



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: Triad Recycling and Energy Corp.			
FACILITY LOCATION ADDRESS: 3755 River Road	FACILITY CITY: Buffalo	STATE: NY	ZIP CODE: 14150
FACILITY TOWN: Tonawanda	FACILITY COUNTY: Erie	FACILITY PHONE NUMBER: (716) 235-8822	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Northwest Communities Solid Waste Management Board (NEST)			NYSDEC REGION #: 9
360 PERMIT #: (Refer to DEC Permit) 9-1464-00285/00003	DATE ISSUED: 12/13/22	DATE EXPIRES: 12/13/27	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 15R20083
FACILITY CONTACT: Kyle Kiblin	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: (716) 235-8822	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: kyle.kiblin@casella.com			
OWNER INFORMATION			
OWNER NAME: Casella Waste Management of N.Y., Inc.	OWNER PHONE NUMBER: (716) 235-8822	OWNER FAX NUMBER:	
OWNER ADDRESS: 25 Greens Hill Lane	OWNER CITY: Rutland	STATE: VT	ZIP CODE: 05701
OWNER CONTACT: Kyle Kiblin	OWNER CONTACT EMAIL ADDRESS: kyle.kiblin@casella.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 type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input 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:

63.82 % Scale Weight
 36.18 % 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 <i>(metal, glass, plastic)</i>								
Commingled Paper (all grades)	OCC	17.99	41.64	44.30	48.20	32.98	30.15	23.75
Single Stream (total)								
Other (specify) Seat Foam		5.71	8.34	7.33	3.59	8.08	13.47	7.79
Mattresses		34.27	31.05	46.34	72.16	64.65	59.18	55.74
Plastic		3.35	0	7.10	0	4.70	3.39	0
PVA		63.44	59.42	60.68	60.07	66.65	61.91	49.38
Total Tons Received		124.76	140.45	165.75	184.02	177.06	168.10	136.66
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)		
Commingled Containers <i>(metal, glass, plastic)</i>								
Commingled Paper (all grades)	12.29	3.45	8.37	2.46	9.63	275.21		1.08
Single Stream (total)								
Other (specify) Seat Foam	12.51	11.87	28.58	20.83	11.23	139.33		0.55
Mattresses	66.99	75.02	56.29	49.25	38.20	649.14		2.55
Plastic	2.43	3.50	2.41	0	3.62	30.50		0.12
PVA	73.78	44.55	56.48	62.46	41.23	700.05		2.75
Total Tons Received	168.0	138.39	152.13	135.00	103.91	1,794.23		7.05

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 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 (where the material is coming from)					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR “Direct Haul”	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Commingled Containers (metal, glass, plastic)	Mattresses - Proprietary Information - Direct Haul	NY	Erie County	Northwest Communities S	90.94
	Mattresses - Proprietary Information - Direct Haul	NY	Jefferson County	Development Authority of t	225.45
	Mattresses - Proprietary Information - Direct Haul	NY	St. Lawrence County	Development Authority of t	138.49
Commingled Paper (all grades)	Mattresses - Proprietary Information - Direct Haul	NY	Lewis County	Development Authority of t	39.57
	Mattresses - Proprietary Information - Direct Haul	NY	Otsego County	Otsego County	81.37
Single Stream (total)	Mattresses - Proprietary Information - Direct Haul	NY	Cattaraugus County	Cattaraugus County	28.98
	Mattresses - Proprietary Information - Direct Haul	OH	Ashtabula County		9.96
	Mattresses - Proprietary Information - Direct Haul	NY	Monroe County	Monroe County	5.03
Other (specify)	Mattresses - Proprietary Information - Direct Haul	NY	Franklin County	County of Franklin Solid W	3.33
	Mattresses - Proprietary Information - Direct Haul	NY	Erie County	Northeast Southtowns Soli	22.25
Mattresses	Proprietary Information - Direct Haul	NY	Allegany County	Allegany County	2.37
Mattresses	Proprietary Information - Direct Haul	NY	Onondaga County	Onondaga County (except	1.32
Mattresses	Proprietary Information - Direct Haul	NY	Niagara County	Niagara County	0.08
See next page					
TOTAL MATERIAL RECEIVED (tons):					

