



Department of
Environmental
Conservation

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT
(If you need assistance filling out this form please email swrmannualreport@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: WECARE WASTE AND RECYCLING, LLC. | | | |
| FACILITY LOCATION ADDRESS: 9289 BONTA BRIDGE RD. | FACILITY CITY: JORDAN | STATE: NY | ZIP CODE: 13080 |
| FACILITY TOWN: BRUTUS | FACILITY COUNTY: CAYUGA | FACILITY PHONE NUMBER: 315-689-1937 | |
| FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). CAYUGA COUNTY | | | NYSDEC REGION #: 7 |
| 360 PERMIT #: (Refer to DEC Permit) | DATE ISSUED: | DATE EXPIRES: | NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 06M06 |
| FACILITY CONTACT: Greg Capparelli | <input type="checkbox"/> public <input checked="" type="checkbox"/> private | CONTACT PHONE NUMBER: 315-689-1937 | CONTACT FAX NUMBER: 315-689-1996 |
| CONTACT EMAIL ADDRESS: greg.capparelli@wecarecompanies.com | | | |
| OWNER INFORMATION | | | |
| OWNER NAME: WeCare Waste & Recycling | OWNER PHONE NUMBER: 315-689-1937 | OWNER FAX NUMBER: 315-689-1996 | |
| OWNER ADDRESS: 9289 Bonta Bridge Rd. | OWNER CITY: Jordan | STATE: NY | ZIP CODE: 13080 |
| OWNER CONTACT: Wes Gregory | OWNER CONTACT EMAIL ADDRESS: cwg3@wecarecompanies.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 checked="" type="checkbox"/> Other (provide): | | | |
| Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input checked="" type="checkbox"/> Other (provide): | | | |
| Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input checked="" 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 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

1/27/2023
Date

C. Wesley Gregory III
Name (Print or Type)

CEO
Title (Print or Type)

cwg3@wecarecompanies.com
Email (Print or Type)

9289 Bonta Bridge Rd.
Address

Jordan
City

NY 13080
State and Zip

(315) 689-1937
Phone Number

ATTACHMENTS: YES NO