



REGISTERED 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, 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: Town of Bolton			
FACILITY LOCATION ADDRESS: 107 Finkle Road	FACILITY CITY: Bolton Landing	STATE: N.Y	ZIP CODE: 12814
FACILITY TOWN: Bolton Landing	FACILITY COUNTY: Warren	FACILITY PHONE NUMBER: 518-644-2973	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Warren County			NYSDEC REGION#: 5
360 REGISTRATION DATE ISSUED: (Refer to DEC Registration)		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)	
FACILITY CONTACT:	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER:	CONTACT FAX NUMBER: 518-644-2476
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Town Of Bolton	OWNER PHONE NUMBER: 518-644-2461	OWNER FAX NUMBER: 518-644-2476	
OWNER ADDRESS: P.O Box 698	OWNER CITY: Bolton Landing	STATE: N.Y	ZIP CODE: 12814
OWNER CONTACT: Ronald F Conover	OWNER CONTACT EMAIL ADDRESS: supervisor @town.bolton.ny.us		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" 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: <http://www.dec.ny.gov/chemical/52706.html> .

SECTION 2 - SOLID WASTE RECEIVED

Provide the tonnages of solid waste received. Include all waste received. Report Recyclable Materials in Section 5. **DO NOT REPORT YARDS!**

Methods used to measure the quantities disposed and the percentages measured by each method:
 Scale Weight _____ % Estimated
 Truck Count _____ % Other (Specify: _____)

Type of Solid Waste	2012													
	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily (tons)
Construction & Demolition (C&D) Debris	19.28	16.99	32.19	37.28	52.71	51.03	42.16							
Municipal Solid Waste (MSW)	37.74	21.49	42.47	37.56	78.07	51.62	85.92							
Commercial, Institutional (Specify)														
Other (Specify)														
Waste Received														

Type of Solid Waste	2013													
	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily (tons)
Construction & Demolition (C&D) Debris														
Municipal Solid Waste (MSW)														
Commercial, Institutional (Specify)														
Other (Specify)														
Waste Received														

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 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

Where the waste is coming from. The total tons received reported below should equal the total tons received in Section 2 (Solid Waste) by county and planning unit/municipality.

DO NOT REPORT IN CUBIC YARDS! 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.

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.

Transport method, list type of material(s) and percentages of total waste transported by each:
Truck: Waste Type(s): _____ % Rail: Waste Type(s): _____
Other: Waste Type(s): _____ % Other (specify: _____): Waste Type(s): _____

SERVICE AREA OF SOLID WASTE RECEIVED (Where the waste is coming from)	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	STATE OR COUNTRY	COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
On & (C&D)	Bolton Transfer Station				431.89
	107 Finkle Road				
	Bolton Landing	N.Y	Warren	Warren	
Solid Waste Residential, Industrial & Commercial	Bolton Transfer Station		Warren	Warren	615.36
	107 Finkle Road				
	Bolton Landing				
Other (Specify)					

TOTAL RECEIVED (tons):

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 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

Material amounts reported in Section 5. DO NOT REPORT IN CUBIC YARDS!

Identify destination of waste. Please only include waste sent off-site for disposal or further transfer prior to disposal. Exclude waste from C&D debris handling and recovery facilities. Material amounts reported in Section 5. DO NOT REPORT IN CUBIC YARDS! Material amounts reported in Section 5. DO NOT REPORT IN CUBIC YARDS!

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.

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.

Report method, list type of material(s) and percentages of total waste transported by each:
 Method: Waste Type(s): _____ % Rail: Waste Type(s): _____
 Material: Waste Type(s): _____ % Other (specify: _____): Waste Type(s): _____

TRANSFER OR DISPOSAL DESTINATION

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 NY's Planning Units)	Amount to Transfer Destination (Tons)	Amount to Disposal Destination (Tons)	Transfer or Disposal Destination	
						State/Country	County/Province
Waste Management Green Ridge Lf 424 Peters Rd Gansevoort					431.89		
Wheelebrator 13 River Street		N.Y	Washington	Washington	615.36		
					TOTAL SENT (tons):		

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 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

Identify also a permitted or registered Recyclables Handling & Recovery Facility?

