

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

Department of Environmental Conservation

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

[If you need assistance filling out this form please email swmfannualreport@dec.nv.qov 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: | | | | | | | |
| CNY RESOURCE RECOVERY INC. FACILITY LOCATION ADDRESS: FACILITY CITY: STATE: ZIP CODE: | | | | | | | |
| FACILITY LOCATION ADDRESS: FACILITY CITY: STATE: ZIP CODE: | | | | | | | |
| 5879 FIRESTONE DR. SYRACUSE NY 13206 FACILITY TOWN: FACILITY COUNTY: FACILITY PHONE NUMBER: | | | | | | | |
| FACILITY TOWN: | FACILITY | COUNTY: | FACILITY PHONE NUMBER: | | | | |
| DEWITT | Onone | | 315-471-0254 | | | | |
| FACILITY NYS PLANNING UNIT: | (A list of NYS <u>Planning Un</u> | its can be found at the end of | this report). NYSDEC REGION#: 7 | | | | |
| 360 PERMIT #: (Refer to DEC Permit) | DATE ISSUED: | DATE EXPIRES: | NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 34R 20016 | | | | |
| FACILITY CONTACT: | public public | CONTACT PHONE | CONTACT FAX NUMBER: | | | | |
| RUSSELL GOWE | e private | NUMBER: 315-471-02 | 74 315-471-0218 | | | | |
| CONTACT EMAIL ADDRESS: | | | | | | | |
| | | INFORMATION | | | | | |
| OWNER NAME: | OWNER NAME: OWNER PHONE NUMBER: OWNER FAX NUMBER: | | | | | | |
| RUSSELL GOWER 315-471-0254 315-471-0218 | | | | | | | |
| OWNER ADDRESS: OWNER CITY: STATE: ZIP CODE: | | | | | | | |
| 5879 FIRESTONE DR. SYRACUSE NY 13206 | | | | | | | |
| OWNER CONTACT: OWNER CONTACT EMAIL ADDRESS: | | | | | | | |
| CNY resource recovery @ yahoo.com | | | | | | | |
| OPERATOR INFORMATION | | | | | | | |
| OPERATOR NAME: Same as owner public private | | | | | | | |
| PREFERENCES | | | | | | | |
| Preferred address to receive correspondence: Facility location address Owner address Owner address | | | | | | | |
| Preferred email address: Facility Contact | | | | | | | |
| Preferred individual to receive correspondence: Facility Contact | | | | | | | |
| | | | | | | | |
| 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.nv.gov/chemical/52706.html | | | | | | | |

This page not applicable - Please see next page for material breakdown 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!

| Material | Tip Fee (\$/Ton) | January (tons) | February (tons) | March (tons) | April (tons) | May (tons) | June (tons) | July (tons) |
|---|---------------------|---------------------|--------------------|--------------------|--------------------|--|------------------|----------------------|
| Commingled Containers (metal, glass, plastic) | NIA | NIA | NIA | NA | NIA | NA | NA | NA |
| Commingled Paper (all grades) | 1 | / | | - Tanan | 1 | / | | / |
| Single Stream (total) | | | | | | | | |
| Other (specify) | | | | | | de mare e mare de la companya de la | | |
| | | | | | | The state of the s | | |
| | | | l | | 1 | / | | |
| Total Tons Receiv | ed | | | | | | | |
| Material | August (tons) | September (tons) | October (tons) | November (tons) | December (tons) | | al Year tons) | Daily Avg. (tons) |
| Commingled Containers (metal, glass, plastic) Commingled Paper (all | NIA | NIA | NA | NA | NA | NIA | | NA |
| Commingled Paper (all grades) | 1 | / | | / | 1 | 1 | | 1 |
| Single Stream (total) | | | | | | | | |
| Other (specify) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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.

Additional information for CNY Resource Recovery - Reg # 34R20016.

SECTION 2 - MATERIAL RECEIVED

<u>Please provide the tonnages of materials received.</u> This includes all materials received at your facility regardless of their destination after processing. DO NOT REPORT IN CUBIC YARDS!

