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 D. Levengston Cindy G. Livingston

Deputy Director



REGISTERED TRANSFER FACILITY ANNUAL REPORT

NEW YORK
STATE OF THE PROPERTY Complete and submit this form by March 1, 2021.

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

SECTION 1 – GENERAL INFORMATION

	FACILITY	INFO	DRMATION		(1) (3) (4)			
FACILITY NAME:	_							
East Fulton Street Transfe	er Station	on						
FACILITY LOCATION ADDRESS:	FACILITY	CITY	/ :		STATE	: ZIP CODE:		
PO Box 28					NY	12095		
FACILITY TOWN:	FACILITY	COU	INTY:	FACI	LITY PH	ONE NUMBER:		
Johnstown	Fultor	<u>1</u>		518	3-736	6-5501		
FACILITY NYS PLANNING UNIT: (A list of NYS <u>Planning Units</u> can be found at the end of this report). NYSDEC REGION #: 5								
360 REGISTRATION DATE ISSUED: (Refer to DEC Registration) 7/2/18 (Expires 7/1/23) NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 18T10003/18R10003								
FACILITY CONTACT:	public	1	NTACT PHONE	T	CONTAC	T FAX NUMBER:		
Cindy G. Livingston	☐ private	518-	MBER: -736-5501	5	518-7	62-2859		
CONTACT EMAIL ADDRESS: clivingston@fultoncountyny.gov								
						。 自由医验证的 海节医局的		
OWNER NAME:	ŀ		E NUMBER:			NUMBER:		
Fulton County	518-73		540	518	-762-0			
OWNER ADDRESS:	OWNER C				STATE			
223 W. Main St.	Johnston		ACT EMAIL ADDRE	·00·	NY	12095		
OWNER CONTACT:						. ,		
Cindy G. Livingston			n@fultoncoเ					
	<u>OPERATOI</u>	RINF	ORMATION					
OPERATOR NAME: ☐ same as owner Fulton County Dept. of Solid Waste				1	■ public □ privat	e		
	PRE							
Preferred address to receive correspondence Other (provide):	: 🖭 Facility l	location	address		Dwneraddr	₽SS		
Preferred email address: ☐ Facility Contact ☐ Other (provide):	По)wner (Contact					
Preferred individual to receive correspondend ☐ Other (provide):	e: 🗉 Fa	cility C	Contact 🗆 Ow	ner Cont	tact			
Did you operate in 2020? ☐ Yes; Complete No; Complete relinquish your permit/registration associated Waste Management Facility or Activity Notific	e and submit with this sol	it Sect lid wa	ste management acti	ivity, al	so compl	o operate and wish to ete the "Inactive Solid al/52706.html .		

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!

pecify the methods used to Scale Weight	measure the quar		d the percentages Estimated	measured by eac	h method:		
% Truck Count		%	Other (Specify: _				
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)	152.32	113.29	185.04	248.38	272.67	268.49	230.11
Other (specify)							
Single Stream Recyclables	20.59	21.70	16.87	20.91	20.19	14.18	23.44

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	283.68	307.93	286.39	286.94	209.91	2,845.15	9.42
Other (specify)								1
Single Stream Recyclables	\$20	17.23	11.65	22.16	15.36	25.00	229.28	.76
Total Tons Received	4 4 4 5	300.91	319.58	308.55	302.30	234.91	3,074.43	10.18

269.29

292.86

282.67

253.55

201.91

134.99

172.91

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.

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Total Tons Received

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.

% Road: Waste Type(s): MSW, single stream recyclables	% Rail: Waste Type(s):			
% Water: Waste Type(s):	% Other (specify:): Waste Type(s):		

			ne waste is conting from)	
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
irect Haul	NY	Fulton County	Fulton County	2,845.15
Direct Haul	NY	Fulton County	Fulton County	229.28
	WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul" Irect Haul NY	WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul" STATE OR COUNTRY PROVINCE Irect Haul NY Fulton County	WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul" STATE OR COUNTRY PROVINCE STATE OR COUNTY OR PROVINCE (See Attached List of NYS Planning Units) Irect Haul NY Fulton County Fulton County

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

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, 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.

	ethod, list type of material(s) and percentages on ste Type(s): MSW, Single Stream Recyclable			ach: tail: Waste Type(s):			
% Water: Wa				Other (specify:		/pe(s):	
	TRANSI	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	2,845.15	2,845.15	2,845.15
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	229.28	229.28	229.28
	and the second of the second o	THE STATE OF THE S		Mindle of the second	TOTAL SEN	T (tons): 3,07	4.43

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 registere	ed Recyclables Handling	& Recovery Facility?

- 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.nv.gov/chemical/52706.html.
- D 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/murricipality where the recyclables were generated.