Complete Section 5 for material recovered from the mixed solid waste stream. Complete a Recyclables Handling & Recovery Facility (RHRF) Form received as source separated. The RHRF form is located at: <http://www.dec.ny.gov/chemical/52706.html>.

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!

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.

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 RECYCLABLE MATERIAL RECEIVED (where the material is coming 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)	TONS
Other (plastic)					
Other (Paper)					
Sum (total)					
Locations, Counties, Townships	Bolton Transfer Station 107 Finkle Road, Bolton Landing		N.Y.	warren	ground
Other (tons)					
	on site				

TOTAL RECEIVED (tons): _____

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 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

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

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

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

PAPER RECOVERED					RECYCLED
Material	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TOTAL RECYCLED (out)
Recycled Paper					
Perkins					
315 Corinth Road Queensbury		N.Y	Warren	Warren	52.23
Perkins					
315 Corinth Road Queensbury		N.Y	Warren	Warren	22.63
Perkins					
315 Corinth Road Queensbury		N.Y	Warren	Warren	8.64
with magazines					
Material (specify)					

TOTAL PAPER RECOVERED (tons): _____

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 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

REGISTERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	T RECC (out t
Glass	Toni Pit Warrensburg	N.Y	Warren	Warren	8x
Scrap Glass					
SS (specify)					

TOTAL GLASS RECOVERED (tons): _____

METAL RECOVERED

REGISTERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	T RECC (out t
Foil / Trays					
(from MSW)					
(from CD					
Appliances /					
ds					
Scrap Metal	Cohen's 38 Greer Street Glens Falls NY	N.Y	Warren	Warren	99.69
Aluminum	Cohen's 38 Greer Street Glens Falls	N.Y	Warren	Warren	6.9
Al (specify)					

TOTAL METAL RECOVERED (tons): _____

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 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 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)	TOTAL RECOVERED (out)
Recovered Plastic	Hiram Hollow 100 Washburn Rd Gansevoot	N.Y.	Saratoga	Saratoga	15.89
#1					
#2					
HD Plastics					
Scrap					
n & Bags					
Plastics (specify)					
TOTAL PLASTIC RECOVERED (tons):					

MISCELLANEOUS MATERIAL 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)	TOTAL RECOVERED (out)
	elot Electronics Recycling, Inc. 64 Hannay Lane Glenmont, NY 12077	N.Y.	Albany	Albany	15.1

TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):

If 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 material 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.

2 (12/20)

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

MIXED MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS (See Attached List of NYS Planning Units)	TOTAL RECOVERED (out of _____)
Recovered (plastic)					
Recovered Paper & Cardboard					
Recovered Glass					
Recovered Metal					
Recovered Tires					
Recovered Oil					
Recovered Solvents					
Recovered Inks					
Recovered Adhesives					
Recovered Other					
TOTAL MIXED MATERIAL RECOVERED (tons): _____					

ORGANIC MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS (See Attached List of NYS Planning Units)	TOTAL RECOVERED (out of _____)
Recovered Sludges, Solids, and Liquors	Bolton Transfer Station 107 Finkle Rd Bolton Landing NY	NY	Warren		Stays on site
Recovered Greases					
Recovered Oils					
Recovered Solvents					
Recovered Other					
TOTAL ORGANIC MATERIAL RECOVERED (tons): _____					

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 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

Unauthorized solid waste received at the facility during the reporting period?

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

Facility use a fixed radiation monitor? Yes No

Manufacturer _____ and Model _____ of fixed unit.

Facility use a portable radiation monitor? Yes No

Manufacturer _____ and Model _____ of fixed unit.

When 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

Required cost estimates and financial assurance documents for closure?

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 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.

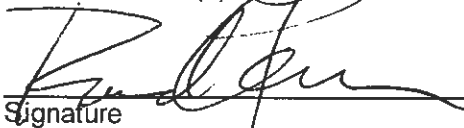
SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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: SWMFannualreport@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.


Signature

2/25/2021
Date

Ronald F. Conover
Name (Print or Type)

Supervisor
Title (Print or Type)

518 644 2461
Phone Number

PO Box 698
Address

Bolton Landing
City

NY 12814
State and Zip

supervisor@town.bolton.ny.us
Email (Print or Type)

ATTACHMENTS: YES NO (Please check appropriate line)