



Department of
Environmental
Conservation

RECYCLABLES HANDLING & 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 Adams Transfer Site</i>			
FACILITY LOCATION ADDRESS: <i>City Rt 97</i>	FACILITY CITY: <i>Adams</i>	STATE: <i>NY</i>	ZIP CODE: <i>13605</i>
FACILITY TOWN: <i>Lorraine</i>	FACILITY COUNTY: <i>Jeff.</i>	FACILITY PHONE NUMBER: <i>315-232-3057</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <i>6</i>			NYSDEC REGION #: <i>L</i>
360 PERMIT #: (Refer to DEC Permit) <i>62220-00821/0000-1.0</i>	DATE ISSUED: <i>1992</i>	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) <i>83795</i>
FACILITY CONTACT: <i>David W. Kellogg</i>	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <i>315-232-2467</i>	CONTACT FAX NUMBER: <i>315-232-4758</i>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <i>Town of Adams</i>	OWNER PHONE NUMBER: <i>315-232-2467</i>	OWNER FAX NUMBER: <i>315-232-4758</i>	
OWNER ADDRESS: <i>3 S. Main St.</i>	OWNER CITY: <i>Adams</i>	STATE: <i>NY</i>	ZIP CODE: <i>13605</i>
OWNER CONTACT: <i>David W. Kellogg</i>	OWNER CONTACT EMAIL ADDRESS: <i>dkellogg2@TOWNY.RR.COM</i>		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> same as owner	<input checked="" 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 - MATERIAL RECEIVED

Please provide the tonnages of materials received. This includes all materials 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:

100 % Scale Weight
____ % Truck Count

____ % Estimated
100 % Other (Specify: Residential)

Recycling Type:

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers (metal, glass, plastic)		2.31	.77	—	.89	.89	—	.58
Commingled Paper (all grades)		5.66	1.05	4.53	3.13	2.99	2.43	4.18
Single Stream (total)								
Other (specify)								
Cardboard		19.08	7.09	10.79	7.13	9.27	8.83	9.55
Mixed Recyclables		11.79	3.92	.90	5.45	3.41	4.83	2.61
Electronics					.40	.35	.30	
Total Tons Received		38.84	12.83	16.22	16.60	16.91	16.39	16.72
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)		Daily Avg. (tons)
Commingled Containers (metal, glass, plastic)	1.75	.82	.77	1.15	—	9.93		.04
Commingled Paper (all grades)	3.81	2.67	4.17	1.49	5.57	41.68		.20
Single Stream (total)								
Other (specify)								
Cardboard	8.55	8.28	11.06	10.97	7.56	118.16		.56
M/RECYCLABLES	6.19	3.12	1.33	.18	.08	43.81		.21
Electronics	.21	.24	.40	.47	.08	2.45 2.45		.01
Total Tons Received	20.51	14.89	17.33	13.79	13.21	214.44		1.02

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 3 – SERVICE AREA OF MATERIAL 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 material 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 material 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 material was generated.

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

_____ % Road: Material(s): _____ _____ % Rail: Material(s): _____
 _____ % Water: Material(s): _____ 100 % Other (specify: Residential) Material(s): _____

SERVICE AREA OF 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 <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
Commingled Containers <small>(metal, glass, plastic)</small>	<u>Direct Haul</u>	<u>Ny</u>	<u>Jeff</u>	<u>6</u>	<u>.62</u>
	↓				<u>4.38</u>
Commingled Paper <small>(all grades)</small>					
Single Stream <small>(total)</small>					
Other (specify)					
TOTAL MATERIAL RECEIVED (tons):					_____

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SECTION 4 – RESIDUE

Total residue (tons) = 10.72

Residue destination (Name & Address) Jeff. County Recycling

2713 S 745 RT 12
WATER TOWN, NY 13601

Percent Residue Calculation: Total tons residue/Total tons material received x 100 = 1072.00

SECTION 5 – RECYCLABLES & RECOVERED MATERIALS

Please identify destination of recyclable materials. Indicate the name of the facility, 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:

100 % Road: Material(s): _____ % Rail: Material(s): _____
% Water: Material(s): _____ % Other (specify: _____): Material(s): _____

PAPER 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)	TONS RECOVERED (out of facility)
Commingled Paper (all grades)	<u>Jeff. County Recyclables</u>	<u>NY</u>	<u>JEFF</u>	<u>6</u>	<u>62</u>
Corrugated Cardboard	↓				<u>10.1</u>
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
TOTAL PAPER RECOVERED (tons):					<u>10.72</u>

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SECTION 5 – RECYCLABLES & RECOVERED MATERIALS (continued)

MIXED 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)	TONS RECOVERED (out of facility)
Commingled Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					

TOTAL MIXED MATERIAL 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)	TONS RECOVERED (out of facility)
Electronics					1.72
Textiles	St. Paul's Textiles Inc 1067 Gateway Dr. Farmington, NY 14425	NY	ONTARIO	8	10.84
Other (specify)					

TOTAL MISCELLANEOUS MATERIAL 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

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

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: 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]
Signature

3/1/21
Date

David W. Kellogg
Name (Print or Type)

Supervisor
Title (Print or Type)

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Email (Print or Type)

35 Main St
Address

Adrian
City

Ny 13605
State and Zip

(315) 232 2467
Phone Number

ATTACHMENTS: YES NO