

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

Department of Environmental (If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-8678.)

Complete and output this form by Moreh 4, 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:							
Hannibal Transfer							
FACILITY LOCATION ADDRESS	:	FACILITY	CITY:		STATE:	ZIP CODE:	
1167 County Rte	7	Hanni			NY	13074	
FACILITY TOWN:		FACILITY	COUNTY:	FACI	LITY PHO	NE NUMBER:	
Hannibal		Osweg				-5623	
FACILITY NYS PLANNING UNIT:	(A list of NY	S Planning Ur	nits can be found at the end of	this rep	ort). NY	SDEC 7	
Oswego County					RE	GION#:7	
360 PERMIT #: (Refer to DEC Permit)	6-14-	-2018	DATE EXPIRES: 6-13-2023	REGIS	STRATION	VITY CODE OR N NUMBER:(Refer to 38R20029	
FACILITY CONTACT:		public	CONTACT PHONE	1	CONTACT	FAX NUMBER:	
Brian Dano		☐ private	NUMBER: 315-564-5623	3	315-5	64-5623	
CONTACT EMAIL ADDRESS: n/a	a						
			INFORMATION				
OWNER NAME:			PHONE NUMBER:			NUMBER:	
Oswego County Dept	of Soli			315	-591-9		
OWNER ADDRESS:		OWNER C	CITY:		STATE:	ZIP CODE:	
3125 NYS-3 OWNER CONTACT:		Fulton	CONTACT EMAIL ADDR	ECC.	NY	13069	
					7000110	ty com	
Michael Lutestanski			el.lutestanski@o	Swe	Jocouri	ity.com	
OPERATOR NAME: Sam	ne as owner		RINFORMATION		public		
OF EIGHT ON HAME.	e as owner				private		
		PRE	FERENCES				
Preferred address to receive correspondence: Facility location address Owner address Owner address							
Preferred email address: Facility Contact							
Preferred individual to receive correspondence:							
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 .							

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 Truck Count		· <u> </u>	_% Estimated _% Other (Spe	cify:	y			
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	7.49	8.98	10.09	11.14	7.05	11.14	14.78
Other (specify)								
						ľ		
Total Tons Rece	ived	7.49	8.98	10.09	11.14	7.05	11.14	14.78
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)	10.28	19.08	7.88	15.42	25.25	148.58		0.6
Other (specify)								
Total Tons Received	10.28	19.08	7.88	15.42	25.25	148.58		0.6

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 Haul" along with the appropriate state, county and planning unit/municipality where the material was generated.

	nod, list type of material(s) and percentages of total material tra				
	al(s): all				
% Water: Mate	rial(s):	% Oth	ner (specify:): Material(s);	
	SERVICE AREA OF	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 NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Commingled Containers (metal, glass, plastic)					
Commingled Paper (all grades)					
Single Stream	Direct Haul	INY	Oswego	Oswego County	148.58
(total)			×	▼ ▼	
Other (specify)	Electronics-Direct Haui	INY	Oswego	Oswego County	15.96
Bulk Metal	Direct Haul	NY	Oswego	Oswego County	40.43

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

TOTAL MATERIAL RECEIVED (tons): 204.97

SECTION 4 - RESIDUE

Total residue (tons) = 0 Percent Residue Calcu	Residue destination (Name & lation: Total tons residue/Total tons material receive	Address) ed x 100 =	_		
	SECTION 5 - RECYCLABI	LES & RECOVER	RED MATERIAL	.S	
Please identify destination	nation of recyclable materials. Indicate the na tion Planning Unit/Municipality and the amou	me of the facility, and of material reco	address, corresp vered. DO NOT	onding State/Country, (REPORT IN CUBIC YARI	County/Province, DS!
100 % Road: Material(s	d, list type of material(s) and percentages of total mas): all): Material(s):	
% Water: Material((s):	% Of	ther (specify:): Material(s):	
	PAPER	R 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 (all grades)					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					100
Other Paper (specify)					
			TOTAL PAPI	ER RECOVERED (tons):	

