#### REGISTERED TRANSFER FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email <a href="mailto:swmfannualreport@dec.ny.gov">swmfannualreport@dec.ny.gov</a> 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	IN	FORMATION			
FACILITY NAME:						
Town of Bolton						
FACILITY LOCATION ADDRESS:	FACILITY	CI.	TY:		STATE:	ZIP CODE:
107 Finkle Road			Landing		NY	12814
FACILITY TOWN:	FACILITY	CC	DUNTY:	FACI	LITY PHO	NE NUMBER:
Bolton Landing	Warre	n		518	3-644-	-2973
FACILITY NYS PLANNING UNIT: (A list of NY Warren County	S <u>Planning Un</u>	its o	can be found at the end of	this rep	ort). NY	SDEC GION#:5
360 REGISTRATION DATE ISSUED: (Refer to Registration)	o DEC		NYS DEC ACTIVITY NUMBER: (Refer to DE			STRATION
FACILITY CONTACT:	public		ONTACT PHONE		CONTACT	FAX NUMBER:
Lisa French	□ private		I <b>UMBER:</b> 18-644-2973		518-6	44-2476
CONTACT EMAIL ADDRESS: transferstat	ion@town	.bc	olton.ny.us			
	OWNER	INF	ORMATION			
OWNER NAME:			ONE NUMBER:		IER FAX N	
Town of Bolton	518-64			516	3-644-2	
OWNER ADDRESS: PO Box 698	OWNER O				STATE:	ZIP CODE: 12814
OWNER CONTACT:			NTACT EMAIL ADDRE	58.	1141	12014
Ronald F. Conover	l .		sor@town.l		on.ny	.us
			NFORMATION		<b>-</b>	
OPERATOR NAME:					□ public □ private	
	7		RENCES			
Preferred address to receive correspondence Other (provide):	e: Facility l	ocat	tion address		Owneraddres	es
Preferred email address:  Facility Contact Other (provide):	<b>■</b> o	wne	er Contact			
Preferred individual to receive correspondent Cl Other (provide):	ce: 🗖 Fa	cilit	ly Contact 🔳 Ow	ner Con	tact	
					,	
Did you operate in 2019? ☐ Yes; Complet ☐ No; Complet relinquish your permit/registration associated Waste Management Facility or Activity Notific	e and submi with this sol	t Se id v	ections 1 and 11. If you waste management act cated at: http://www.dec	ivity, a	Iso comple	e the "Inactive Solid

#### **SECTION 2 - SOLID WASTE RECEIVED**

<u>ovide the tonnages of solid waste received.</u> Include all waste received. Report Recyclable Materials in Section 5. YARDS! DO NOT REPORT

e methods used to measure the quantities disposed and the percentages measured by each method:
\_\_\_\_\_\_% Estimated

\_% Other (Specify:

ruck Count

ons Received (specify) ntial, Institutional mercial) tion (C&D) Debris Municipal Solid MSW) uction & of Solid Waste 20.71 15.62 January (tons) 27.16 30.61 February (tons) 24.46 26.3 March (tons) 27.32 46.6 April (tons) 53.17 47.52 May (tons) 55.96 44.81 June (tons) 81.4 56.65 (tons Jul,

of Solid Waste	Tip Fee (\$/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily / (ton
uction & tion (C&D) Debris		52.06	43.43	40.84 ~	49.52	26.14	496.9	
Municipal Solid (MSW)		77.3	45.91	44.47	32.13	25.99	499.18	
ential, Institutional mercial)								
(specify)								
ons Received								

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 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.

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## SECTION 3 - SERVICE AREA OF SOLID WASTE RECEIVED

<u>y where the waste is coming from.</u> The total tons received reported below should equal the total tons received in Section 2 (Solid Wast DO NOT REPORT IN CUBIC YARDS!

the waste **WAS** received from another solid waste management facility, please write in the name *and <u>address</u> of the facility along with the app* ate, county and planning unit/municipality.

he waste **WAS NOT** received from another solid waste management facility, please write in "*Direct Haul*" along with the appropriate state, co anning unit/municipality where the waste was generated.

ansport method, list type of material(s) and percentages of total waste transported by each:	sported by each:	
Road: Waste Type(s):	% 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)	.ID WASTE RI	ECEIVED (where the	e waste is coming from)	
OF SOLID VASTE	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 RE
	Bolton Transfer Station				
ction &	107 Finkle Road				
ion (C&D)	Bolton Landing	N.Y	Warren	Warren	496.9
	Bolton Transfer Station				
Residential,	107 Finkle Road				
nal &	Bolton Landing	N.Y	Warren	Warren	499.18
pecify)					
				TOTAL RECEIVED (tons):	

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 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

<u>entify destination of waste.</u> Please only include waste sent off-site for disposal or further transfer prior to disposal. Exclude Re Material amounts reported in Section 5. DO NOT REPORT IN CUBIC YARDS!

