

### RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

Department of Environmental Conservation RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT Support Conservation RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT Support Conservation Recomplete and support this form by March 1, 2023 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:						
Sullivan Transfer Sta						
FACILITY LOCATION ADDRESS	:	FACILITY	CITY:		STATE:	ZIP CODE:
7480 Bolivar Road	k	Chitte	enango		NY	13037
FACILITY TOWN:		FACILITY	COUNTY:	FACI	LITY PHO	NE NUMBER:
Sullivan		Madis				-6876
FACILITY NYS PLANNING UNIT:  Madison County	(A list of NYS	S <u>Planning Un</u>	uits can be found at the end of	this rep	ort). NY	SDEC GION#: 7
360 PERMIT #: (Refer to DEC Permit)	DATE IS: 12/42		DATE EXPIRES: 12/3/2023	REGIS	STRATION	/ITY CODE OR NUMBER:(Refer to 27R20020
FACILITY CONTACT:		• public	CONTACT PHONE	10	CONTACT	FAX NUMBER:
Amy Miller		private	<b>NUMBER:</b> 315-361-8408			
CONTACT EMAIL ADDRESS: an	ny.miller@	madisonc	ounty.ny.gov			
		OWNER	INFORMATION			
OWNER NAME:			PHONE NUMBER:	OWN	ER FAX N	UMBER:
Madison County		315-36				
OWNER ADDRESS:		OWNER C			STATE:	ZIP CODE:
P.O. Box 27		Wampsv			NY	13163
OWNER CONTACT:			CONTACT EMAIL ADDRE			
Amy Miller			niller@madisono	coun	ty.ny.g	OV
		OPERATO	R INFORMATION			
OPERATOR NAME:	e as owner				<b>■</b> public ■private	
			FERENCES			
Preferred address to receive corres	spondence	}: □ Facility l	ocation address		Owner addres	SS
Preferred email address:  Facili	ity Contact	<b>•</b> 0	Owner Contact			
Preferred individual to receive correction Other (provide):	espondenc	ce: Facil	lity Contact 🔲 Own	er Conta	ct	
Did you operate in 2022? 🔼 Yes	s; Complet	e this form.				
☐ No to relinquish your permit/registratio Solid Waste Management Facility o	on associat	ted with this		nt activi	ty, also co	mplete the "Inactive

### **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!

Spec	ify the methods used to measure the quantities	received and the percentages measured by each method:	
100	_% 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 (metal, glass, plastic)		4.37	2.80	4.09	2.84	3.63	4.05	3.81
Commingled Paper (all grades)		6.80	7.31	11.59	8.62	8.78	8.38	8.62
Single Stream (total)								
Other (specify)Tires		0.11	0.04	0.25	1.04	0.94	1.53	0.89
Batteries		0.00	0.05	0.02	0.08	0.05	0.06	0.03
AF/Cooking Oil		0.00	0.02	0.00	0.07	0.02	0.00	0.02
Bulk Metal		1.58	3.06	4.21	7.07	9.29	7.89	6.00
Total Tons Recei	ved	12.86	13.28	20.16	19.72	22.71	21.91	19.37
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)		Year ns)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)	4.37	3.43	3.75	4.69	5.09	46.	.92	0.45
Commingled Paper (all grades)	6.85	10.81	6.86	8.08	6.51	99	.21	0.95
Single Stream (total)								
Other (specify)Tires	1.00	0.70	1.00	0.94	0.76	9.	20	.09
Batteries	0.08	0.20	0.03	0.09	0.01	0.7	70	.01
AF/Cooking Oil	0.00	0.02	0.00	0.00	0.03	0.	18	0.002
Bulk Metal	8.97	8.42	9.26	8.53	3.17	77.	45	.74
Total Tons Received	21.27	23.58	20.90	22.33	15.57	233	.66	2.24

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

<u>Please identify where the material is coming from.</u> 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:
100 % Road: Material(s):	% Rail: Material(s):
% Water: Material(s):	% Other (specify:): Material(s):

	SERVICE AREA OF I	MATERIAL RE	CEIVED(where the	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 Planning Units)	TONS RECEIVED
Commingled Containers (metal, glass, plastic)	Direct Haul	NY	Madison County	Madison County	46.92
Commingled Paper (all grades)	Direct Haul	NY	Madison County	Madison County	99.21
Single Stream (total)					
Other (specify)					
Tires	Direct Haul	NY	Madison County	Madison County	9.20
Batteries	Direct Haul	NY	Madison County	Madison County	0.70
Cooking Oil	Direct Haul	NY	Madison County	Madison County	0.18
Bulk Metal	Direct Haul	NY	Madison County	Madison County	77.45
			TOTAL MATE	RIAL RECEIVED (tons	233.66

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#### **SECTION 4 - RESIDUE**

