NEW YORK Department of Environmental Conservation

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

Environmental (II you need assistance filling out this form please email swmfannuaireport@dec.ny.gov or call \$18.402.8678

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:	^		
FACILITY LOCATION ADDRESS	Reacting: EACILITY	a Technol	agu LLC
The second secon	: FACILITY	C)TY:	STATE: ZIP CODE:
57-01 Flushing	the 160	is porth	MY 11378
FACILITY TOWN:	FACILITY	COUNTY:	FACILITY PHONE NUMBER:
Maspeth	Q	Jeens	718 366 6513
FACILITY NYS PLANNING UNIT:	p our contract		NYSDEC REGION#: 2
360 PERMIT #:	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR
41MA5		1-	REGISTRATION NUMBER:
FACILITY CONTACT:	□ public	CONTACT PHONE	CONTACT FAX NUMBER:
Stephen Spalling	private	NUMBER: 718 3666513	718 456 8438
CONTACT EMAIL ADDRESS:			
	OWNER	INFORMATION	
OWNER NAME:	OWNERP	HONE NUMBER:	OWNER FAX NUMBER:
Stephen Spalling	718	366 6513	718 456 8438
OWNER ADDRESS:	OWNER C	A STATE OF THE STA	STATE: ZIP CODE:
5+ 01 + Justing	the run	peth	17, 11378
OWNER CONTACT:	OWNERC	ONTACT EMAIL ADDR	ESS:
	Basi	nhaulage()	ad. com
		RINFORMATION	
OPERATOR NAME: Sam	e as owner		□ public □ private
	PRE	ERENCES	
Preferred address to receive correct Other (provide).	spondence Kracilily I	acation address	☐ Owner addross
Preferred email address: K Facili Other (provide)	Hy Cantact 🔲 O	nvner Contact	
Preferred individual to receive corre	espondence. Mysicil	ity Confact 🔲 Own	er Contact
Did you operate in 2022? XYes	s; Complete this form.	11 38 (8)	

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

No; Complete and submit Sections 1 and 11. If you no longer plan to operate and wish

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!

% Scale Weight % Truck Count		_	_% Estimated _% Other (Speci	fy:				
Material	Tip Fee (S/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)		1.85	2.20	1.90	1.16	2.44	2.31	3.31
Commingled Paper (all grades)		299.32	270.36	325.04	292.27	296.77	ZA7.08	264.72
Single Stream (total)								
Other (specify)								
IDDE Film			3.92	4-67	5-19		4-76	3-83
Total Tons Rece Material	August	September	October	November	December		al Year	Daily Avg. (tons)
Commingled Containers	(tons)	(tons)	(tons)	(tons)	(tons)	-	ons)	(turis)
(metal, glass, plastic)	1-20	1.60	.52	4.90	-06	-	.45	
Commingled Paper (all grades)	343.23	241-84	796.53	284,68	375.44	358	7.28	
Single Stream (total)								
Other (specify)								
LDRE Film	5.01	5.41	6.56			39	.35	
					-			

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 <u>address</u> 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.

% Road: Material		% Ra	ail: Material(s):		
% Water: Materia	l(s):	%0	ther (specify:): Material(s):	
	SERVICE AREA OF	MATERIAL R	ECEIVED(where the	material is coming from)	
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Hauf"	SERVICE AREA STATE OF COUNTRY	AREA COUNTY OR	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Commingled Containers (metal, glass, plastic)		24	Ovens	Dec Region 2	3.37
Commingled Paper (all grades)	300	M	Queens	Der Ragion Z	3587.28
Single Stream					
Other (specify)				_	
LDRE		M		Dee Ragion 2	39-35
			TOTAL MATE	RIAL RECEIVED (tons	

If the material type is not listed, use one of the Other lines and fill in the ather materials name if still 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 & A	ddress)			
Percent Residue Calc	ulation: Total tons residue/Total tons material received	x 100 =	_		
	SECTION 5 - RECYCLABLE	S & RECOVER	ED MATERIAL	S	
	ination of recyclable materials. Indicate the nam ation Planning Unit/Municipality and the amount				
				KEPOKI IN CODIC TAK	331
Specify transport metho % Road: Material	od, list type of material(s) and percentages of total mate		each: ail: Material(s):		
% Water. Materia			ther (specify:): Material(s):	-
			(() () () () ()	J. (valorio)(e)	
	PAPER	RECOVERED	Y		
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Paper (all grades)	Monteleone Cibres LTD	M. 10801	Ovens	DEC Region Z.	133.40
Corrugated Cardboard	Montelerne Fibres LTD 159 F Main St New Mochelle My 19	NY	Oceani	DEC Rogion 2	3453-83
Junk Mail					
Magazines					
Newspaper					
Office Paper	Monto leone Fibres LTD 159 F Main St New Mochely MY10	801	Queens	DEC Rayion 2	106 -89
Paperboard/ Boxboard					
Other Paper (specify)	Monteleone Fibres CID	ny	Queens	DEC Kagion Z	26.51
Mixed pack	ISA E Main St Newholselle MY 10	(04)		3	
1 0			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)

	GLASS RE	COVERED			
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 R	ECOVERED (tons):	
	METAL RE	COVERED			
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Aluminum Foil / Trays					
	Alloco Racyclina Brooklynou	11232	Queens	DECKgion2	80.05
Enameled Appliances White Goods					
ndustrial Scrap Metal —					
Fin & Aluminum Containers					-
Other Metal (specify)					
			OTAL METAL DE	ECOVERED (tons):	

If the material type is not listed, use one of the "Other" lines and fill in the name of the meterial. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" has are needed, attached another copy of this page, prossibution unused type, and fill in the other materials name.

