## 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:							
Westfield Disposal							
FACILITY LOCATION ADDRESS	TY LOCATION ADDRESS: FACILITY CITY:				STATE:	ZIP CODE:	
12 Bourne Street		West				14787	
FACILITY TOWN:		FACILITY	COUNTY:	FACI	LITY PHOI	NE NUMBER:	
Westfield		1000	tauqua			ASELLA	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). NYSDEC							
Chautauqua County					RE	GION#: 9	
360 PERMIT #: (Refer to DEC	DATE IS		DATE EXPIRES:			/ITY CODE OR	
9-0672-00040/00004	08/0	1/2016	07/31/2026			NUMBER: (Refer to 07R10051	
FACILITY CONTACT:		public public	CONTACT PHONE		CONTACT	FAX NUMBER:	
Tim Oknefski		private	NUMBER: 814-594-4947				
CONTACT EMAIL ADDRESS: tim	n.oknefsk	i@casella.d	com				
			INFORMATION				
OWNER NAME:		OWNERP	OWNER FAX NUMBER:				
Casella Waste Management of	NY, Inc.	800-292-0297					
OWNER ADDRESS:		OWNER C			STATE:	ZIP CODE:	
2142 Lodestro Lane OWNER CONTACT:		Jamesto	ONTACT EMAIL ADDR	FCC.	INT	14701	
Tim Oknefski			nefski@casella	.COIII			
OPERATOR NAME:	e as owner	OPERATO	RINFORMATION		public		
OF ENATOR NAME.	e asowner			□ private			
		PRE	FERENCES				
Preferred address to receive correspondence: Facility location address  Other (provide):  Owner address							
Preferred email address: Facility Contact Owner Contact  Other (provide):							
Preferred individual to receive correspondence:							
Did you operate in 2019?  Yes; Complete this form.							
□ No	; Complet	e and submi	t Sections 1 and 11. If y	ou no le	onger 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: <a href="http://www.dec.ny.gov/chemical/52706.html">http://www.dec.ny.gov/chemical/52706.html</a> .							

## **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 Truck Count		_	_% Estimated _% Other (Spec	oify:				
Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)								
Gingle Stream (total)		6.88	4.28	4.96	3.45	3.60	2.96	3.81
Other (specify)								
Total Tons Rece	ived	6.88	4.28	4.96	3.45	3.60	2.96	3.81
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)		tal Year tons)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic) Commingled Paper (all								
grades) Single Stream (total)	3.24	5.22	3.95	3.93	5.87	52.15		.20
Other (specify)								
Total Tons Received	3.24	5.22	3.95	3.93	5.87	5;2.15		.20

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 to	otal material transported by each:
100 % Road: Material(s): Single Stream	% Rail: Material(s):
% Water: Material(s):	% Other (specify:): Material(s):
	CE AREA OF MATERIAL RECEIVED(where the material is coming from)

	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)					
Single Stream	"Direct Haul"	NY	Chautauqua County	Chautauqua County	52.15
Other (specify)					
			TOTAL MATE	RIAL RECEIVED (tons	s): 52.15

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## SECTION 4 - RESIDUE

Total residue (tons) =  Percent Residue Calculation:	Residue destination (N Total tons residue/Total tons material	received x 100 = 0			
	SECTION 5 - RECYC	LABLES & RECOVER	RED MATERIAL	S	
Please identify destination of Destination Pl	of recyclable materials, Indicate the anning Unit/Municipality and the a	ne name of the facility, a	address, corresp vered. DO NOT I	onding State/Country, REPORT IN CUBIC YARI	County/Province, DS!
Specify transport method, list typ  100% Road: Material(s): Single	pe of material(s) and percentages of tot Stream				
% Water. Material(s):		% Of	ther (specify:	): Material(s):	
	P	APER 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					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
			TOTAL BADI	EP PECOVERED (tone):	

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# SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	GL	ASS 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)					
	XIII		TOTAL GLASS R	ECOVERED (tons):	
	ME	ETAL 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					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
			TOTAL METAL R	RECOVERED (tons):	

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# SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	PLA	STIC 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					
Other Plastics (specify)					
		TO	OTAL PLASTIC R	ECOVERED (tons):	

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

MATERIAL	EQUIVA	LENT	MATERIAL	EQUIVALENT		MATERIAL	RIAL EQUIVA	
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 MATERI	AL 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)	Chautauqua County Landfill	NY	Chautauqua County	Chautauqua County	52.15
Other (specify)					
	MISCELLANEOUS MA			AL RECOVERED (tons	52.15
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 MISCELLA	NEOUS MATERIA	AL RECOVERED (tons	):

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### SECTION 8 - 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? □ 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 1: SIGNATURE AND DATE BY OWNER OR UPERATOR

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.nv.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.

Time C. Ohft. Signature	02 /11 / 2020 Date
Tim Oknefski	Environmental Manager
Name (Print or Type)	Title (Print or Type)
tim.oknefski@casella.com	
Email (	(Print or Type)
19 Ness Lane	Kane
Address	City
PA 16735	<sub>(</sub> 484 <sub>)</sub> 821 <sub>-</sub> 5881
State and Zip	Phone Number
ATTACHMENTS: YES NO	