

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

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:					······································	
Rauscher Bros Inc	C					
FACILITY LOCATION ADDRESS	:	FACILITY	CITY:		STATE:	ZIP CODE:
1276 Fish Creek I	Rd	West	Leyden		NY	13489
FACILITY TOWN:		FACILITY	COUNTY:	FAC	LITY PHO	NE NUMBER:
Town of Lewis		Lewis	}	31	5-942	-4111
FACILITY NYS PLANNING UNIT: Oneida-Herkimer Solid Waste Authority	(Allist of NY	S <u>Planning</u> Ur	nits can be found at the end of	this rep	oort). NY RE	rsdec egion#:6
360 PERMIT #: (Refer to DEC	DATE IS	SUED:	DATE EXPIRES:			VITY CODE OR
Permit) 25R1003	02/07	/2019	02/06/2024	REGI DEC R	STRATIO (egistration)	N NUMBER:(Refer to RHRF
FACILITY CONTACT:		□ public	CONTACT PHONE		CONTACT	FAX NUMBER:
Douglas Rausche	private NUMBER: 315-942-4111 31		315-9	5-942-4118		
CONTACT EMAIL ADDRESS:						
			INFORMATION			
owner name: Douglas E Rausche	er		PHONE NUMBER: 71-5409	n/a	NER FAX N	IUMBER:
OWNER ADDRESS:		OWNER C			STATE:	ZIP CODE:
12239 Ammon Rd		West Le	eyden		NY	13489
OWNER CONTACT:		OWNER C	CONTACT EMAIL ADDRI	ESS:		
same		<u> </u>	ischer@hotm	<u>nail.</u>	com	
ODEDATOD NAME:		OPERATO	R INFORMATION			
OPERATOR NAME: San	ne asowner				□ public □ private	
			FERENCES			
Preferred address to receive corre Other (provide): PO Box 217 W	spondence est Leyde	e: □ Facility l en NY 134	location address .89		Owneraddr	RECEIVED NYS DEC
Preferred email address: Facil	Preferred email address: Facility Contact					
Preferred individual to receive com Other (provide):	espondend	ce: 🗐 Facil	lity Contact 🔲 Own	er Conta	ect	DIVISION OF MATERIALS MANAGEME
Did you operate in 20222	a. Camala	o this face			N	

☐ 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.

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!

pecify the methods used to Scale Weight	measure the qu	uantities received 25	and the percent % Estimated	tages measured	by each method	:		
% Coale Weight % Truck Count			_% Other (Spe	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)	0	20.35	20.42	20.57	20.59	20.48	20.62	20.70
Other (specify)								
	:						-	
Total Tons Rece	ived							
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	\$	tal Year tons)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)								
Single Stream (total)	20.68	20.65	20.61	20.33	20.21	246.21		.95
Other (specify)								
Total Tons Received								

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 materi	al transported by each:		
100 % Road: Material(s): Single Stream Recycling	% Rail: Material(s):		
% Water: Material(s):	% Other (specify:): Material(s):	

	Service MacAtha		(elonger)	meterial 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)	Oneida-Herkimer solid Waste Authority	NY	Oneida County Lewis County	Oneide-Herkimer Solid	246.21
Other (specify)					
		1	TOTAL MATER	LIAL RECEIVED (tons):

SECTION 4 - RESIDUE

Total residue (tons) = Percent Residue Calcu	Residue destination (Name	e & Address) eived x 100 =			
	SECTION 5 - RECYCLA	 	— RED MATERIAL	S	
Please identify desti Destina	nation of recyclable materials. Indicate the ration Planning Unit/Municipality and the amo	name of the facility, gount of material reco	address, corresp vered. DO NOT I	onding State/Country, (REPORT IN CUBIC YARI	County/Province, DS1
Specify transport metho% Road: Material % Water: Material	()	% Ra	ail: Material(s):): Material(s):	
			ner (specify		
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 PAPE	ER RECOVERED (tons):	

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

The second secon	GLASS				
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):	
and the state of t					
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					
Bulk Metal					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
			TOTAL METAL B	ECOVERED (tons):	

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	PLASTIC	ngvenete s			
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)					A. (B. () () () () () () () () () (
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)	1000				
		TO	 DTAL PLASTIC R	ECOVERED (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	EQUIVALENT		MATERIAL	EQUIVA	LENT
GLASS - whole 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 - 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 - 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 - balled	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)

Secretary State Company	MIXED MATE				en (d. 1821) Sen (d. 1821)
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					
Other (specify)					
	MESTE AMERICA	TOTAL LATERIA SE- SOL		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)					
4					
		TOTAL MISCELLA	NEOUS MATERIA	L RECOVERED (tons):	

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 **P**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.

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

Final 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.

Douglas E Rauscher

Name (Print or Type)

Cwrauscher@hotmail.com

Email (Print or Type)

PO Box 217

Address

NY 13489

State and Zip

O2/22/2023

Date

Pres/Treas.

Title (Print or Type)

West Leyden

City

315,942,4111

Phone Number

ATTACHMENTS: YES NO