

FULTON COUNTY
DEPARTMENT OF SOLID WASTE
PO BOX 28, 847 MUD ROAD
JOHNSTOWN, NY 12095

518-736-5501 FAX: 518-762-2859 David B. Rhodes, Director

February 18, 2021

NYSDEC Central Office Bureau of Solid Waste Management 625 Broadway Albany, NY 12233-7260

NYSDEC Region 5 Jessie Sangster 1115 State Route 86, PO Box 296 Ray Brook, NY 12977

Dear NYSDEC officials:

The Fulton County Department of Solid Waste is hereby submitting its annual Transfer Facility Annual Reports and the Recyclables Handling & Recovery Facility Reports, 2020. Please be advised that each individual report for the eight registered stations operated by Fulton County through this department, also serves as the 2020 annual Recyclables Handling & Recovery Facility annual reports.

The reasoning for this is that the RH&RF report calls for enumerating recyclables collected at these stations by month, whereas the transfer station report only requires enumeration by the total year. In utilizing the "Other" line within the Registered Transfer Facility report, each month's totals are incorporated, fulfilling that (and with the exception of one statistic noted below), all other requested information for the RH&RF report. We have also incorporated each Transfer Station Registration Number, and each Transfer Station Recyclables Handling & Recovery Facility number on each report, along with the expiration date of each.

The only piece of information required by the RH&RF report that is not listed anywhere on the Registered Transfer Facility annual report is residue generated. Since all recyclables at each station are brought to the Fulton County Materials Recovery Facility (MRF) and packaged for transport to the Oneida-Herkimer Solid Waste Authority MRF, there is no residue figure calculated specifically for Fulton County or its individual transfer stations. Therefore, that answer would have been noted as N/A.

Due to the above, Fulton County asserts that all required information for both reports has been submitted.

Sincerely,

David B. Rhodes

Muder

Director

Cindy L. Lovengston Cindy G. Livingston

Deputy Director



REGISTERED TRANSFER FACILITY ANNUAL REPORT

Department of Environmental Conservation (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, 2021.

This annual report is for the year of operation from January 01, 2020 to December 31, 2020

SECTION 1 – GENERAL INFORMATION

	FACILITY	INF	ORMATION						
FACILITY NAME:									
Broadalbin Transfer Station	n								
FACILITY LOCATION ADDRESS:	FACILITY	CIT	Υ:		STAT	Œ:	ZIP CODE:		
PO Box 28									
FACILITY TOWN: FACILITY COUNTY: FACILITY PHONE NUMBER:									
Johnstown Fulton 518-736-5501									
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).									
Fulton County REGION #: 5									
360 REGISTRATION DATE ISSUED: (Refer to		П	NYS DEC ACTIVITY	CODE	OR RE	GIS	TRATION		
7/2/18 (Expires 7/1/23) NUMBER: (Refer to DEC Registration) 18T10001/18R10001									
FACILITY CONTACT:									
Cindy G. Livingston Private NUMBER: 518-762-2859									
CONTACT EMAIL ADDRESS: clivingston@	fultoncount	yny	.gov						
				the property of the					
OWNER NAME:			NE NUMBER:				JMBER:		
Fulton County	518-73			518	-762-				
OWNER ADDRESS:	OWNER C		':		STAT	ΓE:	ZIP CODE:		
223 W. Main St.	Johnston				NY		12095		
OWNER CONTACT:			TACT EMAIL ADDRE						
Cindy G. Livingston			on@fultoncou		<u> </u>				
	OPERATOR	<u> </u>	IFORMATION						
OPERATOR NAME: ☐ same as owner Fulton County Dept. of Solid Waste					□ pub □ priv				
			ENCES						
Preferred address to receive correspondence Other (provide):	e: 🖪 Facility lo	ocati	on address		Ownerad	dres	s		
Preferred email address: ☐ Facility Contact ☐ Other (provide):	□ 0	wne	r Contact						
Preferred individual to receive correspondent Other (provide):	ce: 🗉 Fac	cility	Contact 🔲 Ow	ner Con	tact				
Did you operate in 2020? Yes; Complet No; Complete relinquish your permit/registration associated Waste Management Facility or Activity Notific	e and submit with this soli	t Se id w	ections 1 and 11. If you waste management act ated at: http://www.dec	ivity, a	lso com	plete	e the "Inactive Solid		

