

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

Environmental (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, 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:			TO THE REPORT OF THE PARTY OF T			
A+ W Recycli's FACILITY LOCATION ADDRESS:	na Inc					
FACILITY LOCATION ADDRESS:	J FACILITY	CITY:	STA	TE: ZIP CODE:		
521 Main St	Che	nango Bridge	N/	1 13745		
FACILITY TOWN:	FACILITY	COUNTY:	FACILITY P	PHONE NUMBER:		
Chenango		ome		48 3744		
FACILITY NYS PLANNING UNIT: (Alist	of NYS <u>Planning Ur</u>	nits can be found at the end of	this report).	NYSDEC REGION#: 7		
	E ISSUED:	DATE EXPIRES:	NYS DEC A	CTIVITY CODE OR		
Permit) OU MOU 10	0/9/93		REGISTRAT DEC Registrati	FION NUMBER:(Refer to ion)		
FACILITY CONTACT:	□ public	CONTACT PHONE	CONTA	ACT FAX NUMBER:		
Danawells	IZ∤private	NUMBER: 607 643 3764	607	648 2455		
	DWELLS 4	199 at AOL. COM	1 020 1	470 - 137		
	<u></u>	INFORMATION				
OWNER NAME:	OWNER F	PHONE NUMBER:	OWNER FA	X NUMBER:		
Dana Wells	607	607 648 3766		407648 2455		
OWNER ADDRESS:	_	OWNER CITY:		TE: ZIP CODE:		
Box 549	Chen	Chenango Bridge OWNER CONTACT EMAIL ADDR		14 13745		
OWNER CONTACT:	OWNER	CONTACT EMÂIL ADDRI	ESS:			
Dana Wells		UEUS 4099 all A	90L.Com			
		RINFORMATION		i ottakan pulukti pedian menangan pengan		
OPERATOR NAME: Same as ov	/ner		□ pub □ priv			
and the contract supplies the contract of the		FERENCES .				
Preferred address to receive correspondence: Facility location address Other (provide):						
Preferred email address: Facility Contact						
Preferred individual to receive correspondence:						
Did you operate in 2022? Yes; Cor	•			•		
☐ No; Com to relinquish your permit/registration ass	nplete and subm sociated with thi	it Sections 1 and 11. If y s solid waste manageme	ou no longer p nt activity, als	plan to operate and wish o 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:

% Scale Weight % Truck Count			% Estimated % Other (Specif	y:)			
Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)	0	0	0	0	0	0	0	0
Commingled Paper (all grades)	0	0	\bigcirc	\bigcirc	0		<u> </u>	\mathcal{C}
Single Stream (total)	0	0	0	0	0		0	\bigcirc
Other (specify)	0	360	360	360	360	350	340	340
Bulk Metal	0	2	2	2	2	2_	2_	2
Shrink Wap	0	10	10	10	. 10	10	10	10_
					<u> </u>			
Total Tons Recei	ved	372	372	372	372		3572	35.2
Total Tons Recei	ved August (tons)	372 September (tons)	372 October (tons)	372 November (tons)	372 December (tons)	Total	35 Z Year ns)	35 Z Daily Avg. (tons)
Material Commingled Containers (metal, glass, plastic)	August	September	October	November	December	Total	Year	Daily Avg.
Material Commingled Containers (metal, glass, plastic) Commingled Paper (all grades)	August (tons)	September	October (tons)	November	December (tons)	Total	Year	Daily Avg.
Material Commingled Containers (metal, glass, plastic) Commingled Paper (all	August (tons)	September	October (tons)	November	December (tons)	Total	Year	Daily Avg.
Material Commingled Containers (metal, glass, plastic) Commingled Paper (all grades) Single Stream	August (tons)	September	October (tons)	November	December (tons)	Total	Year ns)	Daily Avg.
Material Commingled Containers (metal, glass, plastic) Commingled Paper (all grades) Single Stream (total)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total (to	Year ns)	Daily Avg. (tons)
Material Commingled Containers (metal, glass, plastic) Commingled Paper (all grades) Single Stream (total) Other (specify)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total (to	Year ns)	Daily Avg. (tons)
Material Commingled Containers (metal, glass, plastic) Commingled Paper (all grades) Single Stream (total) Other (specify) OCC BUK Metal	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total (to	Year ns)	Daily Avg. (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 3 – SERVICE AREA OF MATERIAL RECEIVED

<u>Please Identify where the material 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 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.

