



# RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

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

J.C. GIBERS OF ROCHESTER INC.

FACILITY LOCATION ADDRESS:

1779 MT. READ BLVD

FACILITY CITY:

ROCHESTER

STATE:

NY

ZIP CODE:

14615

FACILITY TOWN:

GREECE

FACILITY COUNTY:

MONROE

FACILITY PHONE NUMBER:

585-342-7210

FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).

Monroe County

NYSDEC

REGION #: R8

360 PERMIT #: (Refer to DEC Permit)

826990011700001

DATE ISSUED:

08/16/2011

DATE EXPIRES:

08/15/2021

NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 28M11

FACILITY CONTACT:

FRANK COLUBRIALE

public  
 private

CONTACT PHONE NUMBER:  
450-359-4545

CONTACT FAX NUMBER:

450-358-5952

CONTACT EMAIL ADDRESS: ROXANNE@JCFIBERS.COM

## OWNER INFORMATION

OWNER NAME:

FRANK COLUBRIALE

OWNER PHONE NUMBER:

450-359-4545

OWNER FAX NUMBER:

450-358-5952

OWNER ADDRESS:

3718 GRANDE-LIGNE

OWNER CITY:

CHAMBLY, QUEBEC

STATE:

CANADA

ZIP CODE:

J3L 7Z8

OWNER CONTACT:

OWNER CONTACT EMAIL ADDRESS:

ROXANNE@JCFIBERS.COM

## OPERATOR INFORMATION

OPERATOR NAME:

same as owner

public

private

## PREFERENCES

Preferred address to receive correspondence:  Facility location address

Owner address

Other (provide):

Preferred email address:  Facility Contact

Owner Contact

Other (provide):

Preferred individual to receive correspondence:  Facility Contact

Owner Contact

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 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): \_\_\_\_\_ % Rail: Material(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Material(s): \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Material(s): \_\_\_\_\_

SERVICE AREA OF MATERIAL RECEIVED					
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 <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
Commingled Containers <small>(metal, glass, plastic)</small>					
Commingled Paper <small>(all grades)</small>					
Single Stream <small>(total)</small>	DIRECT HAUL				
	**SEE ATTACHED AN EXCEL FILE WITH ALL THE DETAILS				6330.06
Other (specify)					
<b>TOTAL MATERIAL RECEIVED (tons):</b>					6330.06

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

**SECTION 3 - SERVICE AREA OF MATERIAL RECEIVED**

<u>TYPE OF SOLID WASTE</u>	<u>SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED</u>	<u>SERVICE AREA STATE OR COUNTRY</u>	<u>SERVICE AREA COUNTY OR PROVINCE</u>	<u>SERVICE AREA NYS PLANNING UNIT</u>	<u>TONS RECEIVED</u>
SINGLE STREAM (ALL GRADES)	CASELLA WASTE MANAGEMENT; 328 Jordan avenue, Rochester, NY 14606	N.Y.	MONROE		464,91
	LILAC DISPOSAL INC.; po box 1127 Webster 14580	N.Y.	MONROE		5,12
	SEYREK SEALING & DISPOSAL; 750 lee road, Rochester 14606	N.Y.	MONROE		4006,35
	SUBURBAN DISPOSAL; 22 turner drive, Spencerport 14559	N.Y.	MONROE		1838,87
	WASTE MANAGEMENT; 1661 MT. READ BLVD, Rochester 14606	N.Y.	MONROE		12,18
	WHITE TRASH; 2015 maiden lane Rochester 14626	N.Y.	MONROE		2,63
Total material received (tons)					6330,06

**SECTION 4 – RESIDUE**

Total residue (tons) = \_\_\_\_\_ Residue destination (Name & Address) \_\_\_\_\_  
**Percent Residue Calculation:** Total tons residue/Total tons material received x 100 = \_\_\_\_\_

**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:  
 \_\_\_\_\_ % Road: Material(s): \_\_\_\_\_ % 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 (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)					
<b>TOTAL PAPER RECOVERED (tons):</b>					0

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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)					
<b>TOTAL GLASS RECOVERED (tons):</b>					0
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	BEN & WEITSMAN OF ROCHESTER, 80 STEEL STREET, ROCHESTER, 14806	NY	Monroe County	R8	269.89
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
<b>TOTAL METAL RECOVERED (tons):</b>					269.89

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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					
Plastic Film & Bags					
Other Plastics (specify)					
<b>TOTAL PLASTIC RECOVERED (tons):</b>					0

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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 – whole	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 - uncompactd	1 cubic yard 0.10 tons
NEWSPRINT - loose	1 cubic yard 0.29 tons	PLASTIC - styrofoam	1 cubic yard 0.02 tons	WHITE GOODS - compactd	1 cubic yard 0.5 tons
NEWSPRINT - compactd	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 - 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)	J.C. FIBERS INC. - 3718 GRANDE-LIGNE, CHAMBLY	CANADA	QUEBEC		6330.06
Other (specify)					
<b>TOTAL MIXED MATERIAL RECOVERED (tons):</b>					6330.06
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)					
<b>TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):</b>					0

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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: SWMAnnualreport@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

FEB 23/2023  
Date

FRANK COLUBRIALE  
Name (Print or Type)

PRESIDENT  
Title (Print or Type)

ROXANNE@JCFIBERS.COM  
Email (Print or Type)

3718 GRANDE-LIGNE  
Address

CHAMBLY, QUEBEC  
City

CANADA, J3L 7Z8  
State and Zip

(450) 359-4545  
Phone Number

ATTACHMENTS:  YES  NO