

## RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email [swmfannualreport@dec.ny.gov](mailto: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: <b>Frewsburg Transfer Station</b>			
FACILITY LOCATION ADDRESS: <b>29 Railroad Street</b>	FACILITY CITY: <b>Frewsburg</b>	STATE: <b>NY</b>	ZIP CODE: <b>14738</b>
FACILITY TOWN: <b>Frewsburg</b>	FACILITY COUNTY: <b>Chautauqua</b>	FACILITY PHONE NUMBER: <b>1-800-CASELLA</b>	
FACILITY NYS PLANNING UNIT: (A list of NYS <a href="#">Planning Units</a> can be found at the end of this report). Chautauqua County			NYSDEC REGION#: <b>9</b>
360 PERMIT #: (Refer to DEC Permit) 9-0624-00057/00001	DATE ISSUED: <b>2/10/2014</b>	DATE EXPIRES: <b>2/9/2024</b>	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 07R20052
FACILITY CONTACT: <b>Tim Oknefski</b>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <b>814-594-4947</b>	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: <b>tim.oknefski@casella.com</b>			
OWNER INFORMATION			
OWNER NAME: <b>Michael D. Jones</b>	OWNER PHONE NUMBER:	OWNER FAX NUMBER:	
OWNER ADDRESS: <b>131 Warren Road PO Box 661</b>	OWNER CITY: <b>Frewsburg</b>	STATE: <b>NY</b>	ZIP CODE: <b>14738</b>
OWNER CONTACT: <b>Tim Oknefski</b>	OWNER CONTACT EMAIL ADDRESS: <b>tim.oknefski@casella.com</b>		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input checked="" type="checkbox"/> Other (provide): <b>Casella Waste Management of NY, Inc. 2142 Lodestro Lane, Jamestown, NY 14701</b>			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

**Did you operate in 2019?**  Yes; 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!**

Specify the methods used to measure the quantities received and the percentages measured by each method:

\_\_\_\_<sup>100</sup> % 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 <i>(metal, glass, plastic)</i>								
Commingled Paper <i>(all grades)</i>		2.00				10.85	1.02	
Single Stream <i>(total)</i>								
Other <i>(specify)</i>								
Metal		2.51			3.78		2.37	2.64
Plastics			.56	.25	.56	.67	.60	.24
<b>Total Tons Received</b>		<b>4.51</b>	<b>.56</b>	<b>.25</b>	<b>4.34</b>	<b>11.52</b>	<b>3.99</b>	<b>2.88</b>
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers <i>(metal, glass, plastic)</i>								
Commingled Paper <i>(all grades)</i>		5.24			3.00	22.11		.08
Single Stream <i>(total)</i>								
Other <i>(specify)</i>								
Metals	2.41	3.69			2.91	20.31		.08
Plastics	.54	.85	.80	.15	.25	5.47		.02
<b>Total Tons Received</b>		<b>2.95</b>	<b>9.78</b>	<b>.80</b>	<b>.15</b>	<b>6.16</b>	<b>47.89</b>	<b>.18</b>

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 4 – RESIDUE

Total residue (tons) = \_\_\_\_\_ Residue destination (Name & Address) \_\_\_\_\_  
 Percent Residue Calculation: Total tons residue/Total tons material received x 100 = \_\_\_\_\_

### SECTION 5 – RECYCLABLES & RECOVERED MATERIALS

**Please identify destination of recyclable materials.** Indicate the name of the facility, address, corresponding State/Country, County/Province, Destination Planning Unit/Municipality 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:

<sup>100</sup> % Road: Material(s): Paper, Metal & Plastic \_\_\_\_\_ % Rail: Material(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Material(s): \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Material(s): \_\_\_\_\_

PAPER 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)	Casella Jamestown Recycling Facility, Jamestown, NY	NY	Chautauqua County	Chautauqua County	22.11
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
<b>TOTAL PAPER RECOVERED (tons):</b>					22.11

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**SECTION 5 – RECYCLABLES & RECOVERED MATERIALS** *(continued)*

GLASS 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 <i>(specify)</i>					
<b>TOTAL GLASS RECOVERED (tons):</b>					
METAL 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	Archie Nichols - 120 W. Main St., Frewsburg, NY	NY	Chautauqua County	Chautauqua County	20.31
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal <i>(specify)</i>					
<b>TOTAL METAL RECOVERED (tons):</b>					20.31

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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)					
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
Plastics	Casella Jamestown Recycling Facility - Jamestown, NY	NY	Chautauqua County	Chautauqua County	5.47
<b>TOTAL PLASTIC RECOVERED (tons):</b>					5.47

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**VOLUME TO WEIGHT CONVERSION FACTORS**

MATERIAL	EQUIVALENT		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 – 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 - uncompactd	1 cubic yard	0.10 tons
NEWSPRINT - loose	1 cubic yard	0.29 tons	PLASTIC - styrofoam	1 cubic yard	0.02 tons	WHITE GOODS - compactd	1 cubic yard	0.5 tons
NEWSPRINT - compactd	1 cubic yard	0.43 tons	PLASTIC – HDPE – w hole	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 w hole	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 MATERIAL 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)					
<b>TOTAL MIXED MATERIAL RECOVERED (tons):</b>					
MISCELLANEOUS MATERIAL 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)
Electronics					
Textiles					
Other (specify)					
<b>TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):</b>					

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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)?

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 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. C. Oknefski  
Signature

02/11/2020  
Date

Tim Oknefski  
Name (Print or Type)

Environmental Manager  
Title (Print or Type)

tim.oknefski@casella.com  
Email (Print or Type)

19 Ness Lane  
Address

Kane  
City

PA 16735  
State and Zip

(484) 821-5881  
Phone Number

ATTACHMENTS:  YES  NO