

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, 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: Town of Bolton			
FACILITY LOCATION ADDRESS: 107 Finkle Road	FACILITY CITY: Bolton Landing	STATE: NY	ZIP CODE: 12814
FACILITY TOWN: Bolton Landing	FACILITY COUNTY: Warren	FACILITY PHONE NUMBER: 518-644-2973	
FACILITY NYS PLANNING UNIT: (A list of NYS <u>Planning Units</u> can be found at the end of this report). Warren County			NYSDEC REGION #: <input checked="" type="checkbox"/> 5
360 REGISTRATION DATE ISSUED: (Refer to DEC Registration)		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)	
FACILITY CONTACT: Lisa French	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 518-644-2973	CONTACT FAX NUMBER: 518-644-2476
CONTACT EMAIL ADDRESS: transferstation@town.bolton.ny.us			
OWNER INFORMATION			
OWNER NAME: Town of Bolton	OWNER PHONE NUMBER: 518-644-2461	OWNER FAX NUMBER: 518-644-2476	
OWNER ADDRESS: PO Box 698	OWNER CITY: Bolton Landing	STATE: NY	ZIP CODE: 12814
OWNER CONTACT: Ronald F. Conover	OWNER CONTACT EMAIL ADDRESS: supervisor@town.bolton.ny.us		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

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 2 - SOLID WASTE RECEIVED

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

Methods used to measure the quantities disposed and the percentages measured by each method:
 Scale Weight _____ % Estimated
 Truck Count _____ % Other (Specify: _____)

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

of Solid Waste	Tip Fee (\$/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily / (ton
uction & Debris		52.06	43.43	40.84	49.52	26.14	496.9	
unicipal Solid (MSW)		77.3	45.91	44.47	32.13	25.99	499.18	
ntial, Institutional (Commercial)								
(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.

SECTION 5 – REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

Facility also 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) 11 received as source separated. The RHRF form is located at: <http://www.dec.ny.gov/chemical/52706.html>.

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!

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.

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

MATERIAL	SERVICE AREA OF RECYCLABLE MATERIAL RECEIVED (where the material is coming from)	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Single Use Plastics (e.g., plastic bottles, cups, etc.)					
Corrugated Paper					
Stream (total)					
Branches, Stumps	Bolton Transfer Station 107 Finkle Road Bolton Landing	N.Y	Warren	Warren	Ground, le
Drums					
Site	On site				
Facility)					
TOTAL RECEIVED (tons):					

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 material 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. Material Recovered

PLASTIC RECOVERED

COVERED 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
rigid Plastic	Hiram Hollow 100 Washburn Road, Gansevoort, N.Y 12831	N.Y	Saratoga	Saratoga	19.91
lastic #1)					
lastic #2)					
igid Plastics					
l Scrap					
ilm & Bags					
astics (specify)					

TOTAL PLASTIC RECOVERED (tons): _____

MISCELLANEOUS MATERIAL RECOVERED

COVERED 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
astics	Evolution Recycling 5 Clement Street, Johnstown, N.Y 12095	N.Y	Fulton	Fulton	12X

TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons): _____

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 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.

ED (12/19)

SECTION 6 – UNAUTHORIZED SOLID WASTE

Authorized solid waste been received at the facility during the reporting period? No Yes

If yes, give information below for each incident (attach additional sheets if necessary):

Date Received	Type Received	Date Disposed	Disposal Method & Location

Radiation Monitoring

Facility use a fixed radiation monitor? Yes No

Manufacturer _____ and Model _____ of fixed unit.

Facility use a portable radiation monitor? Yes No

Manufacturer _____ and Model _____ of fixed unit.

Monitoring 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

Required cost estimates and financial assurance documents for closure? No Yes

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 - REGISTRATION/CONSENT ORDER REPORTING REQUIREMENTS

Are there any 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.

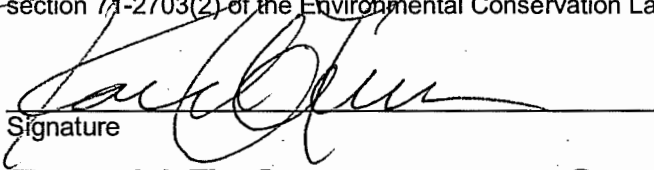
SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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

1/31/2020
Date

Ronald F. Conover
Name (Print or Type)

Supervisor
Title (Print or Type)

518 644 2461
Phone Number

PO Box 698
Address

Bolton Landing
City

NY 12814
State and Zip

supervisor@town.bolton.ny.us
Email (Print or Type)

ATTACHMENTS: YES NO (Please check appropriate line)