

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

Department of Environmental (If you need necistaries filling out this form places omail swmfannealreport@doc.my.gov or call #18 -02-0578 |
Conservation 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		150		
FACILITY NAME:	- LOS L						
Lake Pleasant Tra		station				and the same of	
FACILITY LOCATION ADDRE	SS:	FACILITY	CITY:		STATE:	ZIP CODE:	
2297 State Route 8 Lake		Lake	Pleasant		NY	12108	
FACILITY TOWN:		FACILITY	COUNTY:	FACI	ITY PHO	NE NUMBER:	
Lake Pleasant		Hamil	ton County	n/a			
FACILITY NYS PLANNING UN Hamilton	IT: (A fine of B	YS Planning Un	illa can be found of the end o	iger enti R	NY RE	SDEC GION#: 5	
360 PERMIT#: (Neducto DEC	DATE	TE ISSUED: DATE EXPIRE		REGIS	DEC ACTIVITY CODE OR SISTRATION NUMBER: Roth Registration 21R06		
FACILITY CONTACT:		• public	CONTACT PHONE	CONTACT FAX NUMB		FAX NUMBER;	
Joe Blackwood		private	NUMBER: 518-548-3867		n/a		
CONTACT EMAIL ADDRESS:	n/a		121640-251				
	*	OWNER	INFORMATION	4111	×****		
OWNER NAME: Hamilton County		518-54	HONE NUMBER: 8-7141	OWNER FAX NUMBER: 518-548-4308			
OWNER ADDRESS: PO Box 56		OWNER O			STATE:	2P CODE:	
OWNER CONTACT:		OWNER C	ONTACT EMAIL ADDR	ESS:			
Tracy Eldridge		highwa	ay@hamiltonco	unty	ny.gov		
		OPERATO	RINFORMATION				
OPERATOR NAME:				□public □private			
			FERENCES				
Preferred address to receive co Cother(provide):	responden	ce LI Facility!	ocation addrass	111 ()wneraddæ	.5	
Preferred email eddress: П ғ. П other(provide):	scility Contect		waer Conteot				
Preferred individual to receive co	orresponder	nce; 🗆 Facil	ity Cantact 🔳 Ów	ner Contac	a l		

Did you operate in 2022? Tyes; Complete this form.	
□ No; Complete and submit Sections 1 and 11. If you no longer plan to relinquish your permit/registration associated with this solid waste management activity, also described with the solid waste management facility or Activity Notification Form* located at: http://www.dec.ny.gov/ch	complete the *inactive

SECTION 2 - MATERIAL RECEIVED

Please provide the tormages of male rials received. This includes all materials received at your facility regardless of their destination after processing.

DO NOT REPORT IN CUBIC YARDS!

Material	Tip Fee	January	February	March	April	May	June	July
Commingled Containers	(\$JTon) Not Tracked Monthly	(tons)	(tons)	(tons)	(tons)	(tons)	(tons)	(tons)
metal, glass, plastic) Commingled Paper (all grades)		i		1		-		
Single Stream								
Other (specify)								
Total Tons Rece	lved							
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)		Daily Avg. (tons)
Comming(ed Containers (metal, glass, plastic)								
Commingled Paper (all grades)								
Single Stream (total)	-2							
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.

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 Heur" 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 mater	ial transported by each:		
100 % Road: Material(s): All recyclable materials recovered	% Rail: Material(s):		
% Water: Material(s):	% Other (specify:): Material(s):	

	SERVICE AREA OF MATERIAL RECEIVED THE COMMON AND A COMMON AND ADDRESS OF THE COMMON ADDRESS OF THE COM							
MATERIAL	SQLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haw"	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)	Direct haul - All of Hamilton County	NY	Hamilton County	Hamilton County	107 est			
Commingled Paper	Direct Haul - All of Hamilton County	NY	Hamilton County	Hamilton County	124.70			
Single Stream								
Other (specify)								
	Direct haul - Tires	NY	Hamilton County	Hamilton County	94			
	Direct haul - Tires	NY		Hamilton County RIAL RECEIVED (tons	325			

