

RECYCLABLES MANDLING & RECOVERY FACILITY ANNUAL REPORT

Department of KECTULABLES PARTULING & TELEVISION STATES OF CALL ST 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:	de all					
Inlet SW and Red		~				
FACILITY LOCATION ADDRES		FACILITY	FACILITY CITY:			ZIP CODE:
Limekiln Lake Road		Inlet			NY	13360
FACILITY TOWN:		FACILITY	COUNTY:	FACI	LITYPHO	NE NUMBER:
Inlet		Hami	lton	n/a		
FACILITY NYS PLANNING UNIT	Ti Mistor	NYS <u>Playming Un</u>	niis can be found at the and	al this rep	on). NY	SDEC GION#:5
360 PERMIT #: (Refer to DEC Resmit)	REGISTRA		S DEC ACTIVITY CODE OR GISTRATION NUMBER;(Reje) Rogist/ation/ 21R03			
FACILITY CONTACT: Shawn Hanson			CONTACT PHONE NUMBER: 315-357-4541	n/a		FAX NUMBER:
CONTACT EMAIL ADDRESS:						
			INFORMATION	7.7		
OWNERNAME: Town of Inlet		315-357-5771		315-357-6264		
OWNER ADDRESS: PO Box 179		OWNER CITY:			STATE:	ZIP CODE: 13360
CLAY AUSENAULT		OWNER	OWNER CONTACT EMAIL ADDRESS			
		OPERATO	RINFORMATION			
OPERATOR NAME: St	ime as own	be.		□ public □ private		
5.1			FERENCES			
Preferred address to receive con Other (provide):	esponder	tce: 🚨 Facility i	ocation address:		Owner addres	95
Preferred email address: □ Fa □ Other (provide);	citily Contac		wher Contact			
Preferred individual to receive co	iresponde	ence: 🗆 Facil	Hy Contact 🗵 Ow	vne/ Conta	ut -	
Did you operate in 20217 🗈 Y	es; Comp	lete 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!

% Truck Count			% Other (Spec	ify:	نـــــــــــــــــــــــــــــــــــــ				
Material	Tip Fee (S/Ton)	January ((ons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)	
Commingled Containers (metal, glass, plassic)	Not tracked	monthly							
Commingled Paper (all grades)									
Single Stream									
Other (specify)		11							
-							/		
Thial Tons Rece	lved		7.0						
Material	August September (tons)					October Movember December (tons) (tons) (tons)			Daily Avg. (tons)
Committigled Containers									
(metal, glass, placec) Commingled Paper (all grades)									
Single Stream (total)				-,,,,					
Other (specify)									
		1							

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 aggress 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 Held" 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 ma	aterial transported by each.		
100 % Road: Material(s): All Recyclables collected	% Rall! Material(s):		
% Water: Material(s):	% Other (specify:): Material(s):	

	SERVICE AREA DE	MATERIALIRE	EIVEDINALESTOE	reallitude coming room)	
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 (See Attached List of NYS Planning Units)	TONS RECEIVED
Commingled Containers (metal, glass, plastic)	All Recyclables included in Lake Pleasant recycling Report		¥		
Commingled Paper (all grades)			E	E E	
Single Stream (total)					D
Other (specify)		1			
Tires		i i			
Bulk Metal				8	
Electronics			3		
Glass Containers			×		
			TOTAL MATER	IAL REGEIVED (tons	1

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, Reprinted (12/21)

SECTION 4-RESIDUE

Total residue (tons) = Percent Residue Calculation:	Residue destination (Name & Address) received x 100 =			
	SECTION 5 - RECYC	Water and the second second	ED MATERIAL	s	
Please identify destination of Destination Plant	of recyclable <u>materials.</u> Indicate the amoing Unit/Municipality and the a	he name of the facility, a	edidress, corresp vered. DO NOT I	onding State/Country, (REPORT IN CUBIC YARI	County/Province
Specify transport method, fist typ 100% Road: Material(s); All Rec	pe of material(s) and percentages of tol pydable materials		each: ail: Material(s):		
% Water: Matenal(s):		% 0	ther (specify:); Material(s);	
	e e	APER 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 (put of facility)
Commingled Paper (all grades)	74-			•	-
Corrugated Cardboard			Ξ	X	
Junk Mall					
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 - RECYCLABLES & RECOVERED MATERIALS (continued)

	GL	ASS RECOVERED		and the State of the	
REGOVERED 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			<u> </u>		
Industrial Scrap Glass					
Other Glass (specify)					
	ME	TAL RECOVERED	TOTAL GLASS R	ECOVERED (tons): 30	
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
Aluminum Foil / Trays					
Bulk Metal					-
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers				E	
Other Metal (specify)				344	
			TOTAL METAL P	EGOVERED (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)

	PLA	STIC RECOVERED		1200	
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION MYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED
Commingled Plastic (#1 - #7)					
PET (plastic #1)					
HDPE (playtic #2)					
Other Rigid Plastics					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)				1	
		TO	TALPLASTICE	ECOVERED imns), Ma	ě.

