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:								
West County Transfer Station								
FACILITY LOCATION ADDRESS	:	FACILITY	CITY:		STATE:	ZIP CODE:		
121 Osborne Stre	et	Sherr	nan		NY	14781		
FACILITY TOWN: FACILITY COUNTY: FACILITY PHONE NUMBER:								
Sherman Chautauqua 716-761-6565								
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). NYSDEC								
Chautauqua County REGION #: 9								
360 PERMIT #: (Refer to DEC DATE ISSUED: DATE EXPIRES: NYS DEC ACTIVITY CODE OR								
9-066600019/00003 1/25/2018 1/24/2028 REGISTRATION NUMB DEC Registration) 07M59								
FACILITY CONTACT:								
Tracy Pierce "TJ"	NUMBER: 716-985-4785 x203	7	16-98	85-4981				
CONTACT EMAIL ADDRESS: piercet@co.chautauqua.ny.us								
OWNER INFORMATION								
OWNER NAME:		OWNER P	HONE NUMBER:		ER FAX N			
Chautauqua County		716-98	716-985-4981					
OWNER ADDRESS:		OWNER C			STATE:	ZIP CODE:		
3889 Towerville Road		Jamesto			NY	14701		
OWNER CONTACT:			CONTACT EMAIL ADDRE					
Pantelis K. Panteli		-	sp@co.chautau	ıqua	.ny.us			
		OPERATO	RINFORMATION			<u> </u>		
OPERATOR NAME:	e as owner			1	⊡ public □ private			
		PREI	FERENCES					
Preferred address to receive correspondence: Facility location address Owner address Owner address								
Preferred email address: Facil Other (provide):								
Preferred individual to receive com Other (provide):	esponden	ce: Facil	lity Contact 🔲 Own	er Conta	ct			
Did you operate in 2019? Ye	s; Comple	te this form.						
□ No	; Complet	e and submi	t Sections 1 and 11. If yo	ou no lo	nger plan	to operate and wish		
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!

	Specif	the methods	s used to measur	e the quantities	received and the	percentages	measured by	each method:
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100 % 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)	Glass	0	0	6.13	0	0	5.18	0
Commingled Paper (all grades)		0	3.42	3.3	0.37	4.53	0.43	2.61
Single Stream (total)	Tires	0.03	0.12	0.22	0.71	1.03	0.98	1.42
Other (specify) Tins		0	0	2.72	0	0	2.57	0
Cardboard		1.91	1.0	1.31	0.79	6.08	1.02	2.05
Plastic		1.59	0.78	1.84	0.91	1.19	0.94	1.54
Scrap		3.79	0	2.64	0	3.56	4.22	2.39
Total Tons Recei	ived	7.32	5.32	18.16	-2.78	16.39	15.34	10.01
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)		l Year ons)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)	0	6.86	0	0	6.11	24.	28	0.15
Commingled Paper (all grades)	2.93	1.19	2.6	2.22	1.62	25.	22	0.24
Single Stream (total)	1.95	0.54	0.79	0.41	0.64	8.8	34	0.09
Other (specify) Tins	0	1.88	0	0	3.35	10	.52	0.10
Cardboard	2.27	1.4	2.84	2.66	1.51	19	.63	0.19
Plastic	2.37	1.97	0.42	2.53	2.3	18	.38	0.77
Scrap	3.00	3.00	3.80	3.35	5.41	35	.16	0.34
Total Tons Received	12.52	16.84	10.45	11,17	20.94	143	2.03	1.88

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 t	transported by each:	
100 % Road: Material(s):	% Rail: Material(s):	
% Water: Material(s):	% Other (specify:): Material(s):

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	NY	Chautauqua County	24.28
Commingled Paper	Direct Haul	NY	NY	Chautauqua County	25.22
Single Stream (total)	Tires - Direct Haul	NY	NY	Chautauqua County	8.84
Other (specify)	Tins - Direct Haul	NY	NY	Chautauqua County	10.52
Cardboard	Direct Haul	NY	NY	Chautauqua County	19.63
Plastic	Direct Haul	NY	NY	Chautauqua County	18.38
Scrap	Direct Haul	NY	NY	Chautauqua County	35.16

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SECTION 4 - RESIDUE

Fotal residue (tons) = _ Percent Residue Calc	Residue destination (I ulation: Total tons residue/Total tons material	Name & Address) received x 100 =	·			
	SECTION 5 - RECYC	LABLES & RECOVER	ED MATERIAL	S		
Please identify dest Destin	ination of recyclable materials. Indicate t ation Planning Unit/Municipality and the	he name of the facility, a amount of material reco	address, corresp vered. DO NOT	onding State/Country, REPORT IN CUBIC YAR	County/Provinc	
	od, list type of material(s) and percentages of to	% Ra	ail: Material(s):			
	laterial(s):					
	F	PAPER RECOVERED	. dat	3	Material of Martin	
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)	West County Transfer Station, Falconer, NY	NY	Chautauqua County	Chautauqua County	24.28	
Corrugated Cardboard	West County Transfer Station, Falconer, NY	NY	Chautauqua County	Chautauqua County	19.63	
Junk Mail						
Magazines						

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TOTAL PAPER RECOVERED (tons): 49.91

Newspaper

Office Paper

Paperboard/ Boxboard

Other Paper (specify)

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

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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	Chautauqua County Landfill, Jamestown, NY	NY	Chautauqua County	Chautauqua County	24.28
ndustrial Scrap Glass					
Other Glass (specify)					,,
			TOTAL GLASS R	ECOVERED (tons): 24	.28
	MET	AL RECOVERED	to me the transfer time.	the state of the second	and the second second
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					
Enameled Appliances White Goods	Ben Weitsman of Jamestown, Jamestown, NY	NY	Chautauqua County	Chautauqua County	35.16
Industrial Scrap Metal					
Tin & Aluminum Containers	Ben Weitsman of Jamestown, Jamestown, NY	NY	Chautauqua County	Chautauqua County	10.52
Other Metal (specify)					

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SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

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)	South County Transfer Station, Falconer, NY	NY	Chautauqua County	Chautauqua County	18.38
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
		T	OTAL PLASTIC F	RECOVERED (tons): 1	8.38

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VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVA	LENT	MATERIAL	EQUIVAL	ENT	MATERIAL	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 - 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		-	-1
CORRUGA TED - loose	1 cubic yard	0.015 tons	PLASTIC - HDPE - flattened 1	1 cubic yard	0.03 tons			1
CORRUGA TED - 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 MA	TERIAL RECOVERED	the second section is a second	and the second s	
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)					
	MISCELLANEOU	TOTAL US MATERIAL RECOVE		AL RECOVERED (tons):
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	EWaste+, Victor, NY	NY	Ontario County	Ontario County	15.00
Textiles	Salvation Army, Erie, PA	PA	Erie County	Erie County	5.00
Other (specify)					
		TOTAL MISCELLA	NEOUS MATERIA	AL RECOVERED (tons	20.00

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SECTION 6 – UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received at the facility during the reporting period? 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? If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Yes ■ No 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? ■ No If yes, attach additional sheets identifying changes with a justification for each change. Yes 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:

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.

T. Jaylone Signature	9/25/2020 Date
Tracy J. Pierce	Solid Waste Analyst
Name (Print or Type)	Title (Print or Type)
piercet@co.chautauqua.ny.us	
Email (Print	or Type)
3889 Towerville Road	Jamestown
Address	City
New York, 14701	716,661_8424
State and Zip	Phone Number