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 <u>January 01, 2019</u> to <u>December 31, 2019</u>

SECTION 1 - GENERAL INFORMATION

FACILITY INFORMATION							
FACILITY NAME:							
Machias Transfer Station							
FACILITY LOCATION ADDRESS	:	FACILITY	CITY:		STATE:	ZIP CODE:	
8630 Route 16		Mach			NY	14101	
FACILITY TOWN:		FACILITY	COUNTY:	FACI	LITY PHO	NE NUMBER:	
Machias			raugus			-3730	
FACILITY NYS PLANNING UNIT: Cattaraugus County	(A list of NY	'S <u>Planning Un</u>	nits can be found at the end of	this rep	ort). NY	SDEC GION#: 9	
360 PERMIT #: (Refer to DEC	DATE IS	SSUED:	DATE EXPIRES:	NYS [DEC ACTIV	VITY CODE OR	
Permit)				REGIS	STRATION	N NUMBER:(Refer to 05R02/05M06	
FACILITY CONTACT:		• public	CONTACT PHONE	(ONTACT	FAX NUMBER:	
Mark Shaw		☐ private	NUMBER: 716-938-2486	7	716-93	38-2753	
CONTACT EMAIL ADDRESS: me	eshaw@c	attco.org					
			INFORMATION				
OWNER NAME:			PHONE NUMBER:		ER FAX N		
Cattaraugus County DF	ΣW	716-93	8-9121	716	-938-27	752	
OWNER ADDRESS:		OWNER C				ZIP CODE:	
8810 Route 242		Little Val	•		NY	14755	
OWNER CONTACT:			CONTACT EMAIL ADDRE	ESS:			
Mark Shaw			w@cattco.org				
		OPERATO	RINFORMATION				
OPERATOR NAME:	e as owner				□ public □ private		
		PRE	FERENCES				
Preferred address to receive correspondence: Facility location address Owner address Owner address							
Preferred email address:							
Preferred individual to receive correspondence:							
Did you operate in 2019? Yes	s; Complet	te 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

<u>Please provide the tonnages of materials received.</u> This includes all materials received at your facility regardless of their destination after processing. DO NOT REPORT IN CUBIC YARDS!

60 % Scale Weight	40 % 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	2.47	2.47	2.47	2.47	2.47	2.48	2.48
Commingled Paper (all grades)	0	4.09	3.59	1.74	1.76	3.45	3.70	4.91
Single Stream (total)								
Other (spe Bulk Metal	0	5.37	0	4.03	7.33	6.94	7.85	10.78
Textiles	0	.74	.74	.74	.75	.75	.75	.75
Electronics	0	2.70	.68	3.37	2.56	3.15	3.95	2.95
Precious Metals	0	.11	.11	.11	.11	.11	.11	.12
Total Tons Receiv	re d	15.48	7.59	12.46	14.98	16.87	18.84	21.99
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)		al Year ons)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)	2.47	2.47	2.47	2.47	2.47	29	9.66	.191
Commingled Paper (all grades)	4.77	5.51	3.40	3.97	4.08	44	.97	.290
Single Stream (total)								
Other (spe Bivilk Metal	11.29	6.65	8.10	8.32	4.46	81.12		.523
Textiles	.75	.75	.75	.75	.75	8.97		.058
Electronics	4.04	5.57	3.25	1.66	2.55	36.43		.235
Precious Metals	.11	.11	.11	.11	.11	1	.33	.009
Total Tons Received	23.43	21.06	18.08	17.28	14.42	202	.48	1.306

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 tra	ansported 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)	Direct Haul	NY	Cattaraugus County	Cattaraugus County	29.66	
Commingled Paper (all grades)	Direct Haul	NY	Cattaraugus County	Cattaraugus County	44.97	
Single Stream (total)						
Other (specify)						
Bulk Metal	Direct Haul	NY	Cattaraugus County	Cattaraugus County	81.12	
Textiles	Direct Haul	NY	Cattaraugus County	Cattaraugus County	8.97	
Electronics	Direct Haul	NY	Cattaraugus County	Cattaraugus County	36.43	
Precious Metals	Direct Haul	NY	Cattaraugus County	Cattaraugus County	1.33	
			TOTAL MATE	RIAL RECEIVED (tons	202.48	