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

Todas promas ma comman			YARDS					
Specify the methods used to 100 % Scale Weight	measure the quan		the percentages m Estimated	neasured by each r	nethod:			
% Truck Count		% (Other (Specify:					
- 40 040				A!!		1	lada	1

Type of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Construction & Demolition (C&D) Debris							
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	150.17	114.13	165.87	209.69	221.56	224.21	196.00
Other (specify)	-						
Single Stream Recyclables	19.24	14.27	9.59	21.81	17.52	17.57	16.31
Total Tons Received	169.41	128.40	175.46	231.50	239.08	241.78	212.31

Type of Solid Waste	Tip Fee (\$/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Construction & Demolition (C&D) Debris								
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	\$53	187.83	194.45	200.43	196.99	169.62	2,230.95	7.39
Other (specify)								
Single Stream Recyclables	\$20	20.61	16.56	19.43	11.96	23.63	208.50	.69
Total Tons Received		208.44	211.01	219.86	208.95	193.25	2,439.45	8.08

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 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	e transported by each:	
100 % Road: Waste Type(s): MSW, single stream recyclables	% Rail: Waste Type(s):	
% Water: Waste Type(s):	% Other (specify:): Waste Type(s):	

	SERVICE AREA OF SC	LIDWASTER	ECEIVED (wherei	ne waste is coming from)	
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	STATE OR COUNTRY		NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Construction & Demolition (C&D) Debris					
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Direct Haul	NY	Fulton County	Fulton County	2,230.95
Other (specify)					
Single Stream Recyclables	Direct Haul	NY	Fulton County	Fulton County	208.50
				OTAL RECEIVED (ton	s): 2,439.45

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SECTION 4 - TRANSFER OR DISPOSAL DESTINATION

Please identify destination of waste. 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, <u>address</u>, corresponding State/Country, Country/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:

	ste Type(s): MSW, Single Stream Recyclable	es		ail: Waste Type(s):_			
% Water: Wa	ste Type(s):		% 0	ther (specify:): Waste Ty	/pe(s):	
	TRANS	FER OR DISPO	SAL DESTIN	ATION			
TYPE OF SOLID WASTE	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)	TOTAL YEAR (TONS)
Construction & Demolition (C&D) Debris							
Municipal Solid	Fulton County Landfill, 847 Mud Rd	NY	Fulton County	Fulton County	2,230.95	2,230.95	2,230.95
Waste (MSW) (Residential, Institutional & Commercial)	Johnstown, NY 12095						
Other (specify)							
Single Stream Recyclables	Oneida-Herkimer Solid Waste Authority	NY	Oneida County	Oneide-Herkimer Solid V	208.50	208.50	208.50
), (a) -	H de	e early fig.	1		TOTAL SEN	T (tons): 2,439	9.45

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 5 - REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

Is your facility also a permitted or registered Recyclables Handling & Recovery

- 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 <u>address</u> 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.

	SERVICE AREA OF REC	YCLABLE MATE	RIAL RECEIVED	(where the material is con	ligit from)
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	
Commingled Containers (metal, glass, plastic)					
Commingled Paper (all grades)					
Single Stream (total)	Direct Haul	NY	Fulton County	Fulton County	208.50
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)					Gallery and search
			ТО	TAL RECEIVED (tons	208.50

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 - REGISTERED 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!

100_% Road: Material(s); Single	e Stream Recyclables	% Rail	: Material(s):		
% Water: Material(s):		% Other (s	pecify:): Material(s):	
	PA	APER RECOVERED		Shop Asia	No-10
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)					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
			TOTAL PAPER	RECOVERED (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.

