



RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 516-402-8678.)

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: Commercial Recycling Technology LLC | | | |
| FACILITY LOCATION ADDRESS: 57-01 Flushing Ave | FACILITY CITY: Maspeth | STATE: N.Y. | ZIP CODE: 11378 |
| FACILITY TOWN: Maspeth | FACILITY COUNTY: Queens | FACILITY PHONE NUMBER: 718 366 6513 | |
| FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). | | | NYSDEC REGION #: 2 |
| 360 PERMIT #: (Refer to DEC Permit) 41MA5 | DATE ISSUED: | DATE EXPIRES: | NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) |
| FACILITY CONTACT: Stephen Spallino | <input type="checkbox"/> public <input checked="" type="checkbox"/> private | CONTACT PHONE NUMBER: 718 366 6513 | CONTACT FAX NUMBER: 718 456 8438 |
| CONTACT EMAIL ADDRESS: | | | |
| OWNER INFORMATION | | | |
| OWNER NAME: Stephen Spallino | OWNER PHONE NUMBER: 718 366 6513 | OWNER FAX NUMBER: 718 456 8438 | |
| OWNER ADDRESS: 57-01 Flushing Ave | OWNER CITY: Maspeth | STATE: NY | ZIP CODE: 11378 |
| OWNER CONTACT: | OWNER CONTACT EMAIL ADDRESS: Basinhaulage@aol.com | | |
| 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 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 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:

% 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 (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> | | NY | Queens | Dec Region 2 | 25.20 |
| Commingled Paper <small>(all grades)</small> | | NY | Queens | Dec Region 2 | 4,296.07 |
| Single Stream <small>(total)</small> | | | | | |
| Other (specify) | | | | | |
| LDPE | | NY | Queens | Dec Region 2 | 62.99 |
| | | | | | |
| | | | | | |
| TOTAL MATERIAL RECEIVED (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

SECTION 4 – RESIDUE

Total residue (tons) = _____ 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:

% 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 <small>(See Attached List of NYS Planning Units)</small> | TONS RECOVERED <small>(out of facility)</small> |
| Commingled Paper <small>(all grades)</small> | Monteleone Fibres LTD 159 E Main St New Rochelle, NY 10801 | NY | Queens | DEC Region 2 | 296.87 |
| Corrugated Cardboard | Monteleone Fibres LTD 159 E Main St New Rochelle, NY 10801 | NY | Queens | DEC Region 2 | 3999.20 |
| Junk Mail | | | | | |
| Magazines | | | | | |
| Newspaper | | | | | |
| Office Paper | Monteleone Fibres LTD 159 E Main St New Rochelle, NY 10801 | NY | Queens | Dec Region 2 | 132.96 |
| Paperboard/ Boxboard | | | | | |
| Other Paper (specify) mixed paper | Monteleone Fibres LTD 159 E Main St New Rochelle, NY 10801 | NY | Queens | Dec Region 2 | 163.91 |
| TOTAL PAPER 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, attach 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): _____ | | | | | |

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 | Allocco Recycling 540 Kingsland Ave Brooklyn, NY 11232 | NY | Queens | Dec Region 2 | 26.48 |
| Enamel Appliances / White Goods | | | | | |
| Industrial Scrap Metal | | | | | |
| Tin & Aluminum Containers | | | | | |
| Other Metal (specify) | | | | | |
| | | | | | |
| TOTAL METAL 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 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 | Flon Teleone Fibres LTD 159 E. Main St. New Rochelle NY 10801 | | | | 62.99 |
| Other Plastics (specify) | | | | | |
| TOTAL PLASTIC 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.

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 | 0.28 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 (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) | Scholes Street Recycling | | | | 25.20 |
| | 492 Scholes Street | | | | |
| | Brooklyn, New York 11237 | | | | |
| Commingled Paper & Containers | Monteleone Fibres LTD | | | | 4296.07 |
| | 159 E Main St New Rochelle NY 10801 | | | | |
| Single Stream (total) | | | | | |
| Other (specify) | Monteleone Fibres | | | | |
| LDPE Film | 159 E Main Street | | | | 62.99 |
| | New Rochelle, New York 10801 | | | | |

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.

Stephen Spallino 2/24/22
Signature Date

Stephen Spallino president
Name (Print or Type) Title (Print or Type)

Basinhaulage@gol.com
Email (Print or Type)

S7-01 Flushing Ave Maspeth
Address City

New York 11378 (718) 366-6513
State and Zip Phone Number

ATTACHMENTS: YES NO

This page for reference only. Please do not return with submittal.

**Division of Materials Management
New York State Department of Environmental Conservation
Albany, New York 12233-7260**

RECYCLABLES HANDLING & RECOVERY FACILITY

A Recyclable Handling and Recovery Facility is a facility that receives source-separated recyclables. Further information and a listing of the recyclable handling and recovery facilities are available online at <http://www.dec.ny.gov/chemical/50793.html>.

If your facility is authorized to operate a construction and demolition debris handling and recovery facility you need to submit a Construction and Demolition Debris Handling and Recovery Facility Annual Report.

If your facility is authorized to operate as a transfer facility you need to submit a Transfer Facility Annual. If your facility is authorized to operate as a recyclables handling & recovery facility and a transfer facility you must submit both annual reports.

Forms for all solid waste management facilities can be found at <http://www.dec.ny.gov/chemical/52706.html> and a brief description of each type of facility can be found at <http://www.dec.ny.gov/chemical/8495.html>.

Annual Report

Submit the Annual Report no later than March 1, 2022.

Reporting of the information indicated on this Recyclables Handling and Recovery Facility Annual Report form is required pursuant to 6 NYCRR Part 360. Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual/Quarterly Report requirements of 6 NYCRR Part 360.

Where the Annual Report requirements have been modified, appropriate Sections (as necessary to reflect the modification) must be completed and submitted with a copy of the Department's written notification which allows the modification.

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

SECTION 3 – SERVICE AREA OF MATERIAL RECEIVED

Identify the facility's service area by indicating the type and amount of material received, the Solid Waste Management facility (SWMF) from which it was received by your facility (or Direct Haul), the corresponding State/Country, the County/Province, and the NYS Planning Unit from which waste was received. Refer to the list of NYS Planning Units that can be found at the end of this report. The Total Tons Received reported below should equal the Total Tons Received in Section 2. **DO NOT REPORT IN CUBIC YARDS!**

Additional Service Area Guidance:

1) Direct hauled from the generator of the recyclables. In the case where the recyclables are hauled to your recycling facility from the generator (i.e., hauled from residences, commercial establishments, etc.), "Direct Haul" would be the appropriate response in Column 2 under "Service Area". Please report the tonnage by material type and identify the state, county and planning unit where it was generated; or

2) Sent to your recycling facility from another solid waste management facility. Recyclables may be sent to your recycling facility from another solid waste management facility. In this case, please report the tonnage by material type from each sending solid waste management facility, as well as the sending facility's name, address, county, and the planning unit where the sending facility is located.