NEW YORK Department of Environmental Conservation

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 <u>January 01, 2020</u> to <u>December 31, 2020</u>

SECTION 1 - GENERAL INFORMATION

SEC	TION 1 - G	ENERAL INFURIMA	ATION .	
	FACILITY II	NFORMATION		
FACILITY NAME:				
		Shlim		
Town OF Trux tow Tray FACILITY LOCATION ADDRESS:	EACHITY	OITY.	STATE:	ZIP CODE:
	PACILITIE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1211	13158
Academy St.			NY	
Hallang St.	FACILITY (COUNTY:	FACILITY PHO	NE NUMBER:
FACILITY TOWN:		i i	1	22000
T Culton	Cort	and	60/40	32099
FACILITY NYS PLANNING UNIT: (A list of N)	S Planning Unit	s can be found at the end of	this report).	YSDEC EGION#: 7
Cortland County			N	EGION#.
		NYS DEC ACTIVITY	Y CODE OR REG	ISTRATION
360 REGISTRATION DATE ISSUED: (Refer	to DEC	NUMBER: (Refer to D	EC Registration)	
Registration) 12M03				
	public	CONTACT PHONE	CONTAC	T FAX NUMBER:
FACILITY CONTACT:	private	NI IMPER.		842 6943
JEFF Reakes	Harri P	607 423 209	9 601	877 6773
CONTACT EMAIL ADDRESS:				
	OWNER	INFORMATION		NUMBER:
OWNER NAME:	OWNER	PHONE NUMBER:	OWNER FAX	1)
	607	842 6984	607 84.	26943
Town OF Truston	OWNER	CITY:	STATE	
OWNER ADDRESS:	170	xtoul	N4	13158
P.O BOX 121	OWNER	CONTACT EMAIL ADD	RESS:	
OWNER CONTACT:				
	ODEDATO	RINFORMATION		
		KINFORMATION	⊠publ	ic
OPERATOR NAME: X same as owner	er .		☐ priva	nte
	PRI	FERENCES		
Preferred address to receive corresponde	nce: Facility	location address	☒ Ownerad	dress
Other (provide):				
	rt FI	Owner Contact		
Preferred email address: Facility Conta	UL * 1	•		
	ence: 🕱	Facility Contact	Owner Contact	
Preferred individual to receive correspond		-		
La Othor (provide)				
Did you operate in 2020? X Yes; Com	iplete this for	mit Sections 1 and 11. If	you no longer pla	n to operate and wish to aplete the "Inactive Solid
□ No; Com	Jete allu sub	I'd management	t activity, also com	nplete the "Inactive Solid
relinquish your permit/registration associa Waste Management Facility or Activity No	tification For	n" located at: <u>http://www</u>	<u>.aec.ny.gowcnem</u>	IIVAI/OZ / OU / IIII III .

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!

Specify the methods used to measure the quantities disposed and the percentages measured by each method: Demolition (C&D) Debris
Mixed Municipal Solid Construction & Waste (MSW) & Commercial) (Residential, Institutional Other (specify) **Total Tons Received** Demolition (C&D) Debris
Mixed Municipal Solid Waste (MSW) Construction & Other (specify) & Commercial) (Residential, Institutional Type of Solid Waste % Truck Count % Scale Weight Type of Solid Waste (\$/ton) 8 Fee Tip January (tons) £8.36 August (tons) 25.92 February (tons) 8 25.92 September % Other (Specify: (tons) 25.92 March (tons) 25.92 October (tons) 25.92 (tons) April November (tons) 25.92 May (tons) 25.92 December (tons) 25.92 311,04 June (tons) 311.04 **Total Year** (tons) Daily Avg. (tons) July (tons)

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.

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 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. ct Hauf" along with the appropriate state, county and

Spec	•
Specify transport method, list type of material(s) and percentages of total waste transported by each: % Rail: Was	 If the waste WAS NOT received from another solid waste management facility, please write in planning unit/municipality where the waste was generated.
sported by eacn: % Rail· Waste Tvpe(s):	lity, please write in "Direct nam aid
	Direct right along with the service

_% Other (specify: _

); Waste Type(s):

% Rail: Waste Type(s):

OD_% Road: Waste Type(s):

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. 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!

please identify name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the transfer destination and the amount of 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),

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.

S

pecify transport meth	pecify transport method, list type of material(s) and percentages of the		, Rail: W % Other (il: Waste Type(s): her (specify:): Waste Type(s):):	
% Water: Waste Type(s):			CAI DESTINA				
TYPE OF SOLID	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT	TY TO DESTINATION COUNTY OR COUNTY OR COUNTRY COUNTRY PROVINCE NYS (See COUNTRY OR ON)	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Construction &							
Demoillion (CGD)							
		, 1	2	Cauland Co		311.04	311.04
Municipal Solid	Carland County Solut Wash	Z,	CONTIUNIO				
(Residential,	M/(Chave N/U /3/0/						
Commercial)							
Other (specify)							
					TOTAL SE	TOTAL SENT (tons): 3/1-07	11.07

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

Illaterial receives and order of	Yes; Complete Section 5 for material recovered from is located at: http://www.dec.ny.gov/chemical/52706.html .	Is your facility also a perillined of Together the mixed solid waste stream. Complete a Recyclables Handling	Recovery Facility?
		a Recyclables Handling & Recovery Facility (NTIN / MITTIN)	O D CONTROL TO SHIP (DUDE) form for

☐ No; Complete Section 5 for material recovered from the mixed solid waste stream and for material received as source separated.

