



Department of
Environmental
Conservation

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email: swmannualreport@dec.ny.gov or call 618-402-8679.)

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: CNY NORTH EAST			
FACILITY LOCATION ADDRESS: 12521 US Rt. 11	FACILITY CITY: Adams Center	STATE: NY	ZIP CODE: 13606
FACILITY TOWN: Adams Center	FACILITY COUNTY: Jefferson	FACILITY PHONE NUMBER: 315-583-5554	
FACILITY NYS PLANNING UNIT: (A list of NY's Planning Units can be found at the end of this report). DANC			NYSDEC REGION #: 6
360 PERMIT #: (Refer to DEC Permit)	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 23R20005
FACILITY CONTACT: Ben Gower	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 315-583-5554	CONTACT FAX NUMBER: 315-583-5560
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Russell Gower	OWNER PHONE NUMBER: 315-471-0254	OWNER FAX NUMBER: 315-471-0218	
OWNER ADDRESS: 5879 FIRESTONE DR.	OWNER CITY: SYRACUSE	STATE: NY	ZIP CODE: 13206
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: CNYresource.recovery@yahoo.com		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> HAZARDOUS WASTE	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2022? 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 Waste Management Facility or Activity Notification Form" located at: <http://www.dec.ny.gov/chemical/52706.html>.

This page N/A - Please see next page for material breakdown

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

N/A

___ % Other (Specify: _____)

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Commingled Paper (all grades)								
Single Stream (total)								
Other (specify)								
Total Tons Received								
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers (metal, glass, plastic)	N/A	N/A	N/A	N/A	N/A	N/A		
Commingled Paper (all grades)								
Single Stream (total)								
Other (specify)								
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 material's name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other material's name.

Additional Information for CNY Northeast
 DEC Reg# 23R20005

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.

90 % Scale Weight

0 % Estimated

30 % Truck Count

0 % Other (Specify:)

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Paper-Print/Waste	N/A	0	0	0	0	0	0	0
CARD BOARD		45.02	21.79	22.02	23.75	0	0	0
PLASTIC		0	0	0	0	0	0	0
BATTERIES/LEAD		0	20.16	20.70	0	0	20.53	0
STEEL		0	0	9.96	0	11.86	0	0
STAINLESS STEEL		0	0	4.92	2.87	0	2.1	0
MIXED NON-FERROUS		14.58	15.77	22.99	35.27	35.01	30.83	22.05
Total Tons Received		164.6	57.72	80.59	61.89	46.87	53.46	22.05
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Paper-Print/Waste	0	0	0	0	0	0	0	
CARD BOARD	67.38	23.44	0	24.88	29.18	252.46	.81	
PLASTIC	0	0	0	0	0	0	0	
BATTERIES/LEAD	0	20.84	0	0	0	82.23	.26	
STEEL	10.07	1.18	0	0	5.97	39.04	.13	
STAINLESS STEEL	0	2.72	0	2.86	0	15.17	.05	
MIXED NON-FERROUS	24.09	19.67	38.39	22.5	13.21	299.36	.96	
Total Tons Received	101.54	67.55	38.39	50.24	43.36	688.26	2.21	

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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

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:

100 % Road: Material(s): ALL % Rail: Material(s): _____
 % Water: Material(s): _____ % Other (specify: _____): Material(s): _____

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION MYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
Commingled Paper <small>(all grades)</small>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Corrugated Cardboard	<u>West Rock, Solvay</u>	<u>NY</u>	<u>Oneida</u> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>252.46</u>
Junk Mail			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Magazines			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Newspaper			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Office Paper			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Paperboard/ Boxboard			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other Paper (specify)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TOTAL PAPER RECOVERED (tons):					

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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 Planning Units)	TONS RECOVERED (out of facility)
Container Glass	N/A		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Industrial Scrap Glass			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other Glass (specify)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TOTAL GLASS RECOVERED (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			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Bulk Metal			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Enamelled Appliances / White Goods / Steel	Ferrous metal transferred to CNY Resource Recovery - Syracuse	NY	Montgomery	<input checked="" type="checkbox"/>	39.04
Industrial Scrap Metal	Mixed Non-ferrous - Aluminum, Copper, BRASS & STAINLESS STEEL transferred to: CNY Resource Recovery NY	NY	Montgomery	<input checked="" type="checkbox"/>	314.53
Tin & Aluminum Containers			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other Metal (specify)	LEAD ACID BASED BATTERIES		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	RSR Middle town	NY	ORANGE	<input checked="" type="checkbox"/>	40.99
	CREEKWOOD METAL - Toronto	CANADA		<input checked="" type="checkbox"/>	41.23
TOTAL METAL RECOVERED (tons):					

Electron
metal

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SECTION 5 – RECYCLABLES & RECOVERED MATERIALS (continued)

PLASTIC 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)	DESTINATION NYS PLANNING UNIT	TONS RECOVERED (out of facility)
Commingled Plastic (#1-#7)	N/A	N/A	N/A	☐	N/A	N/A
PET (plastic #1)				☐		
HDPE (plastic #2)				☐		
Other Rigid Plastics (#1-#7)				☐		
Industrial Scrap Plastic				☐		
Plastic Film & Bags				☐		
Other Plastics (specify)				☐		
				☐		
TOTAL PLASTIC RECOVERED (tons):						

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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 0.68 tons	ALUMNUM – cans – whole	1 cubic yard 0.05 tons
GLASS – semi crushed	1 cubic yard 0.70 tons	GLASS – uncrushed manually	55 gallon drum 0.19 tons	ALUMNUM – 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		
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 – 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)	N/A	N/A	N/A	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
Commingled Paper & Containers				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
Single Stream (total)				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
Other (specify)				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
TOTAL MIXED MATERIAL RECOVERED (tons):						
MISCELLANEOUS 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)	
Electronics	N/A	N/A	N/A	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
Textiles				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
Other (specify)				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
TOTAL MISCELLANEOUS MATERIAL 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 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?

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?

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