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SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	GLASS 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)
Container Glass					
Industrial Scrap Glass					
Other Glass (specify)					
			TOTAL GLASS R	ECOVERED (tons):	
	METAL 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)
Aluminum Foil / Trays					
Bulk Metal	TOU Flood Drive Properties, LLC TOU Flood Drive, Fulton, NY 13008	INY	Oswego	Oswego County	40.43
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
			TOTAL METAL D	ECOVERED (tons): 40	43

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SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	PLA	ASTIC 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 Plastic (#1 - #7)	•				
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags	400000000000000000000000000000000000000				
Other Plastics (specify)					
		T	L OTAL PLASTIC R	ECOVERED (tons):	

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VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVA	LENT	MATERIAL	EQUIVALENT		MATERIAL	EQUIVA	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 - 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			
CORRUGA TED - 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 - balled	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	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)
Commingled Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)	Bristol Hill RHRF, 3125 NYS-3, Fulton, NY	INY	Oswego	Oswego County	148.58
Other (specify)					
	MISCELLANEOUS MA			L RECOVERED (tons	148.58
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	Evvaste+; /318 Victor-Iviendon Rd Victor, NY 14564	NY	Ontario <u></u>	Ontario County	15.96
Textiles					
Other (specify)					
	TO	OTAL MISCELLA	NEOUS MATERIA	AL RECOVERED (tons	: 15.96

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SECTION 6 – UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received at the facility during the reporting period? • 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? ■ No Yes 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:

ATTACHMENTS: Tyes To No

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.

Signature	3-1-2023 Date
Carl L. Schmidt	Director
Name (Print or Type)	Title (Print or Type)
carl.schmidt@oswegod	county.com
Email	(Print or Type)
3125 NYS-3	Fulton
Address	City
NY 13069	315 _, 591_ 9200
State and Zip	Phone Number
- 1	

This page for reference only. Please do not return with submittal.

Division of Materials Management New York State Department of Environmental Conservation Albany, New York 12233-7260

RECYCLABLES HANDLING & RECOVERY FACILITY

A Recyclable Handling and Recovery Facility is a facility that receives source-separated recyclables. Further information and a listing of the recyclable handling and recovery facilities are available online at http://www.dec.ny.gov/chemical/50793.html.

If your facility is authorized to operate a construction and demolition debris handling and recovery facility you need to submit a Construction and Demolition Debris Handling and Recovery Facility Annual Report.

If your facility is authorized to operate as a transfer facility you need to submit a Transfer Facility Annual. If your facility is authorized to operate as a recyclables handling & recovery facility and a transfer facility you must submit both annual reports.

Forms for all solid waste management facilities can be found at http://www.dec.ny.gov/chemical/52706.html and a brief description of each type of facility can be found at http://www.dec.ny.gov/chemical/8495.html.

Annual Report

Submit the Annual Report no later than March 1, 2023.

Reporting of the information indicated on this Recyclables Handling and Recovery Facility Annual Report form is required pursuant to 6 NYCRR Part 360. Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual/Quarterly Report requirements of 6 NYCRR Part 360.

Where the Annual Report requirements have been modified, appropriate Sections (as necessary to reflect the modification) must be completed and submitted with a copy of the Department's written notification which allows the modification.

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

SECTION 3 – SERVICE AREA OF MATERIAL RECEIVED

Identify the facility's service area by indicating the type and amount of material received, the Solid Waste Management facility (SWMF) from which it was received by your facility (or Direct Haul), the corresponding State/Country, the County/Province, and the NYS Planning Unit from which waste was received. **Refer to the list of NYS Planning Units that can be found at the end of this report.** The Total Tons Received reported below should equal the Total Tons Received in Section 2. DO NOT REPORT IN CUBIC YARDS!

Additional Service Area Guidance:

- 1) <u>Direct hauled from the generator of the recyclables</u>. In the case where the recyclables are hauled to your recycling facility from the generator (i.e., hauled from residences, commercial establishments, etc.), "Direct Haul" would be the appropriate response in Column 2 under "Service Area". Please report the tonnage by material type and identify the state, county and planning unit where it was generated; or
- 2) <u>Sent to your recycling facility from another solid waste management facility</u>. Recyclables may be sent to your recycling facility from another solid waste management facility. In this case, please report the tonnage by material type from each sending solid waste management facility, as well as the sending facility's name, address, county, and the planning unit where the sending facility is located.