



Department of
Environmental
Conservation

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

If you need assistance filling out this form please email wmaannualreport@dec.ny.gov or call 518-462-6072.

Complete and submit this form by March 9, 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: Waste Management of New York, LLC			
FACILITY LOCATION ADDRESS: 12 Wing Street	FACILITY CITY: Fort Edward	STATE: NY	ZIP CODE: 12828
FACILITY TOWN: Fort Edward	FACILITY COUNTY: Washington	FACILITY PHONE NUMBER: 518-378-9165	
FACILITY NYS PLANNING UNIT: <small>What is the NYS Planning Unit you are located in?</small> Washington County			NYSDEC REGION #: 5
360 PERMIT #: <small>(Permit by LSC Permit)</small> 5-5330-00013/00004	DATE ISSUED: 7/28/2014	DATE EXPIRES: 7/31/2024	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: <small>(Permit or DEC Registration)</small>
FACILITY CONTACT: Warren Harris	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 518-636-2141	CONTACT FAX NUMBER: 518-436-4255
CONTACT EMAIL ADDRESS: wharri11@wm.com			
OWNER INFORMATION			
OWNER NAME: Waste Management of New York, LLC	OWNER PHONE NUMBER: 518-636-2141	OWNER FAX NUMBER: 518-436-4255	
OWNER ADDRESS: 100 Boat Street	OWNER CITY: Albany	STATE: NY	ZIP CODE: 12202
OWNER CONTACT: Warren Harris	OWNER CONTACT EMAIL ADDRESS: wharri11@wm.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner			<input type="checkbox"/> public <input checked="" 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/62706.html>.

SECTION 2 - MATERIAL RECEIVED

Please provide one word only under "Material". 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:

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

Material	Tp Fsc (\$/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)								
Cardboard		50.89	52.43	66.93	49.34	46.31	27.07	3.63
Total Tons Received		50.89	52.43	66.93	49.34	46.31	27.07	3.63
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers (metal, glass, plastic)								
Commingled Paper (all grades)								
Single Stream (total)								
Other (specify)								
Cardboard	6.34	5.47	24.34	26.57	17.97	377.29	3.70	
Total Tons Received		6.34	5.47	24.34	26.57	377.29	3.70	

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 all 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) Cardboard % Rail: Material(s) _____
 % Water: Material(s) _____ % Other (specify): _____ Material(s): _____

SERVICE AREA OF MATERIAL RECEIVED <small>(Specify the material to sample from)</small>					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>(Name & Address) OR "Direct Haul"</small>	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>					
Other (specify):	Direct Haul	NY	Saratoga County	Saratoga County	87.48
Cardboard	Direct Haul	NY	Albany County	Capital Region Solid Waste	3.00
	Direct Haul	NY	Warren County	Warren County	279.02
	Direct Haul	NY	Washington County	Washington County	7.79
TOTAL MATERIAL RECEIVED (tons):					376.29

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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

Identify, describe, and quantify 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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NY's Planning Units)	TONS RECOVERED (out of facility)
Commingled Paper (all grades)					
Corrugated Cardboard	*Waste Management Recycle America, Liverpool	NY	Oneida County	Oneida County (except Skt)	12,830
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard/Boxboard					
Other Paper (specify)					
TOTAL PAPER 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)

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					
Enamelled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
TOTAL METAL RECOVERED (tons):					

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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 (and if 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)					
TOTAL PLASTIC RECOVERED (tons):					

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VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT
GLASS - whole bottles	1 cubic yard = 0.35 tons	GLASS - crushed mechanically	1 cubic yard = 0.68 tons	ALUMINUM - cans - whole	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 - whole	1 cubic yard = 0.015 tons		
PAPER - high grade baled	1 cubic yard = 0.38 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 - uncompactd	1 cubic yard = 0.10 tons
NEWSPRINT - loose	1 cubic yard = 0.29 tons	PLASTIC - styrofoam	1 cubic yard = 0.02 tons	WHITE GOODS - compactd	1 cubic yard = 0.5 tons
NEWSPRINT - compactd	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 cubic yard = 0.03 tons		
CORRUGATED - baled	1 cubic yard = 0.55 tons	PLASTIC - HDPE - baled	1 cubic yard = 0.55 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 MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planned Units)	TONS RECOVERED (out of facility)
Commingled Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
TOTAL MIXED MATERIAL RECOVERED (tons):					•
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 Planned 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 material's name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other material's 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

3/1/2023

Date

Frank Sepiol

Name (Print or Type)

Environmental Protection Specialist

Title (Print or Type)

fsepior@wm.com

Email (Print or Type)

WMNY, 100 Boat Street

Address

Albany

City

NY, 12202

State and Zip

(413) 519 3916

Phone Number

ATTACHMENTS: YES NO