

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

Environmental Conservation (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, 2022.

This annual report is for the year of operation from January 01, 2021 to December 31, 2021 SECTION 1 – GENERAL INFORMATION

| FACILITY NAME: CWM-Latham, NY Transfer Station FACILITY LOCATION ADDRESS: FACILITY CITY: STATE: ZIP CODE: 5 Runway Avenue Latham NY 12110 | | | | | |
|--|------------------------|--|--|--|--|
| FACILITY LOCATION ADDRESS: FACILITY CITY: STATE: ZIP CODE: | | | | | |
| | | | | | |
| 5 Runway Avenue I atham NV 12110 | | | | | |
| 3 Ituliway Avellue Lathani Ivi 12 i 10 | | | | | |
| FACILITY TOWN: FACILITY COUNTY: FACILITY PHONE NUMBER: | | | | | |
| Latham Albany 518-556-6766 | | | | | |
| FACILITY NYS PLANNING UNIT: A list of NYS Planning Units can be found at the end of this report). NYSDEC | | | | | |
| Colonie (Town) REGION #: 4 | | | | | |
| 360 PERMIT #: Refer to DEC DATE ISSUED: DATE EXPIRES: NYS DEC ACTIVITY CODE OF | | | | | |
| 4-0126-00020/00003 1/7/2020 1/6/2030 REGISTRATION NUMBER:(Ref | fer to | | | | |
| FACILITY CONTACT: | ₹: | | | | |
| Amy Davies Image: Number Number State State | | | | | |
| CONTACT EMAIL ADDRESS: amy.davies@casella.com | | | | | |
| OWNER INFORMATION | | | | | |
| OWNER NAME: OWNER PHONE NUMBER: OWNER FAX NUMBER: | | | | | |
| Casella Waste Management, Inc. 802-775-0325 | | | | | |
| OWNER ADDRESS: OWNER CITY: STATE: ZIP CODE: | | | | | |
| 25 Greens Hill Lane Rutland VT 05702 | | | | | |
| OWNER CONTACT: OWNER CONTACT EMAIL ADDRESS: | | | | | |
| | amy.davies@casella.com | | | | |
| OPERATOR INFORMATION | | | | | |
| OPERATOR NAME: | | | | | |
| PREFERENCES | | | | | |
| Preferred address to receive correspondence: Facility location address Other (provide): Clinton County Landfill, PO Box 209, 286 Sand Road, Morrisonville, NY 12962 | | | | | |
| Preferred email address: Facility Contact | | | | | |
| Preferred individual to receive correspondence: | | | | | |
| Did you operate in 2021? ☐ Yes; Complete this form. | | | | | |

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.

■ No; Complete and submit Sections 1 and 11. If you no longer plan to operate and wish

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 | , | | _% Estimated | | | | | |
|---|--------------------|-----------------|------------------|------------------|------------------|--------------|--------------|---------------------|
| % Truck Count | | | _% Other Spec | ify: |) | | | |
| Material | Tip Fee \$/Ton) | January tons | February tons | March tons | April tons | May (tons | June tons | July (tons |
| Commingled Containers metal, glass, plastic | | | | | | | | |
| Commingled Paper (all grades | | | | | | | | |
| Single Stream (total | | | | | | | | |
| Other (specify | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total Tons Recei | ved | | | | | | | |
| Material | August tons | September tons | October tons | November tons | December tons | | l Year ns | Daily Avg. (tons |
| Commingled Containers metal, glass, plastic Commingled Paper (all | | | | | | | | |
| grades | | | | | | | | |
| Single Stream (total | | | | | | | | |
| Other (specify | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total Tons Received | | | | | | | | |

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* <u>address</u> 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 standard percentages of total material transported by each:

| | al s: | | | | |
|---|---|--|--|--|---------------|
| % Water: Mater | ial s : | % Othe | er specify: |): Material s : | |
| | SERVICE AREA OF M | ATFRIAL REC | CFIVED where the r | 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 | | | | | |
| Single Stream (total | | | | | |
| Other (specify | | | | | |
| | | | | | |

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

TOTAL MATERIAL RECEIVED (tons:

