



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: WECARE WASTE AND RECYCLING, LLC.			
FACILITY LOCATION ADDRESS: 9289 BONTA BRIDGE RD.	FACILITY CITY: JORDAN	STATE: NY	ZIP CODE: 13080
FACILITY TOWN: BRUTUS	FACILITY COUNTY: CAYUGA	FACILITY PHONE NUMBER: 315-689-1937	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). CAYUGA COUNTY			NYSDEC REGION #: 7
360 PERMIT #: (Refer to DEC Permit)	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 06M06
FACILITY CONTACT: Greg Capparelli	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 315-689-1937	CONTACT FAX NUMBER: 315-689-1996
CONTACT EMAIL ADDRESS: greg.capparelli@wecarecompanies.com			
OWNER INFORMATION			
OWNER NAME: WeCare Waste & Recycling	OWNER PHONE NUMBER: 315-689-1937	OWNER FAX NUMBER: 315-689-1996	
OWNER ADDRESS: 9289 Bonta Bridge Rd.	OWNER CITY: Jordan	STATE: NY	ZIP CODE: 13080
OWNER CONTACT: Wes Gregory	OWNER CONTACT EMAIL ADDRESS: cwg3@wecarecompanies.com		
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 checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input checked="" type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input checked="" type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input checked="" 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 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

2/19/2021

Date

C. Wesley Gregory III

Name (Print or Type)

CEO

Title (Print or Type)

cwg.3@wecarecompanies.com

Email (Print or Type)

9289 Bonta Bridge Rd.

Address

Jordan

City

NY 13080

State and Zip

(315) 689-1937

Phone Number

ATTACHMENTS: YES NO