

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

Environmental (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:					
Town of WalanT					
FACILITY LOCATION ADDRESS:	FACILITY	CITY:	S	TATE:	ZIP CODE:
12681 Red Creek Rd. FACILITY TOWN:	WOICE	OTT	N	y	14590 NE NUMBER:
FACILITY TOWN:	FACILITY	COUNTY:	FACILIT	YPHO	NE NUMBER:
WOICOTT	way	no	315	594	9431
FACILITY NYS PLANNING UNIT: (A list of N	YS Planning Ur	nits can be found at the end o	f this report)	NY:	SDEC
Wayne				RE	GION #: 8
360 PERMIT #: (Refer to DEC DATE I	SSUED:	DATE EXPIRES:	NYS DEC	C ACTIV	ITY CODE OR
Permit) 9/11	1/2019		REGIST	RATION	NUMBER: (Refer to
	12019		DEC Regis	stration &	9T 1000 8
FACILITY CONTACT:	public	CONTACT PHONE	CO	NTACT	FAX NUMBER:
Lynn Chatfield	☐ private	NUMBER: 3/5-4/4 7663			
Lynn Chatfield CONTACT EMAIL ADDRESS: east Po	rtleav	@ Yahaa.	Com		
	OWNER	INFORMATION			
OWNER NAME:	OWNER F	PHONE NUMBER:	OWNER	FAX N	JMBER:
Town of WOLCOTT	3/5 5	794 9431			
OWNER ADDRESS:	OWNER C	ZITÝ:	S	TATE:	ZIP CODE:
6070 Lake Ave.	WOIC	OTT		14	14590
OWNER CONTACT:		ONTACT EMAIL ADDR			
Lynn Chatfield	east)	POTTURY @ 9	taho	2.0	om
		RINFORMATION	T 64		
OPERATOR NAME: Same as owner				public private	
	PRE	FERENCES		private	
Preferred address to receive correspondent Other (provide):	ce: 🗆 Facility	location address	Own	ner addres	s
Preferred email address: Facility Contact	⊠ c	Owner Contact			
Preferred individual to receive corresponder Other (provide):	nce: 🗆 Facil	lity Contact 🔀 Owi	ner Contact		
Did you operate in 2021? 🔼 Yes; Comple	ete this form.				
		t Sections 1 and 11. If y			
to relinquish your permit/registration associ Solid Waste Management Facility or Activity					

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!

% Scale Weight % Truck Count			% Other (Speci	fy:				
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)								
10.00								
Total Tons Receive		Letter Q	R	8	0	2	0	8
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)		al Year ons)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)								
Single Stream		1						1
(total)								
(total) Other (specify)								

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.

% Road: Material(s):	% Rail: Material(s):	
% Water: Material(s):	% Other (specify:): Material(s):	

	SERVICE AREA OF	MATERIAL REC	CEIVED(where the	naterial 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)					
(M)			TOTAL MATER	RIAL RECEIVED (tons	s):

SECTION 4 - RESIDUE

Total residue (tons) =	Residue destination (N Total tons residue/Total tons material I	lame & Address) received x 100 =			
	SECTION 5 - RECYC			S	
Destination Pla	of recyclable materials. Indicate the anning Unit/Municipality and the a	mount of material reco	vered. DO NOT I	onding State/Country, (REPORT IN CUBIC YARE	County/Province, OS!
% Road: Material(s):	e of material(s) and percentages of tot	% Ra	ail: Material(s):		
% Water: Material(s):		% OI	ther (specify:): Material(s):	
	TO THE P	APER 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)					
			TOTAL PAPI	ER RECOVERED (tons):	

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	GL	ASS 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)					
			FOTAL GLASS R	ECOVERED (tons):	
	ME	TAL 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)					
				ECOVERED (tons):	

SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	PLA	STIC 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)					
		T	 OTAL PLASTIC R	RECOVERED (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 EQUI		LENT 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			46 (36 \$ 2.1)
PAPER - high grade baled	1 cubic yard	0.36 tons	PLASTIC - PET - flattened	1 cubic yard	0.04 tons		18 2 2 2 2 2	
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	PER SOURCE CONTRACTOR		
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 N	ATERIAL 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)					
	MISCELLANE	TOTAL OUS MATERIAL RECOVE		AL 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 MISCELLA	NEOUS MATERIA	AL RECOVERED (tons):	