



MUNICIPAL SOLID WASTE PROCESSING 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: EWG Glass Recovery & Recycle Corp. | | | |
| FACILITY LOCATION ADDRESS: 107-28 180th Street | FACILITY CITY: Jamaica | STATE: NY | ZIP CODE: 11433 |
| FACILITY TOWN: | FACILITY COUNTY: Queens | FACILITY PHONE NUMBER: 718-739-7270 | |
| 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) 41MBO | DATE ISSUED: | DATE EXPIRES: | NYS DEC ACTIVITY CODE: (Refer to DEC Permit) |
| FACILITY CONTACT: Edward Golebiewski III | <input type="checkbox"/> public <input checked="" type="checkbox"/> private | CONTACT PHONE NUMBER: 718-739-7270 | CONTACT FAX NUMBER: 718-297-4101 |
| CONTACT EMAIL ADDRESS: | | | |
| OWNER INFORMATION | | | |
| OWNER NAME: Edward Golebiewski III | OWNER PHONE NUMBER: 516-322-3853 | OWNER FAX NUMBER: 718-297-4101 | |
| OWNER ADDRESS: P.O.Box 313005 | OWNER CITY: Jamaica | STATE: NY | ZIP CODE: 11431 |
| OWNER CONTACT: | OWNER CONTACT EMAIL ADDRESS: eddie@ewgglass.com | | |
| OPERATOR INFORMATION | | | |
| OPERATOR NAME: | <input 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 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 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 - SOLID WASTE RECEIVED

Please provide the tonnages of solid waste received. Include all waste received. Report Recyclable Materials in Section 5. DO NOT REPORT IN CUBIC YARDS!

Specify the methods used to measure the quantities disposed and the percentages measured by each method:

_____ % Scale Weight _____ % Estimated
 _____ % Truck Count _____ % Other (Specify: _____)

| Type of Solid Waste | January (tons) | February (tons) | March (tons) | April (tons) | May (tons) | June (tons) | July (tons) |
|---|----------------|-----------------|----------------|----------------|----------------|----------------|----------------|
| Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial) | | | | | | | |
| Other (specify) | | | | | | | |
| Glass | 2956.00 | 1993.00 | 3906.00 | 3330.00 | 3611.00 | 4111.00 | 4007.00 |
| | | | | | | | |
| Total Tons Received | 2956.00 | 1993.00 | 3906.00 | 3330.00 | 3611.00 | 4111.00 | 4007.00 |

| Type of Solid Waste | Tip Fee (\$/ton) | August (tons) | September (tons) | October (tons) | November (tons) | December (tons) | Total Year (tons) | Daily Avg. (tons) |
|---|------------------|----------------|------------------|----------------|-----------------|-----------------|-------------------|-------------------|
| Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial) | | | | | | | | |
| Other (specify) | | | | | | | | |
| Glass | | 4157.00 | 3471.00 | 3207.00 | 3140.00 | 3247.00 | 41136.00 | |
| | | | | | | | | |
| Total Tons Received | | 4157.00 | 3471.00 | 3207.00 | 3140.00 | 3247.00 | 41136.00 | |

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

SECTION 3 – SERVICE AREA OF SOLID WASTE RECEIVED

Please identify where the waste 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 waste **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 waste **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 waste was generated.

Specify transport method, list type of material(s) and percentages of total waste transported by each:

_____ % Road: Waste Type(s): _____ _____ % Rail: Waste Type(s): _____
 _____ % Water: Waste Type(s): _____ _____ % Other (specify: _____): Waste Type(s): _____

| SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from) | | | | | |
|---|---|-------------------------------|---------------------------------|--|-----------------|
| TYPE OF SOLID WASTE | 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 (See Attached List of NYS Planning Units) | TONS RECEIVED |
| Municipal Solid Waste (MSW) (Residential, Institutional & Commercial) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Other (specify) | | | | | |
| Glass | Direct Haul | NY | | | 41136.00 |
| | | | | | |
| | | | | | |
| TOTAL RECEIVED (tons): | | | | | 41136.00 |

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

SECTION 4 - TRANSFER OR DISPOSAL DESTINATION

Please identify destination of waste. Please only include waste sent off-site for disposal or further transfer prior to disposal. Exclude Recyclable Material amounts reported in Section 5. DO NOT REPORT IN CUBIC YARDS!