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SECTION 4 - RESIDUE

Total residue (tons) = _ Percent Residue Calc	Residue destination (Name & Addulation: Total tons residue/Total tons material received of	tress) < 100 =	_				
SECTION 5 - RECYCLABLES & RECOVERED MATERIALS							
Please identify destin	ination of recyclable materials. Indicate the name ation Planning Unit/Municipality and the amount	of the facility, a	address, corresp vered. DO NOT I	onding State/Country, (County/Province, OS!		
	od, list type of material(s) and percentages of total materi l(s):						
% Water: Materia	l(s):	% 0	ther (specify:): Material(s):			
	PAPER R	ECOVERED					
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)	Royal Oak Recycling, 22 Mechanic St., North Tonawanda, NY 14120	NY	Erie County	Northwest Communities Solid	21.83		
Corrugated Cardboard	Salamanca Transfer Station, 289 Center St., Salamanca, NY 14779	NY	Cattaraugus County	Cattaraugus County	23.14		
Junk Mail							
Magazines							
Newspaper							
Office Paper							
Paperboard / Boxboard							
Other Paper (specify)			-				

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TOTAL PAPER RECOVERED (tons):

44.97

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	GLASS REC	COVERED			
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	Salamanca Transfer Station, 289 Center St., Salamanca, NY 14779	NY	Cattaraugus County	Cattaraugus County	13.48
Industrial Scrap Glass					
Other Glass (specify)					
			TOTAL GLASS R	ECOVERED (tons):	13.48
	METAL REC	COVERED			
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	Metalico, 286 High St., Bradford, PA 16701	PA			29.28
Dark Wetar	Previty's Auto Wrecking, 1075 Galen Hill Rd., Freedom, NY 14065	NY	Cattaraugus County	Cattaraugus County	48.23
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers	Farwell Transfer Station, 1430 Farwell Rd., Ischua, NY 14743	NY	Cattaraugus County	Cattaraugus County	4.97
Other Metal (specify)					
Precious Metals	Salamanca Transfer Station, 289 Center St., Salamanca, NY 14779	NY	Cattaraugus County	Cattaraugus County	1.33
			TOTAL METAL F	RECOVERED (tons):	83,81

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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)	Salamanca Transfer Station, 289 Center St., Salamanca, NY 14779	NY	Cattaraugus County	Cattaraugus County	11.21	
PET (plastic #1)			_			
HDPE (plastic #2)						
Other Rigid Plastics (#3 - #7)						
Industrial Scrap Plastic						
Plastic Film & Bags						
Other Plastics (specify)						
		T	OTAL PLASTIC R	RECOVERED (tons):	11.21	

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VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVALENT		EQUIVALENT MATERIAL EQUIVALEN		RIAL EQUIVALENT		EQUIVA	LENT
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 - whole	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 - balled	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			
CORRUGA TED - 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 whole	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 MATERIA	L 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					
Other (specify)					
	MISCELLANEOUS MA			AL RECOVERED (tons):	0
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	Sunnking, 4 Owens Rd., Brockport, NY 14420	NY	Monroe County	Monroe County	36.43
Textiles	St. Pauly Textile, 1067 Gateway Dr., Farmington, NY 14425	NY	Ontario County	Ontario County	8.97
Other (specify)					
	Tr	OTAL MISCELLA	NEOUS MATERIA	AL RECOVERED (tons):	45.40

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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)? ■No If yes, attach additional sheets identifying each problem and the methods for resolution of the □Yes 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? If yes, attach additional sheets identifying the reporting requirements with their respective Yes ■ No 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:

ATTACHMENTS: Tyes In No.

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.

Mak Slar	2/25/20
Signature	Date
Mark Shaw	Waste Mgmt. Coord.
Name (Print or Type)	Title (Print or Type)
meshaw@cattco.org	
Ema	il (Print or Type)
8810 Route 242	Little Valley
Address	City
NY 14755	₍ 716 ₎ 938 ₋ 2486
State and Zip	Phone Number