Please identify where the recyclable materials are coming from. DO NOT REPORT IN CUBIC YARDS! A Service Area of Recyclable Material Received

If the materials WERE received from another solid waste management facility, please write in the name and address of the facility along with the

If the materials WERE NOT received from another solid waste management facility, please write in "Direct Haul" along with the appropriate state, county appropriate state, county and planning unit/municipality.

TOTAL RECEIVED (tons):			
			Yard Waste (curbside) Other (specify)
			Food Scraps
			Brush, Branches, Trees, & Stumps
Cortland Count		Single Stream (total)	Single Stream (tota
northand 7	200	97	Commingled Paper (all grades)
			Containers (metal, glass, plastic)
			Commingled
		S	
	တ	SOLID WASTE MAN	MATERIAL
RIAL RECEIVED (Wifere the material is service AREA NYS	RECYCLEABLE MAIL		CI IC
		If the materials WEKE NOT leceived from a learning were generated.	 If the materials

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

P the name of the facility, <u>address, corresponding State/Country, County/Province, amount of material transferred ION NOT REPORT IN CURIC YARDS!</u>

RECOVERED DESTINATION OF STATE OR COUNTRY PROVINCE INTO PLANNING UNIT STATE OR COUNTRY OR (See Attached List of COUNTRY) Committigled Paper (See Attached List of Cardboard Car	TOTAL PAPER RECOVERED (tons):	TOTAL PAPE			
Per DESTINATION DESTINATION STATE OR COUNTRY OR COUNTRY OR COUNTRY OR COUNTRY OR PROVINCE PROVINCE PROVINCE PROVINCE OR COUNTRY OR					
VERED DESTINATION DESTINATION STATE OR COUNTRY STATE OR COUNTRY PROVINCE PROVINCE PROVINCE PROPINGE PROVINCE					Other Paper (specify)
VERED DESTINATION OF STATE OR COUNTRY OR COU					Paperboard / Boxboard
VERED DESTINATION DESTINATION STATE OR COUNTRY Gled Paper led rd per DESTINATION DESTINATION COUNTY OR COUNTY OR PROVINCE PROVINCE PROVINCE PROVINCE PROVINCE					Office Paper
WERED DESTINATION DESTINATION STATE OR COUNTRY PROVINCE PROVINCE Red II					Newspaper
VERED DESTINATION DESTINATION STATE OR COUNTRY PROVINCE PROVINCE Red Red II					Magazines
VERED DESTINATION DESTINATION STATE OR COUNTY OR COUNTY OR PROVINCE gled Paper ted ted					Junk Mail
VERED DESTINATION DESTINATION STATE OR COUNTRY PROVINCE gled Paper DESTINATION COUNTRY PROVINCE					Corrugated Cardboard
DESTINATION DESTINATION STATE OR COUNTRY PROVINCE (Name & Address)					Commingled Paper (all grades)
DESTINATION DESTINATION COUNTY OR STATE OR COUNTY OR	NYS Planning Units	PROVINCE	COUNTRY	(Name & Address)	RECOVERED MATERIAL
	DESTINATION NO PLANNING UNIT (See Attached List)	DESTINATION COUNTY OR	DESTINATION STATE OR		
	Material(s):		% Other (sp);	% Road: Material(s
% Other (specify:			% Rail: I	list type of material(s) and percentages of total waste the	specify transport method,
pecify transport method, list type of material(s) and percentages of total waste transported by coor. % Rail: Material(s):			nonorted by each.	on Planning Unit/Municipality and are server to	Destinati
st type of material(s) and percentages of total waste transported by each	OKI IN CODIC	rred. DO NOT REPORT IN CUBIC TANDO	naterial transferr	tion of recovered materials. Iffluence the limit of	Diage identify destina

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SECTION 5 - REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

Industrial Scrap Glass **Container Glass** Other Glass (specify) Aluminum Foil / Trays **Bulk Metal (from MSW)** White Goods **Bulk Metal (from CD** Enameled Appliances / Industrial Scrap Metal Other Metal (specify) Containers Tin & Aluminum RECOVERED MATERIAL RECOVERED MATERIAL DESTINATION (Name & Address) DESTINATION Name & Address GLASS RECOVERED B. Material Recovered WEIAL RECOVERED DESTINATION STATE OR DESTINATION STATE OR COUNTRY COUNTRY DESTINATION COUNTY OR TOTAL GLASS RECOVERED (tons): DESTINATION COUNTY OR PROVINCE TOTAL METAL RECOVERED (tons): PROVINCE DESTINATION NYS DESTINATION NYS (See Attached List of NYS Planning Units PLANNING UNIT PLANNING UNIT (See Attached List of NYS Planning Units RECOVERED (out of facility) RECOVERED out of facility) **SNOT**

