#### **RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT**

(If you need assistance filling out this form please email <u>swmfannualreport@dec.ny.gov</u> 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:									
Hamilton Transfer Station									
FACILITY LOCATION ADDRESS:       FACILITY CITY:       STATE:       ZIP CODE:									
7638 Cranston Ro	bad	Hamil	ton		NY		13346		
FACILITY TOWN:		FACILITY	COUNTY:	FAC	ILITY P	HON	IE NUMBER:		
Hamilton		Madis				91-	5700		
FACILITY NYS PLANNING UNIT: Madison County	(A list of NY	ε <u></u>	an be found at the end of	this re	port).		SDEC GION #: 7		
360 PERMIT #: (Refer to DEC	DATE IS	SUED:	DATE EXPIRES:	NYS	DEC A	стіх	ITY CODE OR		
Permit)	11/27	7/2018	11/26/2023				NUMBER:(Refer to 27R20008		
FACILITY CONTACT:		public	CONTACT PHONE		CONTA		FAX NUMBER:		
Amy Miller		□ private	NUMBER: 315-361-8408						
CONTACT EMAIL ADDRESS: an	ny.miller@	madisonco	ounty.ny.gov						
			INFORMATION						
OWNER NAME:			HONE NUMBER:	OWI	NER FA	X NL	JMBER:		
Madison County		315-36	1-8408						
OWNER ADDRESS:		OWNER C			STAT	ΓE:	ZIP CODE:		
P.O. Box 27		Wampsv			NY		13163		
OWNER CONTACT:		-	ONTACT EMAIL ADDR						
Amy Miller			iller@madisonc	cour	nty.ny	/.g	OV		
OPERATOR NAME: Sam		OPERATO	R INFORMATION		■ pub	lie			
	e as owner								
		PRE	FERENCES						
Preferred address to receive correspondence:       Image: Facility location address         Image: Conter (provide):       Image: Conter (provide):									
Preferred email address:               Facility Contact                      Other (provide):                    Owner Contact									
Preferred individual to receive corr Other (provide):	esponden	ce: 🗌 Facil	ity Contact 🔹 Own	er Cont	act				

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: <u>http://www.dec.ny.gov/chemical/52706.html</u>.

## **SECTION 2 - MATERIAL RECEIVED**

Please provide the tonnages of materials received. This includes all materials received at your facility regardless of their destination after processing. DO NOT REPORT IN CUBIC YARDS!

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

<sup>100</sup> % Scale Weight

% Estimated

% Truck Count

% Other (Specify:

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)		4.28	5.21	5.84	2.95	7.05	6.19	7.20
Commingled Paper (all grades)		8.23	7.37	7.97	12.45	9.76	10.92	11.13
Single Stream (total)								
Other (specify)								
Total Tons Recei	ived	12.51	12.58	13.81	15.40	16.81	17.11	18.33
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)		l Year ons)	Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)	5.75	5.31	6.95	4.90	6.58	68.21		0.7
Commingled Paper (all grades)	9.53	9.82	8.26	9.32	11.83	116.59		1.1
Single Stream (total)								
Other (specify)								
Total Tons Received	15.28	15.13	15.21	14.22	18.41	184.80		1.8

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 3 – SERVICE AREA OF MATERIAL RECEIVED

# Please identify where the material 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 material WAS received from another solid waste management facility, please write in the name and <u>address</u> 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:

<u>100</u> % Road: Material(s):	% Rail: Material(s):		
% Water: Material(s):	% Other (specify:	): Material(s):	

	SERVICE AREA OF M	ATERIAL REG	CEIVED(where the	material is coming from)	
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR " <i>Direct Haul</i> "	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS <u>Planning Units</u> )	TONS RECEIVED
Commingled	Direct Haul	NY	Madison County	Madison County	68.21
Containers (metal, glass, plastic)					
(metal, glass, plastic)					
O	Direct Haul	NY	Madison County	Madison County	116.59
Commingled Paper (all grades)					
Single Stream					
(total)					
Other (specify)					
Tires	Direct Haul	NY	Madison County	Madison County	3.78
Batteries	Direct Haul	NY	Madison County	Madison County	0.62
Used Oil	Direct Haul	NY	Madison County	Madison County	0.50
Bulk Metal	Direct Haul	NY	Madison County	Madison County	76.43
			TOTAL MATER	RIAL RECEIVED (tons	266.13

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### **SECTION 4 – RESIDUE**

 Total residue (tons) = N/A
 Residue destination (Name & Address) N/A

 Percent Residue Calculation: Total tons residue/Total tons material received x 100 = \_\_\_\_\_

### SECTION 5 – RECYCLABLES & RECOVERED MATERIALS

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

Specify transport method, list type of material(s) and percentages of total material transported by each:

100	%	Road:	Material	(s)	):
-----	---	-------	----------	-----	----

%	Rail: Material(s):
0/	Other (analify)

