



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: Shenectady County Recycling Facility			
FACILITY LOCATION ADDRESS: 24 Hetcheltown Rd	FACILITY CITY: 	STATE: NY	ZIP CODE: 12302
FACILITY TOWN: Glenville	FACILITY COUNTY: Schenectady	FACILITY PHONE NUMBER: 518-399-6980	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Schenectady County			NYSDEC REGION #: 4
360 PERMIT #: (Refer to DEC Permit)	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)
FACILITY CONTACT: Nicholas Klemczak	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 518-618-4460	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: nickklemczaksswcd@yahoo.com			
OWNER INFORMATION			
OWNER NAME: Schenectady County	OWNER PHONE NUMBER: 518-388-4775	OWNER FAX NUMBER:	
OWNER ADDRESS: 620 State Street	OWNER CITY: Schenectady	STATE: NY	ZIP CODE: 12305
OWNER CONTACT: Charles Davidson	OWNER CONTACT EMAIL ADDRESS: Charles.Davidson@schenectadycounty.com		
OPERATOR INFORMATION			
OPERATOR NAME: Schenectady County Soil & Water Conservation District	<input type="checkbox"/> same as owner	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

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

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!**

The methods used to measure the quantities received and the percentages measured by each method:

Scale Weight _____ % Estimated

Truck Count _____ % Other (Specify: _____)

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)
Engled Containers (glass, plastic)							
Engled Paper (all)							
Stream	70	5.4 (9 days)	1.73 (8 days)	1.61 (8 days)	7.11 (26 days)	5.18 (25 days)	4.42 (25 days)
specify)							1.67
Metal							
Total Tons Received		5.4	1.73	1.61	7.11	5.18	4.42
							1.6
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	
Engled Containers (glass, plastic)							
Engled Paper (all)							
Stream	1.53 (27 days)	2.27 (25 days)	3.68 (25 days)	1.6 (23 days)	2.64 (24 days)	38.84	0.1
specify)							
Metal				2.35		2.35	
Tons Received	1.53	2.27	3.68	3.95	2.64	41.19	

If 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. If 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): All Materials Recieved _____ % Rail: Material(s): _____
 _____ % Water: Material(s): _____ % Other (specify: _____): Material(s): _____

SERVICE AREA OF MATERIAL RECEIVED (where the 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 <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
Commingled Containers <small>(metal, glass, plastic)</small>					
Commingled Paper <small>(all grades)</small>					
Single Stream <small>(total)</small>	Direct Haul	New York	Schenectady Cour <input type="checkbox"/>	Schenectady County <input type="checkbox"/>	38.84
Other <small>(specify)</small>					
Metal	Direct Haul	New York	Schenectady Cour <input type="checkbox"/>	Schenectady County <input type="checkbox"/>	2.35
TOTAL MATERIAL RECEIVED (tons):					41.19

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 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					
Industrial Scrap Glass					
Other Glass (specify)					
TOTAL GLASS RECOVERED (tons):					
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	NHKelman, Inc. 41 Euclid Street, Cohoes, NY 12047	New York	Albany County <input checked="" type="checkbox"/>	Capital Region Solid Wa <input checked="" type="checkbox"/>	2.35
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
TOTAL METAL 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 – RECYCLABLES & RECOVERED MATERIALS (continued)

PLASTIC RECOVERED

COVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	RE (ou
Aggregated Plastic					
Plastic #1)					
Plastic #2)					
Rigid Plastics					
Fl Scrap					
Film & Bags					
Plastics (specify)					
TOTAL PLASTIC RECOVERED (tons):					