Speci	ify transport method, list	t type of matenal(s) and percentages of total mater	nai transported by each:	
100	_% Road: Material(s):_	Recyclables	% Rail: Material(s):	
			% Other (specify:): Material(s):

	SERVICE AREA OF	VIATERIAL REC	CEIVED(where the	naterial 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 (See Attached List of NYS <u>Planning Units</u>)	TONS RECEIVED
Commingled Containers (metal, glass, plastic)					Ø
Commingled Paper (all grades)					. /
Single Stream (total)					Ø
Other (specify)					•
occ	Direct Haul	NY	Browne	R7	3970
Bulk Metal	Direct Haul	NY	Brome	R7	24
Shrik Wap	Direct Hawl	ΝŸ	Впет	R7	120
			TOTAL MATER	IAL RECEIVED (tons): <u>_ 4/14</u>

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SECTION 4 – RESIDUE

Total residue (tons) = Percent Residue Calcu	Residue destination (Name & Ado lation: Total tons residue/Total tons material received >	iress) (100 =			
	SECTION 5 - RECYCLABLES	S & RECOVER	ED MATERIAL	S	•
<u>Please identify destina</u> Destina	nation of recyclable materials. Indicate the name	of the facility, <u>a</u> of material recov	<u>ddress,</u> correspo vered. DO NOT F	onding State/Country, C REPORT IN CUBIC YARE	County/Province, OS!
Specify transport method <u>\∆O</u> % Road: Material(% Water. Material	d, list type of material(s) and percentages of total materi (s):Recyclables (s):	al transported by e % Ra % Ot	each: uil: Material(s): her (specify:): Material(s):	
ned in serious dispression	PAPERR	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)
Commingled Paper (all grades)					
Corrugated Cardboard	Westrock Syracuse NY Waste Management - Rochester NY	<i>NY</i> <i>NY</i>	Onondaga Monroe	R7 R8	1985
Junk Mail					
Magazines					
Newspaper					•
Office Paper					
Paperboard/ Boxboard					
Other Paper (specify)					
			TOTAL PAPI	ER:REGOVERED (tons):	3970

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SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	PLASTIC RI	COVERED	terior in established the		or in comments.
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	GP Harmon Iericho NY				120
Other Plastics (specify)					
		rice en planta de la TO	DTAL PLASTIC R	EGOVERED (tons):	120

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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	American representation and analysis souther absorbe		
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 whole	1 cubic yard	0.08 tons
Singa Madagasa Kanggan palawa Pak			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)

The second second	GLASS RI	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)
Container Glass —	-		*		
Industrial Scrap Glass			-		
Other Glass (specify)					
		=COVERED	TOTAL GLASS R	ECOVERED (tons):	
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 —	Weitsman Binghanter NY	NY	Broome	R7	24
Enameled Appliances / White Goods					
Industrial Scrap Metal —					
Tin & Aluminum Containers					
Other Metal (specify)	•,				
				RECOVERED (tons):	24

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SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

	MIXED MATERIA	L 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					10.00
Single Stream (total)					
Other (specify)					
	MISCELLANEOUS MA	AND THE PART AND WILLIAM STATES OF THE PARTY	egg politikasisti medistripin nagana nakatasisti n	L RECOVERED (tons):	CENT I AM A VICENCE NO AN ACCOUNT
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)					
	TICO TO THE TOTAL PROPERTY OF THE TOTAL PROP	 DTAL MISCELLA	 NEOUS MATERIA	LERECOVERED (tons);	

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as unauthorized		ste been received at	the facility during the	ED SOLID WASTE reporting period? tach additional sheets if necessary):
Date Rec	elved	Type Received	Date Disposed	Disposal Method & Location
	-			
	<u> </u>			
· · · · · · · · · · · · · · · · · · ·				
,	ed cost e	stimates and financia	al assurance docume	CIAL ASSURANCE DOCUMENTS Ints for closure? I adjustments for inflation and any changes to the
Were any problem facility procedure Yes	res)?	ountered during the re		BLEMS specific occurrences which have led to changes in problem and the methods for resolution of the
		S	SECTION 9 CHA	ANGES
Were there any	changes	from approved report	rts, plans, specificatio	ns, and permit conditions?
Yes No	if yes	, attach additional sh	eets identifying chan	ges with a justification for each change.
			•	
SI	ECTION	I 10 - PERMIT/CO	ONSENT ORDER	REPORTING REQUIREMENTS
Are there any a form?	dditional	permit/consent order	reporting requiremen	nts not covered by the previous sections of this
Yes No	-	s, attach additional sh onses.	eets identifying the re	eporting requirements with their respective

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	1/4/23 Date
Dana Wells	President
Name (Print or Type) DWELLS 4099	Title (Print or Type)
Email (Print	* · · ·
Box 549 /521 Main st Address	<u>Chenango Br.dge</u> City
NY 13745	(607) 648-3766
State and Zip	Phone Number
ATTACHMENTS: Tyes W NO	