

City of Niagara Falls

Department of Public Works & Parks 1785 New Road 716-286-4840 **Director:** John Kinney

Deputy Director: Anthony Feagin

32 R10015

February 18, 2022

Peter Grasso NYSDEC Division of Materials Management 270 Michigan Ave Buffalo, NY 14203-2999

To Whom It May Concern:

Enclosed please find our Recyclables Handling & Recovery Facility annual report. If you have any questions or concerns, please contact me at (716)286-4948.

Thank you so much for your consideration.

Sincerely,

John Kinney

Director of Public Works

JK/lp Encl.

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FEB 2 3 2022

NYS DEC Region 9 - Buffalo



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:								
City of Niagara Falls Corporation Yard								
FACILITY LOCATION ADDRESS	•	FACILITY	CITY:		STATE:	ZIP CODE:		
1785 New Road			ıra Falls		NY	14304		
FACILITY TOWN:		FACILITY	COUNTY:	FACILITY PHONE NUMBER:				
		Niaga			6-286-	4840		
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Niagara County NYSDEC REGION #: 9						SDEC GION#:9		
360 PERMIT #: (Refer to DEC Permit) 32R05	rmit) REGISTRATION NUMBER:(Refe							
FACILITY CONTACT:		public	CONTACT PHONE		CONTACT	FAX NUMBER:		
John Kinney		☐ private				716-286-4847		
CONTACT EMAIL ADDRESS:								
		OWNER	INFORMATION					
OWNER NAME:			PHONE NUMBER:		ER FAX N			
City of Niagara Falls	.		36-4849	716	-286-4			
OWNER ADDRESS:		OWNER CITY:			STATE:	ZIP CODE:		
MPO Box 69		Niagara Falls			NY	14302-0069		
OWNER CONTACT:			CONTACT EMAIL ADDRE		'- II			
John Kinney			kinney@niaga	araī	alisny	.gov		
		<u>OPERATOI</u>	RINFORMATION					
OPERATOR NAME:	e as owner			■ public ■ private				
PREFERENCES								
Preferred address to receive correspondence: ■ Facility location address □ Owner address □ Owner address								
Preferred email address: Facility Contact								
Preferred individual to receive corre Other (provide):	espondend	Ce: ☐ Facil	ity Contact 🗖 Own	er Conta	ct			

Did you operate in 2021? Tes; 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.

RECEIVED

SECTION 2 - MATERIAL RECEIVED

<u>Please provide the tonnages of materials received.</u> This includes all materials received at your facility regardless of their destination after processing. DO NOT REPORT IN CUBIC YARDS!

% Scale Weight % Truck Count			_% Estimated _% Other (Spec	cify:)			
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)						23.79		
Other (specify)								
from Modern		1.68			1.1		.71	
				-				
Total Tons Recei	ived							
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)		l Year ons)	Daily Avg (tons)
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)								
Single Stream (total)	17.65		6.78	14.69		62.61		.17
Other (specify)								
from Modern		1.24				4.	73	.01

Total Tons Received						67.34	-	.18

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 <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.

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):	
SERVICE/AREA OF MATE	RIAL RECEIVED(when	re the material is coming from)	
MATERIAL WHICH IT WAS RECEIVED (Name & Address)	ERVICE SERVICE AREA AREA ATE OR COUNTY DUNTRY PROVING	OR UNIT	TONS RECEIVED
Commingled			
Containers			
(metal, glass, plastic)			
Commingled Paper			
(all grades)			
Single Stream			
(total)			
Other (specify)			
Office (appears)			
	TOTAL M	ATERIAL RECEIVED (tons	i):

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) = Percent Residue Calcu	Residue destination (Name & Adulation: Total tons residue/Total tons material received	dress) x 100 =			
	SECTION 5 - RECYCLABLE	S & RECOVER	RED MATERIAL	s	
Please identify desti Destina	nation of recyclable materials. Indicate the name ation Planning Unit/Municipality and the amount	e of the facility, <u>a</u> of material reco	address, corresp vered. DO NOT I	onding State/Country, REPORT IN CUBIC YAR	County/Province, DS!
	od, list type of material(s) and percentages of total mater (s): l(s):): Material(s):	
	PAPERI	RECOVERED		alif.	
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			1/4		
Other Paper (specify)					
			TOTAL DAD	ED DECOVEDED (tons):	

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SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	. J. GEASSIR	EGOVERED		1 7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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 R	ECOVERED (tons):	
	METALIR	ECOVERED			
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)					
			TOTAL METAL R	RECOVERED (tons):	