SECTION 4 - RESIDUE

| Total residue tons Percent Residue Calcu | Residue destination Name Adulation: Total tons residue/Total tons material received | ldress) x 100 | | | |
|---|---|---|--|--|--------------------------------------|
| Toroche Rosidado Garot | | | | | |
| | SECTION 5 – RECYCLABLE | S RECOVER | ED MAI ERIAL | S | |
| Please identify desting | ination of recyclable materials. Indicate the name ation Planning Unit/Municipality and the amount | e of the facility, <u>a</u> of material reco | <u>address,</u> corresp vered. DO NOT I | onding State/Country, (REPORT IN CUBIC YARI | County/Province, DS! |
| | od, list type of material s and percentages of total maters: | | | | |
| % Water: Materia | ıl s : | % Ot | ther specify: |): Material s : | |
| | PAPER F | 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 | | | | | |
| Cardboard | | | | | |
| Junk Mail | | | | | |
| Magazines | | | | | |
| Wagazines | | | | | |
| Newspaper | | | | | |
| | | 1 | | | |
| Office Paper | | | | | |
| Paperboard/ | | | | | |
| Boxboard | | | | | |
| Other Paper (specify | | | | | |
| | | | | | 4. |
| | | | TOTAL PAPI | R RECOVERED (tons: | |

SECTION 5 - RECYCLABLES RECOVERED MATERIALS continued)

| | GLASS RE | COVERED | | | |
|-----------------------------------|---------------------------|------------------------------------|--------------------------------------|---|--------------------------------------|
| 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 | | | | | |
| | | | TOTAL GLASS R | ECOVERED (tons : | |
| | METAL RE | | TOTAL GLAGO K | LOOVEINED (tons: | |
| 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 | | | | | |
| Tin Aluminum Containers | | | | | |
| Other Metal (specify | | | | | |
| | | | TOTAL METAL R | ECOVERED (tons : | |

SECTION 5 - RECYCLABLES RECOVERED MATERIALS continued

| | PLASTIC RE | COVERED | | | |
|-----------------------------------|---------------------------|------------------------------------|--------------------------------------|---|--------------------------------------|
| 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 | | | | | |
| PET plastic #1) | | | | | |
| HDPE plastic #2) | | | | | |
| Other Rigid Plastics (#3 - #7) | | | | | |
| Industrial Scrap Plastic | | | | | |
| Plastic Film Bags | | | | | |
| Other Plastics (specify | | | | | |
| | | T(| OTAL PLASTIC R | ECOVERED (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 name.

VOLUME TO WEIGHT CONVERSION FACTORS

| MATERIAL | EQUIV <i>A</i> | LENT | MATERIAL | EQUIVAL | ENT | MATERIAL | EQUIV <i>A</i> | LENT |
|--------------------------|----------------|------------|-------------------------------|----------------|------------|-----------------------------|----------------|------------|
| 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 whole | 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 MATER | RIAL 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 | | | | | |
| | | | | L RECOVERED (tons : | |
| | MISCELLANEOUS N | MATERIAL RECOVE | RED | | |
| 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 MISCELLA | NEOUS MATERI <i>A</i> | AL RECOVERED (tons : | |

SECTION 6 – UNAUTHORIZED SOLID WASTE

| Has unaı | uthorized s | olid was | ste been received at | the facility during the | reporting period? |
|----------------|--------------------------|-------------------|-----------------------|--------------------------|--|
| Yes | ☐ No I | f yes, gi | ive information belov | v for each incident (at | tach additional sheets if necessary : |
| D | ate Receiv | /ed | Type Received | Date Disposed | Disposal Method & Location |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | SECTI | ON 7 - | COST ESTIMA | TES AND FINAN | CIAL ASSURANCE DOCUMENTS |
| Are ther | re required | cost es | stimates and financia | l assurance documer | nts for closure? |
| ☐Yes | ∏No | If ves | attach additional sho | eets reflecting annual | adjustments for inflation and any changes to the |
| | | | re Plan? | | adjustments for innation and any originates to the |
| | | | | | |
| | | | | | |
| | | | SE | ECTION 8 – PROI | BLEMS |
| | ny problem procedures | | untered during the re | porting period (e.g., s | specific occurrences which have led to changes in |
| Yes | □No | If yes, proble | | eets identifying each | problem and the methods for resolution of the |
| | | | | | |
| | | | s | ECTION 9 – CHA | NGES |
| Were th | ere any ch | anges 1 | from approved repor | ts, plans, specification | ns, and permit conditions? |
| Yes | □No | If yes, | attach additional sho | eets identifying chang | ges with a justification for each change. |
| | | | | | |
| | SEC | TION | 10 - PERMIT/CO | NSENT ORDER | REPORTING REQUIREMENTS |
| Are then form? | re any addi | itional p | ermit/consent order | reporting requiremen | ts not covered by the previous sections of this |
| Yes | No | If yes, respor | | eets identifying the re | porting requirements with their respective |

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.

| Richard Ray | 2/16/2022 |
|---------------------------|-----------------------|
| Signature | Date |
| Richard Ray | |
| Name (Print or Type) | Title (Print or Type) |
| richard.ray@casella.com | |
| Email (Pr | int or Type) |
| Casella - 136 Sicker Road | Latham |
| Address | City |
| NIV 40440 | 518,556_6766 |
| NY 12110 |) - |