

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email swmannualreport@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: <div style="font-size: 1.2em; font-weight: bold;">TOWN OF JAVA TRANSFER STATION</div> | | | |
| FACILITY LOCATION ADDRESS: <div style="font-size: 1.2em;">3879 RT 98</div> | FACILITY CITY: <div style="font-size: 1.2em;">JAVA CENTER</div> | STATE: <div style="font-size: 1.2em;">NY</div> | ZIP CODE: <div style="font-size: 1.2em;">14082</div> |
| FACILITY TOWN: <div style="font-size: 1.2em;">JAVA</div> | FACILITY COUNTY: <div style="font-size: 1.2em;">WYOMING</div> | FACILITY PHONE NUMBER: <div style="font-size: 1.2em;">(585) 535-8027</div> | |
| FACILITY NYS PLANNING UNIT: (A list of NYS <u>Planning Units</u> can be found at the end of this report). GLOW | | | NYSDEC REGION #: <div style="font-size: 1.2em;">9</div> |
| 360 PERMIT #: (Refer to DEC Permit) 61R10007 | DATE ISSUED: <div style="font-size: 1.2em;">04/11/2019</div> | DATE EXPIRES: <div style="font-size: 1.2em;">12/04/2023</div> | NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) RHRF |
| FACILITY CONTACT: <div style="font-size: 1.2em;">ANGELA BRUNNER</div> | <input checked="" type="checkbox"/> public <input type="checkbox"/> private | CONTACT PHONE NUMBER: (585) 322-3065 | CONTACT FAX NUMBER: <div style="font-size: 1.2em;">(585) 535-8027</div> |
| CONTACT EMAIL ADDRESS: abrunner@wyomingco.net | | | |
| OWNER INFORMATION | | | |
| OWNER NAME: TOWN OF JAVA | OWNER PHONE NUMBER: (585) 535-8027 | OWNER FAX NUMBER: (585) 535-8027 | |
| OWNER ADDRESS: POB 4, 4222 T 98 | OWNER CITY: NORTH JAVA | STATE: NY | ZIP CODE: 14113 |
| OWNER CONTACT: ANGELA BRUNNER | OWNER CONTACT EMAIL ADDRESS: abrunner@wyomingco.net | | |
| OPERATOR INFORMATION | | | |
| OPERATOR NAME: <input checked="" type="checkbox"/> same as owner | | <input checked="" type="checkbox"/> public <input type="checkbox"/> private | |
| PREFERENCES | | | |
| Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide): | | | |
| Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide): | | | |
| Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" 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:

____ % Scale Weight

100 % 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) | | | | | | | | |
| Single Stream (total) | 22.05 | 1.64 | .81 | .86 | 1.62 | .77 | 1.77 | .81 |
| Other (specify) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total Tons Received | | 1.64 | .81 | .86 | 1.62 | .77 | 1.77 | .81 |
| Material | August (tons) | September (tons) | October (tons) | November (tons) | December (tons) | Total Year (tons) | Daily Avg. (tons) | |
| Commingled Containers (metal, glass, plastic) | | | | | | | | |
| Commingled Paper (all grades) | | | | | | | | |
| Single Stream (total) | 1.61 | .84 | 1.51 | .79 | 2.02 | 15.05 | .04 | |
| Other (specify) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total Tons Received | 1.61 | .84 | 1.51 | .79 | 2.02 | 15.05 | .04 | |

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 transported by each:

_____ % Road: Material(s): _____ _____ % Rail: Material(s): _____
 _____ % Water: Material(s): _____ 100 % Other (specify: VEHICLES): Material(s): RECYCLABLES

| SERVICE AREA OF MATERIAL RECEIVED <small>(where the material is coming from)</small> | | | | | |
|--|--|-------------------------------|---------------------------------|--|---------------|
| MATERIAL | SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>(Name & Address)</small> OR " <i>Direct Haul</i> " | SERVICE AREA STATE OR COUNTRY | SERVICE AREA COUNTY OR PROVINCE | SERVICE AREA NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small> | TONS RECEIVED |
| Commingled Containers <small>(metal, glass, plastic)</small> | | | | | |
| Commingled Paper <small>(all grades)</small> | | | | | |
| Single Stream <small>(total)</small> | Direct haul | NY | WYOMING | GLOW Region Solid Waste | 15.05 |
| Other <small>(specify)</small> | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL MATERIAL RECEIVED (tons): | | | | | 15.05 |

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SECTION 4 – RESIDUE

Total residue (tons) = 0.00 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:

_____ % Road: Material(s): _____ % 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 <small>(See Attached List of NYS Planning Units)</small> | TONS RECOVERED <small>(out of facility)</small> |
| Commingled Paper <small>(all grades)</small> | DEBRA BARTZ, 3551 BARTZ RD., STRYKERSVILLE NY 14145 | NY | WYOMING | GLOW Region Solid Waste M: | 7.88 |
| Corrugated Cardboard | | | | | |
| Junk Mail | | | | | |
| Magazines | | | | | |
| Newspaper | | | | | |
| Office Paper | | | | | |
| Paperboard / Boxboard | | | | | |
| Other Paper (specify) | | | | | |
| TOTAL PAPER RECOVERED (tons): | | | | | 7.88 |

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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 (specify) | | | | | |
| | | | | | |
| TOTAL GLASS RECOVERED (tons): | | | | | 0.00 |
| 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 | PREVITY'S AUTO WRECKING, 11075 GALEN HILL RD., FREEDOM NY 14065 | NY | Cattaraugus County | | 10.15 |
| Enameled Appliances / White Goods | L & R TRANSFER STATION, 11081 GALEN HILL RD., FREEDOM NY 14065 | NY | Cattaraugus County | | 3.00 |
| Industrial Scrap Metal | | | | | |
| Tin & Aluminum Containers | | | | | |
| Other Metal (specify) | | | | | |
| | | | | | |
| TOTAL METAL RECOVERED (tons): | | | | | 13.15 |

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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) | | | | | |
| | | | | | |
| TOTAL PLASTIC RECOVERED (tons): | | | | | 0.00 |

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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 - 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 | | | |
| 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) | | | | | |
| | | | | | |
| TOTAL MIXED MATERIAL RECOVERED (tons): | | | | | 0.00 |
| 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 | EWASTE+, 7318 VICGTOR-MENDON RD., VICTOR NY 14564 | NY | MONROE | | 1.04 |
| Textiles | | | | | |
| | | | | | |
| Other (specify) | | | | | |
| | TIRES | L & R TRANSFER STATION, 11081 GALEN HILL RD., FREEDOM NY 14065 | NY | Cattaraugus County | .89 |
| TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons): | | | | | 1.93 |

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

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: SWMAnnualreport@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.


Signature

02/04/2020

Date

ANGELA BRUNNER

Name (Print or Type)

SUPERVISOR

Title (Print or Type)

abrunner@wyomingo.net

Email (Print or Type)

POB 4

Address

N JAVA

City

NY 14113

State and Zip

(585) 322-3065

Phone Number

ATTACHMENTS: YES NO