

TOWN OF SMITHTOWN

SUPERVISOR

EDWARD R. WEHRHEIM

TOWN COUNCIL

THOMAS J. McCARTHY

LYNNE C. NOWICK

LISA M. INZERILLO

THOMAS W. LOHMANN



Department of Environment & Waterways

DAVID A. BARNES, DIRECTOR

124 West Main Street

P.O. Box 9090

Smithtown, NY 11787

February 28, 2023

Mr. Syed H. Rahman, P.E., Regional Solid Waste Engineer
New York State Department of Environmental Conservation
50 Circle Road
SUNY at Stony Brook
Stony Brook, New York 11790-2356

Re: 2022 Annual Report: Recyclables Handling & Recovery Facility #52RP0256

Dear Mr. Rahman:

Enclosed please find the above referenced report for operations at the Town of Smithtown Municipal Services Facility (MSF) for the calendar year 2022. Additionally, the 2022 Annual Transfer Facility Report and 2022 Mulch Processing Facility Report have been submitted under separate cover.

Please do not hesitate to contact me if you require additional information.

Very truly yours,

Michael P. Engelmann, P.G.

Solid Waste Coordinator

Enc.

Cc: E. Wehrheim, Town Supervisor (via e-mail)
T. McCarthy, Councilman, Liaison (via e-mail)
D. Barnes, Environmental Protection Director (via e-mail)
N. Sheehan, Sanitation Supervisor (via e-mail)
J. Wade, P.E., Environmental Engineer II, NYS-DEC Region 1
(via email) james.wade@dec.ny.gov; swmfannualreportr1@dec.ny.gov
NYS-DEC Div. Of Solid & Hazardous Materials, Central Office:
(via email) SWMFannualreport@dec.ny.gov
R. Kitt, Senior Environmental Analyst (via e-mail)
Main Office: (631) 360-7514, Waste Generation Fee Billing: (631) 754-4998

E Mail: DEW@smithtownny.gov

www.smithtownny.gov



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, 2023.

This annual report is for the year of operation from January 01, 2022 to December 31, 2022 SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Town of Smithtown Municipal Services Facility			
FACILITY LOCATION ADDRESS: 85 Old Northport Road	FACILITY CITY: Kings Park	STATE: NY	ZIP CODE: 11754
FACILITY TOWN: Smithtown	FACILITY COUNTY: Suffolk	FACILITY PHONE NUMBER: 631-269-6600	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Smithtown (Town)			NYSDEC REGION #: 1
360 PERMIT #: (Refer to DEC Permit) 1-4734-01810-00002	DATE ISSUED: 8/18/20	DATE EXPIRES: 9/22/25	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 52RP0256
FACILITY CONTACT: Neal Sheehan	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 631-269-6600	CONTACT FAX NUMBER: 631-360-0227
CONTACT EMAIL ADDRESS: mengelmann@smithtownny.gov; nsheehan@smithtownny.gov; dew@smithtownny.gov			
OWNER INFORMATION			
OWNER NAME: Town of Smithtown	OWNER PHONE NUMBER: 631-360-7514	OWNER FAX NUMBER: 631-360-0227	
OWNER ADDRESS: 124 West Main St. P.O. Box 9090	OWNER CITY: Smithtown	STATE: NY	ZIP CODE: 11787
OWNER CONTACT: Michael P. Engelmann, P.G.	OWNER CONTACT EMAIL ADDRESS: mengelmann@smithtownny.gov		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input checked="" type="checkbox"/> Other (provide): Please provide to both			
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input checked="" type="checkbox"/> Other (provide): mengelmann@smithtownny.gov; dew@smithtownny.gov			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input checked="" type="checkbox"/> Other (provide): Michael P. Engelmann, mengelmann@smithtownny.gov;			

Did you operate in 2022? 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:

100 % Scale Weight _____ % Estimated
 _____ % Truck Count _____ % Other (Specify: _____)