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MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR “Direct Haul”	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Commingled Containers (metal, glass, plastic)	OCC - Direct Haul	NY	Erie County	Northwest Communities Sc	274.12
	OCC - Direct Haul	NY	Niagara County	Niagara County	1.09
Commingled Paper (all grades)					
Single Stream (total)					
Other (specify)					
	Seat Foam	NY	Erie County	Northwest Communities Sc	8.70
	Seat Foam	NY	Niagara County	Niagara County	129.06
	Plastic	NY	Erie County	Northwest Communities Sc	27.00
	PVA	NY	Erie County	Northwest Communities Sc	700.05
TOTAL MATERIAL RECEIVED (tons):					1,789.16

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SECTION 4 – RESIDUE

Total residue (tons) = 0 Residue destination ([Name & Address](#)) _____
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:
 _____% Road: Material(s): _____% 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 <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
Commingled Paper <small>(all grades)</small>					
Corrugated Cardboard	Proprietary Information	NY	Onondaga County	Onondaga County (except Skt	257.59
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper <small>(specify)</small>					
TOTAL PAPER RECOVERED (tons):					257.59

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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)	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)	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						
Industrial Scrap Metal						
Tin & Aluminum Containers						
Other Metal (specify)						
TOTAL METAL RECOVERED (tons):						

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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)					
HDPE (plastic #2)	Proprietary Information	NY	Onondaga County	Onondaga County (except :	3.50
	Casella Recycling Stanley, 3555 County Road 49, Stanley	NY	Ontario County	Ontario County	4.84
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
TOTAL PLASTIC RECOVERED (tons):					8.34

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VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT
GLASS – w hole bottles	1 cubic yard	GLASS - crushed mechanically	1 cubic yard	ALUMINUM – cans – w hole	1 cubic yard
GLASS - semi crushed	1 cubic yard	GLASS - uncrushed manually	55 gallon drum	ALUMINUM – cans – flattened	1 cubic yard
PAPER - high grade loose	1 cubic yard	PLASTIC – PET – w hole	1 cubic yard		
PAPER - high grade baled	1 cubic yard	PLASTIC – PET - flattened	1 cubic yard		
PAPER - mixed loose	1 cubic yard	PLASTIC – PET - baled	1 cubic yard	WHITE GOODS - uncompacted	1 cubic yard
NEWSPRINT - loose	1 cubic yard	PLASTIC - styrofoam	1 cubic yard	WHITE GOODS - compacted	1 cubic yard
NEWSPRINT - compacted	1 cubic yard	PLASTIC – HDPE – w hole	1 cubic yard		
CORRUGATED – loose	1 cubic yard	PLASTIC – HDPE – flattened 1	1 cubic yard		
CORRUGATED - baled	1 cubic yard	PLASTIC – HDPE - baled	1 cubic yard	FERROUS METAL - cans w hole	1 cubic yard
		PLASTIC – mixed (grocery bags)	45 gallon bag	FERROUS METAL - cans	1 cubic yard

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 (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					

TOTAL MIXED MATERIAL 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	PVA - Proprietary Information	SC	Greenville County		142.00
	PVA - Proprietary Information	CA	San Bernardino		174.34
Textiles	PVA - Proprietary Information	NY	Erie County	Not Affiliated - Buffalo (City)	10.00
	PVA - Proprietary Information	NY	Erie County	Northwest Communities So	2.50
Other (specify)					
	Foam	NY	Erie County	Northwest Communities So	25.66
	Foam	OH	Lucas County		92.68

TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons): 447.18

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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: 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

3/1/23
Date

Kyle Kiblin
Name (Print or Type)

Environmental Analyst
Title (Print or Type)

kyle.kiblin@casella.com
Email (Print or Type)

3755 River Road
Address

Tonawanda
City

NY 14150
State and Zip

(716) 235-8822
Phone Number

ATTACHMENTS: YES NO