

Town of Hague

Community Center • 9793 Graphite Mountain Road • P.O. Box 509 • Hague, NY 12836

Ms Jessie Sangster

NYSDEC—Region 5

1115 State Route 86-Box 296

Ray Brook, N.Y. 12977

RE: Town of Hague Transfer Station

Registration Transfer Facility #57CS0010

2020 Recyclables Handling & Recovery Facility Annual Report

Dear Ms Sangster:

Enclosed please find the above –referenced 2020 annual report.

Should you have any questions, please do not hesitate to call me at 518-543-6161.

Respectfully,



Edna A. Frasier

Supervisor

REGISTERED C&D DEBRIS HANDLING AND RECOVERY 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, 2021.

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

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <i>Town of Hague Transfer Station</i>			
FACILITY LOCATION ADDRESS: <i>27 Valley View Rd</i>	FACILITY CITY: 	STATE: <i>NY</i>	ZIP CODE: <i>12836</i>
FACILITY TOWN: <i>Hague</i>	FACILITY COUNTY: <i>Warren</i>	FACILITY PHONE NUMBER: <i>518 543-6161</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: <i>5</i>
360 PERMIT #: (Refer to DEC Permit)	DATE ISSUED: <i>7/25/2019</i>	DATE EXPIRES: <i>7/25/2024</i>	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) <i>57C50010</i>
FACILITY CONTACT: <i>Edna A Frasier</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <i>518 543-6161</i>	CONTACT FAX NUMBER: <i>518 543 6273</i>
CONTACT EMAIL ADDRESS: 			
OWNER INFORMATION			
OWNER NAME: <i>Town of Hague</i>	OWNER PHONE NUMBER: <i>518 543-6161</i>	OWNER FAX NUMBER: <i>518 543-6273</i>	
OWNER ADDRESS: <i>9793 Graphite Mt Rd</i>	OWNER CITY: <i>Hague</i>	STATE: <i>NY</i>	ZIP CODE: <i>12836</i>
OWNER CONTACT: <i>Edna A Frasier</i>	OWNER CONTACT EMAIL ADDRESS: <i>supervisor@townofhague.org</i>		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input checked="" 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: <http://www.dec.ny.gov/chemical/52706.html>.

For facilities that have not transitioned into 6 NYCRR 361-5 and operated during 2018 under 6 NYCRR 360-16, please go directly to Section 2.

For facilities regulated under 6 NYCRR 361-5, the check boxes correspond with the registrations that have been issued to your facility. Please check all that apply and then move to Section 2:
For clarifications, see 6 NYCRR 361-5.2

- | | |
|--|--|
| <input type="checkbox"/> 1. Facility received less than 500 tons per day of the following recognizable, uncontaminated wastes: concrete and other masonry materials (including steel or fiberglass reinforcing embedded in concrete), brick , and rock . | <input type="checkbox"/> 2. Facility received less than 500 tons per day uncontaminated asphalt pavement or asphalt millings . |
| <input type="checkbox"/> 3. Facility received less than 500 tons per day of uncontaminated asphalt roofing shingles and roofing paper that do not contain asbestos-containing materials | <input type="checkbox"/> 4. Facility received less than 500 tons per day of uncontaminated, unadulterated gypsum wallboard . |
| <input type="checkbox"/> 5. Facility received less than 500 tons per day of unadulterated, uncontaminated wood . | <input type="checkbox"/> 6. Facility received less than 500 tons per day of soil, sand, gravel , or rock . The soil must have no evidence of chemical or physical contamination.

This may NOT be combined with 7. |
| <input type="checkbox"/> 7. Facility received less than 500 tons per day of restricted-use fill and limited-use fill .

