



RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(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: Calgon Carbon Corporation North Tonawanda			
FACILITY LOCATION ADDRESS: 412 Bryant St/476 Niagara Pkwy	FACILITY CITY: North Tonawanda	STATE: NY	ZIP CODE: 14120
FACILITY TOWN: Wheatfield	FACILITY COUNTY: Niagara	FACILITY PHONE NUMBER: 716-531-9115	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Niagara County			NYSDEC REGION #: 9
360 PERMIT #: (Refer to DEC Permit) 32TP20003	DATE ISSUED: 11/29/2018	DATE EXPIRES: 11/29/2023	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 32R20003
FACILITY CONTACT: Jeff Shirley	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 716-531-9115	CONTACT FAX NUMBER: N/A
CONTACT EMAIL ADDRESS: Jeff.Shirley@kuraray.com			
OWNER INFORMATION			
OWNER NAME: Calgon Carbon Corporation	OWNER PHONE NUMBER: 412-787-4793	OWNER FAX NUMBER: N/A	
OWNER ADDRESS: 3000 GSK Drive	OWNER CITY: Moon Twp	STATE: PA	ZIP CODE: 15108
OWNER CONTACT: David McAdams	OWNER CONTACT EMAIL ADDRESS: david.mcadams@kuraray.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" 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:

_____ % 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 <i>(metal, glass, plastic)</i>								
Commingled Paper (all grades)								
Single Stream (total)								
Other (specify)								
Spent Activated Carbon	0	235	300	135	390	412	539	313
Total Tons Received		235	300	135	390	412	539	313
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)		Daily Avg. (tons)
Commingled Containers <i>(metal, glass, plastic)</i>								
Commingled Paper (all grades)								
Single Stream (total)								
Other (specify)								
Spent Activated Carbon	155	435	389	588	357	4,246	11.63	
Total Tons Received	155	435	389	588	357	4,246	11.63	

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): _____ % 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)					
Single Stream (total)					
Other (specify)					
Spent Activated Carbon	See Attached				4,246
TOTAL MATERIAL RECEIVED (tons):					<u>4,246</u>

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SECTION 4 – RESIDUE

Total residue (tons) = 287 Residue destination (**Name & Address**) This is a duplicate of the material from 32TP2003 sent to Modern Landfill, Model City, NY
Percent Residue Calculation: Total tons residue/Total tons material received x 100 = $\frac{287}{4246} = 6.8\%$

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 <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
Commingled Paper <small>(all grades)</small>					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper <small>(specify)</small>					
TOTAL PAPER RECOVERED (tons):					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)						
TOTAL GLASS RECOVERED (tons):					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						
Enameled Appliances / White Goods						
Industrial Scrap Metal						
Tin & Aluminum Containers						
Other Metal (specify)						
TOTAL METAL RECOVERED (tons):					0	

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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)					
TOTAL PLASTIC RECOVERED (tons):					0

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VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT
GLASS – w hole bottles	1 cubic yard	GLASS - crushed mechanically	1 cubic yard	ALUMINUM – cans – w hole	1 cubic yard
GLASS - semi crushed	1 cubic yard	GLASS - uncruushed manually	55 gallon drum	ALUMINUM – cans – flattened	1 cubic yard
PAPER - high grade loose	1 cubic yard	PLASTIC – PET – w hole	1 cubic yard		
PAPER - high grade baled	1 cubic yard	PLASTIC – PET - flattened	1 cubic yard		
PAPER - mixed loose	1 cubic yard	PLASTIC – PET - baled	1 cubic yard	WHITE GOODS - uncompacted	1 cubic yard
NEWSPRINT - loose	1 cubic yard	PLASTIC - styrofoam	1 cubic yard	WHITE GOODS - compacted	1 cubic yard
NEWSPRINT - compacted	1 cubic yard	PLASTIC – HDPE – w hole	1 cubic yard		
CORRUGATED – loose	1 cubic yard	PLASTIC – HDPE – flattened 1	1 cubic yard		
CORRUGATED - baled	1 cubic yard	PLASTIC – HDPE - baled	1 cubic yard	FERROUS METAL - cans w hole	1 cubic yard
		PLASTIC – mixed (grocery bags)	45 gallon bag	FERROUS METAL - cans	1 cubic yard

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):					0	

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)						
TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):					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: 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.

<u>william zinsser</u> Signature	<u>02/15/2023</u> Date
<u>William Zinsser</u> Name (Print or Type)	<u>SVP Production Technology</u> Title (Print or Type)
<u>william.zinsser@kuraray.com</u> Email (Print or Type)	
<u>3000 GSK Drive</u> Address	<u>Moon Twp</u> City
<u>PA 15108</u> State and Zip	<u>(412) 787-4510</u> Phone Number

ATTACHMENTS: YES NO

Section 4 - Service Area Attachment RY 2021

Service Area State or Country	Service Area County or Province	Service area NYS Planning Unit	Tons Received
Canada	Ontario	not applicable	349
Conneticut		not applicable	29
Deleware		not applicable	70
Florida		not applicable	160
Georgia		not applicable	200
Illinois		not applicable	74
Indiana		not applicable	61
Massachussets		not applicable	40
Maryland		not applicable	270
Maine		not applicable	19
Michigan		not applicable	24
Missori		not applicable	120
North Carolina		not applicable	176
New Jersey		not applicable	245
New York	Westchester	Westchester County	20
New York	Nassau	Oyster Bay Solid Waste	40
New York	Chautauqua	Chautauqua County	23
New York	Orange	Orange County	19
New York	Nassau	North Hempstead SWMA	20
New York	Albany	Capital Region SWMP	20
New York	Oneida	Oneida-Herkimer SWA	360
New York	Saratoga	Saratoga County	60
Ohio		not applicable	64
Pennsylvania		not applicable	251
Rhode Island		not applicable	100
Virginia		not applicable	326
West Virginia		not applicable	20

3,157