BUFFALO HAULING DIVISION
3755 River Road • Tonawanda, NY 14150 p. 716-341-7096

March 1, 2023

NYSDEC Division of Materials Management
Bureau of Solid Waste Management
625 Broadway
Albany, New York 12233-7260

RE: Batavia Transfer Station
Facility Registration Number: 19R10015
Registered Transfer Facility Annual Report

Dear Sir or Madam,

Attached please find the completed Registered Transfer Facility Annual Report form for the above-referenced facility. Please note that the attached report covers the waste tonnage since Casella commenced operations in September 2022.

Please feel free to contact me at (716) 341-7096 or kyle.kiblin@casella.com if you have questions or require additional information.

Sincerely,

Kyle Kiblin
Environmental Analyst
CASELLA WASTE MANAGEMENT OF N.Y., INC.

NEW YORK STATE OF OPPORTUNITY | Department of Environmental Conservation

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: Batavia Transfer Station

FACILITY LOCATION ADDRESS:	FACILITY CITY:	STATE:	ZIP CODE:
3785 West Main Street Road	Batavia	NY	14020

FACILITY TOWN:	FACILITY COUNTY:	FACILITY PHONE NUMBER:
Batavia	Genesee	(585) 343-1123

FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report.)
GLOW Region Solid Waste Management Committee

NYSDEC REGION #: 8

360 REGISTRATION DATE ISSUED: (Refer to DEC Registration)	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)
12/16/2022	19R10015

FACILITY CONTACT:	☐ public ☑ private	CONTACT PHONE NUMBER:	CONTACT FAX NUMBER:
Kyle Kiblin		(585) 343-1123	

CONTACT EMAIL ADDRESS: kyle.kiblin@casella.com

OWNER INFORMATION

OWNER NAME:	OWNER PHONE NUMBER:	OWNER FAX NUMBER:
Casella Waste Management of N.Y., Inc.	(585) 343-1123	

OWNER ADDRESS:	OWNER CITY:	STATE:	ZIP CODE:
3785 West Main Street Road	Batavia	NY	14020

OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:
Kyle Kiblin	kyle.kiblin@casella.com

OPERATOR INFORMATION

OPERATOR NAME: ☑ *same as owner* ☐ public ☑ private

PREFERENCES

Preferred address to receive correspondence: ☑ *Facility location address* ☐ *Owner address*
☐ *Other (provide):* Attn: Kyle Kiblin, Triad Recycling and Energy Corp, 3755 River Road, Tonawanda, NY 14150

Preferred email address: ☒ *Facility Contact* ☐ *Owner Contact*
☐ *Other (provide):*

Preferred individual to receive correspondence: ☑ *Facility Contact* ☐ *Owner Contact*
☐ *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 - SOLID WASTE RECEIVED

Please provide the tonnages of solid waste received. Include all waste received. Report Recyclable Materials in Section 5. DO NOT REPORT IN CUBIC YARDS!

Specify the methods used to measure the quantities disposed and the percentages measured by each method:

100 % Scale Weight _____% Estimated

_____% Truck Count _____% Other (Specify: _____)

Type of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Construction & Demolition (C&D) Debris							
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)							
Other (specify)							
Total Tons Received							

Type of Solid Waste	Tip Fee ($/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Construction & Demolition (C&D) Debris								
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)			11.22	10.67	10.48	11.47	43.84	1.33
Other (specify)								
Total Tons Received			11.22	10.67	10.48	11.47	43.84	1.33

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 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:

100 % Road: Waste Type(s): Municipal Solid Waste (MSW)

_____% Rail: Waste Type(s): _____

_____% Water: Waste Type(s): _____

_____% Other (specify: _____): Waste Type(s): _____

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF SOLID WASTE	**SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "*Direct Haul*"**	**STATE OR COUNTRY**	**COUNTY OR PROVINCE**	**NYS PLANNING UNIT (See Attached List of NYS Planning Units)**	**TONS RECEIVED**
Construction & Demolition (C&D) Debris					
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Direct Haul	NY	Genesee County	GLOW Region Solid Waste M	43.84
Other (specify)					
				TOTAL RECEIVED (tons):	43.84

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:

100 % Road: Waste Type(s): Municipal Solid Waste (MSW)

_____% 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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Construction & Demolition (C&D) Debris							
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	ARG Services of WNY, Inc., 366 Washington Street, Albion	NY	Orleans County	Orleans County	21.92		21.92
	River Road Transfer Station, 119 River Road, Caledonia	NY	Livingston County	GLOW Region Solid Wa	21.92		21.92
Other (specify)							
						TOTAL SENT (tons):	43.84

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 (metal, glass, plastic)								
Commingled Paper (all grades)								
Single Stream (total)								
Brush, Branches, Trees, & Stumps								
Food Scraps								
Yard Waste (curbside)								
Other (specify)								
Total Tons Received								

Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)							
Commingled Paper (all grades)							
Single Stream (total)							
Brush, Branches, Trees, & Stumps							
Food Scraps							
Yard Waste (curbside)							
Other (specify)							
Total Tons Received							

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 – REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

B. Service Area of Materials Received

Please identify where the material is coming from. The total tons received reported below should equal the total tons received in Section 5A (Recyclables 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:

_____% 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)**	**TONS RECEIVED**
Commingled Containers (metal, glass, plastic)					
Commingled Paper (all grades)					
Single Stream (total)					
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
				TOTAL MATERIAL RECEIVED (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 names.

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:

_____% 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 (See Attached List of NYS Planning Units	TONS RECOVERED (out of facility)
Commingled Paper (all grades)					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
				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 – REGISTEREDTRANSFER 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)					
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
				TOTAL METAL 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 – 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					
Textiles					
Other (specify)					

TOTAL MISCELLANEOUS MATERIAL 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 – 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 [illegible])	TONS RECOVERED (out of facility)
Commingled Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					

TOTAL MIXED MATERIAL RECOVERED (tons): _____

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 [illegible])	TONS RECOVERED (out of facility)
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)					

TOTAL ORGANIC MATERIAL 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 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 - 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)

(716) 235-8822
Phone Number

3755 River Road
Address

Tonawanda
City

NY 14150
State and Zip

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

ATTACHMENTS: [■] YES [ ] NO (Please check appropriate line)

REPRINTED (12/22)

Section 7 – Cost Estimates and Financial Assurance Documents

Closure Financial Assurance Estimate

Site	Batavia Transfer Station	
Closure Cost Estimate Year	2022	
Maximum On Site Storage of Solid Waste	243	tons
Maximum On Site Storage of Single-Stream Recyclables	7	tons

NO.	ITEM	Location	Units	Unit Cost	Mileage	Quantity	TOTAL COST
1	Solid Waste Disposal	Stafford, NY	Tons	$ 50.00		243	$ 12,150.00
2	Solid Waste Transportation	Stafford, NY	Trips	$ 8.60	16	7	$ 963.00
3	Single-Stream Recycling Disposal	Stafford, NY	Tons	$ 35.50		7	$ 249.00
4	Single-Stream Recylcing Transportation	Stafford, NY	Trips	$ 8.60	20	1	$ 172.00
5	Clean/Decommission Equipment		LS	$ 5,195.00		1	$ 5,195.00
6	Closure Certification		LS	$ 4,156.00		1	$ 4,156.00
7	Contingency (15%)		LS	$ 3,433.00		1	$ 3,433.00
							$ 26,318.00
						Adjusted	**$ 27,344.40**