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SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	PLASTICIRI	COVERED			
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)					
		TO	OTAL PLASTIC R	ECOVERED (tons):	

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VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVA	LENT	MATERIAL	EQUIVAL	ENT	MATERIAL	EQUIVA	LENT
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 - 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
	y 1		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	NL 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	Modern Recycling	New York	Niagara County 🔽	Niagara County	4.73
Other (specify)					
				L RECOVERED (tons)	
	MISCELLANEOUS MA	TERIAL RECOVE	RED	37.1	
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	Electron Recyclers	Indiana			62.61
Electronics	Plainfield, Indiana				
Textiles					
Other (specify)					
	T	OTAL MISCELLA	NEOUS MATERIA	L RECOVERED (tons)	67.34

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SECTION 6 – UNAUTHORIZED SOLID WASTE

Date Rece	ived Type Received	Date Disposed	Disposal Method & Location
SECT	ION 7 - COST ESTIM	ATES AND FINANCIA	L ASSURANCE DOCUMENTS
e there require	d cost estimates and financ	sial assurance documents f	or closure?
Yes No	If yes, attach additional s Closure Plan?	heets reflecting annual adj	ustments for inflation and any changes to the
	•	SECTION 8 - PROBLE	EMS
ere any probler cility procedure		reporting period (e.g., spec	cific occurrences which have led to changes in
]Yes □No		sheets identifying each prob	olem and the methods for resolution of the
		SECTION 9 – CHANG	BES
ere there any c	hanges from approved rep	orts, plans, specifications, a	and permit conditions?
Yes No	If yes, attach additional s	sheets identifying changes	with a justification for each change.
	CTION 10 - PERMIT/C	ONSENT ORDER RE	PORTING REQUIREMENTS
SE			
	ditional permit/consent orde	er reporting requirements no	ot covered by the previous sections of this

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.

John Kinney	Director
Name (Print or Type)	Title (Print or Type
john.kinney@niagaraf	allsny.gov
Email	(Print or Type)
1785 New Road	Niagara Falls
Address	City
NY	7162864849
State and Zip	Phone Number

RECEIVED



REGISTERED TRANSFER FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email swmfannuaireport@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	IN	FORMATION				
FACILITY NAME:							
City of Niagara Falls Corporation Yard							
FACILITY LOCATION ADDRESS:	FACILITY	CI	ΓY:		STATE:	ZIP CODE:	
1785 New Road	Niaga				NY	14304	
FACILITY TOWN:	FACILITY	CC	DUNTY:	FACILITY PHONE NUMBER:			
	Niaga				6-486-	4840	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Niagara County NYSDEC REGION #: 9						SDEC GION #: 9	
360 REGISTRATION DATE ISSUED: (Refer to DEC Registration) 32M15 NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)					STRATION		
FACILITY CONTACT:	public public		ONTACT PHONE		CONTACT	FAX NUMBER:	
John Kinney	private		UMBER: 6-486-4849		716-28	36-4847	
CONTACT EMAIL ADDRESS:							
			ORMATION				
OWNER NAME:			NE NUMBER:		NER FAX N		
City of Niagara Falls	716-28			716	5-286-4	1847	
OWNER ADDRESS:	OWNER C				STATE:	ZIP CODE:	
MPO Box 69	Niagara				NY	14302-0069	
OWNER CONTACT:	l		ITACT EMAIL ADDRE				
John Kinney			ney@niaga	ara	fallsny	.gov	
	OPERATOR	11 5	NFORMATION				
OPERATOR NAME: Same as owner					□ public □ private		
			RENCES				
Preferred address to receive correspondence: Facility location address Other (provide):							
Preferred email address: Facility Contact	По	vne	er Contact				
Preferred individual to receive correspondent Cl Other (provide):	ce: 🗆 Fac	ility	Contact 🗖 Ow	ner Co	ntact		

Did you operate in 2021? Tyes; 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.

RECEIVED

SECTION 2 - SOLID WASTE RECEIVED

<u>Please provide the tonnages of solid waste received.</u> Include all waste received. Report Recyclable Materials in Section 5. DO NOT REPORT IN CUBIC YARDS!