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		EQUIVALENT MATERIAL EQUIVALENT		MATERIAL	EQUIVALENT		
GLASS - whole bottles	1 cubic yard	0.35 tons	GLASS - crushed mechanically	1 cubic yard	0.88 tons	ALUMNUM - cans - whole	1 cubic yard	-
GLASS - semi crushed	1 cubic yard	0.70 tons	GLASS - uncrushed manually	55 gallon drum		ALLMINUM - cars - Flattened	1 cubic yard	Carlot Charles
PAPER - high grade loose	1 cubic yard	0.18 tons	PLASTIC - PET - whole	1 cubic yard	0.015 tons			100
PAPER - high grade balled	1 cubic yard	0.36 tons	PLASTIC - PET - flattened	1 cubic yard	0.04 tons			1
PAPER - mixed loose	f cubic yard	0.15 lons	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		WHITE GOODS -compacted	1 cubic yard	0.5 tons
NEWSPRINT - compacted	1 cubic yard	0.43 lons	PLASTIC - HDPE - whole	1 cubic yard	0.012 ions	The state of the s		1
CORRUGATED - bose	1 cubic yard	0.015 lons	PLASTIC - HDPE - Hattened T	1 cubic yard	0.03 tons			
CORRUGATED - baled	the second second second		PLASTIC - HDFE - baled	* cubic yard.		FERROUS METAL - cans whole	1-cubic yard	0.08 tons
			PLASTIC - mixed (gracery bags)	House, in the same and the same of		FERROUS METAL - cans	1 cubic yard	7. 4. 4.

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	MIXED	MATERIAL RECOVERED			-
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION MYS 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)					
	DUDGET HAVE		Service and the service of the servi	L RECOVERED (tons):	
	MISCELLANE	DUS MATERIAL RECOVE	REU		
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	COUNTY OR PROVINCE	PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Electronics					
Textiles					
Other (specify)					
enau.	111 THE DESCRIPTION OF THE PERSON OF THE PER	TOTAL MISCELLA	NEDUS MÁTERIA	L 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 hame. 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

Date Receive	d Type Received	Date Disposed	Disposal Method & Location
	1,100 110001100	Date Disposed	Enaposar Marido di Epicanori
J		1	
cectio	N. T. COST POTICA	TEO 4110 FIRMANOIA	Table and Colored
SECTIO	IN 7 - LUST ESTIMA	TES AND FINANCIA	L ASSURANCE DOCUMENTS
Are there required o	ost estimates and financia	al assurance documents fo	or closure?
Yes No	if yes, attach additional sh	eets reflecting annual adj	ustments for inflation and any changes to the
0	Closure Plan7		
	-		
		SEASON STATES	
	SI	ECTION 8 - PROBLE	MS
Were any problems	encountered during the re	eporting period (e.g., spec	ific occurrences which have led to changes in
facility procedures)?			
	f yes, attach additional sh problem	eets identifying each prob	lem and the methods for resolution of the
	i yes, attach additional sh problem,	eets identifying each prob	lem and the methods for resolution of the
	i yes, attach additional sh problem,	eets identifying each prob	lem and the methods for resolution of the
	problem,		
	problem,	eets identifying each prob	
	oroblem. S		ES
Ware there any cha	oroblem. S nges from approved repor	ECTION 9 - CHANG ts, plans, specifications, a	ES
Ware there any cha	oroblem. S nges from approved repor	ECTION 9 - CHANG ts, plans, specifications, a	ES Ind permit conditions?
Ware there any cha	oroblem. S nges from approved repor	ECTION 9 - CHANG ts, plans, specifications, a	ES Ind permit conditions?
Ware there any chai ⊒Yes ■No I	sroblem, S ngas from approved repor	ECTION 9 - CHANG ts, plans, specifications, a eets identifying changes v	ES ind permit conditions? with a justification for each change.
Were there any cha	sproblem. Singes from approved report I yes, attach additional sho	ECTION 9 - CHANG ts, plans, specifications, a eets identifying changes v	ES Ind permit conditions? With a justification for each change. PORTING REQUIREMENTS
Ware there any char □Yes □Ne I SECT Are there any addition	sproblem. Singes from approved report I yes, attach additional sho	ECTION 9 - CHANG ts, plans, specifications, a eets identifying changes v	ES ind permit conditions? with a justification for each change.
Ware there any char ■Yes ■No I SECT Are there any addition?	sproblem, Sprophem, Sprophem approved report I yes, attach additional should be sprophem to the sprophem order order.	ECTION 9 - CHANG ts, plans, specifications, a eets identifying changes v NSENT ORDER REF	ES Ind permit conditions? With a justification for each change. PORTING REQUIREMENTS

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, small 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 taw, 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 property 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.

Cara XIII	2/28/2022
S/ghature	Date
Tracy J. Eldridge	Solid Waste Coord.
Name (Print or Type)	Title (Print or Type)
highway@hamiltoncou	
	(Print or Type)
PO Box 56	Lake Pleasant
Address	City
NY 12108	518,548,7141
State and Zip	Phone Number

ATTACHMENTS U YES I NO