



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: Jackson Recycling Transfer Station			
FACILITY LOCATION ADDRESS: 408 Content Farm Rd	FACILITY CITY: Cambridge	STATE: NY	ZIP CODE: 12816
FACILITY TOWN: Cambridge	FACILITY COUNTY: Washington	FACILITY PHONE NUMBER: 518-677-8687	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Washington County			NYSDEC REGION #: 5
360 PERMIT #: (Refer to DEC Permit) 5-5342/00023-0003	DATE ISSUED: 4/28/21	DATE EXPIRES: 7/8/23	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)
FACILITY CONTACT: John Huggins	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 518-798-3444	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: john.huggins@wasteconnections.com			
OWNER INFORMATION			
OWNER NAME: Jackson Transfer Station LLC	OWNER PHONE NUMBER: 518-877-7007	OWNER FAX NUMBER:	
OWNER ADDRESS: 1927 US 9	OWNER CITY: Clifton Park	STATE: NY	ZIP CODE: 12065
OWNER CONTACT: John Huggins	OWNER CONTACT EMAIL ADDRESS: john.huggins@wasteconnections.com		
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 type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" 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

**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  
 \_\_\_\_\_ % Truck Count  
 \_\_\_\_\_ % Estimated  
 100 \_\_\_\_\_ % Other (Specify: per bag fee )

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)		54.71	14.58	12.48	8.32	2.83	22.88	3.04
Other (specify)								
<b>Total Tons Received</b>		54.71	14.58	12.48	8.32	2.83	22.88	3.04
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)								
Single Stream (total)	8.85	4.2	1.67	12.32	28.91	174.79	0.48	
Other (specify)								
<b>Total Tons Received</b>	8.85	4.2	1.67	12.32	28.91	174.79	0.48	

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): \_\_\_\_\_ % 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
<b>Commingled Containers</b> <small>(metal, glass, plastic)</small>					
<b>Commingled Paper</b> <small>(all grades)</small>					
<b>Single Stream</b> <small>(total)</small>	Direct haul	NY	Washington County	Washington County	174.79
<b>Other</b> (specify)					
<b>TOTAL MATERIAL RECEIVED (tons):</b>					174.79

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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>					

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					
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 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>					

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**VOLUME TO WEIGHT CONVERSION FACTORS**

MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT
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 w hole	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)	Fort Ann Transfer Station, 10913 NY-149, Fort Ann	NY	Washington County	Washington County	174.79
Other (specify)					
<b>TOTAL MIXED MATERIAL RECOVERED (tons):</b>					174.79
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>					

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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.





Sum of Quantity	Column Labels			
Row Labels	DISPC&D-RO	DISPREC-RO	DISP-RO	Grand Total
<b>EARTH WASTE SYSTEMS (JACKSON)</b>	<b>336.08</b>	<b>105.5</b>	<b>154.47</b>	<b>596.05</b>
3.00	11.58	12.48	9.75	33.81
4.00	32	8.32	39.25	79.57
5.00	23.28	2.83	4.57	30.68
6.00	10.75	22.88	27.65	61.28
7.00	58.11	3.04	31.74	92.89
8.00	47.32	8.85	11.12	67.29
9.00	35.9	4.2		40.1
10.00	47.41	1.67	6.9	55.98
11.00	29.97	12.32	12.54	54.83
12.00	39.76	28.91	10.95	79.62
<b>Grand Total</b>	<b>336.08</b>	<b>105.5</b>	<b>154.47</b>	<b>596.05</b>

Totals by month	C&D	SSR	MSW	MSW + C&D
January	23.88	54.71	36.24	60.12
February	6.14	14.58	13.10	19.24
March	11.58	12.48	9.75	21.33
April	32.00	8.32	39.25	71.25
May	23.28	2.83	4.57	27.85
June	10.75	22.88	27.65	38.40
July	58.11	3.04	31.74	89.85
August	47.32	8.85	11.12	58.44
September	35.90	4.20	-	35.90
October	47.41	1.67	6.90	54.31
November	29.97	12.32	12.54	42.51
December	39.76	28.91	10.95	50.71
	<u>366.10</u>	<u>174.79</u>	<u>203.81</u>	<u>569.91</u>
	1.00	0.48	0.56	1.56