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SECTION 4 - RESIDUE

Total residue (tons) = _ Percent Residue Calc	Residue destination (Null stick) Residue destination (Null stick) Residue/Total tons material r	ame & Addréss) scalved x 100 =			
	SECTION 5-RECYC	ABLES & RECOVER	RED MATERIAL	.s	
Please identify destin	nation of recyclable materials. Indicate thation Planning Unit/Municipality and the a	e name of the facility, a mount of material reco	address, corresp vered. DO NOT	onding State/Country, REPORT IN CUBIC YAR	County/Province, DSI
100 % Road: Maleria	od, list type of material(s) and percentages of tot (s): All recyclable materials recovered	% R	ail: Material(s):		
% Water: Materia	il(s):	%0	ther (specify)): Material(s):	
	P	APER RECOVERED		-	
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION MYS PLANNING UNIT (See Attached List of NYS Planning Lynn)	TONS RECOVERED (out of facility)
Commingled Paper	Empire Recycling - Utica	NY	Oneida County	Onelde-Herkimer Solid Waste	106.45
(all grades)	Twin Bridge Recycling - Clifton Park	NY	Saratoga County	Saraloga County	17.65
Corrugated Cardboard	Empire Recycling - Utica	NY	Oneida County	Oneide-Herkimer Solid Waste	145 est
Junk Mail					
Magazines					
Mewspaper				1611	
Office Paper					
Paperboard/ Boxboard		1-1-1-11-11-1			
Other Paper (specify)					
			TOTAL PAP	ER RECOVERED (tons):	270.40

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SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	GL	ASS RECOVERED			
RECOVERED MATERIAL	DESTINATION (Hame & Addrese)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Container Glass	Twin Bridges Recycling - Clifton Park	NY	Saretoga County	Saratoga County	10 ast
Industrial Scrap Glass			i e		
Other Glass (specify)					
			TOTAL GLASS R	ECOVERED (tons): 10	ind .
	ME	ETAL RECOVERED			
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	PLANNING UNIT (See Attached List of NYS Planding Units)	TONS RECOVERED (out of facility)
Aluminum Foil / Trays					
Bulk Metal					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers	Empire Recycling - Ulisa	NY	Oneida County	Oneide-Herklmer Solid Was	27
Other Metal (specify)					
	<u> </u>	-1	TOTAL METAL R	ECOVERED (tons): 2	

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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 Frending Units)	TONS RECOVERED (out of facility)
Commingled Plastic	Empire Recycling - Utica	NY	Oneida County	Oneide-Herkimer Solid Was	108.45
(91-47)	Twin Bridges Recycling - Clifton Park	NY	Saratoga County	Saratoge County	17.65
PET (plastia #11					
HDPE (plastic#2)			ы		
Other Rigid Plastics					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
		T	OTAL PLASTIC R	ECOVERED (mms): 12	9.10.

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VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	MATERIAL EQUIVALENT		MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT	
GLASS - whole bottles	1 cubic yard	0.35 tons	GLASS - crushed mechanically	1 cubic yard	0.88 tons	ALUMNUM - cens - whole	1 cubic yard	0.03 tons
GLASS - sent crushed	1 cubic yard	0,70 tons	GLASS - uncrushed manually	55 gallon drum	0.16 tons	ALUMNUM - 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 pubic yard	0.36 tons	PLASTIC - PET - flattened	1 cubic yard	0.04 tons			
PAPER - mixed loase	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	floubic yard	0.012 tons			
CORRUGATED - loose	1 cubic yard	0.015 tons	PLASTIC - HDPE - flattened 1	1 cubic yard	0.03 tons			
CORRUGATED - balled	1 cubic yard	0.55 tans	PLASTIC - HDPE - baled	1 cubic yard	0.38 tons	FERROUS METAL - cans whole	1 cubic yard	0.08 tans
			PLASTIC - mixed (gracely 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 Flanning Units)	TONS RECOVERED
Commingled Containers (metal, glass, plantic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (symcify)					
	MISCELLANE	TOTAL		L RECOVERED (tons):	- //p - innum p -
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NY3 Planning Units)	TONS RECOVERED
Electronics	Sunnking - Utica	NY	Oneida County	Oneide-Herkimer Solid Was	32.41
Textiles					1-100
Other (a pacity)					
			The control of		
		TOTAL MISCELLA	NEOUS MATERIA	L RECOVERED (tons):	82.41

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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)? Yes No 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? 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:

New York State Department of Environmental Conservation Division of Materials Management Bursau of Solid Waste Management. 625 Broadway Albany, New York 12233-

7260 Fax 518-402-9041

Email address: SWMFannualraport@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 210.46 of the Penal Law.

EMON SAX	3/1/2023		
Signature	Date		
Tracy J. Eldridge	Solid Waste Coord.		
Name (Print or Type)	Title (Print or Type)		
highway@hamiltoncountyr	ly.gov		
Email	(Print or Type)		
PO Box 56	Lake Pleasant		
Address	City		
NY 12108	518,548,7141		
State and Zip	Phone Number		

ATTACHMENTS: YES INO