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 <u>January 01, 2019</u> to <u>December 31, 2019</u>

SECTION 1 – GENERAL INFORMATION

		FACILITY	INFORMATION				
FACILITY NAME:							
Wellsville Transfer Stati		<u> </u>					
FACILITY LOCATION ADDRESS	:	FACILITY	CITY:		STATE:	ZIP CODE:	
Island Park Entrar	nce	8			NY	14895	
FACILITY TOWN:		FACILITY		1000		NE NUMBER:	
Wellsville		Allegan	Name of the last o		-268-54	400	
FACILITY NYS PLANNING UNIT: Allegany County	(A list of N)	/S <u>Planning Un</u>	<u>its</u> can be found at the end o	f this rep		YSDEC EGION#: 9	
360 PERMIT #:(Refer to DEC Permit)	DATE IS	SSUED:	DATE EXPIRES:	REGI	STRATIO	ACTIVITY CODE OR TION NUMBER: (Refer to 02R07, 02M09	
FACILITY CONTACT:		public	CONTACT PHONE		CONTACT	FAX NUMBER:	
Dean Scholes		private	NUMBER: 585-268-9231	!	585-2	68-9648	
CONTACT EMAIL ADDRESS: Scholed@alleganyco.com							
			NFORMATION				
OWNER NAME:			HONE NUMBER:		IER FAX N		
Allegany County		585-268	8-9231	585	-268-9648		
OWNER ADDRESS: 7 Court St., Room 210		OWNER C Belmont	ITY:		STATE:	ZIP CODE: 14813	
OWNER CONTACT:		OWNER C	ONTACT EMAIL ADDR	ESS:			
Dean Scholes			ed@alleganyco	o.con	n		
		OPERATOR	RINFORMATION				
OPERATOR NAME:	e as owner				public		
		PRFF	ERENCES		private		
Preferred address to receive corres Other (provide):	spondence		PRODUCE AND ADDRESS OF THE PARTY OF THE PART		Owner addre	ss	
Preferred email address:							
Preferred individual to receive correspondence: Facility Contact Owner Contact							
						NYS DEC	
Did you operate in 2019? No to relinquish your permit/registratio Solid Waste Management Facility of	; Comple	ete and submi ted with this s	it Sections 1 and 11. If yo solid waste management Form" located at: http://w	activity,	also comp	olete the "Inactive	

SECTION 2 - SOLID WASTE RECEIVED

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

	e quantities disposed and the percentages measured by each method: % Estimated	
% Scale Weight		
% Truck Count	% Other (Specify:)	

Type of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Asbestos							
Construction & Demolition (C&D) Debris							
Industrial Waste (Including Industrial Process Sludges)							
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	194.32	156.39	220.23	247.43	256.28	252.57	265.89
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil			***************************************				C 1110
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)	1302						
Other (specify)							
			-				
Total Tors Received	194.32	156.39	220.23	247.43	256.28	252.57	265.89

SECTION 2 - SOLID WASTE RECEIVED (continued)

Type of Solid Waste	Tip Fee (\$/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Asbestos								
Construction & Demolition (C&D) Debris								
Industrial Waste (Including Industrial Process Sludges)								
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	N/A	249.20	226.39	247.96	206.00	209.71	2,732.37	10.51
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil						76.5		
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Other (specify)			61.1	-				
4								
Total Tons Received	1	249.20	226.39	247.96	206.00	209.71	2,732.37	10.5

SECTION 3 - SERVICE AREA OF SOLID WASTE RECEIVED

Please identify where the waste 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 waste WAS 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 waste 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 waste was generated.

