



Department of
Environmental
Conservation

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, 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: All Container Recovery			
FACILITY LOCATION ADDRESS: 21 Pine Aire Drive	FACILITY CITY: Bay Shore	STATE: NY	ZIP CODE: 11706
FACILITY TOWN: Islip	FACILITY COUNTY: Suffolk	FACILITY PHONE NUMBER: 6314590968	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Islip Resource Recovery Agency			NYSDEC REGION #: 1
360 PERMIT #: (Refer to DEC Permit) 52m73	DATE ISSUED: 3/13/2013	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 52M73R
FACILITY CONTACT: Joseph Jacinto	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 5169037401	CONTACT FAX NUMBER: 6319510075
CONTACT EMAIL ADDRESS: allcontainerjacinto@gmail.com			
OWNER INFORMATION			
OWNER NAME: Joseph Jacinto	OWNER PHONE NUMBER: 5169037401	OWNER FAX NUMBER: 6319510075	
OWNER ADDRESS: 198 Suffolk Ave	OWNER CITY: Brentwood	STATE: NY	ZIP CODE: 11717
OWNER CONTACT: Joseph Jacinto	OWNER CONTACT EMAIL ADDRESS: allcontainerjacinto@gmail.com		
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 checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input checked="" 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 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 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).

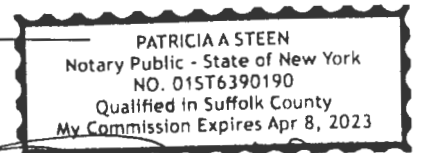
The Owner or Operator must also submit one copy by email, fax or mail to:

**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: SWMAnnualreport@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.

Joseph Jacinto
Signature

8/16/22
Date



Joseph Jacinto
Name (Print or Type)

President
Title (Print or Type)

allcontainerjacinto@gmail.com
Email (Print or Type)

198 Suffolk Ave
Address

Brentwood
City

NY 11717
State and Zip

(516) 903-7401
Phone Number

ATTACHMENTS: YES NO



Division of Materials Management
New York State Department of Environmental Conservation
**INACTIVE SOLID WASTE MANAGEMENT
FACILITY OR ACTIVITY NOTIFICATION FORM**

