

TOWN OF SMITHTOWN

SUPERVISOR

EDWARD R. WEHRHEIM

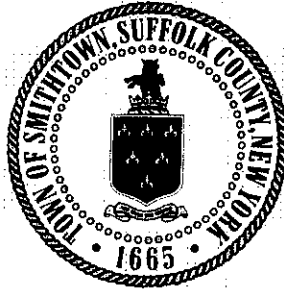
TOWN COUNCIL

THOMAS J. McCARTHY

LYNNE C. NOWICK

LISA M. INZERILLO

THOMAS W. LOHMANN



Department of Environment & Waterways

DAVID A. BARNES, DIRECTOR

124 West Main Street

P.O. Box 9090

Smithtown, NY 11787

February 26, 2021

Mr. Syed H. Rahman, P.E., Regional Solid Waste Engineer
New York State Department of Environmental Conservation
50 Circle Road
SUNY at Stony Brook
Stony Brook, New York 11790-2356

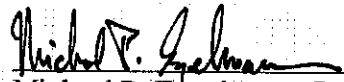
Re: 2020 Annual Report: Recyclables Handling & Recovery Facility #52RP0256

Dear Mr. Rahman:

Enclosed please find the above referenced report for operations at the Town of Smithtown Municipal Services Facility (MSF) for the calendar year 2020. Additionally, the 2020 Annual Transfer Facility Report and 2020 Mulch Processing Facility Report have been submitted under separate cover.

Please do not hesitate to contact me if you require additional information.

Very truly yours,


Michael P. Engelmann, P.G.
Solid Waste Coordinator

Enc.

Cc: E. Wehrheim, Town Supervisor
T. McCarthy, Councilman, Liaison
D. Barnes, Environmental Protection Director
N. Sheehan, Sanitation Supervisor
J. Wade, P.E., Environmental Engineer II, NYS-DEC Region 1
(via email) james.wade@dec.ny.gov; swmfannualreportr1@dec.ny.gov
NYS-DEC Div. Of Solid & Hazardous Materials, Central Office:
(via email) SWMFannualreport@dec.ny.gov

Main Office: (631) 360-7514, Waste Generation Fee Billing: (631) 754-4998

E Mail: DEW@smithtownny.gov

www.smithtownny.gov



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, 2021.

This annual report is for the year of operation from January 01, 2020 to December 31, 2020

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION

FACILITY NAME: Town of Smithtown Municipal Services Facility			
FACILITY LOCATION ADDRESS: 85 Old Northport Road	FACILITY CITY: Kings Park	STATE: N.Y.	ZIP CODE: 11754
FACILITY TOWN: Smithtown	FACILITY COUNTY: Suffolk	FACILITY PHONE NUMBER: 631-269-6600	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Smithtown (Town)			NYSDEC REGION #: 1

360 PERMIT #: (Refer to DEC Permit) 1-4734-01810-00002	DATE ISSUED: 8/18/20	DATE EXPIRES: 9/22/25	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 52RP0256
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FACILITY CONTACT: Neal Sheehan	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 631-269-6600	CONTACT FAX NUMBER: 631-360-0227
CONTACT EMAIL ADDRESS: mengelmann@smithtownny.gov; msf@smithtownny.gov; dew@smithtownny.gov			

OWNER INFORMATION

OWNER NAME: Town of Smithtown	OWNER PHONE NUMBER: 631-360-7514	OWNER FAX NUMBER: 631-360-0227	
OWNER ADDRESS: 124 West Main St. P.O. Box 9090	OWNER CITY: Smithtown	STATE: NY	ZIP CODE: 11787
OWNER CONTACT: Michael P. Engelmann, P.G.	OWNER CONTACT EMAIL ADDRESS: mengelmann@smithtownny.gov		

OPERATOR INFORMATION

OPERATOR NAME: <input checked="" type="checkbox"/> same as owner	<input checked="" type="checkbox"/> public <input type="checkbox"/> private
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PREFERENCES

Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input checked="" type="checkbox"/> Other (provide): Please provide to both
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input checked="" type="checkbox"/> Other (provide): mengelmann@smithtownny.gov; dew@smithtownny.gov
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input checked="" type="checkbox"/> Other (provide): Michael P. Engelmann mengelmann@smithtownny.gov;