SECTION 5 - REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

B. Material Recovered GLASS RECOVERED **DESTINATION NYS** TONS DESTINATION DESTINATION **PLANNING UNIT** RECOVERED RECOVERED DESTINATION STATE OR COUNTY OR (See Attached List of MATERIAL COUNTRY **PROVINCE** (out of facility) (Name & Address) NYS Planning Units Container Glass Industrial Scrap Glass Other Glass (specify) TOTAL GLASS RECOVERED (tons): METAL RECOVERED **DESTINATION NYS** DESTINATION DESTINATION TONS **PLANNING UNIT** RECOVERED DESTINATION STATE OR COUNTY OR RECOVERED (See Attached List of MATERIAL COUNTRY PROVINCE (Name & Address) NYS Planning Units (out of facility) Aluminum Foil / Trays See Attachment A, Markets 2020 176.41 **Bulk Metal (from MSW)** Bulk Metal (from CD debris) Enameled Appliances / White Goods Industrial Scrap Metal Tin & Aluminum Containers Other Metal (specify) TOTAL METAL RECOVERED (tons): 176.41

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

		al Recovered RECOVERED		W-allows:	National Control
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					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
,	MISCELLANEOUS M			RECOVERED (tons):	Dentile Street
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	Maven Technologies, 1450 Lyell Ave., Rochester, NY 14606	NY	Monroe County	Monroe County	330.29
Textiles	American Clothing Recycling, Inc., PO Box 2386, Glens Falls, NY 12801	NY	Warren County	Warren County	8.03
Other (specify)					
		TOTAL MISCELLA	NEOUS MATERIA	AL RECOVERED (tons)	338.32

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

建筑线线线	MIXED MATERIA	L 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	Oneida-Herkimer SWA, 80 Leland Ave Extension, Utica, NY 13502	NY	Oneida County	Oneide-Herkimer Solid Was	208.50
Other (specify)				Oneide-Herkimer Solid Was	
	ORGANIC MATER			L RECOVERED (tons)	208.50
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)
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
		TOTAL OF	RGANIC MATERIA	L AL RECOVERED (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.

SECTION 6 - UNAUTHORIZED SOLID WASTE

Has una	Has unauthorized solid waste been received at the facility during the reporting period?					
□ Yes	■ No	If yes, give information below for each incident (attach additional sheets if necessary):				

Date Received	Type Received	Date Disposed	Disposal Method & Location

Radiation Monitoring

Does your facility use a fixed radiation monitor? Yes No						
Identify Manufacturer	and Model	of fixed unit.				
Does your facility use a portable radiation monitor? Yes No						
Identify Manufacturer	and Model	_offixed unit.				

If the radiation monitors have been triggered give information below for each incident:

incident Number	Received				Truck	Reading	Disnosal	Removed	
	Date	Time	Hauler	Origin	Number	rtodding	Disposal Status	Date	Time

SECTION 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS Are there required cost estimates and financial assurance documents for closure? Yes IN No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

