



Department of
Environmental
Conservation

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: <i>A+W Recycling Inc</i>			
FACILITY LOCATION ADDRESS: <i>521 Main St</i>	FACILITY CITY: <i>Chenango Bridge</i>	STATE: <i>NY</i>	ZIP CODE: <i>13745</i>
FACILITY TOWN: <i>Chenango</i>	FACILITY COUNTY: <i>Broome</i>	FACILITY PHONE NUMBER: <i>607 648 3766</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <i>R7</i>			NYSDEC REGION #: <i>7</i>
360 PERMIT #: (Refer to DEC Permit) <i>04 M04</i>	DATE ISSUED: <i>10/9/93</i>	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)
FACILITY CONTACT: <i>Dana Wells</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <i>607 648 3766</i>	CONTACT FAX NUMBER: <i>607 648 2455</i>
CONTACT EMAIL ADDRESS: <i>DWELLS4099@HOL.COM</i>			
OWNER INFORMATION			
OWNER NAME: <i>Dana Wells</i>	OWNER PHONE NUMBER: <i>607 648 3766</i>	OWNER FAX NUMBER: <i>607 648 2455</i>	
OWNER ADDRESS: <i>Box 549</i>	OWNER CITY: <i>Chenango Br. dge</i>	STATE: <i>NY</i>	ZIP CODE: <i>13745</i>
OWNER CONTACT: <i>Dana Wells</i>	OWNER CONTACT EMAIL ADDRESS: <i>DWELLS4099@HOL.COM</i>		
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 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 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:
 % Scale Weight 100 % Estimated
 % Truck Count _____ % Other (Specify: _____)

Recycling Type: _____

Material	Tip Fee (\$/Ton)	January	February	March	April	May	June	July
		(tons)	(tons)	(tons)	(tons)	(tons)	(tons)	(tons)
Commingled Containers (metal, glass, plastic)	0	0	0	0	0	0	0	0
Commingled Paper (all grades)	0	1	1	1	1	1	1	1
Single Stream (total)	0	0	0	0	0	0	0	0
Other (specify) OCC	0	300	300	300	300	300	300	300
Bulk Metal	0	1	1	1	1	2	2	2
Shrink wrap	0	2	2	2	2	2	2	2
Total Tons Received		304	304	304	304	305	305	305
Material	August (tons)	September	October	November	December	Total Year (tons)		Daily Avg. (tons)
		(tons)	(tons)	(tons)	(tons)			
Commingled Containers (metal, glass, plastic)	0	0	0	0	0	0		0
Commingled Paper (all grades)	1	1	1	1	1	12		.03
Single Stream (total)	0	0	0	0	0	0		0
Other (specify) OCC	300	300	300	300	300	3600		9.86
Bulk Metal	2	2	1	1	1	17		.05
Shrink wrap	2	2	2	2	2	24		.07
Total Tons Received	305	305	304	304	304	3653		10.01

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, 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): recyclables % 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 (See Attached List of NYS Planning Units)	TONS RECEIVED
Commingled Containers (metal, glass, plastic)					Ø
Commingled Paper (all grades)	Direct Haul	NY	Broome	R7	12
Single Stream (total)					Ø
Other (specify)					
OCC	Direct Haul	NY	Broome	R7	3600
Bulk Metal	Direct Haul	NY	Broome	R7	17
Shrink Wrap	Direct Haul	NY	Broome	R7	24
TOTAL MATERIAL RECEIVED (tons):					<u>3653</u>

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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): Recyclables _____ % Rail: Material(s): _____
 _____ % Water: Material(s): _____ % Other (specify: _____): Material(s): _____

PAPER RECOVERED						TONS RECOVERED (out of facility)
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)		
Commingled Paper (all grades)						
Corrugated Cardboard	West Rock - Syracuse NY Waste Management - Rochester NY	NY NY	Oranadaga Monroe	R7 R8	1800 1800	
Junk Mail						
Magazines						
Newspaper						
Office Paper	Cellmark - CT	CT			12	
Paperboard/Boxboard						
Other Paper (specify)						
					TOTAL PAPER RECOVERED (tons): <u>3612</u>	

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 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	TREX Winchester VA 22603	VA			24	
Other Plastics (specify)						
TOTAL PLASTIC RECOVERED (tons):					24	

