



Department of  
Environmental  
Conservation

## 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, 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 Colonie Landfill			
FACILITY LOCATION ADDRESS: 1319 Loudon Rd	FACILITY CITY: Cohoes	STATE: NY	ZIP CODE: 12047
FACILITY TOWN: Colonie	FACILITY COUNTY: Albany	FACILITY PHONE NUMBER: 518-783-2827	
FACILITY NYS PLANNING UNIT: (A list of NYS <a href="#">Planning Units</a> can be found at the end of this report). Colonie (Town)			NYSDEC REGION #: 4
360 PERMIT #: (Refer to DEC Permit) 4-0126-00033/00001	DATE ISSUED: 4/5/18	DATE EXPIRES: 4/4/28	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 01S26
FACILITY CONTACT: Corey Judd	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 518-783-2827	CONTACT FAX NUMBER: 518-786-7331
CONTACT EMAIL ADDRESS: Corey.Judd@WasteConnections.com			
OWNER INFORMATION			
OWNER NAME: Town of Colonie	OWNER PHONE NUMBER: 518-783-6292	OWNER FAX NUMBER: 518-783-2860	
OWNER ADDRESS: 347 Old Niskayuna Rd.	OWNER CITY: Latham	STATE: NY	ZIP CODE: 12110
OWNER CONTACT: Matthew J. McGarry	OWNER CONTACT EMAIL ADDRESS: mcgarrym@colonie.org		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner Capital Region Landfills, Inc.	<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): 4 Arrowhead Lane Cohoes, NY 12047			
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 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: **Single Stream**

       % Truck Count

       % Other (Specify: \_\_\_\_\_)

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
<b>Commingled Containers</b> <i>(metal, glass, plastic)</i>		.12						
<b>Commingled Paper</b> <i>(all grades)</i>		7.49	4.98	4.06	1.87	2.90	2.65	2.54
<b>Single Stream</b> <i>(total)</i>								
<b>Other</b> <i>(specify)</i>								
Bulk metal		.17	.12		.55	.04	.04	
<b>Total Tons Received</b>		7.78	5.10	4.06	2.42	2.94	2.69	2.54
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)		Daily Avg. (tons)
<b>Commingled Containers</b> <i>(metal, glass, plastic)</i>						.12		.00
<b>Commingled Paper</b> <i>(all grades)</i>	2.88	1.76	.88	.97	4.06	37.04		.12
<b>Single Stream</b> <i>(total)</i>								
<b>Other</b> <i>(specify)</i>								
Bulk metal	.56	.19				1.67		.00
<b>Total Tons Received</b>		3.44	1.95	.88	.97	4.06	38.83	.12

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): \_\_\_\_\_ % Rail: Material(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Material(s): \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Material(s): \_\_\_\_\_

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 &amp; Address)</small> OR " <b>Direct Haul</b> "	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
<b>Commingled Containers</b> <small>(metal, glass, plastic)</small>	Direct haul				.12
<b>Commingled Paper</b> <small>(all grades)</small>	Direct haul				37.04
<b>Single Stream</b> <small>(total)</small>					
<b>Other</b> <small>(specify)</small>					
Bulk metal	Direct haul				1.67
<b>TOTAL MATERIAL RECEIVED (tons):</b>					38.83

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## 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:

100 % Road: Material(s): \_\_\_\_\_ % Rail: Material(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Material(s): \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Material(s): \_\_\_\_\_

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION <small>(Name &amp; Address)</small>	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>
<b>Commingled Paper</b> <small>(all grades)</small>					
<b>Corrugated Cardboard</b>					
<b>Junk Mail</b>					
<b>Magazines</b>					
<b>Newspaper</b>					
<b>Office Paper</b>					
<b>Paperboard / Boxboard</b>					
<b>Other Paper</b> <small>(specify)</small>					
<b>TOTAL PAPER RECOVERED (tons):</b>					

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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)					
<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	Metro Metal Recycling, Watervliet	NY	Albany County	Capital Region Solid Waste	283.07
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
<b>TOTAL METAL RECOVERED (tons):</b>					283.07

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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)					
<b>TOTAL PLASTIC RECOVERED (tons):</b>					

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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	ALUMNUM – 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	ALUMNUM – 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 <i>(Name &amp; Address)</i>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <i>(See Attached List of NYS Planning Units)</i>	TONS RECOVERED <i>(out of facility)</i>
Commingled Containers <i>(metal, glass, plastic)</i>					
Commingled Paper & Containers					
Single Stream <i>(total)</i>	Sierra Processing, Albany	NY	Albany County	Capital Region Solid Waste	329.41
Other <i>(specify)</i>					
<b>TOTAL MIXED MATERIAL RECOVERED (tons):</b> _____					
MISCELLANEOUS MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION <i>(Name &amp; Address)</i>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <i>(See Attached List of NYS Planning Units)</i>	TONS RECOVERED <i>(out of facility)</i>
Electronics	eLot, Glenmont	NY	Albany County	Capital Region Solid Waste	33.64
Textiles					
Other <i>(specify)</i>					
	Tires	County Waste, Clifton Park	NY	Saratoga County	Saratoga County
<b>TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):</b> 65.47					

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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.



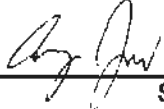
**SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR**

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

2/22/21  
\_\_\_\_\_  
Date

**Corey Judd**  
\_\_\_\_\_  
Name (Print or Type)

**District Manager**  
\_\_\_\_\_  
Title (Print or Type)

**Corey.Judd@WasteConnections.com**  
\_\_\_\_\_  
Email (Print or Type)

**4 Arrowhead Lane**  
\_\_\_\_\_  
Address

**Cohoes**  
\_\_\_\_\_  
City

**NY, 12047**  
\_\_\_\_\_  
State and Zip

**(518) 783-2827**  
\_\_\_\_\_  
Phone Number

ATTACHMENTS:  YES  NO