

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, 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: <div style="font-size: 1.2em; font-family: cursive;">A+W Recycling Inc</div>			
FACILITY LOCATION ADDRESS: <div style="font-size: 1.2em; font-family: cursive;">521 Main St</div>	FACILITY CITY: <div style="font-size: 1.2em; font-family: cursive;">Chenango Bridge</div>	STATE: <div style="font-size: 1.2em; font-family: cursive;">NY</div>	ZIP CODE: <div style="font-size: 1.2em; font-family: cursive;">13745</div>
FACILITY TOWN: <div style="font-size: 1.2em; font-family: cursive;">Chenango</div>	FACILITY COUNTY: <div style="font-size: 1.2em; font-family: cursive;">Broome</div>	FACILITY PHONE NUMBER: <div style="font-size: 1.2em; font-family: cursive;">607-648-3766</div>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <div style="font-size: 1.2em; font-family: cursive;">R7</div>			NYSDEC REGION #: <div style="font-size: 1.2em; font-family: cursive;">7</div>
360 PERMIT #: (Refer to DEC Permit) <div style="font-size: 1.2em; font-family: cursive;">04 M04</div>	DATE ISSUED: <div style="font-size: 1.2em; font-family: cursive;">10/9/93</div>	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)
FACILITY CONTACT: <div style="font-size: 1.2em; font-family: cursive;">Dana Wells</div>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <div style="font-size: 1.2em; font-family: cursive;">607 648 3766</div>	CONTACT FAX NUMBER: <div style="font-size: 1.2em; font-family: cursive;">607 648 2455</div>
CONTACT EMAIL ADDRESS: <div style="font-size: 1.2em; font-family: cursive;">DWELLS4099@aol.com</div>			
OWNER INFORMATION			
OWNER NAME: <div style="font-size: 1.2em; font-family: cursive;">Dana Wells</div>	OWNER PHONE NUMBER: <div style="font-size: 1.2em; font-family: cursive;">607 648 3766</div>	OWNER FAX NUMBER: <div style="font-size: 1.2em; font-family: cursive;">607 648 2455</div>	
OWNER ADDRESS: <div style="font-size: 1.2em; font-family: cursive;">Box 549</div>	OWNER CITY: <div style="font-size: 1.2em; font-family: cursive;">Chenango Bridge</div>	STATE: <div style="font-size: 1.2em; font-family: cursive;">NY</div>	ZIP CODE: <div style="font-size: 1.2em; font-family: cursive;">13745</div>
OWNER CONTACT: <div style="font-size: 1.2em; font-family: cursive;">Dana Wells</div>	OWNER CONTACT EMAIL ADDRESS: <div style="font-size: 1.2em; font-family: cursive;">DWELLS4099@aol.com</div>		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input checked="" 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 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	0	0	0	0	0
Commingled Paper (all grades)	0	5	5	5	5	5	5	5
Single Stream (total)	0	0	0	0	0	0	0	0
Other (specify) OCC	0	385	385	385	385	385	385	385
Bulk Metal	0	1	1	1	1	1	2	2
Shrink wrap	0	10	10	10	10	10	10	10
Total Tons Received		401	401	401	401	401	402	402
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		
Commingled Paper (all grades)	5	5	5	5	5	60	.16	
Single Stream (total)	0	0	0	0	0	0		
Other (specify) OCC	385	385	385	385	385	4620	12.66	
Bulk Metal	2	1	1	1	1	15	.04	
Shrink wrap	10	10	10	10	10	120	.33	
Total Tons Received		402	401	401	401	4815	13.19	

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): Recyclables

% 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)	Direct Haul	NY	Broome	R7	60
Single Stream (total)	Direct Haul	NY	Broome	R7	0
Other (specify)					
OCC	Direct Haul	NY	Broome	R7	4620
Bulk Metal	Direct Haul	NY	Broome	R7	15
Shrink wrap	Direct Haul	NY	Broome	R7	120
TOTAL MATERIAL RECEIVED (tons):					4815

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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:

100 % Road: Material(s): Recyclables _____ % 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	West Rock - Syracuse NY	NY	Onandaga	R 7	23 10
	Waste Management - Rochester NY	NY	Monroe	R 8	23 10
Junk Mail					
Magazines					
Newspaper					
Office Paper	Waste Management - Rochester NY	NY	Monroe	R 8	60
Paperboard/ Boxboard					
Other Paper (specify)					
TOTAL PAPER RECOVERED (tons):					4680

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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):					
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	Weitsman OWEGO NY	NY	Tioga	R7	15
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
TOTAL METAL RECOVERED (tons):					15

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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	TREX Winchester VA 22603	VA			120
Other Plastics (specify)					
TOTAL PLASTIC RECOVERED (tons):					120

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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 – w hole	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 -uncompacted	1 cubic yard	0.10 tons
NEWSPRINT - loose	1 cubic yard	0.29 tons	PLASTIC - styrofoam	1 cubic yard	0.02 tons	WHITE GOODS -compacted	1 cubic yard	0.5 tons
NEWSPRINT - compacted	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)					
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):					

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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.

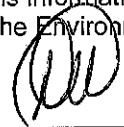
SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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	<u>1/4/2020</u> Date
<u>Dana Wells</u> Name (Print or Type)	<u>President</u> Title (Print or Type)
<u>DWELLS 4099 at AOL.COM</u> Email (Print or Type)	
<u>Box 549</u> Address	<u>Chenango Bridge</u> City
<u>NY 13745</u> State and Zip	<u>(607) 648-3766</u> Phone Number

ATTACHMENTS: YES NO