**RECYCLING FACILITY REGISTRATION FORM**

**Notice to Registrant: The New Mexico Solid Waste Rules (SWR), 20.9.3.27 NMAC, requires the registration of a recycling facility with the New Mexico Environment Department. A recycling facility collects, transfers, or processes recyclable materials for recycling, but does not include a composting facility. The owner or operator of a recycling facility must apply for a registration at least 30 days prior to any operations and every five years thereafter. Existing recycling facilities shall apply for a registration at least 30 days prior to the expiration of their existing permit or registration. A recycling facility that fails to file a timely and complete application for registration is deemed an unpermitted solid waste facility, subjecting the owner or operator to penalties, permit requirements and nuisance abatement orders. Recycling facilities required to register shall accept only source separated recyclable materials. Registration is not required for a recycling facility that only accepts source separated recyclable materials and only accepts the recyclables for less than seven days in any calendar year.**

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| Return completed form & attachments to: | | Permitting Section Manager  New Mexico Environment Department, Solid Waste Bureau  [SaraLouise.Martinez@env.nm.gov](mailto:SaraLouise.Martinez@env.nm.gov) | | | | |
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| **I. GENERAL INFORMATION** | | | | | |
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| **Facility Name** | | | | | |
| Click or tap here to enter text. | | | | | |
| **Facility Location** | | | | | |
| **Street Address or Location/Description** | | | Click or tap here to enter text. | | |
| **Mailing Address** | | | Click or tap here to enter text. | | |
| **GPS Coordinates of Property** | | | Click or tap here to enter text. | | |
| **Legal Description** | | | Click or tap here to enter text. | | |
| **Facility Owner/Contact** | | | | **Telephone** | **Email** |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | Click or tap here to enter text. |
| Mailing address: | Click or tap here to enter text. | | | | |
| **Facility Operator/Contact** | | | | **Telephone** | **Email** |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | Click or tap here to enter text. |
| Mailing address: | Click or tap here to enter text. | | | | |
| **Facility Land Use** | | | **Facility Zoning** | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | |

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| **II. FACILITY LAYOUT** | | | | | |
| Provide a clear and legible, scaled (*specify scale and ensure scale provides enough detail)* electronic map of the facility and relevant surrounding features, indicating all the following:   |  |  |  |  | | --- | --- | --- | --- | | facility name | roadways (internal access roads, adjacent roads, highways) | | | | location of facility | zoning of parcel & surrounding area | | | | all buildings and structures | watercourses & wetlands within 200 ft of facility | | | | north arrow | electrical lines and all other utilities | | | | parcel size | facility dimensionsand boundaries | | | | required set-backs | facilitylay-out: | recyclable & HHW storage | loading/unloading areas | | land use |  | fencing | traffic flow patterns | |  |  | gates | entrances/exits | | | | | | |
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| **III. OPERATIONS** | | | | | |
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| **Anticipated Start Up Date (new facilities only)** | **Days of Operation** | | | **Hours of Operation** | |
| Click or tap to enter a date. | Click or tap here to enter text. | | | Click or tap here to enter text. | |
| **Recyclables Origin (state, county, and/or municipality)** | | | **Recyclables Market (company name, location)** | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | |
| **Recyclables Type/Composition (e.g., glass, OCC, #1 & #2 plastics, aluminum, etc.)** | | | | | |
| Click or tap here to enter text. | | | | | |
| **Operational Rate (estimated volume of each type of recyclables accepted at the facility each day)** | | | | | |
| Click or tap here to enter text. | | | | | |
| **Solid Waste Disposal (transport and disposal of solid waste that is unavoidably collected)** | | | | | |
| Click or tap here to enter text. | | | | | |
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| **On-Site Equipment and Storage Containers (attach additional sheet, if necessary)** | | | | | |
| **Type** | | **Quantity** | | | **Size** |
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OPERATIONS PLAN

Attach an Operations Plan describing procedures including acceptance, storage, processing, and removal or final disposition of materials. The following checklist has been provided to assist in ensuring that the application is complete prior to submission. Check the boxes below as each required element is added to the Operations Plan. The complete plan should be formatted as follows, it should be included as an attachment and must address all items listed:

