

Preserving the environment through integrated recovery and disposal.

February 4, 2021

Via E-Mail: [Gary.mccullouch@dec.ny.gov](mailto:Gary.mccullouch@dec.ny.gov)

Gary McCullouch, P.E.  
Regional Materials Management Engineer  
NYSDEC – Region 6  
317 Washington Street  
Watertown, NY 13601

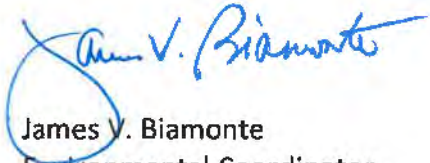
RE: 2020 Annual Report  
Town of Webb RHRF, Old Forge, NY  
Registration # 22R10001

Dear Mr. McCullouch:

Enclosed is the 2020 Annual Report for the Town of Webb Transfer Station Recycling operation in Old Forge, New York required by 6NYCRR 360.

Please feel free to contact me if you have any questions.

Sincerely,



James V. Biamonte  
Environmental Coordinator

JVB/jmt

Attachment

cc: William A. Rabbia, Executive Director  
Sarah Harrison, Region 6 – Utica (w/Attachment)  
DEC Central Office via E-mail

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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:

Webb Transfer Station Recycling Facility

FACILITY LOCATION ADDRESS:

P.O. Box 157

FACILITY CITY:

N/A

STATE:

NY

ZIP CODE:

13420

FACILITY TOWN:

Webb

FACILITY COUNTY:

Herkimer

FACILITY PHONE NUMBER:

(315) 369-3121

FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).

Oneida-Herkimer Solid Waste Authority (OHSWA)

NYSDEC

REGION #: 6

360 PERMIT #: (Refer to DEC Permit)

DATE ISSUED:

11/9/2018

DATE EXPIRES:

11/8/2023

NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 22R10001

FACILITY CONTACT:

Scott Gaffney

public  
 private

CONTACT PHONE NUMBER:  
(315) 369-3612

CONTACT FAX NUMBER:

CONTACT EMAIL ADDRESS: oldforgewater@frontier.com

### OWNER INFORMATION

OWNER NAME:

Oneida-Herkimer Solid Waste Authority

OWNER PHONE NUMBER:

(315) 733-1224

OWNER FAX NUMBER:

(315) 733-2305

OWNER ADDRESS:

1600 Genesee Street

OWNER CITY:

Utica

STATE:

NY

ZIP CODE:

13502

OWNER CONTACT:

James V. Biamonte

OWNER CONTACT EMAIL ADDRESS:

jimb@ohswa.org

### OPERATOR INFORMATION

OPERATOR NAME:  same as owner

public  
 private

### PREFERENCES

Preferred address to receive correspondence:  Facility location address

Owner address

Other (provide):

Preferred email address:  Facility Contact

Owner Contact

Other (provide):

Preferred individual to receive correspondence:  Facility Contact

Owner Contact

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:

\_\_\_\_\_ % 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>								
<b>Commingled Paper</b> <i>(all grades)</i>								
<b>Single Stream</b> <i>(total)</i>		28.30	30.19	28.44	19.78	30.09	37.75	74.68
<b>Other</b> <i>(specify)</i>								
Tires						2.55		
<b>Total Tons Received</b>		28.30	30.19	28.44	19.78	32.64	37.75	74.68
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>								
<b>Commingled Paper</b> <i>(all grades)</i>								
<b>Single Stream</b> <i>(total)</i>	64.00	49.89	38.83	23.91	40.27	466.13		1.49
<b>Other</b> <i>(specify)</i>								
Tires	2.30			4.45		9.3		0.03
Scrap Metal						112		0.36
<b>Total Tons Received</b>		66.30	49.89	38.83	28.36	40.27	587.43	1.88

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>					
<b>Commingled Paper</b> <small>(all grades)</small>					
<b>Single Stream</b> <small>(total)</small>	Direct Haul	NY	Herkimer County ▾	Oneide-Herkimer Solid ▾	466.13
<b>Other</b> <small>(specify)</small>					
Tires	Direct Haul	NY	Herkimer County ▾	Oneide-Herkimer Solid ▾	9.3
Scrap Metal	Direct Haul	NY	Herkimer County ▾	Oneide-Herkimer Solid ▾	112
<b>TOTAL MATERIAL RECEIVED (tons):</b>					<b>587.43</b>

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### SECTION 4 – RESIDUE

Total residue (tons) = 0                      Residue destination (Name & Address) <sup>N/A</sup> \_\_\_\_\_  
 Percent Residue Calculation: Total tons residue/Total tons material received x 100 = <sup>N/A</sup> \_\_\_\_\_

### 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 <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 <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>
Container Glass					
Industrial Scrap Glass					
Other Glass <i>(specify)</i>					
<b>TOTAL GLASS RECOVERED (tons):</b>					
METAL 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>
Aluminum Foil / Trays					
Bulk Metal					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal <i>(specify)</i>					
Scrap	Simms Metal Management - Frankfort	NY	Herkimer County ▼	Oneida-Herkimer Solid ▼	112
	Empire Recycling	NY	Oneida County ▼	Oneida-Herkimer Solid ▼	
<b>TOTAL METAL RECOVERED (tons):</b>					112

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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>					

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.

**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 <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>	Oneida-Herkimer Recycling Center	NY	Oneida County <input type="checkbox"/>	Oneida-Herkimer Solid <input type="checkbox"/>	466.13	
Other <i>(specify)</i>						
<b>TOTAL MIXED MATERIAL RECOVERED (tons):</b>					466.13	
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						
Textiles						
Other <i>(specify)</i>						
	Tires	Oneida-Herkimer Recycling Center	NY	Oneida County <input type="checkbox"/>	Oneida-Herkimer Solid <input type="checkbox"/>	9.3
<b>TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):</b>					9.3	

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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: 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

1-28-2021  
\_\_\_\_\_  
Date

Scott Gaffney  
\_\_\_\_\_  
Name (Print or Type)

DPW Superintendent  
\_\_\_\_\_  
Title (Print or Type)

oldforgewater@frontier.com  
\_\_\_\_\_  
Email (Print or Type)

P.O. Box 157  
\_\_\_\_\_  
Address

Old Forge  
\_\_\_\_\_  
City

NY 13420  
\_\_\_\_\_  
State and Zip

(315) 369-3612  
\_\_\_\_\_  
Phone Number

ATTACHMENTS:  YES  NO