



**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  
700 Delaware Avenue  
Buffalo, New York 14209

**RE: 2022 Annual Report  
East Side Transfer Station Recyclables Handling & Recovery Facility  
793 South Ogden Street  
Buffalo, NY**

Dear Mr. Grasso:

Waste Management of New York, LLC is pleased to submit the attached 2022 NYSDEC Annual Report for the East Side Transfer Station 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'. The signature is fluid and cursive, with the first name 'Michael' and last name 'Mahar' clearly distinguishable.

Michael D Mahar  
Senior District Manager

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

S. Attridge      City of Buffalo



# RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email [swmfannualreport@dec.ny.gov](mailto: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: East Side Transfer Station			
FACILITY LOCATION ADDRESS: 793 South Ogden Street	FACILITY CITY: Buffalo	STATE: NY	ZIP CODE: 14206
FACILITY TOWN: Buffalo	FACILITY COUNTY: Erie	FACILITY PHONE NUMBER: (716) 823-0795	
FACILITY NYS PLANNING UNIT: <small>A list of NYS <a href="#">Planning Units</a> can be found at the end of this report).</small> Not Affiliated - Buffalo (City)			NYSDEC REGION #: 9
360 PERMIT #: <small>Refer to DEC Permit</small> 9-1402-00567/00011	DATE ISSUED: 11/26/2021	DATE EXPIRES: 11/29/2026	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: <small>(Refer to DEC Registration</small> 15R20096
FACILITY CONTACT: Michael D Mahar	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: (716) 492-3411	CONTACT FAX NUMBER: (716) 496-7325
CONTACT EMAIL ADDRESS: mmahar@wm.com			
OWNER INFORMATION			
OWNER NAME: City of Buffalo Dept. of Sanitation	OWNER PHONE NUMBER: 716-851-5014	OWNER FAX NUMBER: 716-851-5584	
OWNER ADDRESS: 502 City Hall 65 Niagara Square	OWNER CITY: Buffalo	STATE: NY	ZIP CODE: 14202
OWNER CONTACT: Susan Attridge	OWNER CONTACT EMAIL ADDRESS: sattridge@ch.ci.buffalo.ny.us		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner Waste Management of NY, LLC		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input checked="" type="checkbox"/> Other (provide): 10860 Olean Road, Chaffee, NY 14030			
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 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:

100 % 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>								
Commingled Paper (all grades)								
Single Stream (total)								
Other (specify								
TIRES								0.63
Bulk Mattress								
Total Tons Received								0.63
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)								
Single Stream (total)								
Other (specify) <del>White Goods</del>					3.1	3.1		
TIRES		21.91	5.16	11.56		39.26		
Bulk Mattress		0.14				0.14		
Total Tons Received		22.05	5.16	11.56	3.1	42.50		

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 <span style="color: red;">where the material is coming from</span> )					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>Name Address</small> OR “ <span style="color: red;">Direct Haul</span> ”	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>					
Other <small>(specify</small>					
White Goods	Direct Haul	NY	Erie County	Not Affiliated - Buffalo (City	3.1
TIRES	Direct Haul	NY	Erie County	Not Affiliated - Buffalo (City	39.26
Bulk Mattress	Direct Haul	NY	Erie County	Not Affiliated - Buffalo (City	0.14
<b>TOTAL MATERIAL RECEIVED (tons :</b>					42.5

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## 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>					
<b>TOTAL PAPER RECOVERED (tons :</b>					_____

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**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>					
<b>TOTAL GLASS RECOVERED (tons :</b>					
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	Niagara Metals - Cheektowaga	NY	Erie County	Northeast Southtowns Solic	36.45
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin Aluminum Containers					
Other Metal <small>(specify</small>					
<b>TOTAL METAL RECOVERED (tons :</b>					36.45

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**SECTION 5 – RECYCLABLES RECOVERED MATERIALS** *continued*

PLASTIC 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 Plastic # 1 - #7)					
PET plastic #1)					
HDPE plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film Bags					
Other Plastics (specify					
<b>TOTAL PLASTIC RECOVERED (tons : _____</b>					

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 - 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 <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>					
Other <i>(specify</i>					
<b>TOTAL MIXED MATERIAL RECOVERED (tons :</b>					
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	Geiter Done	NY	Erie County	Northeast Southtowns Solic	4.48
<b>TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons :</b>					4.48

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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.

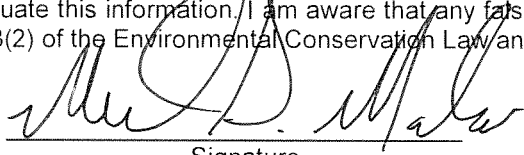
## SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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

02/28/2023

Date

Michael D Mahar

Name (Print or Type)

Sr. District Manager

Title (Print or Type)

mmahar@wm.com

Email (Print or Type)

10860 Olean Road

Address

Chaffee

City

New York 14030

State and Zip

(716) 492-3411

Phone Number

ATTACHMENTS:  YES  NO