Did you operate in 2020? 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:

100 % Scale Weight

_____ % Estimated

Recycling Type: _____

_____ % 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)		First Quarter = 486				Second Quarter = 672		
Commingled Paper (all grades)		First Quarter = 1,587				Second Quarter = 1,671		
Single Stream (total)								
Other (specify) glass		First Quarter = 77				Second Quarter = 109		
Total Tons Received			2,150				2,452	
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers (metal, glass, plastic)	Third Quarter = 588			Fourth Quarter = 407		2,153	5.89	
Commingled Paper (all grades)	Third Quarter = 1,705			Fourth Quarter = 1,599		6,562	17.97	
Single Stream (total)								
Other (specify) glass	Third Quarter = 96			Fourth Quarter = 95		377	1.03	
Total Tons Received		2,389			2,101	9,092	24.91	

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:

100 % Road: Material(s): commingled containers, paper & glass % Rail: Material(s): _____
 _____ % Water: Material(s): _____ % Other (specify: _____): Material(s): _____

SERVICE AREA OF MATERIAL RECEIVED (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 <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
Commingled Containers <small>(metal, glass, plastic)</small>	Smithtown Residents / Municipal Facilities - Direct Haul	NY	Suffolk County	Smithtown (Town)	2,153
Commingled Paper <small>(all grades)</small>	Smithtown Residents / Municipal Facilities - Direct Haul	NY	Suffolk County	Smithtown (Town)	6,562
Single Stream <small>(total)</small>					
Other (specify)	glass -Smithtown Residents / Municipal Facilities - Direct Haul	NY	Suffolk County	Smithtown (Town)	377
TOTAL MATERIAL RECEIVED (tons):					9,092

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SECTION 4 – RESIDUE

Total residue (tons) = N/A Residue destination (Name & Address) N/A
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:

¹⁰⁰ % 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 (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Paper (all grades)	Great Northern Fibers 77 Field St. West Babylon, N.Y. 11704	NY	Suffolk County	Babylon (Town)	6,666
Corrugated Cardboard	Mixed with commingled paper above				
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
TOTAL PAPER RECOVERED (tons):					6,666

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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	Town of Brookhaven Landfill	NY	Suffolk County	Brookhaven (Town)	377
	Yaphank, NY				
Industrial Scrap Glass					
Other Glass (specify)					
TOTAL GLASS RECOVERED (tons):					377
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					
Enameled Appliances / White Goods	Gershow Recycling	NY	Suffolk County	Brookhaven (Town)	445
	71 Peconic Ave. Medford, NY 11763				
Industrial Scrap Metal					
Tin & Aluminum Containers	Gershow Recycling				5
Other Metal (specify)					
electric motors/wires	Gershow Recycling				6
TOTAL METAL RECOVERED (tons):					456

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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)	See Commingled Containers - Next Page				
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
TOTAL PLASTIC RECOVERED (tons):					

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VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT	
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 - 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 – 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 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)	Winters Bros.				
	120 Nancy St. West Babylon, N.Y. 11704	NY	Suffolk County	Babylon (Town)	2,065
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
TOTAL MIXED MATERIAL RECOVERED (tons):					2,065
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	Arrow Scrap Metal & E-waste	NY	Suffolk County	Brookhaven (Town)	110
	1120 Lincoln Ave. Holbrook NY				
Textiles					
Other (specify)					
	waste oil	AB Oil Service, Ltd.	NY	Suffolk County	Islip Resource Recovery Ag
	1599 Ocean Ave., Bohemia, N.Y. 117165				
TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):					110

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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.


Signature

2/26/2021
Date

Michael P. Engelmänn, P.G.
Name (Print or Type)

Solid Waste Coordinator
Title (Print or Type)

mengelmann@smithtownny.gov; dew@smithtownny.gov
Email (Print or Type)

124 West Main St. P.O. Box 9090
Address

Smithtown
City

N.Y. 11787
State and Zip

(631) 360-7514
Phone Number

ATTACHMENTS: YES NO