

07R10035



Department of  
Environmental  
Conservation

## RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email [swmannualreport@dec.ny.gov](mailto:swmannualreport@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 Clymer			
FACILITY LOCATION ADDRESS: 8026 Rt 474	FACILITY CITY: Clymer	STATE: NY	ZIP CODE: 14724
FACILITY TOWN: Clymer	FACILITY COUNTY: Chautauqua	FACILITY PHONE NUMBER: 716-355-9933	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Region #9			NYSDEC REGION #: 07R03
360 PERMIT #: (Refer to DEC Permit) 9-063200004/0000/0	DATE ISSUED: 12/12/2018	DATE EXPIRES: 12/12/2023	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 07T10035
FACILITY CONTACT: Scott Trisket	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 716-355-9933	CONTACT FAX NUMBER: 716-355-2230
CONTACT EMAIL ADDRESS: clymerhwydept@windstream.net			
OWNER INFORMATION			
OWNER NAME: Town of Clymer	OWNER PHONE NUMBER: 716-355-9933	OWNER FAX NUMBER: 716-355-2230	
OWNER ADDRESS: PO Box 274	OWNER CITY: Clymer	STATE: NY	ZIP CODE: 14724
OWNER CONTACT: Scott Trisket	OWNER CONTACT EMAIL ADDRESS: clymerhwydept@windstream.net		
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 checked="" type="checkbox"/> Owner address	
<input type="checkbox"/> Other (provide):		RECEIVED	
Preferred email address:		<input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact	
<input type="checkbox"/> Other (provide):		FEB 08 2021	
Preferred individual to receive correspondence:		<input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact	
<input type="checkbox"/> Other (provide):		NYS DEC REGION 9	

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 \_\_\_\_\_  
 \_\_\_\_\_ % Truck Count \_\_\_\_\_ % Other (Specify: \_\_\_\_\_) Recycling Type: \_\_\_\_\_

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)				.48			.33	
<b>Commingled Paper</b> (all grades)								
<b>Single Stream</b> (total)								
<b>Other</b> (specify)								
<b>Total Tons Received</b>				.48			.33	
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
<b>Commingled Containers</b> (metal, glass, plastic)						.81		
<b>Commingled Paper</b> (all grades)								
<b>Single Stream</b> (total)								
<b>Other</b> (specify)								
<b>Total Tons Received</b>						.81		

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:

\_\_\_\_\_ % Road: Material(s): \_\_\_\_\_ % 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)	Town of Clymer Residents Direct Haul	NY	Chautauqua County	Region #1	.81
Commingled Paper (all grades)					
Single Stream (total)					
Other (specify)					
<b>TOTAL MATERIAL RECEIVED (tons):</b>					<b>.81</b>

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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:  
 \_\_\_\_\_ % Road: Material(s): \_\_\_\_\_ % 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)					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
<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						
Enameled Appliances / White Goods						
Industrial Scrap Metal	Metallco Bradford 5338 Rt 474 Ashville, NY 14710	NY	Chautauqua Counl	Region #9	1.85	
Tin & Aluminum Containers	Metallco Bradford 5338 Rt 474 Ashville, NY 14710	NY	Chautauqua Counl	Region #9	1.45	
Other Metal (specify)						
<b>TOTAL METAL RECOVERED (tons):</b>					3.3	

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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)	Chautauqua County (South County Transfer Station) 2570 S Work St Falconer, NY 14733	NY	Chautauqua County	Region #9	.81	
Other Rigid Plastics (#3 - #7)						
Industrial Scrap Plastic						
Plastic Film & Bags						
Other Plastics (specify)						
<b>TOTAL PLASTIC RECOVERED (tons):</b>					<b>.81</b>	

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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 - uncompacted	1 cubic yard
NEWSPRINT - loose	1 cubic yard	PLASTIC - styrofoam	1 cubic yard	WHITE GOODS - compacted	1 cubic yard
NEWSPRINT - compacted	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)

<b>MIXED MATERIAL RECOVERED</b>						
<b>RECOVERED MATERIAL</b>	<b>DESTINATION (Name &amp; Address)</b>	<b>DESTINATION STATE OR COUNTRY</b>	<b>DESTINATION COUNTY OR PROVINCE</b>	<b>DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)</b>	<b>TONS RECOVERED (out of facility)</b>	
<b>Commingled Containers</b> (metal, glass, plastic)						
<b>Commingled Paper &amp; Containers</b>						
<b>Single Stream (total)</b>						
<b>Other (specify)</b>						
<b>TOTAL MIXED MATERIAL RECOVERED (tons):</b>						
<b>MISCELLANEOUS MATERIAL RECOVERED</b>						
<b>RECOVERED MATERIAL</b>	<b>DESTINATION (Name &amp; Address)</b>	<b>DESTINATION STATE OR COUNTRY</b>	<b>DESTINATION COUNTY OR PROVINCE</b>	<b>DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)</b>	<b>TONS RECOVERED (out of facility)</b>	
<b>Electronics</b>						
<b>Textiles</b>						
<b>Other (specify)</b>						
<b>TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):</b>						

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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

2/3/2021  
Date

Scott Trisket  
Name (Print or Type)

Hwy Supt  
Title (Print or Type)

clymerhwydept@windstream.net  
Email (Print or Type)

PO Box 274  
Address

Clymer  
City

NY 14724  
State and Zip

(716) 355-9933  
Phone Number

ATTACHMENTS:  YES  NO

RECEIVED

FEB 08 2021

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