This may NOT be combined with 6. | <input type="checkbox"/> 8. Facility received less than 500 tons per day of other uncontaminated, source-separated recyclables generated from C&D debris for use under an approved case-specific beneficial use determination . |

SECTION 2 - SOLID WASTE RECEIVED

Please provide the tonnages of waste received. This includes all wastes 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:

_____ % Scale Weight

_____ % Estimated

_____ % Truck Count

_____ % Other (Specify: _____)

Type of Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Concrete							
Other Masonry Materials							
Brick							
Rock							
Asphalt Pavement							
Asphalt Millings							
Asphalt Roofing Shingles							
Roofing Paper							
Gypsum Wallboard							
Unadulterated Wood							
Soil							
Sand							
Gravel							
Rock							
Restricted-Use Fill							
Limited-Use Fill							
Other (specify)							
Total Tons Received							

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 (continued)

Type of Waste	Tip Fee (\$/Ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Concrete								
Other Masonry Materials								
Brick								
Rock								
Asphalt Pavement								
Asphalt Millings								
Asphalt Roofing Shingles								
Roofing Paper								
Gypsum Wallboard								
Unadulterated Wood								
Soil								
Sand								
Gravel								
Rock								
Restricted-Use Fill								
Limited-Use Fill								
Other (specify)								
Total Tons Received								

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 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 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 material 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 (where the waste is coming from)					
TYPE OF 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	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Concrete					
Other Masonry Materials					
Brick					
Rock					

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)

TYPE OF 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	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Asphalt Pavement					
Asphalt Millings					
Asphalt Roofing Shingles					
Roofing Paper					
Gypsum Wallboard					
Unadulterated Wood					

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF 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	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Soil					
Sand					
Gravel					
Rock					
Restricted-Use Fill					
Limited-Use Fill					
Other (specify)					
TOTAL RECEIVED (tons):					

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 station or C&D debris processing 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 combuster, 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.
- If the waste is being sent to a landfill to be utilized as Alternative Operating Cover (AOC), please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the landfill and the amount of waste being sent for use as AOC in the "Amount Used as AOC" column.

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

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

TYPE OF 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 Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	AMOUNT USED AS AOC (TONS)	TOTAL YEAR (TONS)
Residue								
Other (specify)								
TOTAL SENT (tons):								

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 - MATERIAL RECOVERED FOR REUSE/RECYCLING

Please identify destination of recovered materials. Indicate the location of use/name of the destination, address, 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:

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

Loads of material that are to be used under a pre-determined or case-specific BUD do not need to be reported. The only exception is for specific material types (RCA, asphalt millings, etc.) distributed in excess of 10,000 tons (360.12(c)(5)) In this case, the total tonnage should be reported, but not the individual destinations.

MATERIAL RECOVERED FOR REUSE/RECYCLING					
MATERIAL RECOVERED	LOCATION OF USE/DESTINATION <small>(Name & Address) Please note that "direct haul", "various", and "various locations" are not acceptable responses for the address of the location of use.</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
Concrete					
Other Masonry Materials					
Brick					
Rock					
Bulk Metal (from C&D Debris)					

MATERIAL RECOVERED FOR REUSE/RECYCLING

MATERIAL RECOVERED	LOCATION OF USE/DESTINATION (Name & Address) Please note that "direct haul", "various", and "various locations" are not acceptable responses for the address of the location of use.	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Asphalt Pavement					
Asphalt Millings					
Asphalt Roofing Shingles					
Roofing Paper					
Gypsum Wallboard					
Unadulterated Wood					
Soil					
Sand					

MATERIAL RECOVERED FOR REUSE/RECYCLING					
MATERIAL RECOVERED	LOCATION OF USE/DESTINATION (Name & Address) Please note that "direct haul", "various", and "various locations" are not acceptable responses for the address of the location of use.	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Gravel					
Restricted-Use Fill					
Limited-Use Fill					
Other (specify)					
TOTAL RECOVERED (tons):					_____

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, including other construction & demolition debris not authorized for management at your facility, 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/Transfer Method & Location

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 - REGISTRATION/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.

