



REGISTERED TRANSFER 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 Marilla			
FACILITY LOCATION ADDRESS: 2500 Eastwood Rd	FACILITY CITY: Marilla	STATE: NY	ZIP CODE: 14102
FACILITY TOWN: Marilla	FACILITY COUNTY: Erie	FACILITY PHONE NUMBER: 7166527311	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Northeast Southtowns Solid Waste Management Board (NEST)			NYSDEC REGION #: 9
360 REGISTRATION DATE ISSUED: (Refer to DEC Registration)		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 15M50	
FACILITY CONTACT: Ronald Unverdorben	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 716 652 7311	CONTACT FAX NUMBER: 716 652 7311
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Town of Marilla	OWNER PHONE NUMBER: 716 652 7311	OWNER FAX NUMBER: 716 652 7311	
OWNER ADDRESS: 1740 Two Rod Rd	OWNER CITY: Marilla	STATE: NY	ZIP CODE: 14102
OWNER CONTACT: Ronald Unverdorben	OWNER CONTACT EMAIL ADDRESS: ron.highway@townofmarilla.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" 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 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 3 – SERVICE AREA OF SOLID WASTE RECEIVED

Please identify where the waste 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 waste **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 waste **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 waste was generated.

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

_____ % Road: Waste Type(s): _____ _____ % Rail: Waste Type(s): _____
 _____ % Water: Waste Type(s): _____ _____ % Other (specify: _____): Waste Type(s): _____

SERVICE AREA OF SOLID WASTE RECEIVED <small>(where the waste is coming from)</small>					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>(Name & Address)</small> OR " Direct Haul "	STATE OR COUNTRY	COUNTY OR PROVINCE	NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
Construction & Demolition (C&D) Debris					
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)					
Other <small>(specify)</small>					
TOTAL RECEIVED (tons):					0

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

SECTION 4 - TRANSFER OR DISPOSAL DESTINATION

Please identify destination of waste. Please only include waste sent off-site for disposal or further transfer prior to disposal. Exclude Recyclable Material amounts reported in Section 5. DO NOT REPORT IN CUBIC YARDS!

- If the waste is being sent to another facility for transfer or processing prior to disposal (e.g. Transfer facility or C&D debris handling and recovery facility), please identify name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the transfer destination and the amount of waste transferred in the "Amount to Transfer Destination" column.
- If the waste is being sent to a landfill or combustor, please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the disposal destination and the amount of waste being sent for disposal in the "Amount to Disposal Destination" column.

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

_____ % Road: Waste Type(s): _____ _____ % Rail: Waste Type(s): _____
 _____ % Water: Waste Type(s): _____ _____ % Other (specify: _____): Waste Type(s): _____

TRANSFER OR DISPOSAL DESTINATION							
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT <small>(Name & Address)</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Construction & Demolition (C&D) Debris							
Municipal Solid Waste (MSW) <small>(Residential, Institutional & Commercial)</small>							
Other (specify)							
TOTAL SENT (tons):						0	

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

SECTION 5 – REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

A. Recyclables Received

Is your facility also a permitted or registered Recyclables Handling & Recovery Facility?

Yes; Complete Section 5 for material recovered from the mixed solid waste stream. Complete a Recyclables Handling & Recovery Facility (RHRF) form for material received as source separated. The RHRF form is located at: <http://www.dec.ny.gov/chemical/52706.html> .

No; Complete Section 5 for material recovered from the mixed solid waste stream and for material received as source separated.

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>								
Commingled Paper (all grades)	0	.91	.93	.78	1.91	.99	0	1.77
Single Stream <small>(total)</small>	55.00	0	6.02	0	4.51	0	5.50	0
Brush, Branches, Trees, & Stumps		0	0	0	3.6	0	0	2.8
Food Scraps								
Yard Waste <small>(curbside)</small>								
Other <small>(specify)</small>								
Total Tons Received								
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers <small>(metal, glass, plastic)</small>								
Commingled Paper (all grades)	.78	.95	1.54	.76	.61	11.93	.032	
Single Stream <small>(total)</small>	0	5.85	0	0	6.01	27.89	.076	
Brush, Branches, Trees, & Stumps	6.8	0	5.6	0	0	18.8	.051	
Food Scraps								
Yard Waste <small>(curbside)</small>								
Other <small>(specify)</small>								
Total Tons Received						58.62	.159	