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| Section 1 - Signage –attach as photos demonstrating compliance *(20.9.3.27.D (4)(a))*  a. Location/address of facility  b. Days and hours of operation  c. Emergency telephone numbers  d. Delivery and drop-off instructions  e. State that fires and scavenging are prohibited |
| Section 2 - Storage Containers *(20.9.3.27.D (4)(b))*  a. Containers must be leak-proof  b. Containers must be manufactured of non-biodegradable material |
| Section 3 – Litter *(20.9.3.27.D (4)(c))*  Describe means to control litter |
| Section 4 - Fires *(20.9.3.27.D (4)(c))*  Describe means to prevent and control fires |
| Section 5 - Recycling Operations *(20.9.3.27.D (4)(d))*  Operations must be conducted in a safe and sanitary manner |
| Section 6 - Storage of Recyclables*(20.9.3.27.D (4)(e))*  Materials are stored in a manner that does not create a nuisance, harbor vectors, or create a public health hazard |
| Section 7 - Unloading Areas *(20.9.3.27.D (4)(f))*  There must be sufficient space to meet peak demands |
| Section 8 – Access *(20.9.3.27.D (4)(j))*  Describe the means used to control access to the facility (e.g., fencing, gates, locks, etc.) |
| Section 9 - Noise & Odors *(20.9.3.27.D (4)(k))*  Describe the means used to control noise and odors |
| Section 10 – Materials Accepted - for each material accepted, the operations plan must describe the *(20.9.3.27.D (4)(l))*:  a. Origin of materials  b. Expected composition - weight or volume of recyclable materials (and any waste) by type  c. Process for accepting, handling, sorting, storing, containerizing, and removing the materials  d. Loading rate  e. Proposed capacity of the facility  f. Size and operational rate  g. Expected dispositional rate (frequency of recyclables to market and any waste disposed of) |
| Section 11 - Facility Personnel *(20.9.3.27.I)*  a. Demonstrate that a certified operator or representative is present at all times during operating hours  b. Include copies of certifications  c. List training requirements and frequency of trainings that occur |
| Section 12 - Record Keeping - for Facilities that Accept Only Source Separated Recyclable Material  a. Submit an annual report to the department within 45 days of each calendar year end, to include *(20.9.3.27.J)*:  • Type and weight or volume of recyclable material received during the year  • Type and weight or volume of recyclable material sold or otherwise disposed of off-site during the year  • Final disposition of material sold or otherwise disposed off-site  • Any other information requested by the secretary  b. Demonstrate the following (*20.9.3.29.B) (insufficient demonstrations will be subject to 20.9.3.29.C)*:  • The facility takes reasonable measures to accept only source separated recyclable materials and solid wastes are not accepted  • After initial accumulation period, the quantity of recyclable materials that were recycled during each successive calendar year was at least 75% of the quantity of recyclable materials in inventory; the accumulation period is to be based on a three-year rolling average of the facility’s stock of the recyclable material at the end of the previous calendar year.  **To demonstrate compliance, this requires maintaining records of incoming and outgoing weights/volumes.**  • The inventory of recyclable materials or end product does not exceed the inventory used for purposes of estimating the cost of abatement of a nuisance pursuant to Paragraph (2) of Subsection A of 20.9.10.9 NMAC |
| Section 13 - Tire Recycling *(20.9.3.27.K)*  If facility recycles tires, show compliance with applicable operating procedures required by 20.9.20 NMAC |
| Section 14 - Solid Waste Disposal - for Facilities that Accept Only Source Separated Recyclable Material  a. Plan for disposing of solid waste unavoidably collected  b. Frequency of solid waste removal shall be by the end of each operating day (unless otherwise approved in the registration) |
| Section 15 - Facilities That Are Designed To Or Do Accept More Than 25 tons Per Day Annual Average Per Calendar Year of Recyclable Material *(20.9.3.29.D & E)*  a. Submit a nuisance abatement plan  b. Submit a financial assurance mechanism inclusive of required supporting documents (to be approved by the secretary prior to operation) to assure sufficient funds in the event the secretary requires abatement of a nuisance at the facility |
| Section 16 - Unauthorized Waste  Detail procedures to be taken if unauthorized waste (suspect hazardous) is received |
| Section 17 - Emergency Situations  a. Describe procedures to be taken in emergencies, such as equipment breakdowns, fires, spills, etc.  b. Explain how stored waste and recyclables will be removed in a timely manner to avoid nuisances or hazards |
| Section 18 - Registration Updates  Indicate if there are any significant changes in operation or ownership and provide a description |
| Section 19 - Any additional information requested by the Secretary |

**IV. ACKNOWLEDGEMENTS**

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| I AM AWARE THAT THE OWNER OR OPERATOR IS REQUIRED TO COMPLY WITH ALL OF THE | | |
| TERMS OF THE APPROVED REGISTRATION |  |  |
|  | (INITIAL) |  |

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| I AM AWARE THAT THE OWNER OR OPERATOR MUST UPDATE THIS REGISTRATION TO | | |
| REFLECT ANY MATERIAL CHANGES IN OPERATIONS (PRIOR TO IMPLEMENTING SUCH | | |
| CHANGES) |  |  |
|  | (INITIAL) |  |

**The undersigned attests the information provided is true and accurate:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: |  |
| Printed Name: |  |  | Title: |  |