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	PLASTIC RE	COVERED			
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					
ndustrial Scrap Plastic					
Plastic Film & Bags	Monteleone Fibres LTD 159 F Main St New Perhalle MY 115	P4 10	Queen	DECKapion	39.35
Other Plastics (specify)					
		Т	OTAL PLASTIC F	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	EQUIVA	LENT	MATERIAL	EQUIVAL	ENT	MATERIAL	EQUIVA	LENT
GLASS - whole balties	1 cubic yard		GLASS - crushed mechanically	1 cubic yard	0.88 tons	ALUMINUM - cans - whole		0.03 tons
GLASS - sent crushed	1 cubic yard	And the second s	GLASS - uncrushed manually	55 gallon drum	0.16 tons	ALLMINUM - cans - flattened	1 cubic yard	0.125 tons
PAPER - high grade loose	1 cubic yard	110	PLASTIC - PET - whole	1 cubic yard	0.015 tons			
PAPER - high grade baled	1 éupic yard	0.36 tons	PLASTIC - PET - flattened	1 cubic yard	0.04 tons			
PAPER - mixed loose	1 cubic yard	0.15 tons	PLASTIC - PET - paled	1 cubsc yard	0.38 tons	WHITE GOODS - uncompacted	1 cubic yard	
NEWSPRINT - loose	1 cubic yard	0.29 Ions	PLASTIC - styrofoam	1 subic 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	445-14-2	0.08 tons
30000			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	L 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
Commingled Contaîners (metal, glass, plastic)	Scholes St Recy ling 492 Scholes St Brocklyn, New York toll				3.37
Commingled Paper & Containers	Monteleonic Typies LTD 159 E Main St Newladelle M10801		710		3587-28
Single Stream					
Other (specify)	Monteleone Fibres LTD				39.35
LDRE Sim	New Rochalle, New York, 10801				
				L RECOVERED (tons):	
	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					
Textiles					11-(-1)10-1
Other (specify)					
	TO	TAL MISCELLA	NEOUS MATERIA	L RECOVERED (tons):	

If the traterial 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

Date Received	Type Received	Date Disposed	Disposal Method & Location
SECTION 7	- COST ESTIMAT	TES AND FINANCIA	L ASSURANCE DOCUMENTS
e there required cost e	stimates and financia	l assurance documents f	or clasure?
		eets reflecting annual adj	ustments for inflation and any changes to the
Closu	re Plan?		
	SE	CTION 8 - PROBLE	THE STATE OF THE S
	96	CTION 0 - PROBLE	CIVIS
		22.171.1	cific occurrences which have led to changes i
acility procedures)?	suntered during the re	porting period (e.g., spec	
acility procedures)?	ountered during the re	porting period (e.g., spec	sific occurrences which have led to changes i
acility procedures)? Yes No If yes	ountered during the re	porting period (e.g., spec	sific occurrences which have led to changes i
scility procedures)?]Yes	ountered during the re , attach additional she em,	porting period (e.g., spec	sific occurrences which have led to changes i
acility procedures)? Yes No If yes proble	ountered during the re , attach additional she em.	porting period (e.g., spec	cific occurrences which have led to changes in the second of the second
acility procedures)? Yes No If yes proble	ountered during the re , attach additional she em. Si from approved report	porting period (e.g., specests identifying each protection of the	cific occurrences which have led to changes in the second of the second
acility procedures)? Yes No If yes proble	ountered during the re , attach additional she em. Si from approved report	porting period (e.g., specests identifying each protection of the	sific occurrences which have led to changes in the solution of the selection of the selecti
ecility procedures)? Yes No If yes proble Vere (here any changes Yes No If yes	ountered during the re , attach additional she em. Si from approved report	porting period (e.g., spec eats identifying each prot ECTION 9 - CHANG ts, plans, specifications, a eats identifying changes	sific occurrences which have led to changes in the solution of the selection of the selecti
ecility procedures)? Yes \[\] No If yes proble Vere (here any changes Yes \[\] No If yes SECTION	suntered during the re , attach additional she em. Si from approved report , attach additional she 10 - PERMIT/CO	porting period (e.g., species identifying each protection 9 - CHANG is, plans, specifications, a sets identifying changes to the each protection of the each period o	cific occurrences which have led to changes in the polem and the methods for resolution of the second permit conditions? With a justification for each change.
ecility procedures)? Yes No If yes proble Vere (here any changes Yes No If yes SECTION	suntered during the re , attach additional she em. Si from approved report , attach additional she 10 - PERMIT/CO	porting period (e.g., species identifying each protection 9 - CHANG is, plans, specifications, a sets identifying changes to the each protection of the each period o	sific occurrences which have led to changes in the solution of the selection of the selecti

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 12233-7250 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.

Stephen Spalling Date

Stephen Spalling Diesstant

Warne (Print of Type)

Sasin how loge a gol com

Email (Print or Type)

Story

Address

State and Zip

Phone Number

ATTACHMENTS: YES NO

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 heatly 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 Country/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) Direct hauled from the generator of the recyclables. 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.