

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

Department of Environmental (If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-8678.)

Complete and exhauit this form by March 1, 2022 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:	FACILITY NAME:							
Alpco Recycling								
FACILITY LOCATION ADDRESS	FACILITY LOCATION ADDRESS: FACILITY CITY: STATE: ZIP CODE:							
846 Macedon Center	Road	Mace	don		NY	14502		
FACILITY TOWN:		FACILITY	COUNTY:	FACI	LITY PHO	NE NUMBER:		
Macedon		Wane		315	5-986	-8900		
FACILITY NYS PLANNING UNIT: Wayne County	(A list of NY	S <u>Planning Ur</u>	nits can be found at the end of	this rep		SDEC GION#: 8		
360 PERMIT #: (Refer to DEC Permit) 8-5430-00061/00001	DATE IS 12/17	SUED: 7/2020	DATE EXPIRES: 12/16/2030	REGIS		VITY CODE OR N NUMBER:(Refer to RHRF		
FACILITY CONTACT:		public	CONTACT PHONE	1	CONTACT	FAX NUMBER:		
Donna Figol private NUMBE			NUMBER: 315-986-8900	3	315-98	36-5928		
CONTACT EMAIL ADDRESS: dfig	gel@alpc	orecycling.	com					
OWNER INFORMATION								
OWNER NAME:			HONE NUMBER:		ER FAX N			
Alpco Recycling Inc		315-98		315-	986-59			
OWNER ADDRESS: 846 Macedon Center Road		OWNER CITY: Macedon			STATE:	ZIP CODE: 14502		
OWNER CONTACT:			ONTACT EMAIL ADDRE	ESS:				
Alton L Plumb Jr		alplum	b@alpcorecycli	ng.c	om			
			RINFORMATION	<u> </u>				
OPERATOR NAME: Same	asowner				□ public □ private			
			ERENCES					
Preferred address to receive correspondence: ☐ Facility location address ☐ Owner address ☐ Owner address								
Preferred email address:								
Preferred individual to receive correspondence:								
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 Weste Management Eacility or Activity Notification Form" located at: http://www.elec.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!

			O NOT REPOR	RT IN CUBIC YA	RDS!				
Specify the methods used to measure the quantities received and the percentages measured by each method:									
100 % Scale Weight	00 % Scale Weight% Estimated								
% Truck Count	% Truck Count% Other (Specify:)								
Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)	
Commingled Containers									

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)		40.75	00	21.68	40.19	21.85	19.28	21.67
Single Stream (total)		266.84	179.84	177.95	220.42	210.17	252.83	185
Other (specify)					<u> </u>		-	
	-							
Total Tons Rece	ived	307.59	179.84	199.63	260.61	232.02	272.11	206.67
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)		Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)						7		
Commingled Paper (all grades)	37.68	45.95	00	22.96	00	272.01		.76
Single Stream (total)	156.33	204.9	179.83	177.69	191.39	2403.19		6.71
Other (specify)						ļ		
Total Tons Received	194.01	250.85	179.83	200.65	191.39	2675.20		7.47

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 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:

100_% Road: Materi	al(s):	% Other (specify:): Material(s):						
% Water: Mater								
and the second second	SERVICE AREA OF M							
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED			
Commingled Containers								
(metal, glass, plastic)								
	DIRECT HAUL	NY	Wayne County	Wayne County	217.61			
Commingled Paper (all grades)	DIRECT HAUL	NY	Ontario County	Ontario County	13.60			
(an grades)	DIRECT HAUL	NY	Monroe County	Monroe County	40.80			
	DIRECT HAUL	NY	Wayne County	Wayne County	480.64			
Single Stream	DIRECT HAUL	NY	Ontario County	Ontario County	120.16			
(total)	DIRECT HAUL	NY	Monroe County	Monroe County	1802.39			
Other (specify)								

TOTAL MATERIAL RECEIVED (tons): 2675.20

name. Reprinted (12/21)

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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									
<u>Please identify destination of recyclable materials.</u> Indicate the name of the facility, <u>address</u> , 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:										
% water: Materia	al(s):	% O	ther (specify:): Material(s):						
The state of the s	PAPER	RECOVERED ##	Parille of the		To the second					
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	Canusa Hershman	СТ	New Haven		8110.48					
Junk Mail										
Magazines										
Newspaper	Canusa Hershman	СТ	New Haven		161.75					
Office Paper	Canusa Hershman	ст	New Haven		110.26					
Paperboard / Boxboard										
Other Paper (specify)										

