



RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(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 INFORMATION			
FACILITY NAME: <i>A+W Recycling Inc</i>			
FACILITY LOCATION ADDRESS: <i>521 Main St</i>	FACILITY CITY: <i>Chenango Bridge</i>	STATE: <i>NY</i>	ZIP CODE: <i>13745</i>
FACILITY TOWN: <i>Chenango</i>	FACILITY COUNTY: <i>Broome</i>	FACILITY PHONE NUMBER: <i>607 648 3766</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <i>R7</i>			NYSDEC REGION #: <i>7</i>
360 PERMIT #: (Refer to DEC Permit) <i>04 M04</i>	DATE ISSUED: <i>10/9/93</i>	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)
FACILITY CONTACT: <i>Dana Wells</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <i>607 648 3766</i>	CONTACT FAX NUMBER: <i>607 648 2455</i>
CONTACT EMAIL ADDRESS: <i>DWELLS4099@AOL.COM</i>			
OWNER INFORMATION			
OWNER NAME: <i>Dana Wells</i>	OWNER PHONE NUMBER: <i>607 648 3766</i>	OWNER FAX NUMBER: <i>607 648 2455</i>	
OWNER ADDRESS: <i>Box 549</i>	OWNER CITY: <i>Chenango Bridge</i>	STATE: <i>NY</i>	ZIP CODE: <i>13745</i>
OWNER CONTACT: <i>Dana Wells</i>	OWNER CONTACT EMAIL ADDRESS: <i>DWELLS4099@AOL.COM</i>		
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
100 % Estimated
 _____ % Other (Specify: _____)

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)	0	0	0	0	0	0	0	0
Commingled Paper (all grades)	0	2	2	2	2	2	2	2
Single Stream (total)	0	0	0	0	0	0	0	0
Other (specify) OCC	0	380	380	380	380	380	380	380
Bulk Metal	0	1	1	1	2	2	2	2
Shrink Wrap	0	11	11	11	11	11	11	11
Total Tons Received		394	394	394	395	395	395	395
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers (metal, glass, plastic)	0	0	0	0	0	0	0	
Commingled Paper (all grades)	2	2	2	2	2	24	.0657	
Single Stream (total)	0	0	0	0	0	0	0	
Other (specify) OCC	380	380	380	380	380	4560	12.49	
Bulk Metal	2	2	2	2	1	20	.055	
Shrink Wrap	11	11	11	11	11	132	.362	
Total Tons Received		395	395	395	394	4736	12.98	

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): Recyclables _____ % Rail: Material(s): _____
 _____ % Water: Material(s): _____ % Other (specify: _____): Material(s): _____

SECTION 3 – 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 <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
Commingled Containers <small>(metal, glass, plastic)</small>					0
Commingled Paper <small>(all grades)</small>	Direct Haul	NY	Broome	R7	24
Single Stream <small>(total)</small>					0
Other (specify)					
OCC	Direct Haul	NY	Broome	R7	4560
Bulk Metal	Direct Haul	NY	Broome	R7	20
Shrink Wrap	Direct Haul	NY	Broome	R7	132
TOTAL MATERIAL RECEIVED (tons):					<u>4736</u>

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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:

100 % Road: Material(s): Recyclables _____ % Rail: Material(s): _____
 _____ % Water: Material(s): _____ % Other (specify: _____): Material(s): _____

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 facility)</small>
Commingled Paper <small>(all grades)</small>					
Corrugated Cardboard	West Rock Syracuse NY	NY	Onondaga	R 7	2280
	Waste Management - Rochester NY	NY	Monroe	R 8	2280
Junk Mail					
Magazines					
Newspaper					
Office Paper	GP Harmon Jericho NY	NY			24
Paperboard/ Boxboard					
Other Paper (specify)					
TOTAL PAPER RECOVERED (tons):					4584

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SECTION 5 – RECYCLABLES & RECOVERED MATERIALS (continued)

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 RECOVERED (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	Weitsman Owejo NY	NY	Tioga	R7	20
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
TOTAL METAL RECOVERED (tons):					20

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SECTION 5 – RECYCLABLES & RECOVERED MATERIALS (continued)

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	<i>GP - Harmon Jericho NY</i>				<i>132</i>
Other Plastics (specify)					
TOTAL PLASTIC RECOVERED (tons):					<i>132</i>

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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)

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)					

TOTAL MIXED MATERIAL RECOVERED (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)
Electronics					
Textiles					
Other (specify)					

TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons): _____

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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

11/4/22
Date

Dana Wells
Name (Print or Type)

President
Title (Print or Type)

DWELLS4099 @ AOL.COM
Email (Print or Type)

Box 549 / 521 Main St
Address

Chenango Br. dgc NY
City

NY 13745
State and Zip

(607)648-3766
Phone Number

ATTACHMENTS: YES NO