

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

NEWYORK Department of Environmental Conservation Conservation Conservation RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT Services of the conservation Co 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:				·				
Hannibal Transfer Station RHRF								
FACILITY LOCATION ADDRESS		FACILITY	CITY:		STATE:	ZIP CODE:		
1167 County Rou	te 7	Hann	ibal		NY	13074		
FACILITY TOWN:		FACILITY	COUNTY:	FACI	LITY PHO	NE NUMBER:		
Hannibal		Oswe	•	1	5-564-	.5623		
FACILITY NYS PLANNING UNIT: Oswego County	(Alist of NY	S <u>Planning Un</u>	ilts can be found at the end of	Unis repo		SDEC GION#:7		
360 PERMIT #: (Refer to DEC Permit)	DATE IS 6-14-	sued: -2018	DATE EXPIRES: 6-13-2023	REGIS	STRATION	/ITY CODE OR I NUMBER:(Refer to 38R10013		
FACILITY CONTACT:		public	CONTACT PHONE	T	CONTACT	FAX NUMBER:		
TC Sivers		□ private	NUMBER: 315-564-5623	3	315-56	64-5623		
CONTACT EMAIL ADDRESS: Cal	rl.schmid	t@osweg	ocounty.com			AND CONTRACT OF THE CONTRACT O		
		OWNER	INFORMATION					
OWNER NAME: Oswego County Dept of Solid	Waste	l	PHONE NUMBER: 91-9200	l .	er fax ni -591-9			
OWNER ADDRESS: 3125 NYS-3		owner city: Fulton		,	STATE: NY	ZIP CODE: 13069		
OWNER CONTACT:		OWNER C	ONTACT EMAIL ADDRE	ESS:				
Carl Schmidt		carl.so	chmidt@osw	ego	count	y.com		
		OPERATOR	RINFORMATION					
OPERATOR NAME: same	e as owner				I public Iprivate			
			FERENCES					
Preferred address to receive corres	spondence	: L. Facility le	ocation address	ШC)wneraddres:	3		
Preferred email address: ☐ Facili ☐ Other (provide):	ty Contact	■ 0	wnerContact					
Preferred individual to receive corre Other (provide):	spondenc	e: 🗖 Facili	ity Contact 🗓 Owne	er Contac	t			
Did you operate in 2021? Yes	s; Complete	e 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

<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!

00% Scale Weight % Truck Count			_% Estimated _% Other (Spec	oify:)			4
Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)								
Single Stream (total)	0	15.77	15.99	17.74	13.43	15.97	15.62	13.71
Other (specify)								
								
Total Tons Rece	ived	15.77	15.99	17.74	13.43	15.97	15.62	13.71
Total Tons Rece Material	ived August (tons)	15.77 September (tons)	15.99 October (tons)	17.74 November (tons)	13.43 December (tons)	Tot	15.62 al Year	13.71 Daily Avg. (tons)
Material Commingled Containers	August	September	October	November	December	Tot	al Year	Daily Avg.
Material Commingled Containers (metal, glass, plastic) Commingled Paper (all grades)	August	September	October	November	December	Tot	al Year	Daily Avg.
Material Commingled Containers (metal, glass, plastic) Commingled Paper (all	August	September	October	November	December	Tot	al Year	Daily Avg.
Material Commingled Containers (metal, glass, plastic) Commingled Paper (all grades) Single Stream	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Tot (t	al Year	Daily Avg. (tons)
Material Commingled Containers (metal, glass, plastic) Commingled Paper (all grades) Single Stream (total)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Tot (t	al Year	Daily Avg. (tons)
Material Commingled Containers (metal, glass, plastic) Commingled Paper (all grades) Single Stream (total)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Tot (t	al Year	Daily Avg. (tons)
Material Commingled Containers (metal, glass, plastic) Commingled Paper (all grades) Single Stream (total)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Tot (t	al Year	Daily Avg. (tons)

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.

