

#### **CHAFFEE LANDFILL**

Waste Management of New York, LLC.

10860 Olean Road Chaffee, NY 14030 (716) 492-3433

February 25, 2022

Mr. Peter Grasso New York State Department of Environmental Conservation 270 Michigan Avenue Buffalo, New York 14203-2999

RE: 2021 Annual Report

East Side Transfer Station Recyclables Handling & Recovery Facility

793 South Ogden Street

Buffalo, NY

Dear Mr. Grasso:

Waste Management of New York, LLC is pleased to submit the attached 2021 NYSDEC Annual Report for the East Side Transfer Station Recyclables Handling & Recovery Facility. Please note that the facility did not receive recyclables material since the effective date of the registration, November 29, 2021.

Should you have any questions, or require any additional information, please call me at (716) 492-3411.

Sincerely,

Michael D Mahar

Senior District Manager

copy: New York State Department of Environmental Conservation

Division of Materials Management (SWMFannualreport@dec.ny.gov)

Bureau of Permitting and Planning

625 Broadway

Albany, New York 12233-7260



## RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

Department of Environmental (If you need assistance filling out this form please email <a href="mailto:swmfannualreport@dec.ny.gov">swmfannualreport@dec.ny.gov</a> 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:						
East Side Transfer Station	1					
FACILITY LOCATION ADDRESS:	FACILITY CITY:	STATE: ZIP CODE:				
793 South Ogden Street	Buffalo	NY 14206				
FACILITY TOWN:	FACILITY COUNTY:	FACILITY PHONE NUMBER:				
Buffalo	Erie	(716) 823-0795				
FACILITY NYS PLANNING UNIT: A list of NY Not Affiliated - Buffalo (City)	S <u>Planning Units</u> can be found at the end of	f this report). NYSDEC REGION #: 9				
360 PERMIT #: Refer to DEC DATE ISSUED: DATE EXPIRES: NYS DEC ACTIVITY CODE OR						
Permit 11/29/2021 11/29/2026 REGISTRATION NUMBER: (Refer to DEC Registration 15R20096						
FACILITY CONTACT:	public   CONTACT PHONE	CONTACT FAX NUMBER:				
Michael D Mahar	Private NUMBER: (716) 492-3411	(716) 496-7325				
CONTACT EMAIL ADDRESS: mmahar@w	/m.com					
	OWNER INFORMATION					
OWNER NAME: OWNER PHONE NUMBER: OWNER FAX NUMBER:						
City of Buffalo Dept. of Sanitation		716-851-5584				
OWNER ADDRESS: 502 City Hall 65 Niagara Square	OWNER CITY: Buffalo	STATE: ZIP CODE: 14202				
OWNER CONTACT:	OWNER CONTACT EMAIL ADDR	ESS:				
Susan Attridge	sattridge@ch.ci.buffal	lo.ny.us				
	OPERATOR INFORMATION					
OPERATOR NAME: same as owner Waste Management of NY, LLC		□public ■private				
	PREFERENCES					
Preferred address to receive correspondence: Facility location address  Owner address  Owner address  10860 Olean Road, Chaffee, NY 14030						
Preferred email address: Facility Contact  Other (provide):	Owner Contact					
Preferred individual to receive correspondence: Facility Contact Owner Contact Owner Contact						
Did you operate in 2021? T Yes; Complet	te this form.					

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 .

