



PERMITTED TRANSFER FACILITY ANNUAL REPORT

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

SECTION 1 – GENERAL INFORMATION

RECEIVED
MAR 02 2021

FACILITY INFORMATION			
FACILITY NAME: Town of Northumberland			
FACILITY LOCATION ADDRESS: 392 Peters Road		FACILITY CITY: Gansevoort	STATE: NY ZIP CODE: 12831
FACILITY TOWN: Northumberland		FACILITY COUNTY: Saratoga	FACILITY PHONE NUMBER: 518-792-9179
FACILITY NYS PLANNING UNIT: R-5			NYSDEC REGION #: 5
360 PERMIT #:	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 46R03
FACILITY CONTACT: Willard Peck		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 518-792-9179 CONTACT FAX NUMBER: 518-743-0483
CONTACT EMAIL ADDRESS: townclerk@townofnorthumberland.org			
OWNER INFORMATION			
OWNER NAME: Town of Northumberland		OWNER PHONE NUMBER: 518-792-9179	OWNER FAX NUMBER: 518-743-0483
OWNER ADDRESS: PO Box 128		OWNER CITY: Gansevoort	STATE: NY ZIP CODE: 12831
OWNER CONTACT: Willard Peck		OWNER CONTACT EMAIL ADDRESS: townclerk@townofnorthumberland.org	
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner			<input type="checkbox"/> public <input type="checkbox"/> private
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2020? 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:

SECTION 2 - SOLID WASTE RECEIVED

Include all waste received. Report Recyclable Materials in Section 5. **DO NOT REPORT IN CUBIC YARDS!**

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

100 % Scale Weight

 % Estimated

 % 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)	39.15	27.54	30.10	35.30	49.25	43.12	45.80
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other							
Total Tons Received	39.15	27.54	30.10	35.30	49.25	43.12	45.80

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 2 - SOLID WASTE RECEIVED

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	55.07	43.10	42.50	55.45	58.14	524.52	
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Other								
Total Tons Received		55.07	43.10	42.50	55.45	58.14	524.52	43.71

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

**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 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 received from another solid waste management facility, please write in “ ” 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:

_____ % Road: Waste Type(s): _____ _____ % Rail: Waste Type(s): _____
 _____ % Water: Waste Type(s): _____ _____ % Other (specify: _____): Waste Type(s): _____

SERVICE AREA OF SOLID WASTE RECEIVED					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED OR	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT	TONS RECEIVED
Asbestos					0
	N/A				
Construction & Demolition (C&D) Debris					0
	N/A				
Industrial Waste (Including Industrial Process Sludges)					0
	N/A				

SERVICE AREA OF SOLID WASTE RECEIVED

TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED OR	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT	TONS RECEIVED
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	N/A				0
Oil/Gas Drilling Waste	N/A				0
Petroleum Contaminated Soil	N/A				0
Sewage Treatment Plant Sludge	N/A				0
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)	N/A				0
Other	N/A				
TOTAL RECEIVED					: 0.00

* 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

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, address, 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:

_____ % Road: Waste Type(s): _____ _____ % Rail: Waste Type(s): _____
 _____ % Water: Waste Type(s): _____ _____ % Other (specify: _____): Waste Type(s): _____

TRANSFER OR DISPOSAL DESTINATION							
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Asbestos	N/A						0.00
Construction & Demolition (C&D) Debris	N/A						0.00
Industrial Waste (Including Industrial Process Sludges)	N/A						0.00

TRANSFER OR DISPOSAL DESTINATION

TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Finch Waste Co., LLC	NY	Saratoga Cou <input type="checkbox"/>	R-5 <input type="checkbox"/>	524.52	524.52	524.52
	424 Peters Road						
	Gansevoort, NY 12831						
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other							

TOTAL SENT : _____

If the waste 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 waste name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other waste name.

SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

Is your facility also a permitted or registered 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:

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

DO NOT REPORT IN CUBIC YARDS!

- If the materials 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 received from another solid waste management facility, please write in " " along with the appropriate state, county and planning unit/municipality where the recyclables were generated.

SERVICE AREA OF RECYCLABLE MATERIAL RECEIVED

MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED OR	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT	TONS RECEIVED
Commingled Containers					
Commingled Paper	Casella-Hiram Hollow 100 Washburn Road, Gansevoort, NY 12831	NY	Saratoga County ▼	R-5 ▼	19.05
Single Stream	Casella-Hiram Hollow 100 Washburn Road, Gansevoort, NY 12831	NY	Saratoga County ▼	R-5 ▼	25.56
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste					
Other					
TOTAL RECEIVED					: 44.61

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

B. Material Recovered

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 transported by each:

_____ % Road: Material(s): _____ _____ % Rail: Material(s): _____

_____ % Water: Material(s): _____ _____ % Other (specify: _____): Material(s): _____

PAPER RECOVERED

RECOVERED MATERIAL	DESTINATION	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECOVERED
Commingled Paper					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper					
TOTAL PAPER RECOVERED					: _____

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

B. Material Recovered

GLASS RECOVERED

RECOVERED MATERIAL	DESTINATION	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECOVERED
Container Glass					
Industrial Scrap Glass					
Other Glass					
TOTAL GLASS RECOVERED					:

METAL RECOVERED

RECOVERED MATERIAL	DESTINATION	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECOVERED
Aluminum Foil / Trays					
Bulk Metal (from MSW)	NH Kelman, Inc. 41 Euclid Street, Cohoes	NY	Albany <input type="checkbox"/>	R-4 <input type="checkbox"/>	40.3
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal					
TOTAL METAL RECOVERED					: 40.3

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

B. Material Recovered

PLASTIC RECOVERED

RECOVERED MATERIAL	DESTINATION	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECOVERED
Commingled Plastic					
PET					
HDPE					
Other Rigid Plastics					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics					
TOTAL PLASTIC RECOVERED					:

MISCELLANEOUS MATERIAL RECOVERED

RECOVERED MATERIAL	DESTINATION	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECOVERED
Electronics	Regional Computer Recycling Victor Mendon Road, Victor, NY	NY	Ontario <input type="checkbox"/>	R-8 <input type="checkbox"/>	4789
Textiles					
Other					
TOTAL MISCELLANEOUS MATERIAL RECOVERED					: 4789

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

B. Material Recovered

MIXED MATERIAL RECOVERED

RECOVERED MIXED MATERIAL	DESTINATION	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECOVERED
Commingled Containers					
Commingled Paper & Containers					
Single Stream					
Other					

TOTAL MIXED MATERIAL RECOVERED : _____

ORGANIC MATERIAL RECOVERED

RECOVERED MATERIAL	DESTINATION	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECOVERED
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste					
Other					

TOTAL ORGANIC MATERIAL RECOVERED : _____

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 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 _____ of fixed unit.

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

Incident Number	Received		Hauler	Origin	Truck Number	Reading	Disposal Status	Removed	
	Date	Time						Date	Time

SECTION 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Are there 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)?

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 - PERMIT/CONSENT 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 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: SWMAnnualreport@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.

Willard H. Peck
Signature

2-24-21
Date

Willard H. Peck
Name (Print or Type)

Supervisor
Title (Print or Type)

518 792-9179
Phone Number

PO Box 128
Address

Gansevoort
City

NY 12831
State and Zip

townclerk@townofnorthumberland.org
Email (Print or Type)

ATTACHMENTS: YES NO (Please check appropriate line)