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:						
Jamestown Recycling Facility						
FACILITY LOCATION ADDRESS:	FACILITY	CITY:		STATE:	ZIP CODE:	
2142 Lodestro Lane	Jame	stown		NY	14701	
FACILITY TOWN:	FACILITY	COUNTY:	FACI	ITY PHOI	NE NUMBER:	
Jamestown		tauqua			ASELLA	
FACILITY NYS PLANNING UNIT: (Alist	of NYS Planning Un	ilts can be found at the end of	this rep	NY:	SDEC GION#: 9	
Chautauqua County					GIOINW. O	
The state of the s	E ISSUED:	DATE EXPIRES:			/ITY CODE OR	
Permit) 12/	6/2018	12/6/2023			NUMBER: (Refer to 07R20037	
FACILITY CONTACT:	□ public	CONTACT PHONE	(ONTACT	FAX NUMBER:	
Tim Oknefski	■ private	NUMBER: 814-594-4947				
CONTACT EMAIL ADDRESS: tim.okne	efski@casella.c	com				
		INFORMATION				
OWNER NAME:		HONE NUMBER:	OWN	ER FAX N	UMBER:	
Casella Waste Management of NY,	Inc. 800-29	2-0297				
OWNER ADDRESS:	OWNER C			STATE:	ZIP CODE:	
2142 Lodestro Lane	Jamesto			NY	14701	
OWNER CONTACT:	OWNER C	CONTACT EMAIL ADDR	ESS:			
Tim Oknefski	tim.okr	nefski@casella.	com			
		RINFORMATION				
OPERATOR NAME: same as ow	rner			□ public ■ private		
	PRE	FERENCES				
Preferred address to receive correspondence: Facility location address Owner address Owner address						
Preferred email address: Facility Contact Owner Contact						
Preferred individual to receive correspondence:						

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.

No; Complete and submit Sections 1 and 11. If you no longer plan to operate and wish

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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!

Spec	ify the methods used to measure the quantities	received and the percentages measured by each method:
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)								
Commingled Paper (all grades)		.64	1.00	.51	0	0	0	0
Single Stream (total)		25.02	14.44	24.32	17.75	20.18	23.18	19.30
Other (specify)								
Corrugated Paper		232.86	221.95	212.73	209.27	252.89	222.01	187.49
Mixed Plastic		3.71	.96	6.04	1.46	2.14	1.40	1.82
Aluminum Cans		0	0	1.91	0	0	0	4.11
Total Tons Recei	ved	262.23	238.35	245.51	228.48	275.21	246.59	212.72
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)		Daily Avg.
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)	0	0	0	0	0	2.15		.01
Single Stream (total)	13.50	8.39	11.43	9.89	5.75	193.15		.73
Other (specify)								
Corrugated Paper	187.70	193.99	215.96	173.92	176.09	2,4	86.86	9.46
Mixed Plastic	.97	2.15	44.43	10.84	37.21	11	3.13	.43
Aluminum Cans	0	0	0	0	2.91	8	3.93	.03
Total Tons Received	202.17	204.53	271.82	194.65	221.96	2,804.22		10.66

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	ransported by each:	
	% 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	2.15
Single Stream (total)	"Direct Haul"	NY	Chautauqua County	Chautauqua County	193.15
Other (specify)					
Mixed Plastic	"Direct Haul"	NY	Chautauqua County	Chautauqua County	113.13
Corrugated Paper	"Direct Haul"	NY	Chautauqua County	Chautauqua County	2,486.86
Aluminum Cans	"Direct Haul"	NT	Chautauqua County	Chautauqua County	8.93
			TOTAL MATE	RIAL RECEIVED (tons	s): 2,804.22

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SECTION 4 - RESIDUE

Total residue (tons) = _ Percent Residue Calc	Residue destination (Name & ulation: Total tons residue/Total tons material receiv	Address)ed x 100 =			
	SECTION 5 - RECYCLAB			.S	
Please identify dest Destin	ination of recyclable materials. Indicate the na ation Planning Unit/Municipality and the amou	ame of the facility, a	address, corresponded to the contract of the c	onding State/Country, REPORT IN CUBIC YAR	County/Province
Specify transport metho	od, list type of material(s) and percentages of total ma l(s): Paper and Single Stream	% R:	ail: Material(s):		
% Water: Materia	al(s):		ther (specify:): Material(s):	
	PAPE	R 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	Solvay / Paperboard, 53 Industrial Dr., Syracuse, NY 13204	NY	Onondaga County	Onondaga County (except Ska	2,304.97
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
			TOTAL PAP	ER RECOVERED (tons):	2,304.97

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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)					
			TOTAL GLASS R	ECOVERED (tons):	
	ME	TAL 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	ECOVERED (tons):	

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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)	Solvay / Paperboard, 53 Industrial Dr., Syracuse, NY 13204	NY	Onondaga County	Onondaga County (except \	268.68
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): 26	88,68

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VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVA	LENT	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 - 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 MATE	RIAL 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	Solvay / Paperboard, 53 Industrial Dr., Syracuse, NY 13204	NY	Onondaga County	Onondaga County (except (34.70
Other (specify)					
	MISCELLANEOUS	TOTAL MATERIAL RECOVE		AL RECOVERED (tons)	34.70
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 & ... 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? ■ No Yes 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 1. - SIGNATURE AND DATE BY DWINER 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= C. Obflu 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	(484 ₎ 821 ₋ 5881
State and Zip	Phone Number
ATTACHMENTS: _ YES _ NO	