☐ No; Complete and submit Sections 1 and 11. If you no longer plan to operate and wish

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## **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 % Scale Weight % Truck Count	i to measure the qua		% Estimated	ify:	•			
Material	Tip Fee \$/Ton)	January tons	February tons	March tons	April tons	May tons	June tons	July tons
Commingled Containe metal, glass, plastic								
Commingled Paper (al grades	II							
Single Stream (total NO	MATERIAL RECEIVE	D IN 2021 SINCE	THE					
Other (specify EFFI	ECTIVE DATE OF THE	E REGISTRATION						
Total Tons F	Received							
Material	August tons	September tons	October tons	November tons	December tons		l Year ons	Daily Avg. tons
Commingled Containe metal, glass, plastic	ers							
Commingled Paper (al grades	II							
Single Stream (total	O MATERIAL RECEIN			1				
Other (specify	FFECTIVE DATE OF T	HE REGISTRATIO	N					
Total Tons Received								

## 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* <u>address</u> 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.

	hod, list type of material s and percentages of total material tra		ภ. Material s :		
% Road: Material s :				): Material s :	
	SERVICE AREA OF I	MATERIAL REC	CEIVED where the r	material 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
A (	NO MATERIAL RECEIVED IN 2021 SINCE THE EFFECTIVE DATE OF THE REGISTRATION				
Commingled Paper all grades					
Single Stream					
Other (specify					
				DIAL DECEIVED (tono	

## **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								
SECTION 5 - RECTCLABLES RECOVERED WATERIALS								
<u>Please identify destination of recyclable materials.</u> Indicate the name of the facility, <u>address</u> , 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 :								
% Water: Materia	ll s :	% Ot	ther 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	I NO MATERIAL RECEIVED IN 2021 SINCE THE =							
Corrugated	EFFECTIVE DATE OF THE REGISTRATION							
Cardboard	_							
Junk Mail								
Magazines								
Magazines								
Newspaper								
110 11 орарог								
Office Paper								
Paperboard / Boxboard								
Other Paper (specify				!				
-				-	42			
TOTAL PAPER RECOVERED (tons :								

# SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	GLASS R	ECOVERED			
RECOVERED MATERIAL	DESTINATION (Name & Address)  NO MATERIAL RECEIVED IN 2021 SINCE THE	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
	EFFECTIVE DATE OF THE REGISTRATION				
Industrial Scrap Glass			<del>'</del>		
Other Glass (specify)					
			TOTAL GLASS R	ECOVERED (tons):	
	METAL R	ECOVERED	TOTAL GLASS IX	LOGVENED (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	3				
Bulk Metal					_
Enameled Appliances / White Goods					
Industrial Scrap Metal					_
Tin & Aluminum Containers					
Other Metal (specify)					
			TOTAL METAL P	ECOVERED (tons):	

## SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	PLASTIC F	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)					
DET (-1444)	NO MATERIAL RECEIVED IN 2021 SINCE THE EFFECTIVE DATE OF THE REGISTRATION				
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
		T(	OTAL PLASTIC R	ECOVERED (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	EQUIV <i>A</i>	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			
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 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 MATERIA	AL 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)
3	O MATERIAL RECEIVED IN 2021 SINCE THE FECTIVE DATE OF THE REGISTRATION				
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
		TOTAL	MIXED MATERIA	L RECOVERED (tons):	
	MISCELLANEOUS MA	TERIAL RECOVE	RED		
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)					
	Т	OTAL MISCELLA	NEOUS MATERIA	AL RECOVERED (tons):	

#### **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 NO MATERIAL RECEIVED IN 2021 SINCE THE **EFFECTIVE DATE OF THE REGISTRATION** 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)? **■** No If yes, attach additional sheets identifying each problem and the methods for resolution of the □ Yes problem. **SECTION 9 – CHANGES** Were there any changes from approved reports, plans, specifications, and permit conditions? **■** No If yes, attach additional sheets identifying changes with a justification for each change. Yes 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? ■ No If yes, attach additional sheets identifying the reporting requirements with their respective Yes 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.

Me Male	02/25/2022
Signature (	Date
Michael D Mahar	Sr. District Manager
Name (Print or Type)	Title (Print or Type)
mmahar@wm.com	
Email (Pri	nt or Type)
10860 Olean Road	Chaffee
Address	City
NY 14030	<sub>(</sub> 716 <sub>)</sub> 492 <sub>-</sub> 3411
State and Zip	Phone Number