- If the waste is being sent to another facility for transfer or processing prior to disposal (e.g. transfer facility or municipal solid waste processing facility), please identify name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the transfer destination and the amount of waste transferred in the "Amount to Transfer Destination" column.
- If the waste is being sent to a landfill or combustor, please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the disposal destination and the amount of waste being sent for disposal in the "Amount to Disposal Destination" column.

Specify transport method, list type of material(s) and percentages of total waste transported by each:

_____ % Road: Waste Type(s): _____ _____ % Rail: Waste Type(s): _____
 _____ % Water: Waste Type(s): _____ _____ % Other (specify: _____): Waste Type(s): _____

| TRANSFER OR DISPOSAL DESTINATION | | | | | | | |
|---|---|------------------------------|--------------------------------|---|---------------------------------------|---------------------------------------|-------------------|
| TYPE OF SOLID WASTE | SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address) | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units) | AMOUNT TO TRANSFER DESTINATION (TONS) | AMOUNT TO DISPOSAL DESTINATION (TONS) | TOTAL YEAR (TONS) |
| Municipal Solid Waste (MSW) (Residential, Institutional & Commercial) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Residue | | N/A | | | | | |
| | | | | | | | |
| | | | | | | | |
| Other (specify) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TOTAL SENT (tons): | | | | | | | |

If the waste 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 waste name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other waste name.

SECTION 5 – MUNICIPAL SOLID WASTE PROCESSING FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

B. Material Recovered

Please identify destination of recovered materials. Indicate the name of the facility, address, corresponding State/Country, County/Province, Destination Planning Unit/Municipality and the amount of material transferred. **DO NOT REPORT IN CUBIC YARDS!**

Specify transport method, list type of material(s) and percentages of total waste 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): | | | | | _____ |

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 – MUNICIPAL SOLID WASTE PROCESSING FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

B. Material Recovered

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 (from MSW) | | | | | |
| Bulk Metal (from CD debris) | | | | | |
| Enameled 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 – MUNICIPAL SOLID WASTE PROCESSING FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

B. Material Recovered

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): _____

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) |
|---------------------|---------------------------------|------------------------------|--------------------------------|--|-------------------------------------|
| Refuse-Derived Fuel | | | | | |
| 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 |
|---------------|---------------|---------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Radiation Monitoring

Does your facility use a fixed radiation monitor? Yes No

Identify Manufacturer _____ and Model _____ of fixed unit.

Does your facility use a portable radiation monitor? Yes No

Identify Manufacturer _____ and Model _____ of fixed unit.

If the radiation monitors have been triggered give information below for each incident:

| Incident Number | Received | | Hauler | Origin | Truck Number | Reading | Disposal Status | Removed | |
|-----------------|----------|------|--------|--------|--------------|---------|-----------------|---------|------|
| | Date | Time | | | | | | Date | Time |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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.

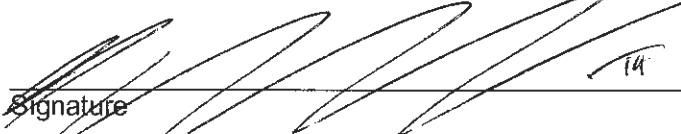
SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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: 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.


Signature

2-23-2022
Date

Edward Golebiewski III
Name (Print or Type)

President
Title (Print or Type)

718 739 7270
Phone Number

P.O.Box 313005
Address

Jamaica
City

NY 11431
State and Zip

eddie@ewgglass.com
Email (Print or Type)

ATTACHMENTS: YES NO (Please check appropriate line)