

REGISTERED C&D DEBRIS HANDLING AND RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email swmformulareport@dec.ny.gov or call 518-402-6078.)

Complete and submit this form by March 1, 2020.

This annual report is for the year of operation from January 01, 2019 to December 31, 2019

SECTION 1 - GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Villager Recycling Center			
FACILITY LOCATION ADDRESS: 200 Ferrano	FACILITY CITY: Rochester	STATE: NY	ZIP CODE: 14606
FACILITY TOWN: Rochester	FACILITY COUNTY: Monroe	FACILITY PHONE NUMBER: 585-223-7697	
FACILITY NYS PLANNING UNIT: (If use of NYS Planning Unit can be found on the end of this report) Monroe County			NYS DEC REGION #: 8
360 PERMIT #: (Refer to DEC Permit) N/A	DATE ISSUED: 5/15/15	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 28W14
FACILITY CONTACT: A.J. Osborne	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 585-370-1006	CONTACT FAX NUMBER: 585-223-7787
CONTACT EMAIL ADDRESS: aosborne@villagerci.com			
OWNER INFORMATION			
OWNER NAME: Villager Construction, Inc	OWNER PHONE NUMBER: 585-223-7697	OWNER FAX NUMBER: 585-223-7787	
OWNER ADDRESS: 425 Old Macedon Center Road	OWNER CITY: Fairport	STATE: NY	ZIP CODE: 14450
OWNER CONTACT: Timothy Lawless	OWNER CONTACT EMAIL ADDRESS: tlawless@villagerci.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 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 2019? Yes; Complete this form.

No; Complete and submit Sections I and II. 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>.

For facilities that have not transitioned into 6 NYCRR 361-5 and operated during 2018 under 6 NYCRR 360-16, please go directly to Section 2.

For facilities regulated under 6 NYCRR 361-5, the check boxes correspond with the registrations that have been issued to your facility. Please check all that apply and then move to Section 2:
For clarifications, see 6 NYCRR 361-5.2

<input type="checkbox"/> 1. Facility received less than 500 tons per day of the following recognizable, uncontaminated wastes: concrete and other masonry materials (including steel or fiberglass reinforcing embedded in concrete), brick, and rock.	<input type="checkbox"/> 2. Facility received less than 500 tons per day uncontaminated asphalt pavement or asphalt millings.
<input type="checkbox"/> 3. Facility received less than 500 tons per day of uncontaminated asphalt roofing shingles and roofing paper that do not contain asbestos-containing materials.	<input type="checkbox"/> 4. Facility received less than 500 tons per day of uncontaminated, unadulterated gypsum wallboard.
<input type="checkbox"/> 5. Facility received less than 500 tons per day of unadulterated, uncontaminated wood.	<input type="checkbox"/> 6. Facility received less than 500 tons per day of soil, sand, gravel, or rock. The soil must have no evidence of chemical or physical contamination. This may NOT be combined with 7.
<input type="checkbox"/> 7. Facility received less than 500 tons per day of restricted-use fill and limited-use fill. This may NOT be combined with 6.	<input type="checkbox"/> 8. Facility received less than 500 tons per day of other uncontaminated, source-separated recyclables generated from C&D debris for use under an approved case-specific beneficial use determination.

SECTION 2 - SOLID WASTE RECEIVED

Please provide the tonnages of waste received. This includes all wastes 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

100 % Truck Count

100 % Other (Specify: 13.55 tons per truck)

Type of Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Concrete	514.90	542.00	1,422.75	4,999.95	1,734.40	2,710.00	2,981.00
Other Masonry Materials	121.95	243.90	94.85	311.65	176.15	230.35	67.75
Brick				54.20	27.10	13.55	40.65
Rock							514.90
Asphalt Pavement	13.55	27.10	27.10	223.58	135.50	203.25	54.20
Asphalt Millings							
Asphalt Roofing Shingles							
Roofing Paper							
Gypsum Wallboard							
Unadulterated Wood							
Soil							
Sand							
Gravel							
Rock							
Restricted-Use Fill							
Limited-Use Fill							
Other (specify)							
Trench Fill	81.30						
Total Tons Received	731.70	813.00	1,544.70	5,589.38	2,073.15	3,157.15	3,658.50

If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

SECTION 2 - SOLID WASTE RECEIVED (continued)