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 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
1/2 hole bottles	1 cubic yard	GLASS - crushed mechanically	1 cubic yard	ALUMINIUM - cans - w hole	1 cubic yard
semi crushed	1 cubic yard	GLASS - uncrushed manually	55 gallon drum	ALUMINIUM - cans - flattened	1 cubic yard
High grade loose	1 cubic yard	PLASTIC - PET - w hole	1 cubic yard		
High grade baled	1 cubic yard	PLASTIC - PET - flattened	1 cubic yard		
Mixed loose	1 cubic yard	PLASTIC - PET - baled	1 cubic yard	WHITE GOODS - uncompacted	1 cubic yard
IT - loose	1 cubic yard	PLASTIC - styrofoam	1 cubic yard	WHITE GOODS - compacted	1 cubic yard
IT - compacted	1 cubic yard	PLASTIC - HDPE - w hole	1 cubic yard		
IT - loose	1 cubic yard	PLASTIC - HDPE - flattened 1	1 cubic yard		
IT - baled	1 cubic yard	PLASTIC - HDPE - baled	1 cubic yard	FERROUS METAL - cans whole	1 cubic yard
		PLASTIC - mixed (grocery bags)	45 gallon bag	FERROUS METAL - cans	1 cubic yard

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)					
Commingled Paper & Containers					
Single Stream (total)	County Waste Clifton Park Transfer Station, 1921 US 9, Clifton Park, NY 12065	New York	Saratoga County <input type="checkbox"/>	Saratoga County <input type="checkbox"/>	38.84
Other (specify)					

TOTAL MIXED MATERIAL RECOVERED (tons): 38.84

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					
Textiles					
Other (specify)					

TOTAL MISCELLANEOUS MATERIAL 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 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

2/21/2023

Date

Nicholas Klemczak

Name (Print or Type)

Executive Director

Title (Print or Type)

nickklemczaksswcd@yahoo.com

Email (Print or Type)

24 Hetcheltown Rd

Address

Glenville

City

NY 12302

State and Zip

(518) 399-6980

Phone Number

ATTACHMENTS: YES NO

This page for reference only. Please do not return with submittal.

**Division of Materials Management
New York State Department of Environmental Conservation
Albany, New York 12233-7260**

RECYCLABLES HANDLING & RECOVERY FACILITY

A Recyclable Handling and Recovery Facility is a facility that receives source-separated recyclables. Further information and a listing of the recyclable handling and recovery facilities are available online at <http://www.dec.ny.gov/chemical/50793.html>.

If your facility is authorized to operate a construction and demolition debris handling and recovery facility you need to submit a Construction and Demolition Debris Handling and Recovery Facility Annual Report.

If your facility is authorized to operate as a transfer facility you need to submit a Transfer Facility Annual. If your facility is authorized to operate as a recyclables handling & recovery facility and a transfer facility you must submit both annual reports.

Forms for all solid waste management facilities can be found at <http://www.dec.ny.gov/chemical/52706.html> and a brief description of each type of facility can be found at <http://www.dec.ny.gov/chemical/8495.html>.

Annual Report

Submit the Annual Report no later than March 1, 2023.

Reporting of the information indicated on this Recyclables Handling and Recovery Facility Annual Report form is required pursuant to 6 NYCRR Part 360. Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual/Quarterly Report requirements of 6 NYCRR Part 360.

Where the Annual Report requirements have been modified, appropriate Sections (as necessary to reflect the modification) must be completed and submitted with a copy of the Department's written notification which allows the modification.

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

SECTION 3 – SERVICE AREA OF MATERIAL RECEIVED

Identify the facility's service area by indicating the type and amount of material received, the Solid Waste Management facility (SWMF) from which it was received by your facility (or Direct Haul), the corresponding State/Country, the County/Province, and the NYS Planning Unit from which waste was received. **Refer to the list of NYS Planning Units that can be found at the end of this report.** The Total Tons Received reported below should equal the Total Tons Received in Section 2. **DO NOT REPORT IN CUBIC YARDS!**

Additional Service Area Guidance:

1) Direct hauled from the generator of the recyclables. In the case where the recyclables are hauled to your recycling facility from the generator (i.e., hauled from residences, commercial establishments, etc.), "Direct Haul" would be the appropriate response in Column 2 under "Service Area". Please report the tonnage by material type and identify the state, county and planning unit where it was generated; or

2) Sent to your recycling facility from another solid waste management facility. Recyclables may be sent to your recycling facility from another solid waste management facility. In this case, please report the tonnage by material type from each sending solid waste management facility, as well as the sending facility's name, address, county, and the planning unit where the sending facility is located.