



Department of
Environmental
Conservation

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: <i>Royal Oak Recycling</i>			
FACILITY LOCATION ADDRESS: <i>22 Mechanic St</i>	FACILITY CITY: <i>North Tonawanda</i>	STATE: <i>NY</i>	ZIP CODE: <i>14120</i>
FACILITY TOWN: <i>North Tonawanda</i>	FACILITY COUNTY: <i>NIAGARA</i>	FACILITY PHONE NUMBER: <i>716 692-3448</i>	
FACILITY NYS PLANNING UNIT: (List of NY's Planning Units can be found at the end of this report) <i>R9 - Niagara County</i>			NYSDEC REGION #: <i>9</i>

360 PERMIT #: (Refer to DEC Permit) <i>MFF #32 mo7</i>	DATE ISSUED: <i>4/19/95</i>	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)
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FACILITY CONTACT: <i>Scott Hurd</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <i>716 225 0417</i>	CONTACT FAX NUMBER: <i>716 692-4642</i>
CONTACT EMAIL ADDRESS:			

OWNER INFORMATION

OWNER NAME: <i>HABIB MAMOU</i>	OWNER PHONE NUMBER: <i>248-591-6580</i>	OWNER FAX NUMBER:	
OWNER ADDRESS: <i>313 E Hudson</i>	OWNER CITY: <i>Royal Oak</i>	STATE: <i>MI</i>	ZIP CODE: <i>48627</i>
OWNER CONTACT:		OWNER CONTACT EMAIL ADDRESS:	

OPERATOR INFORMATION

OPERATOR NAME: <input checked="" type="checkbox"/> same as owner	<input type="checkbox"/> public <input type="checkbox"/> private
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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:
50 % 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 (metal, glass, plastic)	NA	99.85	84.96	60.94	47.52	59.35	86.76	27.46
Commingled Paper (all grades)	NA	764.34	641.52	546.80	674.82	656.59	728.49	559.59
Single Stream (total)	NA	31.70	51.04	69.91	47.26	90.38	45.71	63.52
Other (specify)	NA	-	-	-	-	-	-	-
Total Tons Received								
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers (metal, glass, plastic)	50.91	55.23	77.18	73.18	72.07	795.35	2.18	
Commingled Paper (all grades)	721.50	633.84	710.96	598.14	525.72	7702.31	21.10	
Single Stream (total)	74.99	70.18	84.52	56.19	61.63	747.03	2.05	
Other (specify)	-	-	-	-	-	-	-	
Total Tons Received								

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 4 – RESIDUE

Total residue (tons) = _____ Residue destination (Name & Address) Modena Disposal NY
 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	SEE ATTACHED				
Magazines					
Newspaper					
Office Paper					
Paperboard/Boxboard					
Other Paper (specify)					
TOTAL PAPER RECOVERED (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.

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

GLASS RECOVERED						
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)	
Container Glass						
Industrial Scrap Glass						
Other Glass (specify)	N/A					
TOTAL GLASS RECOVERED (tons):						
METAL RECOVERED						
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)	
Aluminum Foil / Trays						
Bulk Metal						
Enameled Appliances / White Goods						
Industrial Scrap Metal	EASCO	NY USA	CONEL	GENESE		
Tin & Aluminum Containers						
Other Metal (specify)						
TOTAL METAL RECOVERED (tons):						

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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)					

TOTAL MISCELLANEOUS MATERIAL RECOVERED (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.

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>J Hurd</u> Signature	<u>1/25/23</u> Date
<u>Scott Hurd</u> Name (Print or Type)	<u>GM</u> Title (Print or Type)
<u>shurde rerecycling.com</u> Email (Print or Type)	
<u>22 Mechanic St</u> Address	<u>North Tonawanda</u> City
<u>NY 14120</u> State and Zip	<u>716) 692-3448</u> Phone Number

ATTACHMENTS: YES NO

Customer	Product	Weight
CELLMARK	#8 NEWS	187.801
CELLMARK	#8 NEWS - RETRIEVER	355.000
ADVANCED FIBER TECHNOLOGY	#8 NEWS - RETRIEVER	856.745
CONTINENTAL PAPER GRADING	#8 NEWS - RETRIEVER	311.519
ADVANCED FIBER TECHNOLOGY	#9 NEWS	550.860
CONTINENTAL PAPER GRADING	#9 NEWS	152.870
CELLMARK	FILM	44.620
DMS RECYCLING LLC	FILM	6.845
DMS RECYCLING LLC	GRADE B FILM	11.500
CELLMARK	HARD WHITE	56.970
LIGHTHOUSE RECYCLING LLC	LITHO	44.420
NH KELMAN, INC	LITHO	1.457
CELLMARK	OCC BALED	1734.290
AMERICA CHUNG NAM	OCC BALED	981.983
ATLANTIC PACKAGING	OCC BALED	1988.537
BKI RECYCLING	OCC BALED	22.450
PAPER FIBRES INC	OCC BALED	19.970
RECYCLED FIBERS SOLUTIONS INC	OCC BALED	82.121
CELLMARK	PET BOTTLES	85.210
SIGMA RECYCLING, INC	PET BOTTLES	80.360
CELLMARK	PETE MIXED	14.120
CELLMARK	PLASTIC	128.060
CELLMARK	POLYCOTE BALES	32.970
DMS RECYCLING LLC	PP	3.400
CELLMARK	SBS	186.000
4TH GENERATION RECYCLING INC	SORTED OFFICE PAPER	748.056
CELLMARK	SORTED OFFICE PAPER	20.010
LIGHTHOUSE RECYCLING LLC	SORTED OFFICE PAPER	68.040
CONTINENTAL PAPER GRADING	SORTED OFFICE PAPER	6.900
SUSTANA FIBER LLC	SORTED OFFICE PAPER	1832.119
FORE RECYCLING	STEEL MILL KRAFT	1.355
DMS RECYCLING LLC	SUPER SACK	35.275