	SERVICE AREA OF RECY	YCLABLE MATE	RIAL RECEIVED	(where the material is con-	ing (rum)
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)	Direct Haul	NY	Fulton County	Fulton County	229.28
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
			ТО	TAL RECEIVED (tons	229.28

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	s duean Recyclables	% Rail: Material(s):					
% Water: Material(s):		% Other (specify:): Material(s):					
	PA	PER RECOVERED	Transfer and				
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)							

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 (out of facility) MATERIAL COUNTRY **PROVINCE** NYS Planning Units (Name & Address) Container Glass Industrial Scrap Glass Other Glass (specify) TOTAL GLASS RECOVERED (tons): METAL RECOVERED **DESTINATION NYS** DESTINATION DESTINATION TONS **PLANNING UNIT** RECOVERED RECOVERED DESTINATION STATE OR COUNTY OR (See Attached List of COUNTRY PROVINCE MATERIAL (out of facility) (Name & Address) NYS Planning Units Aluminum Foil / Trays See Attachment A, Markets 2020 223.36 **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): 223.36

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

	PLASTIC F	ECOVERED	Manager :		- 100
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					
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
5. tree and a street	MISCELLANEOUS M.			RECOVERED (tons):	
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	38.20
Textiles	American Clothing Recycling, Inc., PO Box 2386, Glens Falls, NY 12801	NY	Warren County	Warren County	9.51
Other (specify)					
		 TOTAL MISCELLA	NEOUS MATERI	AL RECOVERED (tons): 47,71

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

四周45天多层温度5.	MIXED MATERIA	L RECOVERED	计 对一类编译编码		in a state to the
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, Ulica, NY 13502	NY	Oneida County	Oneide-Herkimer Solid Was	229.28
Other (specify)				Oneide-Herkimer Solid Was	
	ORGANIC MATER			AL RECOVERED (tons)	229.28
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	GANIC MATERIA	L 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 u	nauthorized so	olid waste b	een received a	t the facility during th	ne reporting	period?				
□Yes	■ No If	yes, give ir	nformation belo	ow for each incident (attach addit	onal sheets if n	ecessary):			
		Dat	e Received	Type Received	Date Dis	sposed	Disposal Me	ethod & Location		
Does	vour facility us	e a fived ra	adiation monito	r? Yes		n Monitoring				
						Lunit				
				odel	_	unit.				
Does	our facility us	e a portabl	e radiation mo	nitor? Yes =	No					
ldentif	y Manufacture	r	and Mo	odel	of fixed	l unit.				
If the r	adiation monit	ors have b	een triggered g	ive information below	v for each in	cident:				
ſ	Incident	Rece	lved		Truck	Truck	ck Reading	Disposal	Removed	
1	Number	Date	Time	Hauler	Origin	Number	Reading	Status	Date	Time
		<u> </u>							_	
L		ļ								
Į									<u> </u>	
			SECTION 7	- COST ESTIMA	TES AND	FINANCIAL	ASSURANCE	DOCUMENTS		
Are th	ere required co	ost estimat	es and financia	al assurance docume	nts for closu	re?				
□ Yes		yes, attad losure Pla		eets reflecting annua	al adjustmen	ts for inflation a	nd any changes t	o the		

SECTION 8 – PROBLEMS						
Were any problems encountered during facility procedures)?	the reporting period (e.g., specific occurren	ces which have led to changes in				
☐ Yes ■ No If yes, attach addition problem.	nal sheets identifying each problem and the	sheets identifying each problem and the methods for resolution of the				
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 - REGISTRAT	TION/CONSENT ORDER REPORT	NG 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 - SIGN	NATURE AND DATE BY OWNER O	OR OPERATOR				
	submit one completed form to the appropr s, email addresses and Materials Manago					
The Owner or Operator must also submit	one copy by email, fax or mail to:					
	te Department of Environmental Cons Division of Materials Management Bureau of Solid Waste Management 625 Broadway Albany, New York 12233-7260 Fax 518-402-9041 ddress: SWMFannualreport@dec.ny.g					
direction and supervision in compliance wigather and evaluate this information. I am	ta and other information identified in this r th a system designed to ensure that qualifi aware that any false statement I make in s conservation Law and section 210.45 of the	ed personnel properly and accurately such report is punishable pursuant to				
Cindu M Sumarton	Cind H A atten 2/18/21					
Signature	Date					
Cindy G. Livingston	Deputy Director	_, 518 _, 736 ₋ 5501				
Name (Print or Type)	Title (Print or Type)	Phone Number				
PO Box 28	Johnstown	NY 12095				
Address	City	State and Zip				
clivingston@fultonco	untyny.gov					
Email (Print or Type)						

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ATTACHMENTS: YES NO (Please 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	
	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	