| Specify the methods used to measure the quantities received and the percentages measured by each metho |
|--|
|--|

| 70 % Scale Weight | ž | % Estimated |
|-------------------|---|-------------------|
| 30 % Truck Count | ₹ | % Other (Specify: |

| Material | Tip Fee (\$/Ton) | January (tons) | February (tons) | March (tons) | April (tons) | May (tons) | June (tons) | July (tons) |
|---|--|-----------------------------------|-----------------------------------|------------------------------------|---|---|-----------------|------------------------------------|
| Paper-Printwaste | NA | 12.46 | 21.84 | 42.22 | 0 | 21.68 | 22:13 | 45.12 |
| CARDBOARD | 1 | 66.84 | 87.13 | 125.82 | 133.44 | 91.84 | 91.96 | 106.44 |
| PLASTIC | | NOL | ONGER | HANDL | PLASTO | 2 | | |
| BATTERIS/LEAD | | 19.34 | 16.28 | 21.03 | 21.59 | 42.75 | 41.55 | 19.58 |
| STEEL . | 1. | 7.53 | 3.81 | 11.87 | 8 | 13.92 | 20.78 | B |
| STAINLESS STEEL | 1: | 20.03 | 17.65 | 19.65 | 19 | 0 | 20.71 | 11.8 |
| MIXED NON FOROUT | | 79.07. | 92.14 | 78.51 | 57.28 | 56.72 | 67.42 | 20.5 |
| Total Tons Recei | ved | 205,27 | 239.35 | 299.1 | 231-31 | 226.91 | 264-55 | 253.44 |
| | | | | | | | | |
| Material | August (tons) | September (tons) | October (tons) | November (tons) | December (tons) | Total | l Year ns) | Daily Avg. (tons) |
| | | | | | | Total | l Year ns) | |
| Paper - Print WASTE LARD BOARD | (tons) | (tons) | (tons) | (tons) | (tons) | Total (to | l Year ns) | (tons) |
| Paper - Print WASTE | (tons) | (tons) (63.25 112.28 | (tons) 44.35 97.29 | (tons) 44.13 89.66 | (tons) 42.30 86.42 | Total (to | l Year ns) | (tons) |
| Paper - Print WASTE LARD BOARD PLASTIC | (tons) 21,15 95,93 NO | (tons) (63.25 112.28 | (tons) 44.35 97.29 | (tons) 44.13 89.66 | (tons) 42.30 86.42 | 380.6 1185 | 1 Year (ms) (63 | (tons) |
| Paper - Print WASTE CARD BOARD | (tons) 21,15 95,93 NO | (tons) 63.25 112.28 LONG | (tons) 44.35 92.29 EL HA | (tons) 44.13 89.66 | (tons) 42.30 86.42 7NY PL | 750.6 380.6 1185 7571C | 1 Year (ms) (63 | (tons) 1.22 3.8 |
| Paper - Print WASTE LARD BOARD PLASTIC BATTERES / LEAD | (tons) 21,15 95,93 NO 20.89 | (tons) 63.25 112.28 LONG | (tons) 44.35 92.29 EL HA 21.84 | (tons) 44.13 89.66 NOCE 1 | (tons) 42.30 86.42 7NY PL 21.42 | 380.6 1185 4571C - | 1 Year (ms) (63 | (tons) 1.22 3.8 - |
| Paper - Print WASTE LARD BOARD PLASTIC BATTERISS / LEAD STEEL | (tons) 21,15 95,93 NO 20.89 6.93 16:15 | (tons) 63.25 112.28 LONG 40.72 | (tons) 44.35 92.29 EL HA 21.84 | (tons) 44.13 89.66 NOCE 1 | (tons) 42.30 86.42 7NY PL 21.42 | 380.6 1185 45TIC - 287.9 95.1 | 1 Year (ms) (63 | (tons) 1.22 3.8 .92 .3 |

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 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 Hauf" 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): Water: Material(s): | | | % Rail: Material(s): % Other (specify:): Material(s): | | | | | |
|--|-----|-------|--|------------------------------|--|---------------|--|--|
| | (5) | | OF MATERIAL RECEIVED(where the material is coming from) | | | | | |
| SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul" | | | SERVICE AREA STATE OR COUNTRY | SERVICE AREA COUNTY OR | SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units) | TONS RECEIVED | | |
| Commingled Containers (metal, glass, plastic) | N | A | NA | W/A | NJA | NA | | |
| Commingled Paper (all grades) | | | | | | | | |
| Single Stream (total) | | | | | | | | |
| Other (specify) | | | | | | | | |
| | | | | | | | | |

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

TOTAL MATERIAL RECEIVED (tons):

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.

| Russell W. Burn Signature | 2/11/2022 Date |
|--|---------------------------------|
| Russell W. Gower Name (Print or Type) | PRSSIDENT Title (Print or Type) |
| CNYTESOUTCE FECOVERY (Email (Printe | D) yahoo. Com |
| 5879 FIRESTUNE JR. Address | Syracuse City |
| N. Y. 13206 State and Zip | (3/5) 474 -0254 Phone Number |

ATTACHMENTS: YES NO