

## REGISTERED TRANSFER FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email [swmfannualreport@dec.ny.gov](mailto: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			
<b>FACILITY NAME:</b> City of Auburn Transfer Station			
<b>FACILITY LOCATION ADDRESS:</b> 311 N. Division Street		<b>FACILITY CITY:</b> Auburn	
		<b>STATE:</b> NY	<b>ZIP CODE:</b> 13021
<b>FACILITY TOWN:</b>		<b>FACILITY COUNTY:</b> Cayuga	
		<b>FACILITY PHONE NUMBER:</b> (315) 255-4180	
<b>FACILITY NYS PLANNING UNIT:</b> (A list of NYS <a href="#">Planning Units</a> can be found at the end of this report). Cayuga County			<b>NYSDEC REGION #:</b> 7
<b>360 REGISTRATION DATE ISSUED:</b> (Refer to DEC Registration) 07/26/2019		<b>NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:</b> (Refer to DEC Registration) 06T10031	
<b>FACILITY CONTACT:</b> Mike Talbot		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	<b>CONTACT PHONE NUMBER:</b> (315) 255-4180
<b>CONTACT FAX NUMBER:</b>			
<b>CONTACT EMAIL ADDRESS:</b>			
OWNER INFORMATION			
<b>OWNER NAME:</b> City of Auburn		<b>OWNER PHONE NUMBER:</b> (315) 255-4180	
		<b>OWNER FAX NUMBER:</b>	
<b>OWNER ADDRESS:</b> 311 N. Division Street		<b>OWNER CITY:</b> Auburn	
		<b>STATE:</b> NY	<b>ZIP CODE:</b> 13021
<b>OWNER CONTACT:</b> Mike Talbot		<b>OWNER CONTACT EMAIL ADDRESS:</b> MTalbot@Auburnny.gov	
OPERATOR INFORMATION			
<b>OPERATOR NAME:</b> <input checked="" type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
<b>Preferred address to receive correspondence:</b> <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
<b>Preferred email address:</b> <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
<b>Preferred individual to receive correspondence:</b> <input checked="" type="checkbox"/> Facility Contact <input 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 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.

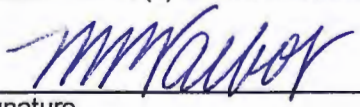
**SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR**

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.



11/23/20

Signature

Date

Mike Talbot

Superintendent of Public Works

315 252 2496

Name (Print or Type)

Title (Print or Type)

Phone Number

311 N. Division Street

Auburn

NY, 13021

Address

City

State and Zip

MTalbot@Auburnny.gov

Email (Print or Type)

ATTACHMENTS:  YES  NO (Please check appropriate line)

New York State Department of Environmental Conservation  
Division of Materials Management  
Bureau of Solid Waste Management

## MATERIAL MANAGEMENT PROGRAM CONTACTS

### CENTRAL OFFICE

Bureau of Solid Waste Management  
625 Broadway  
Albany, NY 12233-7260  
Phone: (518) 402-8678

For Submission of Annual Reports only:

Fax: (518) 402-9041

Email: For solid waste management facilities - [swmfannualreport@dec.ny.gov](mailto:swmfannualreport@dec.ny.gov)

### REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON

#### REGION 1 (Nassau, Suffolk)

Syed Rahman / David Gibb  
SUNY @ Stony Brook  
50 Circle Road  
Stony Brook, NY 11790  
Phone: (631) 444-0375  
[SWMFAnnualReportR1@dec.ny.gov](mailto:SWMFAnnualReportR1@dec.ny.gov)

#### REGION 2 (Bronx, Kings, New York, Queens, Richmond)

Joseph O'Connell  
47-40 21st Street  
Long Island City, NY 11101-5407  
Phone: (718) 482-4896  
[SWMFAnnualReportR2@dec.ny.gov](mailto:SWMFAnnualReportR2@dec.ny.gov)

#### REGION 3 (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester)

James Lansing  
21 South Putt Corners Road  
New Paltz, NY 12561  
Phone: (845) 256-3123  
[SWMFAnnualReportR3@dec.ny.gov](mailto:SWMFAnnualReportR3@dec.ny.gov)

#### REGION 4 (Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady, Schoharie)

Victoria Schmitt  
1130 North Westcott Road  
Schenectady, NY 12306  
Phone: (518) 357-2243  
[SWMFAnnualReportR4@dec.ny.gov](mailto:SWMFAnnualReportR4@dec.ny.gov)

#### REGION 5 (Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington)

Jessie Sangster  
1115 State Route 86, PO Box 296  
Ray Brook, NY 12977  
Phone: (518) 897-1266  
[SWMFAnnualReportR5@dec.ny.gov](mailto:SWMFAnnualReportR5@dec.ny.gov)

#### REGION 6 (Herkimer, Jefferson, Lewis, Oneida, St. Lawrence)

Gary McCullouch  
317 Washington Street  
Watertown, NY 13601  
Phone: (315) 785-2513  
[SWMFAnnualReportR6@dec.ny.gov](mailto:SWMFAnnualReportR6@dec.ny.gov)

#### REGION 7 (Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins)

Thomas Annal  
615 Erie Boulevard West  
Syracuse, NY 13204  
Phone: (315) 426-7419  
[SWMFAnnualReportR7@dec.ny.gov](mailto:SWMFAnnualReportR7@dec.ny.gov)

#### REGION 8 (Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Yates)

Greg MacLean  
6274 East Avon-Lima Road  
Avon, NY 14414  
Phone: (585) 226-5411  
[SWMFAnnualReportR8@dec.ny.gov](mailto:SWMFAnnualReportR8@dec.ny.gov)

#### REGION 9 (Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Wyoming)

Peter Grasso  
270 Michigan Avenue  
Buffalo, NY 14203  
Phone: (716) 851-7220  
[SWMFAnnualReportR9@dec.ny.gov](mailto:SWMFAnnualReportR9@dec.ny.gov)