

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 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:							
Bristol Hill RHRF							
FACILITY LOCATION ADDRESS	:	FACILITY	CITY:		STAT	E:	ZIP CODE:
3125 NYS-3		Fulton			NY		13069
FACILITY TOWN:		FACILITY	COUNTY:	FACI	LITYP	HON	NE NUMBER:
Volney		Osweg	0	315	-591	-92	200
FACILITY NYS PLANNING UNIT: Oswego County	(AlistofNY	S Planning Un	its can be found at the end of	this repo	ort).		SDEC SION#: 7
360 PERMIT #: (Refer to DEC	DATE IS	CHED	DATE EXPIRES:	MVC	DEC A	CTIV/	TITY CODE OR
Permit)							NUMBER:(Refer to
	2-20-2	2019	2-20-2024	DEC Re	gistrati	on) 3	38R2002
FACILITY CONTACT:		• public	CONTACT PHONE	1	CONTA	CTI	FAX NUMBER:
Michael Lutestanski		☐ private	NUMBER: 315-591-9200	3	315-5	591	-9203
CONTACT EMAIL ADDRESS: M	ichael.	lutestar		untv.	com		
			INFORMATION				
OWNER NAME:		OWNER P	HONE NUMBER:	OWN	ER FA	X NI	JMBER:
Oswego County Dept	of Soli	315-59	1-9200	315	-591	-92	203
OWNER ADDRESS:		OWNER C	CITY:		STAT	ΓE:	ZIP CODE:
3125 NYS-3		Fulton			NY		13069
OWNER CONTACT:		OWNER C	CONTACT EMAIL ADDRE	ESS:			
Michael Lutestanski		michae	l.lutestanski@o:	sweg	goco	unt	ty.com
		OPERATO	RINFORMATION				
OPERATOR NAME: Sam	ne as owner				□ pub □ priv		
		PREI	FERENCES				
Preferred address to receive corre Other (provide):	spondence	e: 🗆 Facility l	ocation address		Ownerad	ddres	s
Preferred email address:							
Preferred individual to receive com Other (provide):	responden	ce: 🗖 Facil	ity Contact 🔳 Own	er Conta	ct		
Did you operate in 2022? 🗉 Ye	s; Comple	te this form.					
to relinquish your permit/registration Solid Waste Management Facility	on associa	ted with this		nt activi	ty, also	cor	nplete 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!

Specify the methods used to measure the quantities received and the percentages measured by each method:

Count Truck Count		_	_% Estimated _% Other (Spe	cify:	1)		
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	456.37	380.78	503.29	509.53	485.79	548.39	478.86
Other (specify)								
Total Tons Rece	ived	456.37	380.78	503.29	509.53	485.79	548.39	478.86
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)	503.59	511.72	476.12	492.80	510.81	5858.05		22.4
Other (specify)								
Total Tons Received	503.59	511.72	476.12	492.80	510.81	5858.05		22.4

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 <u>address</u> 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	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)						
Commingled Paper (all grades)						
	Direct Haul-Rustoi Hill 12	INY	Oswego	Oswego County	200.72	
Single Stream	Hannibai I ranster Station	INY	Oswego	Oswego County	148.58	
(total)	Direct Haul-Haulers	NY	Oswego	Oswego County	5503.37	
Other (specify)	Electronics-Direct Haui	INY	Oswego	Oswego County	JO.03	
Bulk Metal	Direct Haul	NY	Oswego	Oswego County	153.76	
			TOTAL MATE	RIAL RECEIVED (tons	s): 0000.40	

SECTION 4 - RESIDUE

Total residue (tons) = 0 Percent Residue Calculation	Residue destination (Na n: Total tons residue/Total tons material re	me & Address)eceived x 100 =			
	SECTION 5 - RECYCL	ABLES & RECOVER	RED MATERIAL	S	
Please identify destination Destination	<u>n of recyclable materials.</u> Indicate the Planning Unit/Municipality and the ar	e name of the facility, a mount of material reco	address, corresp vered. DO NOT I	onding State/Country, REPORT IN CUBIC YARI	County/Province, DS!
	type of material(s) and percentages of tota): Material(s):	
% Water: Material(s);		% Ot	ther (specify:): Material(s):	
	PA	APER 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					
Other Paper (specify)					
			TOTAL DAD	P RECOVERED (tons):	

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)					(4)
	METAL RE		TOTAL GLASS R	ECOVERED (tons):	
	METAL RE		1	DECTINATION AND	
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	180 Flood Drive Properties, LLC	INY	Oswego	Oswego County	153.76
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
			TOTAL METAL D	ECOVERED (tons):	JJ.10

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	PLA	STIC 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			49-14-14-1		
Plastic Film & Bags					
Other Plastics (specify)					
		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	ALENT
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			
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 - can's	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)	Oneida-Herkimer Solid vvaste Auti	INY	Oneida	OHSWA	OU.8C8C
Other (specify)					
	MISCELLANEOUS MA			L RECOVERED (tons	: _0000.00
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+; 7318 victor-iviendon Rd Victor, NY 14564	NY	Ontario	Ontario County	34.07
Textiles	St. Pauly Textile, 1067 Gatewat Dr Farmington, NY	NY	Ontario	Ontario County	40.04
Other (specify)					
	TO	TAL MISCELLA	NEOUS MATERIA	AL RECOVERED (tons)	: / .

SECTION 6 – UNAUTHORIZED SOLID WASTE

		aste been received at		reporting period? tach additional sheets if necessary):
_		<u> </u>	<u> </u>	
D	ate Received	Type Received	Date Disposed	Disposal Method & Location
	SECTION 7	- COST ESTIMA	TES AND FINAN	CIAL ASSURANCE DOCUMENTS
Are ther	e required cost	estimates and financia	I assurance documer	nts for closure?
Yes			eets reflecting annual	adjustments for inflation and any changes to the
		ure Plan?		
		SE	ECTION 8 – PROI	BLEMS
	ny problems enc rocedures)?	ountered during the re	porting period (e.g., s	specific occurrences which have led to changes in
Yes		s, attach additional sho lem.	eets identifying each	problem and the methods for resolution of the
		s	ECTION 9 – CHA	NGES
Were th	ere any change	s from approved repor	ts, plans, specificatio	ns, and permit conditions?
∐Yes	■ No If ye	s, attach additional sh	eets identifying chang	ges with a justification for each change.
	SECTIO	N 10 - PERMIT/CO	NSENT ORDER	REPORTING REQUIREMENTS
Are ther form?	e any additiona	l permit/consent order	reporting requiremen	ts not covered by the previous sections of this
Yes		s, attach additional shoonses.	eets identifying the re	eporting 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

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.

(2) or 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@oswegoco	ounty.com
Email (P	Print or Type)
3125 NYS-3	Fulton
Address	City
NY 13069	315 _, 591 ₋ 9200
State and Zip	Phone Number

ATTACHMENTS: Tyes I NO