#### RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email <a href="mailto:swmfannualreport@dec.ny.gov">swmfannualreport@dec.ny.gov</a> 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:							
Mayville Recycle Ce							
FACILITY LOCATION ADDRESS:		FACILITY	CITY:		STATE	E:	ZIP CODE:
96 Morris Street		Mayvi	lle		NY		14757
FACILITY TOWN:		FACILITY	COUNTY:	FACI	LITY PH	ION	E NUMBER:
Chautauqua			tauqua				3-2013
FACILITY NYS PLANNING UNIT: Chautauqua County	(A list of NY	S <u>Ptanning Un</u>	its can be found at the end of	this rep	ort).		SDEC SION#: 9
360 PERMIT #: (Refer to DEC Permit)	DATE IS	SUED:	DATE EXPIRES:	REGI	STRATI	ION	ITY CODE OR NUMBER:(Refer to 17R10038
FACILITY CONTACT:		public	CONTACT PHONE	(	CONTAC	CT F	FAX NUMBER:
John D. Buxton		i private	<b>NUMBER:</b> (716) 269-4801	(	716)	7 (	53-3013
CONTACT EMAIL ADDRESS: ma	ayvilledpv	v@netsync	net				
		the state of the s	INFORMATION				
OWNER NAME:			PHONE NUMBER:	1	IER FAX		
Village of Mayville		1 \	53-2125	(/16	5) 753		
OWNER ADDRESS:		OWNER	CITY:		STAT	E:	ZIP CODE:
PO Box 188		Mayville			NY		14575
OWNER CONTACT:			CONTACT EMAIL ADDR		L		
John D. Buxton			ledpw@netsyn	c.nei			
OPERATOR NAME:	·	OPERATO	RINFORMATION	·····	FST #- 11	15 _	
OPERATOR NAME:	e asowner				□ publ		
Destarrad address to possible corre			FERENCES	Fat		, ,	
Preferred address to receive correspondence: Facility location address  Cother (provide):  Owner address							
Preferred email address: Facility Contact Owner Contact							
Preferred individual to receive correspondence:							
Did you operate in 2019? Tyes; 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!

Specif	the methods used	to measure the quantities	received and the	percentages	measured by each method:
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50 % Scale Weight	50 % Estimated
% Truck Count	% Other (Specify:)

Material	Tip Fee (\$/Ton)	January (tona)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)								
Grades) - Cardonard		5.17	5.17	5.17	5.17	5.17	5.17	5.17
Single Stream								1.23
Other (specify) tires								6.95
Commingled Metal			4.21				3.67	
Plastic		1.01	1.66	1.96	1.81	1.28	2.15	1.14
Glass		1.15	1.87	1.19	1.13	1.32	1.11	2.61
Total Tons Recei	ve d	7.33	12.91	8.32	8.11	7.77	12.1	17.1
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	1	al Year ons)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades) + Card board	5.17	5.17	5.17	5.17	5.17	62.04		.60
Single Stream (total) Electronics						1.23		.01
Other (specify) Tires						6.95		.04
Commingled Metal	4.34		3.24		4.96	20	.42	.20
Plastic	1.44	1.65	1.26	1.13	1.75	18	3.24	.18
Glass	2.87	1.76	1.47	1.30	2.25	20	0.03	.19
Total Tons Received	13.82	8.58	11.14	7.6	14.13	128.91		.83

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 to	ransported by each:		
100 % Road: Material(s): paper, metal, plastic, glass, electronics & tires	% Rail: Material(s):		
% Water: Material(s):	% Other (specify:	): Material(s):	

	SERVICE AREA OF	MATERIAL RE	CEIVED(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	Chautauqua County	Chautauqua County	62.04
Single Stream (total)					
Other (specify) Tires	Direct Haul	NY	Chautauqua County	Chautauqua County	6.95
Commingled Metal	Direct Haul	NY	Chautauqua County	Chautauqua County	20.42
Plastic	Direct Haul	NY	Chautauqua County	Chautauqua County	18.24
Glass	Direct Haul	NY	Chautauqua County	Chautauqua County	20.03
Electronics	Direct Haul	NY	Chautauqua County	Chautauqua County	1.23