Specify transport method, list type of material(s) and percentages of total waste transported by each:						
100 % Road: Waste Type(s): Residential	% Rail: Waste Type(s):					
% Water: Waste Type(s):	% Other (specify:): Waste Type(s):					

	SERVICE AREA OF SOL	ID WASTE RE	CEIVED (where the		
TYPE OF SOLID WASTE	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
Asbestos					
Construction & Demolition (C&D) Debris					
Industrial Waste (Including Industrial Process Sludges)					

TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY		SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units	TONS RECEIVED
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Direct Haul	NY	Allegany County	Allegany County	2,732.37
Oil/Gas Drilling Waste	A.				
Petroleum Contaminated Soil					
Sewage Treatment Plant Sludge					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other (specify)					

^{*} List generators that provide you Certificates of Treatment forms and quantities of TRMW from each

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

- If 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 facility), please identify name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the transfer destination and the amount of waste transferred in the "Amount to Transfer Destination" column.
- If the waste is being sent to a landfill or combustor, please identify the name, <u>address</u>, corresponding State/Country, County/Province, and Destination Planning Unit of the disposal destination and the amount of waste being sent for disposal in the "Amount to Disposal Destination" column.

Specify transport method, list type of material(s) and percentages of total waste transported by each:								
	te Type(s):							
% Water: Was	ste Type(s):		% 0	ther (specify:): VVaste Ty	pe(s):		
	TRANSF	FER OR DISPO	SAL DESTINA	ATION				
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)	
Asbestos								
Aspestos				-				
Construction & Demolition (C&D)								
De bris								
Industrial Waste								
(Including								
Industrial Process Sludges)								
- '	•]					

	TRANSF	ER OR DISPO	SAL DESTINA	ATION	1 1 1 1 1 1		
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Municipal Solid	Hyland Landfill, 6653Herdman, Angelica	NY	Allegany County	Allegany County		2,482.99	2,482.99
Waste (MSW) (Residential, Institutional & Commercial)	Steuben County Landfill, Bath	NY	Steuben County	Steuben County		249.38	249.38
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
					TOTAL SEN	T (tons): 2,73	2.37

SECTION 5 - PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

Is your facility also a	permitted or registered Recyclables Handling & Recovery Fac	cility?
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☐ 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.

	S ERVICE AREA OF RECY				ng nom)
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					
Food Scraps					
Yard Waste (curbside)					
Other (specify)				1	
		Porarrowana] To	TAL RECEIVED (tons):	

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

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

Specify transport method, list type of material(s) and percentages of total waste tra	ansported by each:	
100 % Road: Material(s):	% Rail: Material(s):	
% Water: Material(s):	% Other (specify:	_): Material(s):

		PAPI	ER RECOVERED			
RECOVERED MATERIAL		TINATION & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units	TONS RECOVERED
Commingled Paper (all grades)	Republic Services, Inc. 2299 K	erimore Ave., Buffalo	NY	Erie County	Not Affiliated - Buffalo (City)	70.31
Corrugated Cardboard	West Rock, LLC, Wehrle Driv	e, Williamsville	NY	Erie County	Not Affiliated - Buffalo (City)	88.65
Junk Mail	Included in Commingled Paper					
Magazines	Included in Commingled Paper	445				
Newspaper	Included in Commingled Paper	er				
Office Paper	Included in Commingled Pape	er				
Paperboard / Boxboard	Included in Commingled Paper					
Other Paper (specify)						
				TOTAL PAPER	R RECOVERED (tons):	158.96

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

	GL	ASS RECOVERED		1772年7日1日	
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	Recycall, Port Allegany	PA			37.06
Industrial Scrap Glass					
Other Glass (specify)					
	The first of the same of the s		I TOTAL GLASS R	ECOVERED (tons): 37	.06
Control of the Contro	ME	TAL 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)
Aluminum Foil / Trays					
Bulk Metal (from MSW)	Ben Weitsman of Hornell 6334 CR64, Hornell, NY 14843	NY	Steuben County	Steuben County	95.17
Bulk Metal (from CD debris)					
Enameled Appliances/ White Goods					The state of the s
Industrial Scrap Metal					
Tin & Aluminum Containers	Ben Weitsman of Hornell	NY	Steuben County	Steuben County	12.84
	6334 CR64, Hornell, NY 14843				
Other Metal (specify)			8 11.11		
			TOTAL METAL B	RECOVERED (tons): 10	08.01

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

	PLAS	STIC 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)
Commingled Plastic	Trigon Plastics, 172 Orlan Rd, New Holland, PA	PA			29.82
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3-#7)				1-10-1	
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
	MICCELLANIE	T OUS MATERIAL RECOVE		RECOVERED (tons): 25	1.82
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)
Electronics	Sunnking Inc., Owens Rd., Brockport	NY	Monroe County	Monroe County	19.70
Textiles	St. Pauly Textile, 1067 Gateway Drive, Farmington	NY	Monroe County	Monroe County	15.24