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)

s):	TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):	ANEOUS MATERI	TOTAL MISCELL		
					Other (specify)
					Textiles
					Electronics
RECOVERED (out of facility)	(See Attached List of NYS Planning Units	DESTINATION COUNTY OR PROVINCE	DESTINATION STATE OR COUNTRY	DESTINATION (Name & Address)	RECOVERED MATERIAL
	DESTINATION NYS	eren	ATERIAL RECOV	MISCELLANEOUS MATERIAL RECOV	
	TOTAL PLASTIC RECOVERED (tons):	OTAL PLASTIC F			
					Other Plastics (specify)
					Plastic Film & Bags
					Industrial Scrap Plastic
					Other Rigid Plastics (#3 - #7)
					HDPE (plastic #2)
					PET (plastic #1)
					Commingled Plastic (#1 - #7)
RECOVERED (out of facility)	PLANNING UNIT (See Attached List of NYS Planning Units	COUNTY OR PROVINCE	STATE OR COUNTRY	DESTINATION (Name & Address)	RECOVERED MATERIAL
TONS	DESTINATION NYS	-	FOVENCY	PLASTIC RECOVERED	
			Material Recovered	B. Materia	SECTIO

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)

	RGANIC MATERIAL RECOVERED (tons).	RGANIC MATERIA	TOTAL OF		
					Outor (about)
					Other (specify)
					(curbside)
					Yard Waste
					Food Scraps
					Trees, & Stumps
					Brush Branches,
	The state of the s	- 1.0	COOKINI	(Name & Address)	MATERIAL
RECOVERED (out of facility)	PLANNING UNIT (See Attached List of NYS Planning Units	DESTINATION COUNTY OR PROVINCE	DESTINATION STATE OR COLUMN BY	DESTINATION	RECOVERED
	DESTINATION NYS			URGANIC MATER	
Sa. A	MIXED MATERIAL RECOVERED (tons):	MIXED MATERIA	TOTAL		
7					
				1	Other (specify)
	CAP PUCKE WALMING			Corrland Ny 13045	(www.)
1	O mail and Carl	Corriana	N	137 Pendleton St.	Single Stream
ハメ	1	,	,	Cortland County Recycling	
					Containers
					Commingled Paper &
					(metal, glass, plastic)
					Containers
					Comminaled
			0001111	(Name & Address)	MIXED MATERIAL
(out of facility)	(See Attached List of NYS Planning Units	PROVINCE	STATE OR	DESTINATION	RECOVERED
TONS	PLANNING UNIT		DESTINATION		
			- NEOVY ENER	MIXED MATERIAL RECOTEMEN	
			Material Recovered	SECTION 3 - REGISTENCE TRANSPORTED B. Material	SECTION

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SECTION 6 - UNAUTHORIZED SOLID WASTE

Has unauthorized solic	l waste been receive ss, give information b	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):	ъе reporting perio attach additional	d? sheets if neo	cessary):			
	Date Received	Type Received	Date Disposed	ed	Disposal Met	Disposal Method & Location		
			Radiation Monitoring	onitoring				
Does your facility use a fixed radiation monitor?	a fixed radiation mo	Yes >	No					
Identify Manufacturer	and		of fixed unit.	7				
Does your facility use a portable radiation monitor?	a portable radiation		Yes No					
Identify Manufacturer	ano	and Model	of fixed unit.					
If the radiation incline	No liake been made	If the radiation more new soon ages					Removed	/ed
- Incident	Received		•	Truck	Reading	Disposal Status	Date	=
Number	Date Time	Hauler	Origin	Number				
						DOCUMENTS		
	SECTION	SECTION 7 - COST ESTIMATES AND FINANCIAL ASSOCIATION FOR THE STATE OF	MATES AND H	INANCIAL	ASSOCIATION			
Are there required co	ost estimates and fin	Are there required cost estimates and financial assurance documents for closure?	nents for closure			-		
□Yes X No I	If yes, attach additior Closure Plan?	If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?	ual adjustments	for inflation a	and any changes	to the		

Time

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 redirection and supervision in compliance with a system designed to ensure that qualified personnel properly and accurate gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuant section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.
Signature Date 3/15/20
Teffrey D. Reakes Highway Super (607)423-2099 Name (Print or Type) Phone Number
P.O Box 121 Truxton Ny 13158 City State and Zip
Iruxton. book Keeper @ Frontier. Com Email (Print or Type)
ATTACHMENTS: YES NO (Please check appropriate line)