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 faci base identify name, <u>address,</u> corresponding State/Country, County/Province, and Destination Planning Unit of the transfer destination and the amaste transferred in the "A*mount to Transfer Destination*" column.

the waste is being sent to a landfill or combustor, please identify the name, <u>address,</u> corresponding State/Country, County/Province, and Destination and the amount of waste being sent for disposal in the "Amount to Disposal Destination" column.

Road: Wa	Road: Waste Type(s):	י רטנמו אאמאנה נומ	Ra	% Rail: Waste Type(s):			
Vater: Wa	Vater: Waste Type(s):			% Other (specify:	): Waste Type(s):	pe(s):	
	TRANSF	TRANSFER OR DISPOSAL DESTINATION	SAL DESTINA	TION			
F SOLID STE	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 <u>Planning Units)</u>	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	
	Waste Management Green Ridge Lf				1		
tion &	424 Peters Rd						
) (OGD)	Gansevoort	N.Y	Saratoga	Saratoga	496.9	496.9	49
Solid	Wheelbrator						
SW) tial.	13 River Street N.y 01239	N.Y.	Washington	Washington	499.18	499.18	49
nal & cial)							1
e cify)							

waste type is not listed, use one of th waste name. If still more "Other" use one of the "Other" e "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 lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name. TOTAL SENT (tons):

# SECTION 5 - REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

## acility <u>also</u> a permitted or registered Recyclables Handling & Recovery Facility?

Complete Section 5 for material recovered from the mixed solid waste stream. Complete a Recyclables Handling & Recovery Facility (RHRF) received as source separated. The RHRF form is located at: <a href="http://www.dec.ny.gov/chemical/52706.html">http://www.dec.ny.gov/chemical/52706.html</a>.

omplete Section 5 for material recovered from the mixed solid waste stream and for material received as source separated

#### Please identify where the recyclable materials are coming from. DO NOT REPORT IN CUBIC YARDS Service Area of Recyclable Material Received

the materials *WERE* received from another solid waste management facility, please write in the name and <u>address</u> of the facility along with the propriate state, county and planning unit/municipality.

nd planning unit/municipality where the recyclables were generated the materials **WERE NOT** received from another solid waste management facility, please write in "*Direct Haul*" along with the appropriate stat

AND THE PROPERTY OF THE PROPER	TOTAL RECEIVED (tons):	.01			
					pecify)
				On site	ste
					raps
	Warren	Warren	N.Y	107 Finkle Road Bolton Landing	Stumps
Ground, le				Bolton Transfer Station	ranches,
					ינו כמווי (וטומי)
					troam (total)
					ıgled Paper
					ers ss, plastic)
					ngled
TONS RI	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA STATE OR COUNTRY	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	TERIAL
ng from)	ED (where the material is coming from)	NAL RECEIVED (	ABLE MATER	SERVICE AREA OF RECYCLABLE MATERIAL RECEIV	

aterial 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 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.

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### SECTION 5 - REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued) B. Material Recovered

<u>dentify destination of recovered materials.</u> Indicate the name of the facility, <u>address,</u> corresponding State/Country, County/P Destination Planning Unit/Municipality and the amount of material transferred. DO NOT REPORT IN CUBIC YARDS!

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<u>8</u>	
sport method, list type of material(s) and percentages of total waste transported by each:	
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% Rail: Material(s):

toad: Material(s):

Vater: Material(s):	al(s):	% Other (specify:	pecify:	): Material(s):	
	PAPER RECOVERED	COVERED			
OVERED	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units	TC RECO
igled Paper )					
ted ırd	Perkins 315 Corinth Road, Queensbury	N.Y	Warren	Warren	44.91
les	Perkins				10.99
	315 Corinth Road , Queensbury N.Y	N.Y			
ner	Perkins	N.Y	Warren	Warren	14.98
ָרָה <u>.</u>	315 Corinth Road Queensbury N.Y				
aper	with magazines				
ard / rd					
per (specify)					

aterial 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 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.

