



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, 2022.

This annual report is for the year of operation from January 01, 2021 to December 31, 2021

SECTION 1 - GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: GLR Beaver Dams			
FACILITY LOCATION ADDRESS: 2830 Pearl ST	FACILITY CITY: Beaver Dams	STATE: NY	ZIP CODE: 14812
FACILITY TOWN: Dix	FACILITY COUNTY: Schuyler	FACILITY PHONE NUMBER: 607-738-5004	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Schuyler County			NYSDEC REGION #: 8
360 PERMIT #: (Refer to DEC Permit) 49R10001	DATE ISSUED: 09/23/2022	DATE EXPIRES: 09/23/2027	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 49T20001
FACILITY CONTACT: MATT SIMPSON	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 607-738-0038	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: Matt@Greenleaf-Recycling.com			
OWNER INFORMATION			
OWNER NAME: Y'all Rite LLC	OWNER PHONE NUMBER: 607-738-0038	OWNER FAX NUMBER:	
OWNER ADDRESS: 305 C ST	OWNER CITY: Horseheads	STATE: NY	ZIP CODE: 14845
OWNER CONTACT: MATT SIMPSON	OWNER CONTACT EMAIL ADDRESS: Matt@Greenleaf-Recycling.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 type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address			
<input checked="" type="checkbox"/> Other (provide): P.O. Box 39 Horseheads, NY 14845			
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 ~~2021~~ 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: SWMAnnualreport@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.

Matt Simpson
Signature

02/24/2023
Date

Matt Simpson
Name (Print or Type)

C.O.O.
Title (Print or Type)

MATT@Greenleaf-Recycling.com
Email (Print or Type)

305 C ST
Address

Horseheads
City

NY 14845
State and Zip

(607) 739-0038
Phone Number

ATTACHMENTS: YES NO