

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 submit this form by March 1, 2023.

This annual report is for the year of operation from January 01, 2022 to December 31, 2022 SECTION 1 - GENERAL INFORMATION

| | | FACILITY | INFORMATION | | | |
|---|---------------|---------------------------|--|-----------|---------------------|--------------------------|
| FACILITY NAME: | | | | | 7 | |
| Suffolk Industrial I | | | | Meta | | |
| FACILITY LOCATION ADDRESS | : | FACILITY | CITY: | | STATE: | ZIP CODE: |
| 140 Corporate Dri | ve | Holts | | | NY | 11742 |
| FACILITY TOWN: | | FACILITY | COUNTY: | FACI | LITY PHO | NE NUMBER: |
| Brookhaven | | Suffo | lk | 631 | -732- | -6403 |
| FACILITY NYS PLANNING UNIT: | (A list of NY | S Planning Ur | nits can be found at the end of | this rep | | SDEC GION#: 1 |
| Brookhaven (Town) | iii | | | | | |
| 360 PERMIT #: (Refer to DEC Permit) | DATE IS | | DATE EXPIRES: | | | /ITY CODE OR |
| 52R20242 | 03/28 | /2019 | 03/07/2024 | | gistration) | NUMBER:(Refer to RHRF |
| FACILITY CONTACT: | | □ public | CONTACT PHONE | | ONTACT | FAX NUMBER: |
| Bill Rouse | | private | NUMBER: 631-732-6403 | 6 | 31-73 | 32-6917 |
| CONTACT EMAIL ADDRESS: | | | | | | |
| | | | INFORMATION | 217 | | |
| OWNER NAME: | | 30.000 | HONE NUMBER: | | ER FAX N | |
| 140 Corporate Drive | LLC | 631-732-6403 631-732-69 | | | 8917 | |
| OWNER ADDRESS: | | OWNER CITY: | | | STATE: | ZIP CODE: |
| 3542 Route 112 | | Coram | | NY | 11727 | |
| OWNER CONTACT: | | _ | CONTACT EMAIL ADDRE | | | |
| Philip Fava | | | @pkmetals.c | om | | |
| | | OPERATO | RINFORMATION | | | |
| OPERATOR NAME: ☐ same Philip Fava | e as owner | | | | □public ■private | |
| W | | | FERENCES | | | |
| Preferred address to receive corres | spondence |); 🗖 Facility l | ocation address | | wner addres: | s |
| Preferred email address: Facili | ty Contact | | wner Contact | | | |
| Preferred individual to receive corre | espondend | ce: 🗆 Facil | ity Contact | er Contac | t | |
| | | | | | | |
| Did you operate in 2022? Yes | s; Complet | e this form. | | | | |
| □ No; to relinquish your permit/registratio Solid Waste Management Facility o | n associat | ed with this | t Sections 1 and 11. If yo solid waste managemen form" located at: http://ww | t activit | y, also con | nplete the "Inactive |

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!

Specify the methods used to measure the quantities received and the percentages measured by each method:

| 00% Scale Weight % Truck Count | | | _% Estimated _% Other (Spec | cify: | |) | | |
|---|---------------------|---------------------|--------------------------------|--------------------|--------------------|---------------|---------------------|----------------------|
| 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) | | | | | | | | |
| Other (specify) | | | | | | | | |
| Plastic | | 74.9 | 44.6 | 64.2 | 72.5 | 67.7 | 65.2 | 73.0 |
| | | | | | | | | |
| Total Tons Rece | ived | 74.9 | 44.6 | 64.2 | 72.5 | 67.7 | 65.2 | 73.0 |
| Material | August (tons) | September (tons) | October (tons) | November (tons) | December (tons) | | otal Year (tons) | Daily Avg. (tons) |
| Commingled Containers (metal, glass, plastic) | | | | | | | | |
| Commingled Paper (all grades) | | | | | | | | |
| Single Stream (total) | | | | | | | | |
| Other (specify) | | | | | | | | |
| Plastic | 81.8 | 65.9 | 80.0 | 71.8 | 70.7 | 8 | 332.3 | 2.28 |
| | | | | | | | | |
| Total Tons Received | 81.8 | 65.9 | 80.0 | 71.8 | 70.7 | 832.3 | *** | 2.28 |

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 percentage | s of total material transported by each: | |
|---|--|--|
| 100 % Road: Material(s): Plastic | % Rail: Material(s): | |
| % Water: Material(s): | % Other (specify:): Material(s): | |

| | SERVICE AREA OF | MATERIAL REC | CEIVED(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) | | | | | |
| Plastics | See Attachment A | | | | 832.3 |
| | | | | | |
| | | | TOTAL MATER | RIAL RECEIVED (tons | s): 832.3 |