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TOTAL PAPER RECOVERED (tons): 8382.49

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	GL	ASS RECOVERED			archarancan
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	1	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	
Container Glass					
ndustrial Scrap Glass					
Other Glass (specify)					
			TOTAL GLASS R	ECOVERED (tons):	
	ME	TAL RECOVERED	AZZERAL SAMOZIA S		A Section Sale
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					
ndustrial Scrap Metal	Ferrous Union Processing North Chili	NY	Monroe County	Monroe County	11936.74
nddstriar o'crapiwetar	Ferrous Ben Weitsman Rochester	NY	Monroe County	Monroe County	526.99
in & Aluminum Containers					
	Non Ferrous Triple M Metal	Canada	Ontario		1173.50
Other Metal (specify)	THOM STOCKS THE MANAGEMENT OF THE STOCKS THE				

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SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	PL.	ASTIC 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)	IDEL	NY	Monroe County	Monroe County	42.08
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics					
Industrial Scrap Plastic	-				
Plastic Film & Bags					
Other Plastics (specify)					
Stretch Wrap	IDEL	NY	Monroe County	Monroe County	17.93
		TO	OTAL PLASTIC R	ECOVERED (tons): _	

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VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL.	EQUIVA	EQUIVALENT MA		EQUIVALENT		MATERIAL	EQUIVALENT	
GLASS - whole hottles	1 cubic yard	0.35 tons	GLASS - crushed mechanically	1 cubic yard	0.88 tons	ALUMINUM - cans - whole	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 - whole	1 cubic yard	0.015 tons			
PAPER - high grade baled	1 cubic yard	0.36 tons	PLASTIC - PET - flattened	1 cubic yard	0.04 tons		1	
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 - w hole	1 cubic yard	0.012 tons			
CORRUGATED - loose	1 cubic yard	0.015 tons	PLASTIC - HDPE - flattened 1	1 cubic yard	0.03 tons			
CORRUGATED - baled	DRRUGATED - baled 1 cubic yard 0.55 tons PLASTIC - HDPE - baled		PLASTIC - HDPE - baled	1 cubic yard	บ์.38 เชกร	FERROUS METAL - cars withole	1 cubic yard	0.08 tons
	No. of the second		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 MA	ATERIAL 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					
	HIGH ACRES LANDFILL	NY	MONROE COUNTY	MONROE COUNTY	2184.93
Single Stream	ONTARIO COUNTY LANDFILL/CASELLA	NY	ONTARIO COUNTY	ONTARIO COUNTY	158.26
(total)	*				
Other (specify)					//
		TOTAL	MIXED MATERIA	L RECOVERED (tons)	2343.19
	MISCELLANEOU	JS MATERIAL RECOVE	RED		117
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 MISCELLA	NEOUS MATERIA	L RECOVERED (tons)	

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SECTION 6 – UNAUTHORIZED SOLID WASTE

-	Date Receiv	ved T	ype Received	Date Disposed	Disposal Method & Location
	300		\$		
	SECTI	ON 7 - CC	OST ESTIMAT	ES AND FINANCIA	L ASSURANCE DOCUMENTS
				assurance documents for	
Yes	■ No	If yes, atta Closure Pl		ets reflecting annual adj	ustments for inflation and any changes to the
			SE	CTION 8 – PROBLE	EMS
	ny problem procedures)		ed during the rep	porting period (e.g., spec	ific occurrences which have led to changes in
Yes	■ No	If yes, attac problem.	ch additional she	ets identifying each prob	elem and the methods for resolution of the
			SE	ECTION 9 – CHANG	ES
Vere th	nere any cha	anges from	approved reports	s, plans, specifications, a	and permit conditions?
]Yes	■ No	If yes, attac	ch additional she	ets identifying changes w	vith a justification for each change.
	•				
		TION 10 -	PERMIT/COM	NSENT ORDER REF	PORTING REQUIREMENTS
	SEC				
re the		ional permit	/consent order re	eporting requirements no	at covered by the previous sections of this

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.

Oltan J. Rlemgr Signature	1-31-22 Date
Alton L Plumb Jr	Owner
Name (Print or Type)	Title (Print or Type)
alplumb@alpcorecycling.com	
Email (Print o	or Type)
846 Macedon Center Road	Macedon
Åddress	City
NY 14502	₍ 315 ₎ 986 ₋ 8900
State and Zip	Phone Number
Otate and Zip	1 Hone Number

ATTACHMENTS: Tyes I NO