

PERMITTED 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, 2020.

This annual report is for the year of operation from January 01, 2019 to December 31, 2019

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Yorktown Compost Facility			
FACILITY LOCATION ADDRESS: 2200 Greenwood st	FACILITY CITY: Town of Yorktown	STATE: Ny	ZIP CODE: 10598
FACILITY TOWN: Yorktown	FACILITY COUNTY: Westchester	FACILITY PHONE NUMBER: 914 962-5781	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Westchester County			NYSDEC REGION #: 3
360 PERMIT #:(Refer to DEC Permit)	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit)
FACILITY CONTACT: David Paganelli	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 914 962-5781	CONTACT FAX NUMBER: 914 243-4285
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Town of Yorktown	OWNER PHONE NUMBER: 914962-5722 X200	OWNER FAX NUMBER:	
OWNER ADDRESS: 363 Underhill avenue	OWNER CITY: Town of Yorktown	STATE: NY	ZIP CODE: 10598
OWNER CONTACT: Matthew Slater	OWNER CONTACT EMAIL ADDRESS: mslater@Yorktownny.org		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner Yorktown Highway Department		<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 checked="" type="checkbox"/> Other (provide): <i>Mt of Yorktown Hwy Dept. 281 Underhill Ave Yorktown Hqts NY 10598</i>			
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact			
<input checked="" type="checkbox"/> Other (provide): <i>dpaganelli@Yorktownny.org</i>			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact			
<input checked="" type="checkbox"/> Other (provide): Yorktown Highway Dept. 281 Underhill ave. Yorktown, NY 10598			

Did you operate in 2019? 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 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

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.

A. Service Area of Recyclable Material Received

Please identify where the recyclable materials are coming from. DO NOT REPORT IN CUBIC YARDS!

- If the materials **WERE** 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 materials **WERE 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 recyclables were generated.

SERVICE AREA OF RECYCLABLE 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)					
Commingled Paper (all grades)					
Single Stream (total)					
Brush, Branches, Trees, & Stumps	Christmas Trees	Yorktown	Westchester Cour	Westchester County	48 Tons
	Logs, Brush	Yorktown	Westchester Cour	Westchester County	5800 Tons
Food Scraps					
Yard Waste (curbside)	Leaves	Yorktown	Westchester Cour	Westchester County	460 Tons
	Grass clippings	Yorktown	Westchester Cour	Westchester County	130 Tons
Other (specify)					
TOTAL RECEIVED (tons):					6,438

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 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

B. 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 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): _____

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 Planning Units)	TONS RECOVERED (out of facility)
Brush, Branches, Trees, & Stumps	2200 Greenwood St	New York	Westchester	Westchester CTY	48
	2200 Greenwood St	New York	Westchester	Westchester CTY	5800
Food Scraps					
Yard Waste Leaves (curbside) Grass clippings	2200 Greenwood St	New York	Westchester	Westchester CTY	460
	2200 Greenwood St	New York	Westches	Westchester CTY	130
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 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.

David Paganelli
Signature

11/13/20
Date

David Paganelli

Superintendent of Highways

914 962 5781

Name (Print or Type)

Title (Print or Type)

Phone Number

281 Underhill Avenue

Yorktown

NY 10598

Address

City

State and Zip

dpaganelli@yorktownny.org

Email (Print or Type)

ATTACHMENTS: YES NO (Please check appropriate line)