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

SECTION 4 - RESIDUE

| Total residue (tons) = Percent Residue Calculation: | Residue destination (۸ Total tons residue/Total tons material ا | lame & Address) received x 100 = | | | |
|--|--|--|--|---|--|
| | SECTION 5 - RECYC | LABLES & RECOVER | RED MATERIAL | S | |
| Please identify destination of Destination Plant | of recyclable materials. Indicate the anning Unit/Municipality and the a | ne name of the facility, game made and the facility, game and the facility | <u>address,</u> corresp vered. DO NOT I | onding State/Country, REPORT IN CUBIC YARI | County/Province DS! |
| % Road: Material(s): | oe of material(s) and percentages of tol | | | | |
| % Water: Material(s): | | % O | ther (specify: |): Material(s): | |
| | P | 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 (out of facility) |
| Commingled Paper (all grades) | | | | | *** |
| Corrugated Cardboard | | | | | |
| Junk Mail | | | | | |
| Magazines | | | | | |
| Newspaper | | | | | |
| Office Paper | | | | | |
| Paperboard/ Boxboard | | | | | |
| Other Paper (specify) | | | | | |
| | | | TOTAL PAPI | ER 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 | | | |
|---------------------------------|--|--|--|--|
| 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) |
| *** | | | | |
| | | | | |
| | | | | |
| | | TOTAL GLASS R | ECOVERED (tons): | |
| ME | TAL RECOVERED | | | |
| 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) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | TOTAL META: | ECOVERED (tons): 641 | |
| | DESTINATION (Name & Address) ME DESTINATION | METAL RECOVERED DESTINATION (Name & Address) DESTINATION (Name & Address) DESTINATION COUNTRY | DESTINATION (Name & Address) TOTAL GLASS R METAL RECOVERED DESTINATION (Name & Address) DESTINATION (Name & Address) DESTINATION (Name & Address) DESTINATION (Name & Address) | DESTINATION (Name & Address) DESTINATION STATE OR COUNTY OR PROVINCE TOTAL GLASS RECOVERED (tons): METAL RECOVERED DESTINATION STATE OR COUNTY OR PROVINCE METAL RECOVERED DESTINATION STATE OR COUNTY OR PROVINCE (Name & Address) DESTINATION (Name & Address) DESTINATION STATE OR COUNTY OR PROVINCE PROVINCE DESTINATION (See Attached List of NYS Planning Units) |

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 | | | |
|--------------------------------|---------------------------------|------------------------------------|--------------------------------------|---|--|
| 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) | | | | | |
| Plastic | See Attchment B | | | | 641.8 |
| | | T | OTAL PLASTIC R | ECOVERED (tons): 641 | .8 |

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 | 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 | | | |
| PAPER - high grade baled | 1 cubic yard | 0.36 tons | PLASTIC - PET - flattened | 1 cubic yard | 0.04 tons | 1 1 | | |
| PAPER - mixed loose | 1 cubic yard | 0.15 tons | PLASTIC - PET - balled | 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 | | | |
| CORRUGATED - loose | 1 cubic yard | 0.015 tons | PLASTIC - HDPE - flattened 1 | 1 cubic yard | 0.03 tons | | | |
| 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 |
| | | | 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 | 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) | | | | | |
| | MISCELL ANEC | TOTAL OUS MATERIAL RECOVE | | L RECOVERED (tons): | |
| 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): | |

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

| | | | | the facility during the | |
|----------------|-------------|----------------------|----------------------|---------------------------------------|---|
| Yes | ■ No If | f yes, giv | e information below | for each incident (al | tach additional sheets if necessary): |
| | ate Receiv | ed e | Type Received | Date Disposed | Disposal Method & Location |
| | | | - | | |
| | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | |
| | | | | | |
| | SECTION | ON 7 - | COST ESTIMAT | ES AND FINANC | CIAL ASSURANCE DOCUMENTS |
| م طاء ماه | | | makes and financia | | ste for elecure? |
| | | | | l assurance documer | |
| Yes | □No | If yes, a Closure | | ets reflecting annual | adjustments for inflation and any changes to the |
| | | | | | |
| | | _ | | | |
| | | | SE | CTION 8 - PRO | BLEMS |
| Were a | ny problem | s encour | stered during the re | porting period (e.g. s | specific occurrences which have led to changes in |
| | rocedures) | | itered during the re | porting period (e.g., c | specific documenteds which have led to changes in |
| Yes | ■No | If yes, a | ttach additional she | ets identifying each | problem and the methods for resolution of the |
| | | problem | 1. | | |
| | | | | | |
| | | • | | | |
| | | | SI | ECTION 9 – CHA | NGES |
| Were th | ere any cha | anges fro | om approved report | s, plans, specification | ns, and permit conditions? |
| □Yes | ■No | If ves. a | ttach additional she | ets identifying chang | es with a justification for each change. |
| | | | | | |
| | | | | | |
| | | | | | |
| | SEC | TION 1 | 0 - PERMIT/CO | NSENT ORDER | REPORTING REQUIREMENTS |
| Are ther form? | e any addit | tional pe | rmit/consent order r | eporting requirement | ts not covered by the previous sections of this |
| Yes | ■ No | If yes, a | | ets identifying the re | porting requirements with their respective |
| | | Y 1- | _ | | |

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.

| Signature | 1-13-23 Date |
|----------------------|-------------------------|
| Philip Fava | President |
| Name (Print or Type) | Title (Print or Type |
| pfava@pkmetals.com | |
| Email (| Print or Type) |
| 3542 Route 112 | Coram |
| Address | City |
| NY 11727 | ,631 ,732 _640 3 |
| | Phone Number |

Division of Materials Management New York State Department of Environmental Conservation Albany, New York 12233-7260

RECYCLABLES HANDLING & RECOVERY FACILITY

A Recyclable Handling and Recovery Facility is a facility that receives source-separated recyclables. Further information and a listing of the recyclable handling and recovery facilities are available online at http://www.dec.ny.gov/chemical/50793.html.

