



CHAFFEE LANDFILL
Waste Management of New York, LLC.
10860 Olean Road
Chaffee, NY 14030
(716) 492-3433

February 28, 2023

Mr. Peter Grasso
New York State Department of
Environmental Conservation
270 Michigan Avenue
Buffalo, New York 14203-2999

**RE: 2022 Annual Report
CID Refuse Services, Inc. Recyclables Handling & Recovery Facility**

Dear Mr. Grasso:

Waste Management of New York, LLC is pleased to submit the attached 2022 NYSDEC Annual Report for the CID Refuse Services, Inc. Recyclables Handling & Recovery Facility.

Should you have any questions, or require any additional information, please call me at (716) 492-3411.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael D. Mahar', written in a cursive style.

Michael D Mahar
Senior District Manager

copy: New York State Department of Environmental Conservation
Division of Materials Management (SWMFannualreport@dec.ny.gov)
Bureau of Permitting and Planning
625 Broadway
Albany, New York 12233-7260

K. Klock - WMNY



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: CID Refuse Services, Inc.			
FACILITY LOCATION ADDRESS: 10860 Olean Road	FACILITY CITY: Chaffee	STATE: NY	ZIP CODE: 14030
FACILITY TOWN: Sardinia	FACILITY COUNTY: Erie	FACILITY PHONE NUMBER: (716) 496-5192	
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 PERMIT #: Refer to DEC Permit	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration 15M40
FACILITY CONTACT: Michael D Mahar	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: (716) 496-3411	CONTACT FAX NUMBER: (716) 496-7325
CONTACT EMAIL ADDRESS: mmahar@wm.com			
OWNER INFORMATION			
OWNER NAME: Waste Management of New York, LLC	OWNER PHONE NUMBER: (716) 496-5192	OWNER FAX NUMBER: (716) 496-7325	
OWNER ADDRESS: 10860 Olean Road	OWNER CITY: Chaffee	STATE: NY	ZIP CODE: 14030
OWNER CONTACT: Michael D Mahar	OWNER CONTACT EMAIL ADDRESS: mmahar@wm.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 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 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 and 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 <i>where the material is coming from</i>)					
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>					
Commingled Paper <small>all grades</small>					
Single Stream <small>(total)</small>	Direct Haul	NY	Cattaraugus County	Cattaraugus County	74.36
	Direct Haul	NY	Erie County	Northeast Southtowns Soli	1,641.90
	Direct Haul	NY	Livingston County	GLOW Region Solid Waste	135.51
Other <small>(specify)</small>	Direct Haul	NY	Wyoming County	GLOW Region Solid Waste	1,580.99
Cardboard/OCC	Direct Haul	NY	Cattaraugus County	Cattaraugus County	5.26
Cardboard/OCC	Direct Haul	NY	Erie County	Northeast Southtowns Soli	6.05
Cardboard/OCC	Direct Haul	NY	Wyoming County	GLOW Region Solid Waste	65.63
TOTAL MATERIAL RECEIVED (tons :					3,509.70

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

SECTION 4 – RESIDUE

Total residue tons _____ Residue destination **Name Address**) _____
Percent Residue Calculation: Total tons residue/Total tons material received x 100 _____

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:

100 % 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>					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper <small>(specify</small>					
TOTAL PAPER RECOVERED (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 5 – RECYCLABLES RECOVERED MATERIALS *continued*)

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>
Container Glass					
Industrial Scrap Glass					
Other Glass <small>(specify</small>					
TOTAL GLASS RECOVERED (tons : _____					
METAL 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>
Aluminum Foil / Trays					
Bulk Metal	NUWERS AUTO PARTS	NY	Erie County	Northeast Southtowns Solic	6.73
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin Aluminum Containers					
Other Metal <small>(specify</small>					
TOTAL METAL RECOVERED (tons : <u>6.73</u>					

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SECTION 5 – RECYCLABLES RECOVERED MATERIALS continued

PLASTIC 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 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 : _____					

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.

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 - uncompactd	1 cubic yard 0.10 tons
NEWSPRINT - loose	1 cubic yard 0.29 tons	PLASTIC - styrofoam	1 cubic yard 0.02 tons	WHITE GOODS - compactd	1 cubic yard 0.5 tons
NEWSPRINT - compactd	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 <i>Name Address)</i>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <i>See Attached List of NYS Planning Units</i>	TONS RECOVERED <i>out of facility</i>
Commingled Containers <i>metal, glass, plastic</i>					
Commingled Paper Containers					
Single Stream <i>(total)</i>	WMRAA, Liverpool, NY	NY	Onondaga County	Onondaga County (except S	2,049.88
	Casella Waste Ontario County Landfill/MRF	NY	Ontario County	Ontario County	166.52
	BUFFALO RECYCLING ENTERPRISES/MODERN	NY	Erie County	Not Affiliated - Buffalo (City)	1,168.99
Other <i>(specify</i>					
TOTAL MIXED MATERIAL RECOVERED (tons :					3,385.39
MISCELLANEOUS MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION <i>Name Address)</i>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <i>See Attached List of NYS Planning Units</i>	TONS RECOVERED <i>out of facility</i>
Electronics					
Textiles					
Other <i>(specify</i>					
TIRES	SGS Recovery LLC	NY	Niagara County	Niagara County	5.24
TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons :					5.24

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 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.

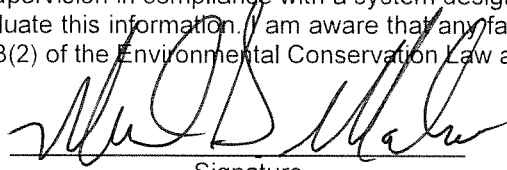
SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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: 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	<u>02/28/2023</u> _____ Date
<u>Michael D Mahar</u> _____ Name (Print or Type)	<u>Senior District Manager</u> _____ Title (Print or Type)
<u>mmahar@wm.com</u> _____ Email (Print or Type)	
<u>10860 Olean Road</u> _____ Address	<u>Chaffee</u> _____ City
<u>New York 14030</u> _____ State and Zip	<u>(716) 492-3411</u> _____ Phone Number

ATTACHMENTS: YES NO