



Waste Management of New York, LLC  
 100 Boat Street, Albany, NY 12202

WASTE MANAGEMENT  
 ELECTRONICALLY TRANSMITTED  
 ORIGINAL by UPS NEXT DAY  
 Tracking # 1Z56V3110100935205

February 22, 2022

New York State Department of  
 Environmental Conservation  
 Region 5  
 Division of Materials Management  
 1115 State Route 86  
 Ray Brook, NY 12977

Attn: Jessie Sangster  
 Re: Ft. Edward Annual Reports, Part 360 Permit # 5-5330-00013/00004

Dear Jessie:

The following Annual Reports are being provided for the Waste Management of New York, L.L.C. (WMNY) transfer station on Wing Street in Fort Edward, New York. Enclosed please find the Construction and Demolition Debris Processing Facility and Recyclables Handling and Recovery Facility Annual Reports. The annual reports are being submitted by email to the Central Office and to the Ray Brook office, per the directions in the annual report instructions.

Pursuant to Special Condition 7 of the referenced Part 360 permit, Waste Management of New York, L.L.C. (WMNY) submits the closure cost estimate, revised to account for inflation (Table 1.1.9, Implicit Price Deflators for Gross Domestic Product).

2021 Cost Estimate	\$ 42,246
2021 Factor	1.059
2022 Cost Estimate	\$ 44,739

The Surety Bond (RLB0002546) will be adjusted to demonstrate adequate coverage for the closure cost estimate.

If you have any questions, please call me at (413) 519-3916.

Sincerely,

  
 Frank Sepiol  
 Environmental Protection Manager

Enclosures

Cc: Jim Casey, WMNY  
 Warren Harris, WMNY  
 Joe Mazzelli, WMNY  
 Connie Gaw, WM

# PERMITTED C&D DEBRIS HANDLING AND 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 518-402-9678.)

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>Waste Management of New York, LLC</b>			
FACILITY LOCATION ADDRESS: <b>12 Wing Street</b>	FACILITY CITY: <b>Fort Edward</b>	STATE: <b>NY</b>	ZIP CODE: <b>12828</b>
FACILITY TOWN: <b>Fort Edward</b>	FACILITY COUNTY: <b>Washington</b>	FACILITY PHONE NUMBER: <b>518-378-9165</b>	
FACILITY NYS PLANNING UNIT: (A list of NYS <a href="#">Planning Units</a> can be found at the end of this report). Washington County			NYSDEC REGION #: <b>5</b>
360 PERMIT #: (Refer to DEC Permit) <b>5-5330-00013/00004</b>	DATE ISSUED: <b>7/28/2014</b>	DATE EXPIRES: <b>7/31/2024</b>	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)
FACILITY CONTACT: <b>Warren Harris</b>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <b>518-636-2141</b>	CONTACT FAX NUMBER: <b>518-436-4255</b>
CONTACT EMAIL ADDRESS:			

### OWNER INFORMATION

OWNER NAME: <b>Waste Management of New York, LLC</b>	OWNER PHONE NUMBER: <b>518-636-2141</b>	OWNER FAX NUMBER: <b>518-436-4255</b>
OWNER ADDRESS: <b>100 Boat Street</b>	OWNER CITY: <b>Albany</b>	STATE: <b>NY</b> ZIP CODE: <b>12202</b>
OWNER CONTACT: <b>Warren Harris</b>	OWNER CONTACT EMAIL ADDRESS: <b>wharri11@wm.com</b>	

### 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 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>.

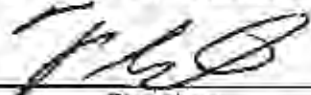
## SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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	<u>2/22/2022</u> Date
<u>Frank Sepiol</u> Name (Print or Type)	<u>Environmental Protection Manager</u> Title (Print or Type)
<u>fsepiol@wm.com</u> Email (Print or Type)	
<u>WMNY, 100 Boat Street</u> Address	<u>Albany</u> City
<u>NY 12202</u> State and Zip	<u>413 519 3916</u> Phone Number

ATTACHMENTS:  YES  NO  
(Please check appropriate line)