Specify the methods used to measure th	e quantities disposed and the percentages measured by each method:
% Scale Weight	% Estimated
% Truck Count	% Other (Specify:)

Type of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Construction & Demolition (C&D) Debris							
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	43.87	44.56	70.50	79.06	111.34	45.99	78.60
Other (specify)							
Sweeper Dirt			160.90	372.83	66.99	173.55	235.58
Leaves/Brush	35.11	5.26	15.07		25.23	46.27	
Tires			2.37	4.86	3.9	3.62	
Total Tons Received	78.98	49.82	248.84	456.75	207.46		314.18

Type of Solid Waste	Tip Fee (\$/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Construction & Demolition (C&D) Debris								
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	41.31/ 42.62	115.15	52.14	60.26	63.40	44.65	805.52	2.21
Other (specify)								
sweeper	18.63/19.22	84.11	152.95	121.96			1368.87	3.75
leaves/brush	32.14/33.16		14.84	37.51	42.20	28.79	250.28	.69
tires	91.06/93.96	2.86	3.64		6.15		27.40	.08
Total Tons Received		198.12	223.57	219.73	111.75	73.44	2452.07	6.72

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

SECTION 3 - SERVICE AREA OF SOLID WASTE RECEIVED

<u>Please identify where the waste is coming from.</u> 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 waste **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 waste **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 waste was generated.

Specify transport method, list type of material(s) and percentages of total waste trans	sported by each:
% Road: Waste Type(s):	% Rail: Waste Type(s):
% Water: Waste Type(s):	% Other (specify:): Waste Type(s):

	SERVICEAREA OF SO	LIDWASTER	ECEIVED (where th	e waste is coming from)	
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	STATE OR COUNTRY	COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Construction & Demolition (C&D) Debris					
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Direct Haul	New York	Niagara County 🔽	Niagara County	805.52
Other (specify)					
Sweeper dirt	Direct Haul	New York	Niagara County	Niagara County	1368.87
leaves/brush	Direct Haul	New York	Niagara County	Niagara County	250.28
			T	OTAL RECEIVED (tons):

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

SECTION 4 - TRANSFER OR DISPOSAL DESTINATION

<u>Please identify destination of waste.</u> Please only include waste sent off-site for disposal or further transfer prior to disposal. Exclude Recyclable Material amounts reported in Section 5. DO NOT REPORT IN CUBIC YARDS!

- If the waste is being sent to another facility for transfer or processing prior to disposal (e.g. Transfer facility or C&D debris handling and recovery facility), please identify name, <u>address</u>, corresponding State/Country, County/Province, and Destination Planning Unit of the transfer destination and the amount of waste transferred in the "Amount to Transfer Destination" column.
- If the waste is being sent to a landfill or combustor, please identify the name, <u>address</u>, corresponding State/Country, County/Province, and Destination Planning Unit of the disposal destination and the amount of waste being sent for disposal in the "Amount to Disposal Destination" column.

Specify transport me	ethod, list type of material(s) and percentages o	of total waste tra	nsported by ea	ch:			
% Road: Wa	ste Type(s):		% Ra	ail: Waste Type(s):_			
% Water: Wa	ste Type(s):		% O	ther (specify:): Waste Ty	/pe(s):	
	TRANSI	ER OR DISPO	SAL DESTINA	ATION "			
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS <u>Planning Units</u>)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Construction & Demolition (C&D)							
Debris							
Municipal Solid	Modern Landfill	New York	Niagara Coun ▼	Niagara County	805.52	0	805.52
Waste (MSW) (Residential,	4746 Model City Road						
Institutional &	Model City, NY 14107						
Commercial)							
Other (specify)	Modern Landfill	New York	Nlagara Cour ▼	Niagara County			
Sweeper Dirt					1368.87		1368.87
leaves/brush					250.28		250.28
					TOTAL SEN	T (tons):	

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

SECTION 5 - REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

Is your facility <u>also</u> a permitted or registered Recyclables Handling & Recovery Facility?
☐ Yes; Complete Section 5 for material recovered from the mixed solid waste stream. Complete a Recyclables Handling & Recovery Facility (RHRF) form for material received as source separated. The RHRF form is located at: http://www.dec.ny.gov/chemical/52706.html .
No; Complete Section 5 for material recovered from the mixed solid waste stream and for material received as source separated.

A. Service Area of Recyclable Material Received <u>Please identify where the recyclable materials are coming from.</u> DO NOT REPORT IN CUBIC YARDS!

- If the materials **WERE** 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 materials **WERE 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 recyclables were generated.

	SERVICE AREA OF RECYC	ABLEMATE	RASREGEMED	wherethe material is comi	ng 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)					
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)	Modern Landfill				
Tires	4746 Model City Rd., Model City NY 14107	New York	Niagara County TO	Niagara County TAL RECEIVED (tons)	2452.07

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 – REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued) B. Material Recovered

<u>Please identify destination of recovered 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 transferred. DO NOT REPORT IN CUBIC YARDS!

	od, list type of material(s) and percentages of total waste tr							
	(s):	% Rail: Material(s): % Other (specify:): Material(s):						
% water: Materia	al(s):							
1	PAPER RE	COVERED	E Company					
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 PAPER	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.

