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#### **RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT**

Department of **KEUTULADLEO HATULING & HEVE Manualreport@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:		1				
DOG RECYCLING LLC FACILITY LOCATION ADDRESS: FACILITY CITY: STATE: ZIP CODE:						
FACILITY LOCATION ADDRESS	<u>.</u>	FACILITY			STATE:	ZIP CODE:
211 WARREN S	}		s Falls		N	12801
FACILITY TOWN:		FACILITY				NE NUMBER:
		in the				1 8877
FACILITY NYS PLANNING UNIT:	(AlistofN)	'S <u>Planning Un</u>	<u>He</u> can be found at the end of	i ជាទែ repo		SDEC GION #:
<b>360 PERMIT #: (</b> Refer to DEC Permit)	DATEIS	SSUED:	DATE EXPIRES:	REGIS		/ITY CODE OR I NUMBER:(Refer to
FACILITY CONTACT:		🖾 public	CONTACT PHONE	0	CONTACT	FAX NUMBER:
GARY FINGER		🗆 private	NUMBER: 518361887	7 5	51879	134620
CONTACT EMAIL ADDRESS:						
OWNER NAME:			INFORMATION HONE NUMBER:	OW/N	ER FAX N	
OWNER NAME:			HONE NUMBER.		EK FAA N	UNIDER:
OWNER ADDRESS:	<u></u>	OWNER CITY:			STATE:	ZIP CODE:
OWNER CONTACT:		OWNER C	ONTACT EMAIL ADDR	ESS:		
		OPERATO	RINFORMATION			
	ne asowner				□public □private	
			FERENCES			
Preferred address to receive corre	Preferred address to receive correspondence: □ Facility location address □ Owner address   □ Other (provide): □					
Preferred email address:    Facility Contact      Other (provide):						
Preferred individual to receive correspondence:						
Did you operate in 2022?						
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: <u>http://www.dec.ny.gov/chemical/52706.html</u> .						

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#### **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:

\_\_% Scale Weight

\_\_\_\_% Estimated

% Truck Count

\_\_\_\_\_% Other (Specify: \_\_\_\_\_)

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers		1						
(metal, glass, plastic) Commingled Paper (all grades)		80	80	80	BO	80	80	80
Single Stream (total)	· · · · · · · · · · · · · · · · · · ·							
Other (specify)								
				· · · · · · · · · · · · · · · · · · ·		·····		
Total Tons Recei	ved							
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	ł	l Year ins)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)	BO	80	ЬО	60	60	900	2	2.55
Single Stream (total)								
Other (specify)					<b></b>			
								1
			······································					
Total Tons Received								

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.

Gary

## 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:

- % Road: Material(s):\_\_\_\_\_

\_\_\_\_% Rail: Material(s):\_\_\_\_\_ % Water: Material(s): % Other (specify: ): Material(s):

	SERVICE AREA OF N	ATERIAL RE	CEIVED (where the i	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 <u>Planning Units</u> )	TONS RECEIVED
Commingled Containers (metal, glass, plastic)					
Commingled Paper (all grades)	DIRECT HAN	NY	WARREN	5	900
Single Stream (total)					
Other (specify)					
				NAL RECEIVED (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

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#### SECTION 4 - RESIDUE

Total residue (tons) =	Residue destination (Name & Address)	
	otal tons residue/Total tons material received x 100 =	

#### SECTION 5 -- RECYCLABLES & RECOVERED MATERIALS

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:

% Road: Material(s):

% Rail: Material(s):

-''		matomat(d	/·
%	Othe	r (specify:	

Water Material(s):

	PAPEI	R RECOVERED			
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS <u>Planning Units</u> )	TONS RECOVERED (out of facility)
Commingled Paper (all grades)	D&G RECYCLING LLC	K3	WARKEN	5	900
Corrugated Cardboard	DIG RELIKING HK	NY	WARREN		100
Junk Mail	N/A				
Magazines	N/4				
Newspaper	Alu				
Office Paper	D&G HERICING HY	N.Y	WARREN	5	700
Paperboard / Boxboard	AIN				
Other Paper (specify)	FIW E	ing	WARREN	5	600

TOTAL PAPER RECOVERED (tons):

). Material(s):

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	RECOVERED			
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS <u>Planning Units</u> )	TONS RECOVERED (out of facility)
Container Glass	AIN				
Industrial Scrap Glass	NA				
Other Glass (specify)	ALM				
			TOTAL CLASS P	ECOVERED (tons):	· · · · · · · · · · · · · · · · · · ·
	METAL	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)
Aluminum Foil / Trays	NA				
Bulk Metal					
Enameled Appliances / White Goods					
Industrial Scrap Metal	BEN WEITSMAN + SON 300 Smith Blid	- KÀ	Albany		700
Tin & AlumInum Containers					
Other Metal (specify)					
	· · · · · · · · · · · · · · · · · · ·				
			TOTAL METAL R	ECOVERED (tons):	200

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.

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## SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	PLASTIC	RECOVERED			NY
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)	DOG RECYCLING LLC	NY_	WARREN	5	1700
PET (plastic #1)					
HDPE (plastic #2)	D& & RECYCLING LLC	N	WARREN	5	700
Other Rigid Plastics (#3 - #7)	AN				
Industrial Scrap Plastic	Aln				
Plastic Film & Bags	DOG REGICTING	MIA	WARREN	5	1500
Other Plastics (specify)					
		T	TAL PLASTIC R	ECOVERED (tons):	1700

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**VOLUME TO WEIGHT CONVERSION FACTORS** 

MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT	
GLASS - whole bottles	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			
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

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## SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	MIXED MATER	IAL RECOVERED			·
RECOVERED MATERIAL	<b>DESTINATION</b> (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	MIR				
Single Stream					
Other (specify)					
	······································				
		TOTAL		L RECOVERED (tons)	A
	MISCELLANEOUS M	ATERIAL RECOVE	IRED		
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	NN				
Other (specify)					
				AL RECOVERED (tons)	:

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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

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 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?

Yes No 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?

No If yes, attach additional sheets identifying the reporting requirements with their respective responses.

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Yes

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#### 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.

Mary Fugg	8 3 23 Date
GARY FINGER Name (Print of Type) CheetaRNK & ROADRUMME	Title (Print or Type)
Email (Pr	int or Type)
211 WARREN St Address	GlENGS FAILS City
N 1230) State and Zip	(518) 361-9877 Phone Number

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