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## SECTION 4 - RESIDUE

Ple ase identify destination of recyclable materials. Indicate the name of the facility, address, corresponding State/Country, County/Probability 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:    Water: Material(s):	ercent Residue Calc	ulation: Total tons residue/Total tons material	Name & Address) received x 100 = CLABLES & RECOVER		S	
RECOVERED DESTINATION (Name & Address)  RECOVERED MATERIAL  Beichner waste Services, Inc. (all grades being and being an analysis and be	Destina Specify transport metho	ination of recyclable materials. Indicate to ation Planning Unit/Municipality and the and list type of material(s) and percentages of to	the name of the facility, a amount of material reco	address, correspored. DO NOT I	onding State/Country, REPORT IN CUBIC YAR	(DS)
RECOVERED MATERIAL  DESTINATION STATE OR COUNTY OR PROVINCE  DESTINATION STATE OR COUNTY OR PROVINCE  RECOVERED (Name & Address)  DESTINATION STATE OR COUNTY OR PROVINCE  DESTINATION STATE OR COUNTY OR PROVINCE  DESTINATION OF PROVINCE  STATE OR COUNTY OR PROVINCE  STATE OR COUNTY OR PROVINCE  DESTINATION OF PROVINCE  STATE OR COUNTY OR OR	% Water: Materia	ıl(s):	% Ot	ther (specify:	): Material(s):	
RECOVERED MATERIAL  DESTINATION (Name & Address)  STATE OR COUNTRY  COUNTRY PROVINCE  PROVINCE  Planning Units  Planning Units  Planning Units)  Country Or Planning Units  Planning Units  Planning Units  RECOV (out of it)  State OR COUNTRY  COUNTRY OR PROVINCE  Planning Units  Planning Units  Planning Units  RECOV (out of it)  State OR COUNTRY OR PROVINCE  Planning Units  Planning Units  RECOV (out of it)  State OR COUNTRY OR PROVINCE  Planning Units  Planning Units  RECOV (out of it)  State OR Attached List of ity Splanning Units  Country OR PROVINCE  Planning Units  Planning Units  RECOV (out of it)  State OR Attached List of ity Splanning Units  Planning Units  Planning Units  RECOV (out of it)  State OR Attached List of ity Splanning Units  Planning Units  Planning Units  RECOV (out of it)  State OR Attached List of ity Splanning Units  Planning Units  Planning Units  RECOV (out of it)  State OR Attached List of ity Splanning Units  Planning Units  Planning Units  RECOV (out of it)  State Or Attached List of ity Splanning Units  Planning Units  Planning Units  RECOV (out of it)  State Or Attached List of ity Splanning Units  Planning Units  Planning Units  RECOV (out of ity Splanning Units)  Planning Units  State Or Attached List of ity Splanning Units  Planning Units  Planning Units  State Or Attached List of ity Splanning Units  Planning Units  Planning Units  Planning Units  State Or Attached List of ity Splanning  Planning Units  Planning Units  Planning Units  Planning Units  State Or Attached List of ity Splanning  Planning Units  Planning Units  Planning Units  Planning Units  State Or Attached List of ity Splanning  Planning Units  Planni		. F	PAPER RECOVERED		W	
Corrugated Cardboard 5786 Rt. 380, Sinclairville, NY 14782			STATE OR	COUNTY OR	PLANNING UNIT (See Attached List of NYS	TONS RECOVERED (out of facility)
Corrugated Cardboard  Junk Mail  Ma gazines  Newspaper  Office Paper  Paperboard/Boxboard	Commingled Paper (all grades of Carolina)		NY	Chautauqua County	Chautauqua County	62.04
Ma gazines  Newspaper  Office Paper  Paperboard/ Boxboard	Corrugated					
Newspaper  Office Paper  Paperboard/ Boxboard	Junk Mail					
Office Paper Paperboard/ Boxboard	Ma gazines					
Paperboard/ Boxboard	Newspaper					
Boxboard	Office Paper					
Other Paper (specify)						
	Other Paper (specify)					

