

# **KEMPEY ENGINEERING**

**Consultants in Environmental Engineering**  
4 Brunswick Drive, East Northport, New York 11731  
(631) 368-3324 Facsimile (631) 368-1524

June 16, 2022

Mr. Syed Rahman, P. E.  
Regional Materials Management Engineer  
Division of Materials Management  
New York State Department of Environmental Conservation Region 1  
Stony Brook University  
50 Circle Road  
Stony Brook, New York 11790

Re: All American Recycling of Long Island, LLC  
345 Eastern Parkway, Farmingdale, New York 11735  
New York State Department of Environmental Conservation  
Solid Waste Management Facility Registration Number 30M55R  
2021 Annual Report Transmittal

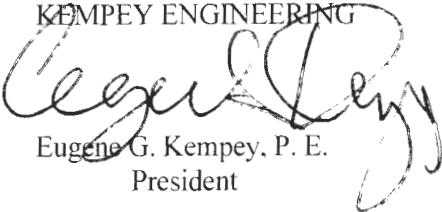
Dear Mr. Rahman,

Transmitted herewith, as per the annual reporting requirements of 6 NYCRR Part 360.19(k)(3) and 6 NYCRR Part 361-1.6(b) is All American Recycling of Long Island, LLCs 2021 Annual Report for the referenced facility. As All American Recycling of Long Island, LLC has closed their facility located at 345 Eastern Parkway, Farmingdale, New York 11735 on September 21, 2021 this will be the final annual report.

If you have any questions or require additional information, please advise.

Very truly yours,

KEMPEY ENGINEERING

  
Eugene G. Kempey, P. E.  
President

FB

XC: Central Office, Bureau of Solid Waste Management w/encl.  
Frank Tuozzo, All American Recycling w/encl.



Department of  
Environmental  
Conservation

## 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, 2022.

This annual report is for the year of operation from January 01, 2021 to December 31, 2021

### SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <b>All American Recycling of Long Island LLC</b>			
FACILITY LOCATION ADDRESS: <b>345 Eastern Parkway</b>	FACILITY CITY: <b>Farmingdale</b>	STATE: <b>NY</b>	ZIP CODE: <b>11735</b>
FACILITY TOWN: <b>Farmingdale</b>	FACILITY COUNTY: <b>Suffolk</b>	FACILITY PHONE NUMBER: <b>N/A</b>	
FACILITY NYS PLANNING UNIT: (A list of NYS <a href="#">Planning Units</a> can be found at the end of this report). Oyster Bay Solid Waste Disposal District			NYSDEC REGION #: <b>1</b>
360 PERMIT #: (Refer to DEC Permit) <b>07/2016</b>	DATE ISSUED: <b>07/2016</b>	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:(Refer to DEC Registration) <b>30M55R</b>
FACILITY CONTACT: <b>Frank Tuozzo</b>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <b>(516) 927-855</b>	CONTACT FAX NUMBER: <b>N/A</b>
CONTACT EMAIL ADDRESS: <b>ft-bps@hotmail.com</b>			
OWNER INFORMATION			
OWNER NAME: <b>All American Recycling OF IL LLC</b>	OWNER PHONE NUMBER: <b>(516)927-8556</b>	OWNER FAX NUMBER: <b>N/A</b>	
OWNER ADDRESS: <b>345 Eastern Eastern Parkway</b>	OWNER CITY: <b>Farmingdale</b>	STATE: <b>NY</b>	ZIP CODE: <b>11735</b>
OWNER CONTACT: <b>Franl Tuozzo</b>	OWNER CONTACT EMAIL ADDRESS: <b>ft-bps@hotmail.com</b>		
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 type="checkbox"/> Facility location address <input checked="" 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 type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2021?  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)
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)		2295	2095	3129	2770	1877	1431	1983
Single Stream (total)								
Other (specify)								
<b>Total Tons Received</b>								
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)	Closed	Closed	Closed	Closed	Closed	15580		
Single Stream (total)								
Other (specify)								
<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 4 – RESIDUE

Total residue (tons) = 395 Residue destination (Name & Address) Earthwatch Waste Systems  
**Percent Residue Calculation:** Total tons residue/Total tons material received x 100 = 2.53%

### 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:

10 % Road: Material(s): \_\_\_\_\_ % Rail: Material(s): \_\_\_\_\_  
 90 % 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 <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
Commingled Paper <small>(all grades)</small>					
Corrugated Cardboard	Genesis Resoureces, Cellmark, American Chung Nam	India, China			10,335
Junk Mail	Genesis Resources, Cellmark	India, China			200
Magazines					
Newspaper	Genesis Resoureces, Cellmark, American Chung Nam	India, China			2,400
Office Paper	Genesis Resoureces, Cellmark	India, China			2,250
Paperboard/ Boxboard					
Other Paper (specify)					
<b>TOTAL PAPER RECOVERED (tons):</b>					<u>15,185</u>

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)					
<b>TOTAL GLASS RECOVERED (tons):</b>					_____
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)					
<b>TOTAL METAL 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)

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)					
<b>TOTAL PLASTIC 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.

**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 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 (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 Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
TOTAL MIXED MATERIAL RECOVERED (tons):					_____
MISCELLANEOUS MATERIAL 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)
Electronics					
Textiles					
Other (specify)					
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.

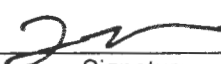
## SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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.

 _____ Signature	<u>3/1/2022</u> _____ Date
<u>Frank Tuzzo</u> _____ Name (Print or Type)	<u>Mangy Mcker</u> _____ Title (Print or Type)
<u>ft-bps@hotmail.com</u> _____ Email (Print or Type)	
<u>345 Eastern Pkwy</u> _____ Address	<u>Farmingville</u> _____ City
<u>NY</u> <u>11735</u> _____ State and Zip	<u>(516) 927 8556</u> _____ Phone Number

ATTACHMENTS:  YES  NO