



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, 2022.

This annual report is for the year of operation from January 01, 2021 to December 31, 2021

### SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <b>Schenectady County Compost &amp; Recycling Facility</b>			
FACILITY LOCATION ADDRESS: <b>24 Hetcheltown Rd</b>	FACILITY CITY: 	STATE: <b>NY</b>	ZIP CODE: <b>12302</b>
FACILITY TOWN: <b>Glenville</b>	FACILITY COUNTY: <b>Schenectady</b>	FACILITY PHONE NUMBER: <b>518-399-6980</b>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Schenectady County			NYSDEC REGION #: <b>4</b>
360 PERMIT #: (Refer to DEC Permit)	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:(Refer to DEC Registration) <b>47M04</b>
FACILITY CONTACT: <b>Nicholas Klemczak</b>	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <b>518-399-6980</b>	CONTACT FAX NUMBER: <b>518-399-5040</b>
CONTACT EMAIL ADDRESS: <b>nickklemczaksswcd@yahoo.com</b>			
OWNER INFORMATION			
OWNER NAME: <b>Schenectady County</b>	OWNER PHONE NUMBER: <b>518-388-4355</b>	OWNER FAX NUMBER: <b>518-388-4590</b>	
OWNER ADDRESS: <b>620 State St.</b>	OWNER CITY: <b>Schenectady</b>	STATE: <b>NY</b>	ZIP CODE: <b>12305</b>
OWNER CONTACT: <b>Charles Davidson</b>	OWNER CONTACT EMAIL ADDRESS: <b>Charles.davidson@Schenectadycounty.com</b>		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner		<input type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2021?  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**

       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!

By the methods used to measure the quantities received and the percentages measured by each method:  
 % Scale Weight \_\_\_\_\_ % Estimated  
 % Truck Count \_\_\_\_\_ % Other (Specify: \_\_\_\_\_)

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Unmingled Containers (al, glass, plastic)								
Unmingled Paper (all)								
Single Stream (specify)	\$70	5.63 (9 days)	2.23 (8 days)	2.63 (9 days)	3.1 (26 days)	6.03 (26 days)	5.42 (26 days)	7.48 (26 days)
Bulk Metal		2.64		4.06			2.83	
<b>Total Tons Received</b>		<b>8.27</b>	<b>2.23</b>	<b>6.69</b>	<b>3.1</b>	<b>6.03</b>	<b>8.25</b>	<b>7.48</b>
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Average (tons)	
Unmingled Containers (al, glass, plastic)								
Unmingled Paper (all)								
Single Stream (specify)	4.55 (26 days)	2.07 (25 days)	2.25 (25 days)	5.61 (22 days)	5.76 (25 days)	52.76	0.2086	
Bulk Metal		2.86				12.39	0.04	
<b>Total Tons Received</b>	<b>4.55</b>	<b>4.93</b>	<b>1.25</b>	<b>5.621</b>	<b>5.76</b>	<b>65.15</b>	<b>0.2575</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 use another 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 materials recieved                      % 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 " <i>Direct Haul</i> "	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
Commingled Containers <small>(metal, glass, plastic)</small>					
Commingled Paper <small>(all grades)</small>					
Single Stream <small>(total)</small>	Direct Haul	New York	Schenectady Cour <input type="checkbox"/>	Schenectady County <input type="checkbox"/>	52.76
Other <small>(specify)</small>					
Bulk Metal	Direct Haul	New York	Schenectady Cour <input type="checkbox"/>	Schenectady County <input type="checkbox"/>	12.39
<b>TOTAL MATERIAL RECEIVED (tons):</b>					<b>65.15</b>

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### SECTION 4 – RESIDUE

Residue destination (Name & Address) \_\_\_\_\_  
 Residue (tons) = \_\_\_\_\_  
 Total Residue Calculation: Total tons residue/Total tons material received x 100 = \_\_\_\_\_

### SECTION 5 – RECYCLABLES & RECOVERED MATERIALS

Identify destination of recyclable materials. Indicate the name of the facility, address, corresponding State/Country, County/Planning Unit/ Municipality and the amount of material recovered. DO NOT REPORT IN CUBIC YARDS!  
 Destination Planning Unit/Municipality and the amount of material recovered 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 <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of total)</small>
Uncoated Paper					
Coated Paper					
Cardboard					
Other Paper (specify)					
<b>TOTAL PAPER RECOVERED (tons):</b>					

If 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 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	NHKelman, Inc. 41 Euclid Street, Cohoes, NY 12047	NY	Albany County <input type="checkbox"/>	Capital Region Solid Wa <input checked="" type="checkbox"/>	12.39
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
<b>TOTAL METAL RECOVERED (tons):</b>					

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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 total)	
mingled Plastic (?)						
lastic #1)						
lastic #2)						
r Rigid Plastics (?)						
ustrial Scrap ic						
ic Film & Bags						
r Plastics (specify)						
<b>TOTAL PLASTIC RECOVERED (tons):</b>						

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 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
3 - 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
3 - semi crushed	1 cubic yard 0.70 tons	GLASS - uncrushed manually	55 gallon drum 0.16 tons	ALUMINUM - cans - flattened	1 cubic yard 0.
1 - high grade loose	1 cubic yard 0.18 tons	PLASTIC - PET - w hole	1 cubic yard 0.015 tons		
1 - high grade baled	1 cubic yard 0.36 tons	PLASTIC - PET - flattened	1 cubic yard 0.04 tons		
1 - mixed loose	1 cubic yard 0.15 tons	PLASTIC - PET - baled	1 cubic yard 0.38 tons	WHITE GOODS - uncompacted	1 cubic yard 0
PRINT - loose	1 cubic yard 0.29 tons	PLASTIC - styrofoam	1 cubic yard 0.02 tons	WHITE GOODS - compacted	1 cubic yard 0
PRINT - compacted	1 cubic yard 0.43 tons	PLASTIC - HDPE - w hole	1 cubic yard 0.012 tons		
UGATED - loose	1 cubic yard 0.015 tons	PLASTIC - HDPE - flattened 1	1 cubic yard 0.03 tons		
UGATED - baled	1 cubic yard 0.55 tons	PLASTIC - HDPE - baled	1 cubic yard 0.38 tons	FERROUS METAL - cans whole	1 cubic yard 0
		PLASTIC - mixed (grocery bags)	45 gallon bag 0.01 tons	FERROUS METAL - cans	1 cubic yard 0

**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)	County Waste Clifton Park Transfer Station, 1921 U.S. 9, Clifton Park, NY 12065	NY	Saratoga County <input type="checkbox"/>	Saratoga County <input type="checkbox"/>	52.76
Other (specify)					
<b>TOTAL MIXED MATERIAL RECOVERED (tons):</b>					
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)					
<b>TOTAL MISCELLANEOUS MATERIAL 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.

## 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

2/24/2022  
\_\_\_\_\_  
Date

Nicholas Klemczak  
\_\_\_\_\_  
Name (Print or Type)

Executive Director  
\_\_\_\_\_  
Title (Print or Type)

nickklemczaksswcd@yahoo.com  
\_\_\_\_\_  
Email (Print or Type)

24 Hetcheltown Rd  
\_\_\_\_\_  
Address

Glenville  
\_\_\_\_\_  
City

NY 12302  
\_\_\_\_\_  
State and Zip

(518) 399-6980  
\_\_\_\_\_  
Phone Number

ATTACHMENTS:  YES  NO

