA OF MATERIAL RECEIVED <small>(where the material is coming from)</small>					
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>					
Commingled Paper <small>(all grades)</small>					
Single Stream <small>(total)</small>					
Other <small>(specify)</small>					
spent activated carbon	see attached				4318
TOTAL MATERIAL RECEIVED (tons):					4318

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Section 4 - Service Area Attachment RY 2020

Service Area State or Country	Service Area County or Province	Service area NYS Planning Unit	Tons Received
Canada	Ontario	not applicable	245
Conneticut		not applicable	152
Deleware		not applicable	20
Florida		not applicable	230
Georgia		not applicable	180
Illinois		not applicable	133
Indiana		not applicable	91
Kentucky		not applicable	10
Massachussets		not applicable	575
Maryland		not applicable	266
Maine		not applicable	28
Michigan		not applicable	70
North Carolina		not applicable	154
New Hampshire		not applicable	20
New Jersey		not applicable	260
New York	Onondaga	Onondaga County	30
New York	Orange	Orange County	99
New York	Nassau	Oyster Bay SWDU	40
New York	Chautauqua	Chautauqua County	23
New York	Franklin	County of Franklin CFSWMA	20
New York	Albany	Capital Regeon SWMP	60
New York	Albany	Colonie	90
New York	Nassau	North Hempstead SWMA	40
New York	Rensselaer	Eastern Rensselaer County SWMA	20
New York	Saratoga	Saratoga County	80
New York	Oneida	Oneida-Herkimer SWA	437
Ohio		not applicable	155
Pennsylvania		not applicable	311
Rhode Island		not applicable	131
Virginia		not applicable	310
West Virginia		not applicable	40

4,319

Sum of Total LBS

490000
303000
40000
460000
360000
265099.9996
181000
20000
1150300.001
532000
56100.00176
140000
308000
40000
520000
60000
120000
80000
46000
40000
120000
180000
40000
40000
160000
874855.4009
310000
621599.9996
262000
619399.9894
80000

SECTION 4 – RESIDUE

Total residue (tons) = 342 Residue destination (Name & Address) This is a duplicate of the material from 32TP2003 sent to Modern Landfill, Model City, NY
 Percent Residue Calculation: Total tons residue/Total tons material received x 100 = $\frac{342}{4318} = 8\%$

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:

____ % 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)					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
TOTAL PAPER RECOVERED (tons):					0

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 (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 GLASS RECOVERED (tons):					0

METAL 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)
Aluminum Foil / Trays					
Bulk Metal					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
TOTAL METAL RECOVERED (tons):					0

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SECTION 5 – RECYCLABLES & RECOVERED MATERIALS (continued)

PLASTIC 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 Plastic (#1 - #7)					
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
TOTAL PLASTIC RECOVERED (tons):					0

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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 – w hole	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 <i>(Name & Address)</i>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <i>(See Attached List of NYS Planning Units)</i>	TONS RECOVERED <i>(out of facility)</i>
Commingled Containers <i>(metal, glass, plastic)</i>					
Commingled Paper & Containers					
Single Stream <i>(total)</i>					
Other <i>(specify)</i>					

TOTAL MIXED MATERIAL RECOVERED (tons): 0

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

TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons): 0

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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.

John Platz <small>Digitally signed by John Platz DN: cn=John Platz, o=Calgon, ou=mfg, email=john.platz@kuraray.com, c=US Date: 2021.02.17 11:41:07 -05'00'</small>	2/17/2021
Signature	Date
John Platz	VP-Mfg & Engineering
Name (Print or Type)	Title (Print or Type)
John.Platz@Kuraray.com	
Email (Print or Type)	
3000 GSK Drive	Moon Twp
Address	City
PA 15108	(724) 218_7002
State and Zip	Phone Number

ATTACHMENTS: YES NO