



Department of
Environmental
Conservation

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 Antwerp			
FACILITY LOCATION ADDRESS: 36351 US Rt. 11	FACILITY CITY: Antwerp	STATE: NY	ZIP CODE: 13608
FACILITY TOWN: Antwerp	FACILITY COUNTY: Jefferson	FACILITY PHONE NUMBER: 315-659-8779	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Jefferson County			NYSDEC REGION #: 6
360 PERMIT #: (Refer to DEC Permit) 01-42	DATE ISSUED: 1-30-22	DATE EXPIRES: 1-30-23	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)
FACILITY CONTACT: Elizabeth Lynch	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 315-659-2419	CONTACT FAX NUMBER: 315-659-2419
CONTACT EMAIL ADDRESS: townclerk@nnymail.com			
OWNER INFORMATION			
OWNER NAME: Town of Antwerp	OWNER PHONE NUMBER: 315-659-2419	OWNER FAX NUMBER: 315-659-2419	
OWNER ADDRESS: 45 Main St. PO Box 658	OWNER CITY: Antwerp	STATE: NY	ZIP CODE: 13608
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner		<input type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Other (provide):		<input type="checkbox"/> Owner address	
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Other (provide): townclerk@nnymail.com		<input type="checkbox"/> Owner Contact	
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Other (provide):		<input type="checkbox"/> Owner Contact	

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

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)	
Weighted Containers (glass, plastic)		4.5	5.3	4.1	10.0	4.4	8.4	5
Weighted Paper (all stream specify)		1.9	1.1	2.5	1.9	1.8	0.52	1.1
Total Tons Received								
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Date	
Weighted Containers (glass, plastic)	5.0	5.3	4.8	4.1	4.0	22.3		
Weighted Paper (all stream specify)	3.7	1.0	2.6	1.4	3.0	22.5		
Total Tons Received								
Total Tons Received								

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 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 3 – SERVICE AREA OF MATERIAL RECEIVED

Identify where the material is coming from. The total tons received reported below should equal the total tons received in Section 2 (Received). **DO NOT REPORT IN CUBIC YARDS!**

If material **WAS** received from another solid waste management facility, please write in the name and address of the facility along with the planning unit/municipality.

If material **WAS NOT** received from another solid waste management facility, please write in "Direct Haul" along with the appropriate state planning unit/municipality where the material was generated.

Transport method, list type of material(s) and percentages of total material transported by each:

Truck: Material(s): _____ % Rail: Material(s): _____
 Water: Material(s): _____ % Other (Specify: _____): Material(s): _____

SERVICE AREA OF MATERIAL RECEIVED (where the material is coming from)				
MATERIAL 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
Lead Plastic Direct Haul				160
Lead Paper Direct Haul				20
Team				
(city)				
TOTAL MATERIAL RECEIVED (tons):				

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 and fill in 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 (12/22)

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)	TOTAL RECOVERED (out)
Glass					
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)	TOTAL RECOVERED (out)
Foil / Trays					
Aluminum					
Steel					
Appliances					
Other Metals (specify)					
Scrap Metal					
Other (specify)					
TOTAL METAL 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.

SECTION 5 – RECYCLABLES & RECOVERED MATERIALS (continued)

PLASTIC RECOVERED							
SERIALIZED RECOVERED SERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	1 REC (out		
ed Plastic							
#1)							
tic #2)							
d Plastics							
Scrap							
m & Bags							
stics (specify)							
TOTAL PLASTIC RECOVERED (tons):							

Serial 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 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

SERIAL	EQUIVALENT	MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT
ottle bottles	1 cubic yard	GLASS - crushed mechanically	1 cubic yard	ALUMINUM - cans - w hole	1 cubic yard
n crushed	1 cubic yard	GLASS - uncrushed manually	55 gallon drum	ALUMINUM - cans - flattened	1 cubic yard
n grade loose	1 cubic yard	PLASTIC - PET - w hole	1 cubic yard		
n grade baled	1 cubic yard	PLASTIC - PET - flattened	1 cubic yard	WHITE GOODS - uncompacted	1 cubic yard
ed loose	1 cubic yard	PLASTIC - PET - baled	1 cubic yard	WHITE GOODS - compacted	1 cubic yard
- loose	1 cubic yard	PLASTIC - styrofoam	1 cubic yard		
- compacted	1 cubic yard	PLASTIC - HDPE - w hole	1 cubic yard		
ED - loose	1 cubic yard	PLASTIC - HDPE - flattened †	1 cubic yard		
ED - baled	1 cubic yard	PLASTIC - HDPE - baled	1 cubic yard	FERROUS METAL - cans w hole	1 cubic yard
		PLASTIC - mixed (grocery bags)	45 gallon bag	FERROUS METAL - cans	1 cubic yard

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.

Barbara Mitchell
Signature

2/22/2023
Date

Barbara Mitchell
Name (Print or Type)

Town Clerk
Title (Print or Type)

townclerk@nnymail.com
Email (Print or Type)

45 Main St. PO Box 158
Address

Antwerp
City

NY 13608
State and Zip

315.459.2419
Phone Number

ATTACHMENTS: YES NO