Total residue (tons) = $\frac{N}{2}$	Residue destination (Name & Aulation: Total tons residue/Total tons material received	Address) N/A			
Percent Residue Caic	ulation. Total tons residue/ Total tons material received	u x 100 =			
	SECTION 5 - RECYCLABL	ES & RECOVER	RED MATERIAL	.S	
Please identify destination	ination of recyclable materials. Indicate the nan ation Planning Unit/Municipality and the amoun	ne of the facility, g t of material reco	address, corresp vered. DO NOT I	onding State/Country, REPORT IN CUBIC YAR	County/Province, DS!
	od, list type of material(s) and percentages of total mate l(s):				
% Water: Materia	al(s):	% O	ther (specify:	): Material(s):	
	PAPER	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 Paper	Alternatives Recycling Center (ARC Recycling Facility)	NY	Madison	Madison	99.21
(all grades)					
Corrugated					
Cardboard					
Junk Mail					
Magazines					
Newspaper					
Newspaper					
Office Paper					
Paperboard / Boxboard					
	T	1			
Other Paper (specify)				•	
			ΤΩΤΔΙ ΡΔΡΙ	ER RECOVERED (tons):	99.21
			TOTAL PAPE	LIX IXECUVEIXED (10115).	

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)

	GLAS	S 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					
Industrial Scrap Glass			<del>'</del>		
Other Glass (specify)					
			TOTAL GLASS R	ECOVERED (tons):	
	META	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 (out of facility)
Aluminum Foil / Trays					
Bulk Metal	Madison County Landfill Recycling Program	NY	Madison County	Madison County	77.45
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
			TOTAL METAL B	RECOVERED (tons):	77.45

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# 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					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
		T(	 DTAL PLASTIC R	 ECOVERED (tons):	

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### **VOLUME TO WEIGHT CONVERSION FACTORS**

MATERIAL	EQUIV <i>A</i>	LENT	MATERIAL	EQUIVAL	ENT	MATERIAL	EQUIV <i>A</i>	LENT
GLASS – w hole 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 - 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 - w hole	1 cubic yard	0.012 tons			
CORRUGATED - loose	1 cubic yard	0.015 tons	PLASTIC - HDPE - flattened 1	1 cubic yard	0.03 tons			
CORRUGA TED - 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 MATERIA	AL 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)	Alternatives Recycling Center (ARC Recycling Facility)	NY	Madison County	Madison County	46.92
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
	MISCELLANEOUS MA			AL RECOVERED (tons):	46.92
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) ires	Madison County Landfill Recycling Program	NY	Madison County	Madison County	9.20
Batteries	Madison County Landfill Recycling Program	NY	Madison County	Madison County	0.70
Cooking Oil	Madison County Landfill Recycling Program	NY OTAL MISCELLA	Madison County	Madison County  AL RECOVERED (tons):	0.18
		OTAL WIISCELLA	INECUS IVIA I ERIA	AL RECOVERED (LOTIS):	10.00

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# **SECTION 6 – UNAUTHORIZED SOLID WASTE**

_	_	I waste been received at		•
Yes	■ No If ye	s, give information below	v for each incident (att	ach additional sheets if necessary):
D	ate Received	Type Received	Date Disposed	Disposal Method & Location
	SECTION	I 7 - COST ESTIMA	TES AND FINANC	CIAL ASSURANCE DOCUMENTS
Are ther	e required cos	st estimates and financia	I assurance documen	ts for closure?
Yes	No If	ves, attach additional sho	eets reflecting annual	adjustments for inflation and any changes to the
		osure Plan?	ooto ronooting armaar	adjustments for initiation and any onlingss to ans
		SE	ECTION 8 – PROB	BLEMS
	ny problems e procedures)?	ncountered during the re	porting period (e.g., s	pecific occurrences which have led to changes in
Yes		yes, attach additional she oblem.	eets identifying each p	problem and the methods for resolution of the
		S	ECTION 9 – CHAI	NGES
Were th	ere any chanç	ges from approved report	ts, plans, specification	s, and permit conditions?
Yes	■ No If	yes, attach additional she	eets identifying chango	es with a justification for each change.
	SECTION	ON 10 - PERMIT/CC	NSENT ORDER I	REPORTING REQUIREMENTS
Are ther form?	e any additior	nal permit/consent order	reporting requirement	s not covered by the previous sections of this
Yes		yes, attach additional she sponses.	eets identifying the rep	porting requirements with their respective

#### 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

t 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

amymille	2/27/23
Signature	Date
Amy Miller	Director of Solid Waste Managemen
Name (Print or Type)	Title (Print or Type)
amy.miller@madisoncount	y.ny.gov
Email	(Print or Type)
PO Box 27	Wampsville
Address	City
Addicas	Only
New York, 13163	,315,361_8408

section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.