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# SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	GLASS RE	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	Chautauqua County Landfill	NY	Chautauqua County	Chautauqua County	20.03
Oomamer Glass	3889 Towerville Road, Jamestown, NY				
Industrial Scrap Glass					
Other Glass (specify)					
			TOTAL GLASS R	ECOVERED (tons): 20.	03
	METAL RE				
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 Foll / Trays					
Bulk Metal					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
Commingled Metal	Beichner Waste Services, Inc. 5786 Rt. 380, Sinclairville, NY 14782	NY	Chautauqua County	Chautauqua County	20.42
			TOTAL METAL R	ECOVERED (tons): 20.	42

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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	Chautauqua County Landfill	NY	Chautauqua County	Chautauqua County	18.24			
(#1 - #7)	3889 Towerville Road, Jamestown, NY 14701							
PET (plastic #1)								
HDPE (plastic #2)								
Other Rigid Plastics (#3 - #7)								
Industrial Scrap Plastic								
Plastic Film & Bags								
Other Plastics (specify)								
		TO	TAL PLASTIC R	ECOVERED (tons): 18	.24			

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#### **VOLUME TO WEIGHT CONVERSION FACTORS**

MATERIAL EQUIVALENT		NT MATERIAL EQUI		MATERIAL EQUIVALENT MATERIAL		MATERIAL	RIAL EQUIVAL	
GLASS - whole 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 - 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 - 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 - whole	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 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 (total)					
Other (specify)					
	MISCELLANEOUS MA			L 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)
Ele ctronics	EWASTE+, 7318 Victor-Mendon Road, Victor, NY 14564	NY	Ontario County	Ontario County	1.23
Te x tiles					
Other (specify)					
Tires	HTI recycling LLC, 490 Ohio Street, Lockport, NY 14094	NY	Niagara County	Niagara County	6,95
	TO	OTAL MISCELLA	NEOUS MATERIA	L RECOVERED (tons)	8.18

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# **SECTION 6 – UNAUTHORIZED SOLID WASTE**

Has una⊧ "]Yes		vaste been received at		reporting period? tach additional sheets if necessary):
	ate Received	Type Received	Date Disposed	Disposal Method & Location
	·····			
			414AAAAA - 1170, 1170 AAAAAAA AAAAAAAAAAAAAAAAAAAAAAAAAA	
	SECTION	7 - COST ESTIMAT	TES AND EINANC	CIAL ASSURANCE DOCUMENTS
Are the		estimates and financia		
Yes				
		sure Plan?	ets renecting annual	adjustments for inflation and any changes to the
		SE	CTION 8 - PROE	BLEMS
Were a	ny problems eno procedures)?			pecific occurrences which have led to changes in
Yes	No If ye	es, attach additional she blem.	eets identifying each p	problem and the methods for resolution of the
<u></u>		SI	ECTION 9 – CHA	NGES
Were th	nere any change	es from approved report	s, plans, specification	as, and permit conditions?
Yes	■ No If ye	es, attach additional she	ets identifying chang	es with a justification for each change.
	SECTIO	N 10 - PERMIT/CO	NSENT ORDER I	REPORTING REQUIREMENTS
Are the form?	re any additiona	l permit/consent order i	eporting requirement	s not covered by the previous sections of this
Yes		es, attach additional she conses.	eets identifying the rep	porting requirements with their respective
				the state of the s

#### 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.

A D But	2/11/2020
Signature	Date
John D. Buxton	DPW Superintenden
Name (Print or Type)	Title (Print or Type)
mayvilledpw@netsync.net	
Email (Pr	rint or Type)
PO Box 188	Mayville
Address	City
NY	,716,753 <sub>-</sub> 2013
	Phone Number