



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

FACILITY NAME: CMT Recycling Center

FACILITY ADDRESS: 1911 Ford Street

FACILITY CITY: Ogdensburg STATE: NY ZIP CODE: 13669

TYPE OF INACTIVE FACILITY OR ACTIVITY: (Check all applicable boxes)

- Checkboxes for various facility types: Anaerobic Digestion, C&D Processing, Composting, Household Hazardous Waste, Land Application, Landfill, etc.

DEC ACTIVITY CODE(S) OR REGISTRATION NUMBER(S): FACILITY COUNTY: NYSDEC 6 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.

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.

Clinton Middlemiss
Name (Print or Type)
9625
State Highway 37
Address
Signature

Owner
Title (Print or Type)
Ogdensburg
City
March 24, 2022
Date

(315) 394-9174
Phone Number
New York 13669
State and Zip Code



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: CTM Recycling Center			
FACILITY LOCATION ADDRESS: 1911 Ford Street	FACILITY CITY: Ogdensburg	STATE: NY	ZIP CODE: 13669
FACILITY TOWN: Oswegatchie	FACILITY COUNTY: St. Lawrence	FACILITY PHONE NUMBER: 315-394-9174	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: 6
360 PERMIT #: (Refer to DEC Permit)	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)
FACILITY CONTACT: Clinton Middlemiss	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 315-394-9174	CONTACT FAX NUMBER: N/A
CONTACT EMAIL ADDRESS: cmiddlemiss@twcny.rr.com			
OWNER INFORMATION			
OWNER NAME: Clinton Middlemiss	OWNER PHONE NUMBER: 315-394-9174	OWNER FAX NUMBER: N/A	
OWNER ADDRESS: 9625 State Highway 37	OWNER CITY: Ogdensburg	STATE: NY	ZIP CODE: 13669
OWNER CONTACT: Clinton Middlemiss	OWNER CONTACT EMAIL ADDRESS: cmiddlemiss@twcny.rr.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 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 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 (See Attached List of NYS Planning Units)	TONS RECEIVED
Commingled Containers (metal, glass, plastic)					
Commingled Paper (all grades)					
Single Stream (total)					
Other (specify)					
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>					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper <small>(specify)</small>					
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)

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						
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 – 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)					
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	GLASS - crushed mechanically	1 cubic yard	ALUMINUM – cans – w hole	1 cubic yard
GLASS - semi crushed	1 cubic yard	GLASS - uncrushed manually	55 gallon drum	ALUMINUM – cans – flattened	1 cubic yard
PAPER - high grade loose	1 cubic yard	PLASTIC – PET – w hole	1 cubic yard		
PAPER - high grade baled	1 cubic yard	PLASTIC – PET - flattened	1 cubic yard		
PAPER - mixed loose	1 cubic yard	PLASTIC – PET - baled	1 cubic yard	WHITE GOODS - uncompacted	1 cubic yard
NEWSPRINT – loose	1 cubic yard	PLASTIC - styrofoam	1 cubic yard	WHITE GOODS - compacted	1 cubic yard
NEWSPRINT - compacted	1 cubic yard	PLASTIC – HDPE – w hole	1 cubic yard		
CORRUGATED – loose	1 cubic yard	PLASTIC – HDPE – flattened 1	1 cubic yard		
CORRUGATED - baled	1 cubic yard	PLASTIC – HDPE - baled	1 cubic yard	FERROUS METAL - cans whole	1 cubic yard
		PLASTIC – mixed (grocery bags)	45 gallon bag	FERROUS METAL - cans	1 cubic yard

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: 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.

Clinton M. Middlemiss

Signature

March 24, 2022

Date

Clinton Middlemiss

Name (Print or Type)

Owner

Title (Print or Type)

cmiddlemiss@twcny.rr.com

Email (Print or Type)

9625

State Highway 37

Address

Ogdensburg

City

New York 13669

State and Zip

(315) 394 9174

Phone Number

ATTACHMENTS: YES NO