



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: Wayland Transfer Station			
FACILITY LOCATION ADDRESS: 7018 Dieter Rd	FACILITY CITY: 	STATE: NY	ZIP CODE: 14572
FACILITY TOWN: Wayland	FACILITY COUNTY: Steuben	FACILITY PHONE NUMBER: (585) 728-3040	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Steuben County			NYSDEC REGION #: 8
360 PERMIT #: (Refer to DEC Permit)	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 51R10005
FACILITY CONTACT: Steve Orcutt	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: (607) 664-2460	CONTACT FAX NUMBER: (607) 664-2167
CONTACT EMAIL ADDRESS: SOrcutt@steubencountyny.gov			
OWNER INFORMATION			
OWNER NAME: Steve Orcutt	OWNER PHONE NUMBER: (607) 664-2460	OWNER FAX NUMBER: (607) 664-2167	
OWNER ADDRESS: 3 E Pulteney Square	OWNER CITY: Bath	STATE: NY	ZIP CODE: 14810
OWNER CONTACT: Steve Orcutt	OWNER CONTACT EMAIL ADDRESS: SOrcutt@steubencountyny.gov		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" 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/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

 % Estimated

 % Truck Count

 % Other (Specify: _____)

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers <small>(metal, glass, plastic)</small>		2.5	11	3.8	19.1	3.9	2.4	3.4
Commingled Paper (all grades)		16.7		16.7			14.2	
Single Stream <small>(total)</small>								
Other <small>(specify)</small>								
E-WASTE			1	1	3.1	1.3	1.8	1.7
Scrap Metal		5.3	5.2	10.7	5.6	14.3	11.7	15.5
Total Tons Received		24.5	17.2	32.2	27.8	19.5	30.1	20.6
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)		Daily Avg. (tons)
Commingled Containers <small>(metal, glass, plastic)</small>	13.4	4.8	1.2	12.3	6.1	84.1		0.36
Commingled Paper (all grades)		15.9				63.5		0.26
Single Stream <small>(total)</small>								
Other <small>(specify)</small>								
E-WASTE	1.4	1.5	1	1.4	1.5	16.7		0.07
Scrap Metal	10.7	9.4	15.2	10.8	4.8	119.3		0.48
Total Tons Received	25.5	31.6	17.4	24.5	12.4	283.6		1.14

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

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 or 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): _____ % Rail: Material(s): _____
 _____ % Water: Material(s): _____ % Other (specify: _____): Material(s): _____

SERVICE AREA OF MATERIAL RECEIVED <small>(where the material is coming from)</small>					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>(Name & Address)</small> OR " Direct Haul "	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>	Direct Haul	NY	Steuben County ▾	Steuben County ▾	84.1
Commingled Paper <small>all grades)</small>	Direct Haul		Steuben County ▾	Steuben County ▾	63.5
Single Stream <small>total)</small>					
Other <small>(specify)</small>					
E-WASTE	Direct Haul		Steuben County ▾	Steuben County ▾	16.7
Scrap Metal	Direct Haul		Steuben County ▾	Steuben County ▾	119.3
TOTAL MATERIAL RECEIVED (tons):					283.6

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SECTION 4 – RESIDUE

Total residue (tons) = 0 Residue destination (Name & Address) n/a
Percent Residue Calculation: Total tons residue/Total tons material received x 100 = 0

SECTION 5 – RECYCLABLES & RECOVERED MATERIALS

Please identify destination of 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:

0 % Road: Material(s): _____ % Rail: Material(s): _____
 _____ % Water: Material(s): _____ % Other (specify: _____): Material(s): _____

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION <small>(Name & Address)</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
Commingled Paper <small>(all grades)</small>	Penn Turf, Arcade NY	NY	Wyoming County <input type="checkbox"/>	GLOW Region Solid Waste <input type="checkbox"/>	63.5
Corrugated Cardboard	Bath Landfill 5632 Turnpike Rd	NY	Steuben County <input type="checkbox"/>	Steuben County <input type="checkbox"/>	142.6
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard/ Boxboard					
Other Paper <small>(specify)</small>					
TOTAL PAPER RECOVERED (tons):					206.1

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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					
Enameled Appliances White Goods	Weitsmans, Hornell NY	NY	Steuben County <input type="checkbox"/>	Steuben County <input type="checkbox"/>	119.3
Industrial Scrap Metal					
Tin & Aluminum Containers	Bath Landfill 5632 Turnpike Rd	NY	Steuben County <input type="checkbox"/>	Steuben County <input type="checkbox"/>	10.7
Other Metal (specify)					
TOTAL METAL RECOVERED (tons):					130