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers <i>(metal, glass, plastic)</i>		First Quarter=	447			Second Quarter=	414	
Commingled Paper (all grades)		First Quarter=	1,105			Second Quarter=	1,403	
Single Stream <i>(total)</i>								
Other (specify) glass		First Quarter=	70			Second Quarter=	63	
Total Tons Received			1,622				1,880	
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers <i>(metal, glass, plastic)</i>		Third Quarter=	460	Fourth Quarter=	370	1,691	4.63	
Commingled Paper (all grades)		Third Quarter=	1,111	Fourth Quarter=	1,413	5,033	13.79	
Single Stream <i>(total)</i>								
Other (specify)		Third Quarter=	62	Fourth Quarter=	67	262	.72	
Total Tons Received			1,633		1,850	6,986		

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 <small>(where the material is coming from)</small>					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>(Name & Address)</small> 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>	Smithtown Residents / Municipal Facilities - Direct Haul	NY	Suffolk County <input type="checkbox"/>	Smithtown (Town) <input type="checkbox"/>	1,691
Commingled Paper <small>(all grades)</small>	Smithtown Residents / Municipal Facilities - Direct Haul	NY	Suffolk County <input type="checkbox"/>	Smithtown (Town) <input type="checkbox"/>	5,033
Single Stream <small>(total)</small>					
Other <small>(specify)</small>	Glass - Smithtown Residents / Municipal Facilities - Direct Haul	NY	Suffolk County <input type="checkbox"/>	Smithtown (Town) <input type="checkbox"/>	262
TOTAL MATERIAL RECEIVED (tons):					6,986

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

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION <small>(Name & Address)</small>	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>	Great Northern Fibers 77 Field Street West Babylon, N.Y. 11704	NY	Suffolk County <input checked="" type="checkbox"/>	Babylon (Town) <input checked="" type="checkbox"/>	5,171
Corrugated Cardboard	mixed with commingled above				
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper <small>(specify)</small>					
TOTAL PAPER RECOVERED (tons):					5,171

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	Town of Brookhaven Landfill	NY	Suffolk County <input type="checkbox"/>	Brookhaven (Town) <input type="checkbox"/>	309
	Yapahnk, N.Y.				
Industrial Scrap Glass					
Other Glass (specify)					
TOTAL GLASS RECOVERED (tons):					309
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	Gershow Recycling	NY	Suffolk County <input type="checkbox"/>	Brookhaven (Town) <input type="checkbox"/>	344
	71 Peconic Ave., Meford NY 11763				
Industrial Scrap Metal					
Tin & Aluminum Containers	Gershow Recycling	NY	Suffolk County <input type="checkbox"/>	Brookhaven (Town) <input type="checkbox"/>	9
	71 Peconic Ave., Meford NY 11763				
Other Metal (specify)					
TOTAL METAL RECOVERED (tons):					353

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)

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)	See commingled containers - next page				
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
TOTAL PLASTIC 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	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)	Winters Bros.				
	120 Nancy Street West Babylon, NY 11704	NY	Suffolk County <input type="checkbox"/>	Babylon (Town) <input type="checkbox"/>	1,601
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
TOTAL MIXED MATERIAL RECOVERED (tons):					1,601
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	Arrow Scrap Metal and E-Waste	NY	Suffolk County <input type="checkbox"/>	Brookhaven (Town) <input type="checkbox"/>	67
	1120 Lincoln Ave. Holbrook				
Textiles					
Other (specify) waste oil	AB Oil Service 1599 Ocean Ave. Boemia	NY	Suffolk County <input type="checkbox"/>	Islip Resource Recovery <input type="checkbox"/>	***6,485 gallons
TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):					67

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 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.

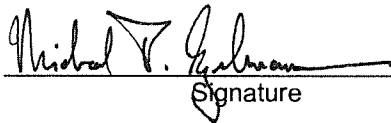
SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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

2/28/23
Date

Michael P. Engelmann, P.G.
Name (Print or Type)

Solid Waste Coordinator
Title (Print or Type)

mengelmann@smithtownny.gov
Email (Print or Type)

124 West Main St. P.O. Box 9090
Address

Smithtown
City

NY 11787
State and Zip

(631) 360-7514
Phone Number

ATTACHMENTS: YES NO