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

	MIXED MATI	ERIAL 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 MATERIA	AL RECOVERED (tons):	
	ORGANIC MA	TERIAL RECOVERED		The state of the s	
RECOVERED MATERIAL Brush, Branches,	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)
Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
		TOTAL OR	GANIC MATERIA	AL RECOVERED (tons):	And the same of th

SECTION 6 - UNAUTHORIZED SOLID WASTE

	Date F	Received	Type Received	Date Disp	posed	Disposal Method & Location			
			-						
							54		
a vaur faailitu ua	o fived radio	ation monite	or? Yes		Monitoring				
	e a lixeu faui	ation monite	017 <u>; </u>	NO					
4:E . B.4 4	_	and M	ladal	of fived i	unit				
			odel		unit.				
s your facility us	e a portable r	radiation mo	onitor? Yes	■ No					
s your facility us tify Manufacture	e a portable r	radiation mo	onitor? Yes I	No of fixed u	unit.				
s your facility us tify Manufacture	e a portable r	radiation mo	onitor? Yes	No of fixed u	unit.				
s your facility us tify Manufacture e radiation monit	e a portable r	radiation mo	onitor? Yes I	No of fixed u	unit. ident:			Rem	oved
s your facility us tify Manufacture	e a portable r	radiation mo	onitor? Yes I	No of fixed u	unit.	Reading	Disposal Status	Rem Date	oved Time
s your facility us tify Manufacture e radiation monit Incident	e a portable r	radiation mo	onitor? Yes Yes I	No of fixed u	unit. ident: Truck	Reading	Disposal Status		
s your facility us tify Manufacture e radiation monit Incident	e a portable r	radiation mo	onitor? Yes Yes I	No of fixed u	unit. ident: Truck	Reading	Disposal Status		
s your facility us tify Manufacture e radiation monit Incident	e a portable r	radiation mo	onitor? Yes Yes I	No of fixed u	unit. ident: Truck	Reading	Disposal Status		
s your facility us tify Manufacture e radiation monit Incident	e a portable r	radiation mo	onitor? Yes Yes I	No of fixed u	unit. ident: Truck	Reading	Disposal Status		

	<u> </u>	
SI	ECTION 8 - PROBLEMS	
Were any problems encountered during the refacility procedures)?	eporting period (e.g., specific occurrent	ces which have led to changes in
☐ Yes ■ No If yes, attach additional sh problem.	neets identifying each problem and the	methods for resolution of the
S	ECTION 9 - CHANGES	
Were there any changes from approved repor	ts, plans, specifications, and permit co	nditions?
☐ Yes ■ No If yes, attach additional sh	neets identifying changes with a justifica	ation for each change.
SECTION 10 - PERMIT/CO	DNSENT 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 shresponses.	neets identifying the reporting requirem	ents with their respective
SECTION 11 - SIGNAT	URE AND DATE BY OWNER O	R OPERATOR
Owner or Operator must sign, date and submattachment for Regional Office addresses, en		
The Owner or Operator must also submit one of	copy by email, fax or mail to:	
Divis Burea All	epartment of Environmental Consision of Materials Management au of Solid Waste Management 625 Broadway bany, New York 12233-7260 Fax 518-402-9041 ess: SWMFannualreport@dec.ny.g	
I certify, under penalty of law, that the data ar direction and supervision in compliance with a gather and evaluate this information. I am awa section 71-2703(2) of the Environmental Conse	system designed to ensure that qualific re that any false statement I make in s	ed personnel properly and accurately uch report is punishable pursuant to
Signature Scholer	1/22/ Date	2020
Dean Scholes	Deputy Superintendent	₍ 585 ₎ 268 ₂ 9230
Name (Print or Type)	Title (Print or Type)	Phone Number
7 Court St., Room 210	Belmont	NY 14813
Address	City	State and Zip
Scholed@alleganyco.co	om	
Email (Print or Type)		
ATTACHMENTS: YES NO (Please	check appropriate line)	