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SECTION 5 – REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

C. Material Recovered

Please identify destination of recovered materials. Indicate the name of the facility, address, corresponding State/Country, County/Province, Destination Planning Unit/Municipality and the amount of material transferred. **DO NOT REPORT IN CUBIC YARDS!**

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

100 % Road: Material(s): ALL _____ % Rail: Material(s): _____
 _____ % Water: Material(s): _____ % Other (specify: _____): Material(s): _____

PAPER 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 Paper (all grades)	Cascades Recovery-Buffalo Plant			Not Affiliated - Buffalo (Ci <input type="checkbox"/>)	
	3241 Walden Ave Buffalo	NY	Erie County <input type="checkbox"/>		11.93
Corrugated Cardboard	Cascades Recovery - Buffalo Plant	NY	Erie County <input type="checkbox"/>	Not Affiliated - Buffalo (Ci <input type="checkbox"/>)	21.41
	3241 Walden Ave Buffalo				
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
TOTAL PAPER RECOVERED (tons):					33.34

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SECTION 5 – REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

C. Material Recovered

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 (from MSW)	EASCO Brokerage 2216 Angling Rd Corfu	NY	Genesee County ▼	GLOW Region Solid Wa ▼	3.38
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods	EASCO Brokerage 2216 Angling Rd Corfu	NY	Genesee County ▼	GLOW Region Solid Wa ▼	2.17
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)	EASCO Brokerage	NY	Genesee County ▼	GLOW Region Solid Wa ▼	1.6
Copper Aluminum	2216 Angling Rd Corfu				

TOTAL METAL RECOVERED (tons): 7.15

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SECTION 5 – REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

C. Material Recovered

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)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
TOTAL PLASTIC RECOVERED (tons): _____					
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	Sunking -Buffalo 4 Owens Rd Brockport	NY	Monroe County ▾	Monroe County ▾	8.49
Textiles					
Other (specify) Scrap Tires	Geiter Done of WNY 300 Greene St Buffalo	NY	Erie County ▾	Not Affiliated - Buffalo (C) ▾	6.83
Residential Waste Oil	NOCO Dist 2440 Sheridan Dr Tonawanda	NY	Erie County ▾	Northwest Communities ▾	4.49
TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons): 19.81					

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SECTION 5 – REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

C. Material Recovered

MIXED MATERIAL RECOVERED

RECOVERED MIXED 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					
Single Stream (total)	Buffalo Recycling Enterprises 266 Hopkins St Buffalo	NY	Erie County <input type="checkbox"/>	Not Affiliated - Buffalo (C) <input type="checkbox"/>	27.89
Other (specify)					

TOTAL MIXED MATERIAL RECOVERED (tons): 27.89

ORGANIC 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)
Brush, Branches, Trees, & Stumps	Good Earth PO Box 290 Broadway Lancaster	NY	Erie County <input type="checkbox"/>	Northeast Southtowns S <input type="checkbox"/>	18.8
Food Scraps					
Yard Waste (curbside)					
Other (specify)					

TOTAL ORGANIC MATERIAL RECOVERED (tons): 18.8

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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

Radiation Monitoring

Does your facility use a fixed radiation monitor? Yes No

Identify Manufacturer _____ and Model _____ of fixed unit.

Does your facility use a portable radiation monitor? Yes No

Identify Manufacturer _____ and Model _____ of fixed unit.

If the radiation monitors have been triggered give information below for each incident:

Incident Number	Received		Hauler	Origin	Truck Number	Reading	Disposal Status	Removed	
	Date	Time						Date	Time

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 - REGISTRATION/CONSENT ORDER REPORTING REQUIREMENTS

Are there any additional registration/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.

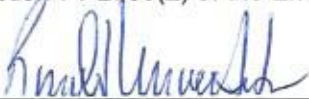
SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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.



Signature

2/21/2023

Date

Ronald Unverdorben

Name (Print or Type)

Supt of Hwys

Title (Print or Type)

716 652 7311

Phone Number

1740 Two Rod Rd

Address

Marilla

City

NY 14102

State and Zip

ron.highway@townofmarilla.com

Email (Print or Type)

ATTACHMENTS: YES NO (Please check appropriate line)