



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 Bergen Transfer Station			
FACILITY LOCATION ADDRESS: Rt 262	FACILITY CITY: 	STATE: NY	ZIP CODE: 14416
FACILITY TOWN: Bergen	FACILITY COUNTY: Genesee	FACILITY PHONE NUMBER: 	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: 8
360 PERMIT #: (Refer to DEC Permit)	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 19R10010
FACILITY CONTACT: Michael R. Johnson	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 585-494-1362	CONTACT FAX NUMBER: 585-494-1362
CONTACT EMAIL ADDRESS: 			
OWNER INFORMATION			
OWNER NAME: Town of Bergen	OWNER PHONE NUMBER: 585-494-1120	OWNER FAX NUMBER: 585-494-1372	
OWNER ADDRESS: 10 Hunter St.	OWNER CITY: Bergen	STATE: NY	ZIP CODE: 14416
OWNER CONTACT: Michael Johnson	OWNER CONTACT EMAIL ADDRESS: highwaysup@bergenny.org		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input 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): PO Box 591 Bergen, NY 14416			
Preferred email address: <input type="checkbox"/> Facility Contact		<input type="checkbox"/> Owner Contact	
<input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input 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:

50 % Scale Weight      50 % Estimated  
 % Truck Count      % Other (Specify: \_\_\_\_\_)

Recycling Type: Single Stream

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
<b>Commingled Containers</b> (metal, glass, plastic)								
<b>Commingled Paper</b> (all grades)		3.10	3.67	2.07	3.16	1.56	4.21	2.59
<b>Single Stream</b> (total)		.86	1.24	.91	.88	.75	1.11	.97
<b>Other</b> (specify)								
<b>Cardboard</b>			1.03	.59	.6	.87	.98	.49
<b>Total Tons Received</b>		4.99	5.5	3.58	4.91	4.27	5.81	4.11
<b>Material</b>	<b>August (tons)</b>	<b>September (tons)</b>	<b>October (tons)</b>	<b>November (tons)</b>	<b>December (tons)</b>	<b>Total Year (tons)</b>		<b>Daily Avg. (tons)</b>
<b>Commingled Containers</b> (metal, glass, plastic)								
<b>Commingled Paper</b> (all grades)	6.27	3.67	3.10	3.67	2.59	7.95		.022
<b>Single Stream</b> (total)	.99	.67	1.08	.71	1.03	11.2		.030
<b>Other</b> (specify)								
<b>Cardboard</b>	.49	.9	.49	.66		7.65		.021
<b>Total Tons Received</b>	<b>7.75</b>	<b>5.24</b>	<b>4.66</b>	<b>5.04</b>	<b>3.62</b>	<b>26.8</b>		<b>.073</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.

**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): All \_\_\_\_\_ % 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)					
Commingled Paper (all grades)	Direct Haul / Town Residents Only	NY	Genesee County	GLOW Region Solid Waste	7.95
Single Stream (total)	Direct Haul / Town Residents	NY	Genesee County	GLOW Region Solid Waste	11.2
Other (specify)	Cardboard	NY	Genesee County	GLOW Region Solid Waste	7.65
<b>TOTAL MATERIAL RECEIVED (tons):</b>					<b>26.8</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

**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 Unif/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): All \_\_\_\_\_ % 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)	Krehafen Farms	NY	Monroe County	Monroe County	7.95	
	Churchville, NY					
Corrugated Cardboard	EASCO Brokerage	NY	Genesee County	GLOW Region Solid Waste M.	7.65	
	Corfu, NY					
Junk Mail						
Magazines						
Newspaper						
Office Paper						
Paperboard/Boxboard						
Other Paper (specify)						
<b>TOTAL PAPER RECOVERED (tons):</b>					<b>15.6</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.

**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	EASCO Brokerage Co. Corfu, NY	NY	Genesee County	GLOW Region Solid Waste	8-22	
Enameled Appliances / White Goods						
Industrial Scrap Metal						
Tin & Aluminum Containers						
Other Metal (specify)						
<b>TOTAL METAL RECOVERED (tons):</b> 8-22						

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					
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 - whole bottles	1 cubic yard	GLASS - crushed mechanically	1 cubic yard	ALUMINUM - cans - whole	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 - whole	1 cubic yard		
PAPER - high grade baled	1 cubic yard	PLASTIC - PET - flattened	1 cubic yard	WHITE GOODS - uncompacted	1 cubic yard
PAPER - mixed loose	1 cubic yard	PLASTIC - PET - baled	1 cubic yard	WHITE GOODS - compacted	1 cubic yard
NEWSPRINT - loose	1 cubic yard	PLASTIC - styrofoam	1 cubic yard		
NEWSPRINT - compacted	1 cubic yard	PLASTIC - HDPE - whole	1 cubic yard		
CORRUGATED - loose	1 cubic yard	PLASTIC - HDPE - flattened 1	1 cubic yard	FERROUS METAL - cans whole	1 cubic yard
CORRUGATED - baled	1 cubic yard	PLASTIC - HDPE - baled	1 cubic yard	FERROUS METAL - cans	1 cubic yard
		PLASTIC - mixed (grocery bags)	45 gallon bag		

**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)	Waste Management / NY	NY	Monroe County	Monroe County	11.2
Other (specify)					
<b>TOTAL MIXED MATERIAL RECOVERED (tons):</b>					11.2
<b>MISCELLANEOUS MATERIAL RECOVERED</b>					
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	Sunking Brookport NY	NY	Monroe County	Monroe County	6.4
Textiles					
Other (specify)					
<b>TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):</b>					6.4

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

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 10 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS**

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 9 - CHANGES**

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 8 - PROBLEMS**

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 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS**

Date Received	Type Received	Date Disposed	Disposal Method & Location

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):

**SECTION 6 - UNAUTHORIZED SOLID WASTE**



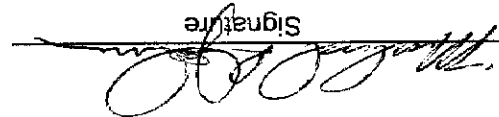
**SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR**

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

Michael R. Johnson  
Name (Print or Type)

highwaysup@bergeny.org  
Email (Print or Type)

PO Box 591  
Bergen  
Address

NY 14416  
State and Zip

585) 494-1362  
Phone Number

ATTACHMENTS:  YES  NO