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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 (out of facility)
Commingled Plastic #1 - #7)					
PET (plastic #1)	Bath Landfill 5632 Turnpike Rd	NY	Steuben County ▾	Steuben County ▾	10.8
HDPE (plastic #2)	Bath Landfill 5632 Turnpike Rd	NY	Steuben County ▾	Steuben County ▾	10.9
Other Rigid Plastics #3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
#1 and #2 Mixed	Bath Landfill 5632 Turnpike Rd	NY	Steuben County ▾	Steuben County ▾	12.3
TOTAL PLASTIC RECOVERED (tons):					34

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VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT
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		
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 w hole	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 Planning Units)	TONS RECOVERED (out of facility)
Commingled Containers <i>metal, glass, plastic</i>	Weitsmans, Hornell NY (Metal)	NY	Steuben County	Steuben County	10.7
	Bath Landfill 5632 Turnpike Rd (Plastic, Glass)	NY	Steuben County	Steuben County	73.4
Commingled Paper & Containers					
Single Stream <i>total</i>					
Other <i>(specify)</i>					

TOTAL MIXED MATERIAL RECOVERED (tons): 84.1

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 Planning Units)	TONS RECOVERED (out of facility)
Electronics	Sunn King, Brockport NY	NY	Monroe County	Monroe County	16.7
Textiles					
Other <i>(specify)</i>					

TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons): 16.7

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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: 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.

Steve Orcutt
Signature

2/2/2023
Date

Steve Orcutt
Name (Print or Type)

Assistant Commissioner
Title (Print or Type)

SORcutt@steubencountyny.gov
Email (Print or Type)

3 E Pulteney Square
Address

Bath
City

NY 14810
State and Zip

(607) 664 2460
Phone Number

ATTACHMENTS: YES NO

**Division of Materials Management
New York State Department of Environmental Conservation
Albany, New York 12233-7260**

RECYCLABLES HANDLING & RECOVERY FACILITY

A Recyclable Handling and Recovery Facility is a facility that receives source-separated recyclables. Further information and a listing of the recyclable handling and recovery facilities are available online at <http://www.dec.ny.gov/chemical/50793.html>.

If your facility is authorized to operate a construction and demolition debris handling and recovery facility you need to submit a Construction and Demolition Debris Handling and Recovery Facility Annual Report.

If your facility is authorized to operate as a transfer facility you need to submit a Transfer Facility Annual. If your facility is authorized to operate as a recyclables handling & recovery facility and a transfer facility you must submit both annual reports.

Forms for all solid waste management facilities can be found at <http://www.dec.ny.gov/chemical/52706.html> and a brief description of each type of facility can be found at <http://www.dec.ny.gov/chemical/8495.html>.

Annual Report

Submit the Annual Report no later than March 1, 2023.

Reporting of the information indicated on this Recyclables Handling and Recovery Facility Annual Report form is required pursuant to 6 NYCRR Part 360. Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual/Quarterly Report requirements of 6 NYCRR Part 360.

Where the Annual Report requirements have been modified, appropriate Sections (as necessary to reflect the modification) must be completed and submitted with a copy of the Department's written notification which allows the modification.

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

SECTION 3 – SERVICE AREA OF MATERIAL RECEIVED

Identify the facility's service area by indicating the type and amount of material received, the Solid Waste Management facility (SWMF) from which it was received by your facility (or Direct Haul), the corresponding State/Country, the County/Province, and the NYS Planning Unit from which waste was received. **Refer to the list of NYS Planning Units that can be found at the end of this report.** The Total Tons Received reported below should equal the Total Tons Received in Section 2. **DO NOT REPORT IN CUBIC YARDS!**

Additional Service Area Guidance:

1) *Direct hauled from the generator of the recyclables.* In the case where the recyclables are hauled to your recycling facility from the generator (i.e., hauled from residences, commercial establishments, etc.), "Direct Haul" would be the appropriate response in Column 2 under "Service Area". Please report the tonnage by material type and identify the state, county and planning unit where it was generated; or

2) *Sent to your recycling facility from another solid waste management facility.* Recyclables may be sent to your recycling facility from another solid waste management facility. In this case, please report the tonnage by material type from each sending solid waste management facility, as well as the sending facility's name, address, county, and the planning unit where the sending facility is located.