		SECTION 8 - PROBLEMS				
Were ar facility p	ny problems encountered during the procedures)?	e reporting period (e.g., specific occurren	ces which have led to changes in			
□Yes	Yes No If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.					
		SECTION 9 - CHANGES				
Were th	nere any changes from approved re	ports, plans, specifications, and permit co	onditions?			
□Yes	■ No If yes, attach additiona	I sheets identifying changes with a justific	ation for each change.			
(SECTION 10 - REGISTRATION	ON/CONSENT ORDER REPORTI	NG REQUIREMENTS			
Are there	e any additional registration/consent	order reporting requirements not covered b	y the previous sections of this form?			
□Yes	No If yes, attach additional responses.	I sheets identifying the reporting requirem	ents with their respective			
	SECTION 11 - SIGNA	ATURE AND DATE BY OWNER O	PR OPERATOR			
		bmit one completed form to the appropr email addresses and Materials Manage				
The Own	er or Operator must also submit on	e copy by email, fax or mail to:				
	Di Bu	e Department of Environmental Consivision of Materials Management reau of Solid Waste Management 625 Broadway Albany, New York 12233-7260 Fax 518-402-9041 dress: SWMFannualreport@dec.ny.g				
direction gather an	and supervision in compliance with nd evaluate this information. I am a	and other information identified in this re a system designed to ensure that qualifie ware that any false statement I make in s nservation Law and section 210.45 of the	ed personnel properly and accurate such report is punishable pursuant t			
Cinda	1 H. Suingston	2/18/2	21			
Signatur	b / /	Date				
Cind	ly G. Livingston	Deputy Director	518,736,5501			
Name (P	rint or Type)	Title (Print or Type)	Phone Number			
	3ox 28	Johnstown	NY 12095			
Address		City	State and Zip			
clivir	ngston@fultoncou	ntyny.gov				
Email (Pr	rint or Type)					
ATTACH	MENTS: YES NO (Plea	ase check appropriate line)				

ATTACHMENT A FULTON COUNTY RECYCLING MARKETS 2020					
MATERIAL	COMPANY	ADDRESS	CITY, STATE, ZIP	PLANNING UNIT	
CORRUGATED CARDBOARD	Recycle City	PO Box 50233	Newark, NJ 07105		
	NH Kelman, Inc.	41 Euclid St.	Cohoes, NY 12047	Town of Colonie, Region 4	
OTHER PAPER (MAGAZINES, OFFICE PAPER, JUNK MAIL, OLD NEWSPAPER, CHIPBOARD)	Cellmark	80 Washington St., PO Box 641	Norwalk, CT 06854		
ENAMELED APPLIANCES & BULK METAL	Sims Metal Management	140 Port Road	Albany, NY 12202	City of Albany, Region 4	
<u> </u>	Upstate Shredding	PO Box 420	Owego, NY 13827	Tioga Co., Region 7	
	NH Kelman, Inc.	41 Euclid St.	Cohoes, NY 12047	Town of Colonie, Region 4	
COMMINGLED RECYCLING	Oneida-Herkimer SWA	80 Leland Ave Extension	Utica, NY 13502	Oneida Co., Region 6	
TEXTILES	American Clothing Recyclers	9 Rogers St.	Glens Falls, NY 12801	Warren Co., Region 5	
ELECTRONICS	Maven Technologies	1450 Lyell Ave.	Rochester, NY 14606	Monroe Co., Region 8	
OTHER - RECHARGEABLE BATTERIES/CELL PHONES	Call 2 Recycle	100 Parkwood Circle, Suite 200	Atlanta, GA 30339		
FLOURESCENT BULBS	Complete Recycling Solutions LLC	1075 Airport Rd.	Fall River, MA 02720		
WASTE MOTOR OIL	Fulton Co. DSW	847 Mud Road	Johnstown, NY 12095	Fulton Co., Region 5	
VEHICLE BATTERIES	NH Kelman, Inc.	41 Euclid St.	Cohoes, NY 12047	Town of Colonie, Region 4	
	Upstate Shredding	PO Box 420	Owego, NY 13827	Tioga Co., Region 7	
TIRES	STTC Service Tires Truck Centers	766 Watervliet Shaker Rd.	Latham, NY 12110	Albany Co., Region 4	
	Wheelabrator Hudson Falls	93 River St.	Hudson Falls, NY 12839	Washington Co., Region 5	
COMPOST	Fulton Co. DSW	847 Mud Road	Johnstown, NY 12095	Fulton Co., Region 5	
PROPANE TANKS	Bornt Waste & Metal	PO Box 1223	Gloversville, NY 12078	Fulton Co., Region 5	
FREON	JGS	4 Center Ct.	Troy, NY 12183	Rensselaer Co., Region 4	