If your facility is authorized to operate a construction and demolition debris handling and recovery facility you need to submit a Construction and Demolition Debris Handling and Recovery Facility Annual Report.

If your facility is authorized to operate as a transfer facility you need to submit a Transfer Facility Annual. If your facility is authorized to operate as a recyclables handling & recovery facility and a transfer facility you must submit both annual reports.

Forms for all solid waste management facilities can be found at http://www.dec.ny.gov/chemical/52706.html and a brief description of each type of facility can be found at http://www.dec.ny.gov/chemical/8495.html.

Annual Report

Submit the Annual Report no later than March 1, 2023.

Reporting of the information indicated on this Recyclables Handling and Recovery Facility Annual Report form is required pursuant to 6 NYCRR Part 360. Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual/Quarterly Report requirements of 6 NYCRR Part 360.

Where the Annual Report requirements have been modified, appropriate Sections (as necessary to reflect the modification) must be completed and submitted with a copy of the Department's written notification which allows the modification.

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

SECTION 3 - SERVICE AREA OF MATERIAL RECEIVED

Identify the facility's service area by indicating the type and amount of material received, the Solid Waste Management facility (SWMF) from which it was received by your facility (or Direct Haul), the corresponding State/Country, the County/Province, and the NYS Planning Unit from which waste was received. **Refer to the list of NYS Planning Units that can be found at the end of this report.** The Total Tons Received reported below should equal the Total Tons Received in Section 2. DO NOT REPORT IN CUBIC YARDS!

Additional Service Area Guidance:

- 1) <u>Direct hauled from the generator of the recyclables</u>. In the case where the recyclables are hauled to your recycling facility from the generator (i.e., hauled from residences, commercial establishments, etc.), "Direct Haul" would be the appropriate response in Column 2 under "Service Area". Please report the tonnage by material type and identify the state, county and planning unit where it was generated; or
- 2) <u>Sent to your recycling facility from another solid waste management facility</u>. Recyclables may be sent to your recycling facility from another solid waste management facility. In this case, please report the tonnage by material type from each sending solid waste management facility, as well as the sending facility's name, address, county, and the planning unit where the sending facility is located.

Suffolk Industrial Recovery Corp dba PK Metals Recyclables Handling & Recovery Facility Annual Report - 2022 Section 3 - Service Area of Material Received

| | | Service Area | | | | |
|----------|--|--------------|---------|-------------------|-------|--|
| Material | Solid Waste Management Facility | State | County | NYS Planning Unit | Tons | |
| Plastic | Direct Haul | NY | Suffolk | Babylon | 9.3 | |
| Plastic | Direct Haul | NY | Suffolk | Islip | 20.8 | |
| Plastic | Direct Haul | NY | Suffolk | Oyster Bay | 1.8 | |
| Plastic | PK Metals, 3542 Route 112, Coram, NY 11727 | NY | Suffolk | Brookhaven | 800.3 | |
| | | | | Total | 832.2 | |

| | · | |
|--|---|--|
| | | |
| | | |
| | | |

Attachment B

Suffolk Industrial Recovery Corp dba PK Metals Recyclables Handling & Recovery Facility Annual Report - 2022 Section 5 - Recyclables & Recovered Materials

| | | Service Area | | | | |
|----------|---|--------------|---------|-------------------|--------|----------|
| Material | Destination | State | County | NYS Planning Unit | Tons | b |
| Plastic | Louis Monteleone Fibres, 1170 Longwood Ave, Bronx, NY 10474 | NY | Bronx | New York City | 301.50 | For expo |
| Plastic | Tolloti Pipe LLC, 1830 Barbour Dr SE, Ulrichsville, OH 44683 | ОН | | 61.10 | | |
| Plastic | Ronald Mark Associates, Inc, 1227 Central Ave, Hillside, NJ 07205 | NJ | | | 40.20 | |
| Plastic | Plastics Innovations, Inc, 203 Wilson Hill Rd, Greenville, TN 37745 | TN | | | 20.50 | |
| Plastic | Cannyon Atlantic, 4 Vineyard Ct, St James, NY 11780 | NY | Suffolk | Smithtown | 199.10 | |
| Plastic | IRP Logistics, PO Box 718, Highwood, IL 60040 | 1L | | | 19.40 | |
| | | | | Total | 641.80 | |