SECTION 5 - REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

B. Material Recovered

	GLASS RE	COVERED			r Christian
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 R	ECOVERED (tons):	
	METAL RE	COVERED			
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 (from MSW)					
Bulk Metal (from CD debris)					
Enameled Appliances/ White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
			TOTAL METAL 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.

SECTION 5 – REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued) B. Material Recovered

PLASTIC RECOVERED **DESTINATION NYS** DESTINATION DESTINATION TONS RECOVERED DESTINATION **PLANNING UNIT** STATE OR **COUNTY OR** RECOVERED MATERIAL (See Attached List of (Name & Address) COUNTRY **PROVINCE** (out of facility) NYS Planning Units Commingled Plastic (#1 - #7) PET (plastic #1) HDPE (plastic #2) Other Rigid Plastics (#3 - #7) Industrial Scrap Plastic Plastic Film & Bags Other Plastics (specify) **TOTAL PLASTIC RECOVERED (tons):** MISCELLANEOUS MATERIAL RECOVERED **DESTINATION NYS** DESTINATION DESTINATION TONS **PLANNING UNIT** RECOVERED DESTINATION STATE OR **COUNTY OR RECOVERED** (See Attached List of MATERIAL COUNTRY **PROVINCE** NYS Planning Units (Name & Address) (out of facility) Electronic Recyclers-3100 Reeves Road Indiana Electronics **T** 62.61 Plainfield, IN 46168 **Textiles** Niagara County ₹ 4.73 Other (specify) Modern Landfill-4746 Model City Rd New York ▼ Niagara County Model City, NY 14107 TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons): 67.43

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 – REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued) B. Material Recovered

	MIXED MATERI	AL RECOVERED	A STATE OF THE STA		
RECOVERED MIXED 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	MIVED MATERIA	L RECOVERED (tons):	
	ORGANIC MATE			E RECOVERED (IOIIS).	
RECOVERED MATERIAL Brush, Branches,	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)
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
		TOTAL OF	RGANIC MATERIA	L 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.

SECTION 6 – UNAUTHORIZED SOLID WASTE

Has un □ Yes				d at the facility duri elow for each incide			necessary):			
		Date	e Received	Type Receive	ed Date D	sposed	Disposal M	ethod & Location		
					Radiatio	on Monitoring				
Does y	our facility use	a fixed ra	diation mon	itor? Yes	■ No					
Identify	Manufacturer		and	Model	of fixe	d unit.				
Does y	our facility use	a portable	e radiation n	nonitor?Yes	■ No					
Identify	Manufacturer		and	Model	of fixe	d unit.				
If the ra	adiation monito	ors have be	en triggere	d give information b	elow for each ir	ncident:				
	Incident		Received		Truck	Do a dia a	Disposal	Rem	oved	
	Number	Date	Time	Hauler	Origin	Number	Reading	Status	Date	Time
_										
-										
Ĺ										
			SECTION	7 - COST EST	IMATES AND	FINANCIAL	ASSURANCE	DOCUMENTS		
Are the	ere required co	st estimate	es and finan	cial assurance doc	uments for closi	ıre?				
□Yes		yes, attac osure Plai		sheets reflecting ar	nnual adjustmer	nts for inflation a	and any changes	to the		

		SECTION 8 - PROBLEMS
	ny probler procedure	ns encountered during the reporting period (e.g., specific occurrences which have led to changes in s)?
□Yes	■ No	If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.
		SECTION 9 - CHANGES
Were th	ere any c	hanges from approved reports, plans, specifications, and permit conditions?
□Yes	■ No	If yes, attach additional sheets identifying changes with a justification for each change.
	SECTIO	N 10 - REGISTRATION/CONSENT ORDER REPORTING REQUIREMENTS
Are there	any addit	ional registration/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.

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.

Section 11-2100(2) of the Environmente	1 Conscivation Law and Section 2 10.40 of the 1	onal Eart.
Signature	2/18/2 Date	12
John Kinney	Director	716 286 4849
Name (Print or Type)	Title (Print or Type)	Phone Number
1785 New Road	Niagara Falls	14304
Address	City	State and Zip
john.kinney@niaga	rafallsny.gov	
Email (Print or Type)		
ATTACHMENTS: YES NO (Please check appropriate line)		RECEIVED
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