FACILITY NAME: All Container Recovery				
FACILITY ADDRESS: 21 Pine Aire Drive				
FACILITY CITY: Bayshore	STATE: NY	ZIP CODE: 11706		
TYPE OF INACTIVE FACILITY OR ACTIVITY: (Check all applicable boxes)				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Anaerobic Digestion – permit <input type="checkbox"/> Anaerobic Digestion – registration <input type="checkbox"/> C&D Processing – permit <input type="checkbox"/> C&D Processing – registration <input type="checkbox"/> Composting – Source Separated Organic Waste – permit <input type="checkbox"/> Composting – Source Separated Organic Waste – registration <input type="checkbox"/> Composting – Yard Waste – permit <input type="checkbox"/> Composting – Yard Waste – registration <input type="checkbox"/> Composting/other Processing – Biosolids/other <input type="checkbox"/> Household Hazardous Waste <input type="checkbox"/> Land Application – Biosolids/Septage/other – permit <input type="checkbox"/> Land Application – Nonrecognizable Food Processing Waste – registration <input type="checkbox"/> Land Application – Septage - registration <input type="checkbox"/> Landfill – Construction & Demolition Debris <input type="checkbox"/> Landfill – Industrial/Commercial <input type="checkbox"/> Landfill – Land Clearing Debris </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Landfill – Long Island <input type="checkbox"/> Landfill – Municipal Solid Waste <input type="checkbox"/> Mobile Vehicle Crushers <input type="checkbox"/> Municipal Waste Combustor <input checked="" type="checkbox"/> Recyclable Handling & Recovery <input type="checkbox"/> Regulated Medical Waste – Radiopharmacy <input type="checkbox"/> Regulated Medical Waste – Onsite Treatment <input type="checkbox"/> Regulated Medical Waste – Commercial Treatment <input type="checkbox"/> Regulated Medical Waste – Transfer Station <input type="checkbox"/> Storage – Biosolids/Septage – permit <input type="checkbox"/> Storage – Nonrecognizable Food Processing Waste <input type="checkbox"/> Storage – Septage – registration <input type="checkbox"/> Transfer Station – permit <input type="checkbox"/> Transfer Station – registration <input type="checkbox"/> Vehicle Dismantling Facility <input type="checkbox"/> Waste Tire Storage – Dealer <input type="checkbox"/> Waste Tire Storage – New Product Manufacturing <input type="checkbox"/> Waste Tire Storage – Onsite Energy Recovery <input type="checkbox"/> Waste Tire Storage – permitted <input type="checkbox"/> Waste Tire Storage – Retreader <input type="checkbox"/> Other _____ </td> </tr> </table>			<input type="checkbox"/> Anaerobic Digestion – permit <input type="checkbox"/> Anaerobic Digestion – registration <input type="checkbox"/> C&D Processing – permit <input type="checkbox"/> C&D Processing – registration <input type="checkbox"/> Composting – Source Separated Organic Waste – permit <input type="checkbox"/> Composting – Source Separated Organic Waste – registration <input type="checkbox"/> Composting – Yard Waste – permit <input type="checkbox"/> Composting – Yard Waste – registration <input type="checkbox"/> Composting/other Processing – Biosolids/other <input type="checkbox"/> Household Hazardous Waste <input type="checkbox"/> Land Application – Biosolids/Septage/other – permit <input type="checkbox"/> Land Application – Nonrecognizable Food Processing Waste – registration <input type="checkbox"/> Land Application – Septage - registration <input type="checkbox"/> Landfill – Construction & Demolition Debris <input type="checkbox"/> Landfill – Industrial/Commercial <input type="checkbox"/> Landfill – Land Clearing Debris	<input type="checkbox"/> Landfill – Long Island <input type="checkbox"/> Landfill – Municipal Solid Waste <input type="checkbox"/> Mobile Vehicle Crushers <input type="checkbox"/> Municipal Waste Combustor <input checked="" type="checkbox"/> Recyclable Handling & Recovery <input type="checkbox"/> Regulated Medical Waste – Radiopharmacy <input type="checkbox"/> Regulated Medical Waste – Onsite Treatment <input type="checkbox"/> Regulated Medical Waste – Commercial Treatment <input type="checkbox"/> Regulated Medical Waste – Transfer Station <input type="checkbox"/> Storage – Biosolids/Septage – permit <input type="checkbox"/> Storage – Nonrecognizable Food Processing Waste <input type="checkbox"/> Storage – Septage – registration <input type="checkbox"/> Transfer Station – permit <input type="checkbox"/> Transfer Station – registration <input type="checkbox"/> Vehicle Dismantling Facility <input type="checkbox"/> Waste Tire Storage – Dealer <input type="checkbox"/> Waste Tire Storage – New Product Manufacturing <input type="checkbox"/> Waste Tire Storage – Onsite Energy Recovery <input type="checkbox"/> Waste Tire Storage – permitted <input type="checkbox"/> Waste Tire Storage – Retreader <input type="checkbox"/> Other _____
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DEC ACTIVITY CODE(S) OR REGISTRATION NUMBER(S): 52M73R	FACILITY COUNTY: Suffolk	NYSDEC 1 REGION #:		

This document certifies that the type of facility or activity identified above is no longer operational. The owner/operator relinquishes their NYSDEC permit/registration and retains no other permit, registrations, or licenses related to the identified activity. It is recognized that in order to resume operation, a new permit application or registration form must be submitted to the Department for processing and approval. This notification does not excuse the facility from any closure, post-closure, or other requirements identified in 6 NYCRR Part 360.

I hereby affirm under penalty of perjury that information provided on this form was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this form pursuant to 6 NYCRR Part 360. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

<u>Joseph Jacinto</u> Name (Print or Type)	<u>President</u> Title (Print or Type)	<u>(631) 4590968</u> Phone Number
<u>21 Pine Aire Drive</u> Address	<u>Bayshore</u> City	<u>NY 11706</u> State and Zip Code

Patricia A Steen
Signature

PATRICIA A STEEN
 Notary Public - State of New York
 NO. 01ST6390190
 Qualified in Suffolk County
 My Commission Expires Apr 8, 2023

8/16/22
9/17/2022