Type of Waste	Tip Fee (\$/Ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg (tons)
Concrete		3,035.20	2,493.20	2,086.70	1,124.65	355.85	24,010.60	65.78
Masonry Walls		352.30	271.00	149.05	81.30	284.55	2,384.80	6.53
			54.20		13.55		216.80	0.59
		27.10					542.00	1.48
Asphalt Pavement		338.75	175.15	325.20	1,476.95	108.40	3,109.73	8.52
Auto Millings								
Asphalt Roofing Shingles								
Building Paper								
Asbestos Wallboard								
Untreated Wood								
						94.85	94.85	0.26
Land-Use Fill								
Land-Use Fill (Specify)								
Trench Fill								
Tons Received		3,753.35	2,994.55	2,560.95	2,696.45	867.20	30,440.08	83.38

For lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page. For unused type, and fill in the other solid waste name.

SECTION 3 – SERVICE AREA OF SOLID WASTE 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 waste *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 waste *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 waste was generated.

Specify transport method, list type of material(s) and percentages of total material transported by each:

100 % Road: Waste Type(s): _____ % Rail: Waste Type(s): _____
 _____ % Water: Waste Type(s): _____ % Other (specify: _____): Waste Type(s): _____

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Concrete	Direct Haul	NY	Monroe County		36,781.48
Other Masonry Materials					
Brick					
Rock					

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is arriving from)

TYPE OF WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Pavement	Direct Haul	NY	Monroe County		2,914.34
Millings	Direct Haul	NY	Monroe County		64.49
Roofing					
Paper					
Wallboard					
Treated Wood					

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Soil	Direct Haul	NY	Monte County		115.24
Sand	Direct Haul	NY	Monte County		2018.68
Gravel	Direct Haul	NY	Monroe County		333.31
Rock					
Restricted-Use Fill					
Limited-Use Fill					
Other (specify)					
Trench/Dirt Fill	Direct Haul	NY	Monroe County		5,294.27
Various Stone	Direct Haul	NY	Monroe County		2,467.26
TOTAL RECEIVED (tons):					49,989.07

If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

SECTION 5 - MATERIAL RECOVERED FOR REUSE/RECYCLING

Please identify destination of recovered materials. Indicate the location of use/name of the destination, 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): _____
 _____ % Water: Material(s): _____
 _____ % Rail: Material(s): _____
 _____ % Other (specify _____): Material(s): _____

Loads of material that are to be used under a pre-determined or case-specific BID do not need to be reported. The only exception is for specific material types (RCA, asphalt millings, etc.) distributed in excess of 10,000 tons (350,12(c)(5)). In this case, the total tonnage should be reported, but not the individual destinations.

MATERIAL RECOVERED FOR REUSE/RECYCLING					
MATERIAL RECOVERED	LOCATION OF USE/DESTINATION <small>(Name & Address) Please note that "direct haul", "various", and "various locations" are not acceptable responses for the address of the location of use.</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
Concrete					
Other Masonry Materials					
Brick					
Rock					
Bulk Metal (from C&D Debris)					

MATERIAL RECOVERED FOR REUSE/RECYCLING

MATERIAL RECOVERED	LOCATION OF USE/DESTINATION (Name & Address) Please note that "direct haul", "various", and "various locations" are not acceptable responses for the address of the location of use.	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of total)
Asphalt Pavement					
Sawdust Millings					
Asphalt Roofing Shingles					
Newsprint Paper					
Gypsum Wallboard					
Manufactured Wood					

MATERIAL RECOVERED FOR REUSE/RECYCLING

MATERIAL RECOVERED	LOCATION OF USE/DESTINATION (Name & Address) Please note that "direct haul", "various", and "various locations" are not acceptable responses for the address of the location of use.	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Gravel					
Restricted-Use Fill					
Limited-Use Fill					
Other (specify)					
TOTAL RECOVERED (tons):					

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, including other construction & demolition debris not authorized for management at your facility, 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/Transfer 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 - REGISTRATION/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

02/14/20

Date

Timothy O. Lawless

President

Name (Print or Type)

Title (Print or Type)

tlawless@villagerci.com

Email (Print or Type)

425 Old Macedon C

Fairport

Address

City

NY 14450

581 221 7697

State and Zip

Phone Number

ATTACHMENTS: YES NO
(Please check appropriate line)

