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518-402-8678
DIVISION OF SOLID WASTE MANAGEMENT



Department of
Environmental
Conservation

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email swmfannualreport@dec.ny.gov

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: Rochester Recycling, LLC.			
FACILITY LOCATION ADDRESS: 851 West Ave. Bldg 17	FACILITY CITY: Rochester	STATE: NY	ZIP CODE: 14611
FACILITY TOWN: Rochester	FACILITY COUNTY: Monroe	FACILITY PHONE NUMBER: 585-254-8157	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #:
360 PERMIT #: (Refer to DEC Permit) 28 - M - 18	DATE ISSUED: 9/29/2009	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)
FACILITY CONTACT: Mark Schartau	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 585-254-8157	CONTACT FAX NUMBER: 585-254-8157
CONTACT EMAIL ADDRESS: marks@rochesterrecycling.net			
OWNER INFORMATION			
OWNER NAME: Mark Schartau	OWNER PHONE NUMBER: 585-254-8157	OWNER FAX NUMBER: 585-254-5494	
OWNER ADDRESS: 1 Watchman Court	OWNER CITY: Rochester	STATE: NY	ZIP CODE: 14624
OWNER CONTACT: Mark Schartau	OWNER CONTACT EMAIL ADDRESS: marks@rochesterrecycling.net		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<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 checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input 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> .

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:

99 % Scale Weight

1 % 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)	0	0	0	0	0	0	0	0
Commingled Paper (all grades)	0	0	0	0	0	0	0	0
Single Stream (total)	0	0	0	0	0	0	0	0
Other (specify)	0	0	0	0	0	0	0	0
INDUSTRIAL CARDBOARD	0	68.75	88.07	56.82	51.60	47.38	49.60	47.61
OFFICE PAPER	0	29.42	39.80	45.10	30.80	34.77	38.79	43.67
POST INDUSTRIAL PLASTIC	0	468.46	435.28	602.45	444.03	411.71	462.28	426.55
Total Tons Received		567	563	704	527	493.86	551	518
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers (metal, glass, plastic)	0	0	0	0	0	0	0	
Commingled Paper (all grades)	0	0	0	0	0	0	0	
Single Stream (total)	0	0	0	0	0	0	0	
Other (specify)	0	0	0	0	0	0	0	
INDUSTRIAL CARDBOARD	63.10	51.54	62.21	41.02	47.42	675	3	
OFFICE PAPER	43.88	5.18	32.29	33.72	28.00	405	2	
POST INDUSTRIAL PLASTIC	509.36	452.87	370.73	435.06	401.07	5420	22	
Total Tons Received	616	510	465	510	476	6500	27	

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.

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): _____

SERVICE AREA OF MATERIAL RECEIVED (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	MONROE	R 8	▼	R 8	▼	780
	DIRECT HAUL	ONONDAGA	R 7	▼	R 7	▼	300
Single Stream (total)							
Other (specify)							
POST INDUSTRIAL PLASTIC	DIRECT HAUL	MONROE	R 8	▼	R 8	▼	3374
POST INDUSTRIAL PLASTIC	DIRECT HAUL	ONONDAGA	R 7	▼	R 7	▼	1312
POST INDUSTRIAL PLASTIC	DIRECT HAUL	ONTARIO	R 8	▼	R 8	▼	734
TOTAL MATERIAL RECEIVED (tons):					6500		

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SECTION 4 – RESIDUE

Total residue (tons) = 487 Residue destination (Name & Address) Monroe county transfer station rochester NY and Mill Seat Landfill, Bergen NY
Percent Residue Calculation: Total tons residue/Total tons material received x 100 = .075

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 NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
Commingled Paper <small>(all grades)</small>	waste management	NY	monroe <input type="checkbox"/>	R 8 <input type="checkbox"/>	26
Corrugated Cardboard	NORAMPAC, BUFFALO NY	NY	ERIE <input type="checkbox"/>	NONE <input type="checkbox"/>	905
Junk Mail					
Magazines					
Newspaper					
Office Paper	KRUGER, TOIS RIVERES, QUEBEC	CANADA			475
Paperboard/ Boxboard					
Other Paper (specify)					
TOTAL PAPER RECOVERED (tons):					1406

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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					
Industrial Scrap Glass					
Other Glass (specify)					
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					
Bulk Metal					
Enameled Appliances / White Goods					
Industrial Scrap Metal	PREMIER METALS	NY	MONROE <input type="checkbox"/>	R 8 <input type="checkbox"/>	45
Tin & Aluminum Containers					
Other Metal (specify)					
TOTAL METAL RECOVERED (tons):					45

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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)	TONS RECOVERED (out of facility)
Commingled Plastic (#1 - #7)					
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic	VARIETY OF PLASTIC BROKERS	UNKNOWN	UNKNOWN		760
Plastic Film & Bags	EXPORT BROKERS--VARIETY OVERSEAS	FOREIGN	FOREIGN		272
Other Plastics (specify)	US POLYMNERS, SECAUCUS NJ	NJ	HUDSON		4100
	WASTE MANAGEMENT OF NY	NY	R 1		361
TOTAL PLASTIC RECOVERED (tons):					5493

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VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT	
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 - 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 w hole	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)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
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					
Textiles					
Other (specify)					
WOOD PALLETS	MANGOLD INC, ROCHESTER NY	NY	MONROE <input checked="" type="checkbox"/>	R 8 <input checked="" type="checkbox"/>	732
TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):					732

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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.

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.


Signature

8-1-2023
Date

MARK SCHARTAU
Name (Print or Type)

OWNER
Title (Print or Type)

MARKS@ROCHESTERRECYCLING.NET
Email (Print or Type)

851 WEST AVE. BLDG 17
Address

ROCHESTER
City

NY 14611
State and Zip

(585) 254-8157
Phone Number

ATTACHMENTS: YES NO