

# 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, 2020.

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



## SECTION 1 – GENERAL INFORMATION

### FACILITY INFORMATION

<b>FACILITY NAME:</b> Town of Manheim Transfer Station			
<b>FACILITY LOCATION ADDRESS:</b> 3656 State Route 167	<b>FACILITY CITY:</b> Dolgeville	<b>STATE:</b> NY	<b>ZIP CODE:</b> 13329
<b>FACILITY TOWN:</b> Manheim	<b>FACILITY COUNTY:</b> Herkimer	<b>FACILITY PHONE NUMBER:</b> 315 429 9631	
<b>FACILITY NYS PLANNING UNIT:</b> (A list of NYS <u>Planning Units</u> can be found at the end of this report). Oneide-Herkimer Solid Waste Authority (OHSWA)			<b>NYSDEC REGION #:</b> 6
<b>360 PERMIT #:</b> (Refer to DEC Permit) 6-21-36-00019-0000-2=1	<b>DATE ISSUED:</b> 12/13/99	<b>DATE EXPIRES:</b> NA	<b>NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:</b> (Refer to DEC Registration) 22r05
<b>FACILITY CONTACT:</b> John Haughton	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	<b>CONTACT PHONE NUMBER:</b> 315 429 9631	<b>CONTACT FAX NUMBER:</b> 315 429 9109
<b>CONTACT EMAIL ADDRESS:</b>			
<b>OWNER INFORMATION</b>			
<b>OWNER NAME:</b> Town of Manheim	<b>OWNER PHONE NUMBER:</b> 315 429 9631	<b>OWNER FAX NUMBER:</b> 315 429 9109	
<b>OWNER ADDRESS:</b> 3656 State Route 167	<b>OWNER CITY:</b> Dolgeville	<b>STATE:</b> NY	<b>ZIP CODE:</b> 13329
<b>OWNER CONTACT:</b> John Haughton	<b>OWNER CONTACT EMAIL ADDRESS:</b> jhaughton@townofmanheim.org		
<b>OPERATOR INFORMATION</b>			
<b>OPERATOR NAME:</b> <input checked="" type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
<b>PREFERENCES</b>			
<b>Preferred address to receive correspondence:</b> <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
<b>Preferred email address:</b> <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
<b>Preferred individual to receive correspondence:</b> <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

**Did you operate in 2019?**  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 (metal, glass, plastic)						0	0	0
Commingled Paper (all grades)								
Single Stream (total)								
Other (specify)								
<b>Total Tons Received</b>								
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)								
Single Stream (total)								
Other (specify)								
<b>Total Tons Received</b>							0	

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:

\_\_\_\_\_ % 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 <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
Commingled Containers <small>(metal, glass, plastic)</small>					0
Commingled Paper <small>(all grades)</small>					0
Single Stream <small>(total)</small>					0
Other (specify)					0
<b>TOTAL MATERIAL RECEIVED (tons):</b>					0

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## 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)					0
Corrugated Cardboard					0
Junk Mail					0
Magazines					0
Newspaper					0
Office Paper					0
Paperboard / Boxboard					0
Other Paper (specify)					0
<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					0
Industrial Scrap Glass					0
Other Glass (specify)					0
<b>TOTAL GLASS RECOVERED (tons):</b>					
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					0
Bulk Metal	Town of Manheim Transfer Station We have a person who takes the metal for no charge.	NY	N/A <input checked="" type="checkbox"/>	N/A <input checked="" type="checkbox"/>	5
Enameled Appliances / White Goods	Where he takes it i do not know. We have done this for years even before i was Supervisor				0
Industrial Scrap Metal					0
					0
Tin & Aluminum Containers					0
Other Metal (specify)					0
<b>TOTAL METAL RECOVERED (tons):</b>					5

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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)					0
PET (plastic #1)					0
HDPE (plastic #2)					0
Other Rigid Plastics (#3 - #7)					0
Industrial Scrap Plastic					0
Plastic Film & Bags					0
Other Plastics (specify)					0
<b>TOTAL PLASTIC RECOVERED (tons):</b>					<b>0</b>

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**VOLUME TO WEIGHT CONVERSION FACTORS**

MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT	
GLASS – w hole 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 – 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 - 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 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)					0
Commingled Paper & Containers					0
Single Stream (total)					0
Other (specify)					0

**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	Town of Manheim Transfer Station	NY	Herkimer County <input checked="" type="checkbox"/>	Oneide-Herkimer Solid <input checked="" type="checkbox"/>	3
Textiles	<small>Industrial Haulers takes the bins away when they are full and we do not get charged for the hauling and I do not get weight slips.</small>				
Other (specify)					

**TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):** 3

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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

10/20/2020  
Date

John Haughton  
Name (Print or Type)

Supervisor  
Title (Print or Type)

jhaughton@townofmanheim.org  
Email (Print or Type)

3656 State Rour 167  
Address

Dolgeville  
City

NY 13329  
State and Zip

(315) 429-9631  
Phone Number

ATTACHMENTS:  YES  NO