100 % Road: Mater	ial(s):All	% Rail: Material(s):						
% Water: Mate	erial(s):	% Oth	er (specify:): Material(s):			
	SERVICE AREA OF	MATERIAL RE	CEIVED(where	the	material is coming fi	om)		
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 RECEIVE	
Commingled								
Containers (metal, glass, plastic)]			
2 i I I D								
Commingled Paper (all grades)								
	Direct Haul	NY	l Courage		Courage County		1470.07	
Single Stream	Dieceriau	- INT	Oswego .	<u> </u>	Oswego County		178.27	
(total)				$\overline{\mathbf{Y}}$				
Other (specify)	Electronics-Direct Haul	NY	Oswego	$\overline{\mathbf{v}}$	Oswego County		16.00	
Bulk Metal	Direct Haul	NY	Oswego	$\overline{\mathbf{Y}}$	Oswego County	\Box	38.41	
: 				\Box				

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) = 0 Percent Residue Calcul	Residue destination (Name & Ad lation: Total tons residue/Total tons material received	dress) x 100 =	· · · · · · · · · · · · · · · · · · ·						
	SECTION 5 - RECYCLABLES & RECOVERED MATERIALS								
Please identify destina Destina	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: 100 % Road: Material(s): All									
% Water: Material((s):	% Ot	her (specify:): Material(s):					
	PAPER R	RECOVERED			oonee day in kan araa ka ah ah ah ah Maraa ka ah				
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 DADE	FR RECOVERED (tons):					

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	GLAS	S REGOVERED	Kan persent en littlet skrivt		
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)					
	garage bende bode krijge et julije et brokke krije et ben		TOTAL GLASS R	ECOVERED (tons):	
	META	L RECOVERED	earrago pallagress collegio est Transportante esta se se se se		iris (II) iki sa
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	180 Flood Drive Properties, LLC, Fulton, NY	NY	Oswego 🔻	Oswego County	38.41
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
				Y	
	l. Tid et som demokratisk fligt stid temperatur i sedde om stid fligtere av et en s		I TOTAL METAL R	ECOVERED (tons): 38	.41

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	PLA	STIC 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)					
		ngshasara ay saasaysid sa TC	OTAL PLASTIC R	ECOVERED (tons):	ansaktii saan eegifi ka ka ee

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	EQUIVA	ALENT	MATERIAL	MATERIAL EQUIVALENT		QUIVALENT MATERIAL		ALENT
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	eta i de de la la sabla de la coma, standa de sas	ise Hastridae it das	ariegiacu wag geta
PAPER - high grade baled	1 cubic yard	0.36 tons	PLASTIC - PET - flattened	1 cubic yard	0.04 tons	geographic galacter and because and the same	afarating base bit	. Priistra kaasa ka
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	0.29 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 - whole	1 cubic yard	0.012 tons		an sa	Maintenaineite
CORRUGATED - loose	1 cubic yard	0.015 tons	PLASTIC - HDPE - flattened 1	1 cubic yard	0.03 tons	dajenje kroje globeski postrkom ediša	akiri iştiyler birline	13141606
CORRUGATED - baled	1 cubic yard	0.55 tons	PLASTIC - HDPE - baled	1 cubic yard	0.38 tons	FERROUS METAL - cans whole	1 cubic yard	0.08 tons
altestad gadau aunika	i produktoreni il	disessin i letică	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 MATERIA	AL RECOVERED			usi de la la la compania de la comp Secondo de la compania de la compan
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)	Bristol Hill RHRF	NY ·	Oswego	Oswego County	178.27
Other (specify)					
programment de la company				L RECOVERED (tons)	408,99
	MISCELLANEOUS MA	TERIAL RECOVE	RED		
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	Maven Technologies, LLC, 1450 Lyell Ave. Rochester, NY	NY	Monroe	Monroe County	34.87
Textiles	·		<u> </u>	<u> </u>	
Other (specify)					
	l 1802 - Harif (1801), de la composition de la composition de la composition de la composition de la compositio	L OTAL MISCELLA	I NEOUS MATERIA	L RECOVERED (tons)	34.87

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)? ■No Yes 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? No Yes 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:

ATTACHMENTS: YES INO

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.

3(2) of the Environmental Conservation L	aw and section 210.45 of the Penal Lav			
Signature	2-25-2022 Date			
Carl Schmdit	Operations Manager			
Name (Print or Type)	Title (Print or Type)			
carl.schmidt@oswego	county.com			
Emai	l (Print or Type)			
3125 NYS-3	Fulton			
Address	City			
NY 13069	,31.5 _, 591 _ 9200			
State and Zip	Phone Number			