Department of  
Environmental  
Conservation

## RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email [svm/annualreport@dec.ny.gov](mailto:svm/annualreport@dec.ny.gov) or call 518-202-3274  
Complete and submit this form by March 3, 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>Waste Management of New York, LLC</b>			
FACILITY LOCATION ADDRESS: <b>12 Wing Street</b>	FACILITY CITY: <b>Fort Edward</b>	STATE: <b>NY</b>	ZIP CODE: <b>12828</b>
FACILITY TOWN: <b>Fort Edward</b>	FACILITY COUNTY: <b>Washington</b>	FACILITY PHONE NUMBER: <b>518-378-9165</b>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report.) <b>Washington County</b>			NYSDEC REGION #: <b>5</b>
360 PERMIT #: (Reference 360-Permit) <b>5-5330-00013/00004</b>	DATE ISSUED: <b>7/28/2014</b>	DATE EXPIRES: <b>7/31/2024</b>	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Have it DEC Registration) <b></b>
FACILITY CONTACT: <b>Warren Harris</b>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <b>518-636-2141</b>	CONTACT FAX NUMBER: <b>518-436-4255</b>
CONTACT EMAIL ADDRESS: <b></b>			
OWNER INFORMATION			
OWNER NAME: <b>Waste Management of New York, LLC</b>	OWNER PHONE NUMBER: <b>518-636-2141</b>	OWNER FAX NUMBER: <b>518-436-4255</b>	
OWNER ADDRESS: <b>100 Boat Street</b>	OWNER CITY: <b>Albany</b>	STATE: <b>NY</b>	ZIP CODE: <b>12202</b>
OWNER CONTACT: <b>Warren Harris</b>	OWNER CONTACT EMAIL ADDRESS: <b>wharri11@wm.com</b>		
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 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 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): \_\_\_\_\_ % Rail: Material(s): \_\_\_\_\_  
 % Water: Material(s): \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Material(s): \_\_\_\_\_

SERVICE AREA OF MATERIAL RECEIVED					
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)					
Cardboard	Direct Haul	NY	Saratoga County	Saratoga County	164.08
	Direct Haul	NY	Warren County	Warren County	371.38
	Direct Haul	NY	Washington County	Washington County	21.19
<b>TOTAL MATERIAL RECEIVED (tons):</b>					<b>556.65</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 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:  
 via % 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 weight)
Commingled Paper (all grades)					
Corrugated Cardboard	Waste Management Recycle Friends, Liverpool	NY	Orangete County	Orangete County (except SH 612-02)	
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
<b>TOTAL PAPER RECOVERED (tons):</b>					<b>1224</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					
Enamelled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
<b>TOTAL METAL 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 5 - RECYCLABLES & RECOVERED MATERIALS** (continued)

PLASTIC RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION MYS PLANNING UNIT (See Attached List of MYS 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 0.35 tons	GLASS - crushed mechanically	1 cubic yard 0.68 tons	ALUMINUM - cans - whole	1 cubic yard 0.03 tons
GLASS - sept. 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 0.10 tons	PLASTIC - PET - whole	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 - uncompactd	1 cubic yard 0.10 tons
NEWSPRINT - loose	1 cubic yard 0.29 tons	PLASTIC - styrofoam	1 cubic yard 0.02 tons	WHITE GOODS - compactd	1 cubic yard 0.5 tons
NEWSPRINT - compactd	1 cubic yard 0.43 tons	PLASTIC - HDPE - whole	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 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)					
Other (specify)					
<b>TOTAL MIXED MATERIAL RECOVERED (tons):</b>					0
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>					0

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 518-402-9641  
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	<u>2/22/2022</u> _____ Date
<u>Frank Sepiol</u> _____ Name (Print or Type)	<u>Environmental Protection Manager</u> _____ Title (Print or Type)
<u>fsepiol@wm.com</u> _____ Email (Print or Type)	
<u>WMNY, 100 Boat Street</u> _____ Address	<u>Albany</u> _____ City
<u>NY 12202</u> _____ State and Zip	<u>413 519 3916</u> _____ Phone Number

ATTACHMENTS:  YES  NO