%	Water:	Material	(s)	):

\_\_\_\_\_% Other (specify: \_\_\_\_\_\_): Material(s): \_\_\_\_\_\_

	PAPER R	ECOVERED			
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)	Alternatives Recycling Center (ARC Recycling Facility)	NY	Madison County	Madison County	116.59
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
			TOTAL PAPE	ER RECOVERED (tons):	116.59

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## SECTION 5 - RECYCLABLES & RECOVERED MATERIALS (continued)

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 R	ECOVERED (tons):					
	METAL REG								
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	Madison County Landfill Recycling Program	NY	Madison County	Madison County	76.43				
Enameled Appliances / White Goods									
Industrial Scrap Metal									
Tin & Aluminum Containers				-					
Other Metal (specify)									
			TOTAL METAL R	ECOVERED (tons): 76	.43				

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## SECTION 5 – RECYCLABLES & RECOVERED MATERIALS (continued)

	PLASTIC RE	COVERED			
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)					
		ТС	OTAL PLASTIC R	ECOVERED (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.

#### **VOLUME TO WEIGHT CONVERSION FACTORS**

MATERIAL	EQUIVA	LENT	MATERIAL	EQUIVAL	ENT	MATERIAL	EQUIVALENT	
GLASS – w hole bottles	1 cubic yard	0.35 tons	GLASS - crushed mechanically	1 cubic yard	0.88 tons	ALUMINUM - cans - w hole	1 cubic yard	0.03 tons
GLASS - semi crushed	1 cubic yard	0.70 tons	GLASS - uncrushed manually	55 gallon drum	0.16 tons	ALUMINUM – cans – flattened	1 cubic yard	0.125 tons
PAPER - high grade loose	1 cubic yard	0.18 tons	PLASTIC - PET - whole	1 cubic yard	0.015 tons			
PAPER - high grade baled	1 cubic yard	0.36 tons	PLASTIC – PET - flattened	1 cubic yard	0.04 tons			
PAPER - mixed loose	1 cubic yard	0.15 tons	PLASTIC - PET - baled	1 cubic yard	0.38 tons	WHITE GOODS - uncompacted	1 cubic yard	0.10 tons
NEWSPRINT - loose	1 cubic yard	0.29 tons	PLASTIC - styrofoam	1 cubic yard	0.02 tons	WHITE GOODS - compacted	1 cubic yard	0.5 tons
NEWSPRINT - compacted	1 cubic yard	0.43 tons	PLASTIC - HDPE - whole	1 cubic yard	0.012 tons			
CORRUGA TED – loose	1 cubic yard	0.015 tons	PLASTIC - HDPE - flattened 1	1 cubic yard	0.03 tons			
CORRUGA TED - baled	1 cubic yard	0.55 tons	PLASTIC - HDPE - baled	1 cubic yard	0.38 tons	FERROUS METAL - cans whole	1 cubic yard	0.08 tons
			PLASTIC - mixed (grocery bags)	45 gallon bag	0.01 tons	FERROUS METAL - cans	1 cubic yard	0.43 tons

	MIXED MATERI	AL RECOVERED			
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS <u>Planning Units</u> )	TONS RECOVERED (out of facility)
Commingled	Alternatives Recycling Center (ARC Recycling Facility)	NY	Madison County	Madison County	68.21
Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream				•	
(total)					
				1	
Other (specify)					
				L RECOVERED (tons)	68.21
	MISCELLANEOUS MA	ATERIAL RECOVE	RED		
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS <u>Planning Units</u> )	TONS RECOVERED (out of facility)
Electronics					
Textiles					
Other (specify) Tires	Madison County Landfill Recycling Program	NY	Madison County	Madison County	3.78
Batteries	Madison County Landfill Recycling Program	NY	Madison County	Madison County	0.62
Used Oil	Madison County Landfill Recycling Program	NY	Madison County	Madison County	0.5
	T	OTAL MISCELLA	NEOUS MATERIA	L RECOVERED (tons)	4.9

## SECTION 5 – RECYCLABLES & RECOVERED MATERIALS (continued)

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## SECTION 6 – UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received at the facility during the reporting period?

Yes I No If yes, give information below for each incident (attach additional sheets if necessary):

Date Received	Type Received	Date Disposed	Disposal Method & Location

SECTION 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS					
Are the	re 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)?

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 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 If yes, attach additional sheets identifying the reporting requirements with their respective responses.

[Yes

### 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.

amymille	2/28/20
Signature	Date
Amy Millor	

Amy Miller

Name (Print or Type)

Director of Solid Waste Management

Title (Print or Type)

amy.miller@madisoncounty.ny.gov

P.O. Box 27

Address

NY 13163

State and Zip

Email (Print or	Туре)
	Wampsville
	City
	( <u>315</u> )361_8408
	Phone Number

ATTACHMENTS: DYES D NO