TOTAL PAPER RECOVERED (tons):

# SECTION 5 – REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued) B. Material Recovered GLASS RECOVERED

	GLASS RECOVERED	COVERED			
OVERED TERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units	TO RECOV
	Toni Pit				7x
el Glass	Warrensburg N.Y	N.Y	warren	Warren	
ıl Scrap Glass					
ass (specify)					
			OTAL GLASS R	TOTAL GLASS RECOVERED (tons):	
	METAL RECOVERED	COVERED			
COVERED ATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units	TO RECOV
ım Foil / Trays					
tal (from MSW)					
tal (from CD					
d Appliances/	Cohen's	NV	M	Warren	100 00
	or Circl Office, Ciclia I and IV.	-	***		102:00
il Scrap Metal					
munimu	Cohen's				
ers	38 Greer Street, Glens Falls N.y	N.Y	Warren	Warren	4.54
etal (specify)					
			TOTAL METAL R	AL RECOVERED (tons):	American description of the control

aterial 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 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 B. Material Recovered (continued)

	DI ASTIC BECOVERED				
OVERED TERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units	TOI RECOV
gled Plastic	Hiram Hollow				
•	100 Washburn Road, Gansevoort , N.y 12831	N.y	Saratoga	Saratoga	19.91
tic #1)					
stic #2)					
gid Plastics					
l Scrap					
ilm & Bags					
astics (specify)					
		T	TOTAL PLASTIC R	IC RECOVERED (tons):	
	MISCELLANEOUS MATERIAL RECOVERED	TERIAL RECOVE	RED		
OVERED TERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units	TO RECOV

aterial 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 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. TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):

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ecify)

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5 Clement Street, Johnstown, N.Y 12095

Z.Y

Fulton

Fulton

12x

**Evolution Recycling** 

### SECTION 5 – REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS B. Material Recovered (continued)

MIXED MATERIAL RECOVERED

		Controlled to the second secon			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units	TO RECO\
gled ers					
ss, plastic)					
gled Paper &					
ei v					
tream					
ecify)					
		TOTAL	MIXED MATERIA	TOTAL MIXED MATERIAL RECOVERED (tons):	
	ORGANIC MATERIAL RECOVERED	IAL RECOVERED			
OVERED	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units	TO RECOV
ranches,	Bolton Transfer Station				
Stumps	107 Finkle Road Bolton landing N.Y				ground, sta
laps					
ste	stays on site				
ecify)					
		TOTAL OR	<b>GANIC MATERIA</b>	TOTAL ORGANIC MATERIAL RECOVERED (tons):	

aterial 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 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

thorized solid waste been received at the facility during the reporting period?

N<sub>O</sub> If yes, give information below for each incident (attach additional sheets if necessary):

Date Received Type Received		Date Disposed
-----------------------------	--	---------------

#### Radiation Monitoring

r facility use a fixed radiation monitor? Yes 🔳 No	
anufacturerand Model	of fixed unit.
r facility use a portable radiation monitor? Yes No	No
anufacturer and Model	_ of fixed unit.
ation monitors have been triggered give information below for each incident:	each incident:

ncident	Received	ived			Truck	Reading	Disposal	Removed	oved
Number	Date Time	Time	Hauler	Origin	Number	Ü	Status	Date	Time
						•			
					•				
	*								

# SECTION 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

required cost estimates and financial assurance documents for closure?

**■** N If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

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		SECTION 8 - PROBLEMS				
Were any facility pro		e reporting period (e.g., specific occurrence	es which have led to changes in			
□ Yes I	s  No If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.					
SECTION 9 - CHANGES						
Were ther	e any changes from approved re	ports, plans, specifications, and permit cor	ditions?			
□ Yes [	No If yes, attach additiona	I sheets identifying changes with a justifica	tion for each change.			
SE	ECTION 10 - REGISTRATION	ON/CONSENT ORDER REPORTIN	G REQUIREMENTS			
Are there a	ny additional registration/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						
		bmit one completed form to the appropria email addresses and Materials Managen				
The Owner	or Operator must also submit or	ne copy by email, fax or mail to:	•			
	Di Bu	e Department of Environmental Conse ivision of Materials Management reau of Solid Waste Management 625 Broadway Albany, New York 12233-7260 Fax 518-402-9041 dress: SWMFannualreport@dec.ny.go				
direction an gather and	d supervision in compliance with evaluate this information, I am a	and other information identified in this replaced as system designed to ensure that qualified ware that any false statement I make in sunservation Law and section 210.45 of the F	d personnel properly and accurately ich report is punishable pursuant to			
Ta	Miller	1/31/20	020			
Signature		Date				
Ronal	d F. Conover	Supervisor	,518 ,644 <b>2461</b>			
Name (Prin	t or Type)	Title (Print or Type)	Phone Number			
РО В	ox 698	Bolton Landing	NY 12814			
Address		City	State and Zip			
supervisor@town.bolton.ny.us						
Email (Prin	t or Type)					
ATTACHM	ENTS: YES NO (Plea	ase check appropriate line)				

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