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VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT
GLASS - w hole bottles	1 cubic yard	GLASS - crushed mechanically	1 cubic yard	ALUMINUM - cans - w hole	1 cubic yard
GLASS - semi crushed	1 cubic yard	GLASS - uncrushed manually	55 gallon drum	ALUMINUM - cans - flattened	1 cubic yard
PAPER - high grade loose	1 cubic yard	PLASTIC - PET - w hole	1 cubic yard		
PAPER - high grade baled	1 cubic yard	PLASTIC - PET - flattened	1 cubic yard		
PAPER - mixed loose	1 cubic yard	PLASTIC - PET - baled	1 cubic yard	WHITE GOODS - uncompactd	1 cubic yard
NEWSPRINT - loose	1 cubic yard	PLASTIC - styrofoam	1 cubic yard	WHITE GOODS - compactd	1 cubic yard
NEWSPRINT - compactd	1 cubic yard	PLASTIC - HDPE - w hole	1 cubic yard		
CORRUGATED - loose	1 cubic yard	PLASTIC - HDPE - flattened 1	1 cubic yard		
CORRUGATED - baled	1 cubic yard	PLASTIC - HDPE - baled	1 cubic yard	FERROUS METAL - cans w hole	1 cubic yard
		PLASTIC - mixed (grocery bags)	45 gallon bag	FERROUS METAL - cans	1 cubic yard

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)	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):						
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)	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Aluminum Foil / Trays						
Bulk Metal	Weitsman Omega NY	NY	TIOGA	R7		17
Enameled Appliances / White Goods						
Industrial Scrap Metal						
Tin & Aluminum Containers						
Other Metal (specify)						
TOTAL METAL RECOVERED (tons):						17

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 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): _____						
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)						
TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons): _____						

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 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 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 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 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 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

**Division of Materials Management
New York State Department of Environmental Conservation
Albany, New York 12233-7260**

RECYCLABLES HANDLING & RECOVERY FACILITY

A Recyclable Handling and Recovery Facility is a facility that receives source-separated recyclables. Further information and a listing of the recyclable handling and recovery facilities are available online at <http://www.dec.ny.gov/chemical/50793.html>.

If your facility is authorized to operate a construction and demolition debris handling and recovery facility you need to submit a Construction and Demolition Debris Handling and Recovery Facility Annual Report.

If your facility is authorized to operate as a transfer facility you need to submit a Transfer Facility Annual. If your facility is authorized to operate as a recyclables handling & recovery facility and a transfer facility you must submit both annual reports.

Forms for all solid waste management facilities can be found at <http://www.dec.ny.gov/chemical/52706.html> and a brief description of each type of facility can be found at <http://www.dec.ny.gov/chemical/8495.html>.

Annual Report

Submit the Annual Report no later than March 1, 2021.

Reporting of the information indicated on this Recyclables Handling and Recovery Facility Annual Report form is required pursuant to 6 NYCRR Part 360. Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual/Quarterly Report requirements of 6 NYCRR Part 360.

Where the Annual Report requirements have been modified, appropriate Sections (as necessary to reflect the modification) must be completed and submitted with a copy of the Department's written notification which allows the modification.

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

SECTION 3 – SERVICE AREA OF MATERIAL RECEIVED

Identify the facility's service area by indicating the type and amount of material received, the Solid Waste Management Facility (SWMF) from which it was received by your facility (or Direct Haul), the corresponding State/Country, and the County/Province, and the NYS Planning Unit from which waste was received. Refer to the list of NYS Planning Units that can be found at the end of this report. The Total Tons Received reported below should equal the Total Tons Received in Section 2. DO NOT REPORT IN CUBIC YARDS!

Additional Service Area Guidance:

1) Direct hauled from the generator of the recyclables. In the case where the recyclables are hauled to your recycling facility from the generator (i.e., hauled from residences, commercial establishments, etc.), "Direct Haul" would be the appropriate response in Column 2 under "Service Area". Please report the tonnage by material type and identify the state, county and planning unit where it was generated; or

2) Sent to your recycling facility from another solid waste management facility. Recyclables may be sent to your recycling facility from another solid waste management facility. In this case, please report the tonnage by material type from each sending solid waste management facility, as well as the sending facility's name, address, county, and the planning unit where the sending facility is located.


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: 

Name (Print or Type): Dana Wells

Title (Print or Type): President

Email (Print or Type): DWELLS409@aol.com

Address: Box 549

State and Zip: NY 13745

City: Chemungo Bridge

Phone Number: (607) 648-3766

Signature: _____

Name (Print or Type): _____

Title (Print or Type): _____

Email (Print or Type): _____

Address: _____

State and Zip: _____

City: _____

Phone Number: _____

ATTACHMENTS: YES NO

Date: 1/21/2021