



Department of  
Environmental  
Conservation

**REGISTERED TRANSFER FACILITY ANNUAL REPORT**  
(If you need assistance filling out this form please email [swmfannualreport@dec.ny.gov](mailto: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 Truxton Transfer Station

**FACILITY LOCATION ADDRESS:**

Academy St.

**FACILITY CITY:**

**STATE:** **ZIP CODE:**

NY 13158

**FACILITY TOWN:**

Truxton

**FACILITY COUNTY:**

Cortland

**FACILITY PHONE NUMBER:**

607 423 2099

**FACILITY NYS PLANNING UNIT:** (A list of NYS Planning Units can be found at the end of this report).

Cortland County

**NYSDEC**

**REGION #:** 7

**360 REGISTRATION DATE ISSUED:** (Refer to DEC Registration)

12M03

**NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:** (Refer to DEC Registration)

**FACILITY CONTACT:**

Jeff Reakes

public  
 private

**CONTACT PHONE NUMBER:**

607 423 2099

**CONTACT FAX NUMBER:**

607 842 6943

**CONTACT EMAIL ADDRESS:**

**OWNER INFORMATION**

**OWNER NAME:**

Town of Truxton

**OWNER PHONE NUMBER:**

607 842 6984

**OWNER FAX NUMBER:**

607 842 6943

**OWNER ADDRESS:**

P.O. Box 121

**OWNER CITY:**

Truxton

**STATE:** **ZIP CODE:**

NY 13158

**OWNER CONTACT:**

**OWNER CONTACT EMAIL ADDRESS:**

**OPERATOR INFORMATION**

**OPERATOR NAME:**

same as owner

public  
 private

**PREFERENCES**

**Preferred address to receive correspondence:**  Facility location address  Owner address

Other (provide):

**Preferred email address:**  Facility Contact  Owner Contact

Other (provide):

**Preferred individual to receive correspondence:**  Facility Contact  Owner Contact

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

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:  
 % Scale Weight 100 % Estimated

% Truck Count \_\_\_\_\_ % Other (Specify: \_\_\_\_\_)

Type of Solid Waste	January	February	March	April	May	June	July
	(tons)	(tons)	(tons)	(tons)	(tons)	(tons)	(tons)
Construction & Demolition (C&D) Debris							
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	25.92	25.92	25.92	25.92	25.92	25.92	25.92
Other (specify)							
<b>Total Tons Received</b>							

Type of Solid Waste	Tip Fee (\$/ton)	August	September	October	November	December	Total Year	Daily Avg.
	(tons)	(tons)	(tons)	(tons)	(tons)	(tons)	(tons)	(tons)
Construction & Demolition (C&D) Debris								
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	80-	25.92	25.92	25.92	25.92	25.92	311.04	
Other (specify)								
<b>Total Tons Received</b>							311.04	

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

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.
- 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 waste transported by each:  
 100 % Road: Waste Type(s): MSW \_\_\_\_\_ % 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 SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	STATE OR COUNTRY	COUNTY OR PROVINCE	NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
Construction & Demolition (C&D) Debris					
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Direct Haul	NY	Cortland	Cortland Co.	311.04
Other (specify)					
<b>TOTAL RECEIVED (tons):</b>					<b>311.04</b>

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 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 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:  
 100% Road: Waste Type(s): MSW % 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 (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)
Construction & Demolition (C&D) Debris						
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	<u>Cortland County Solid Waste</u>	<u>NY</u>	<u>Cortland</u>	<u>Cortland Co.</u>		<u>311.04</u>
	<u>4708 Town Line Road</u>					
	<u>McGraw NY 13101</u>					
Other (specify)						
					<b>TOTAL SENT (tons):</b> <u>311.04</u>	

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

**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: <http://www.dec.ny.gov/chemical/52706.html>.
- 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

- Please identify where the recyclable materials are coming from. **DO NOT REPORT IN CUBIC YARDS!**
- If the 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.
  - If the 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 RECEIVED
Commingled Containers (metal, glass, plastic)					
Commingled Paper (all grades)					
Single Stream (total)	Direct Haul	NY	Ortland	7 Ortland County	52.8
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
<b>TOTAL RECEIVED (tons):</b>					

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

B. Material Recovered  
 Please identify destination of recovered materials. 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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
Commingled Paper <small>(all grades)</small>					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard/ Boxboard					
Other Paper (specify)					
<b>TOTAL PAPER RECOVERED (tons):</b>					

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

GLASS 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)
Container Glass					
Industrial Scrap Glass					
Other Glass (specify)					
<b>TOTAL GLASS RECOVERED (tons):</b> _____					
METAL 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)
Aluminum Foil / Trays					
Bulk Metal (from MSW)					
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
<b>TOTAL METAL RECOVERED (tons):</b> _____					

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

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)	TONS RECOVERED (out of facility)	
Commingled Plastic (#1 - #7)						
PET (plastic #1)						
HDPE (plastic #2)						
Other Rigid Plastics (#3 - #7)						
Industrial Scrap Plastic						
Plastic Film & Bags						
Other Plastics (specify)						
<b>TOTAL PLASTIC RECOVERED (tons):</b> _____						
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						
Textiles						
Other (specify)						
<b>TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):</b> _____						

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 FACILITY RECYCLABLE & RECOVERED MATERIALS** (continued)  
 B. Material Recovered

MIXED MATERIAL RECOVERED						
RECOVERED MIXED 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)	Cortland County Recycling 137 Pendleton St. Cortland, NY 13045	NY	Cortland	7 Cortland County	52.8	
Other (specify)						
<b>ORGANIC MATERIAL RECOVERED</b>					TOTAL ORGANIC MATERIAL RECOVERED (tons):	
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)	
Brush, Branches, Trees, & Stumps						
Food Scraps						
Yard Waste (curbside)						
Other (specify)						
<b>ORGANIC MATERIAL RECOVERED</b>					TOTAL ORGANIC MATERIAL RECOVERED (tons):	

TOTAL MIXED MATERIAL RECOVERED (tons): 52.8

TOTAL ORGANIC 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 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 - 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.

Jeffrey D. Reakes  
Signature

3/15/20  
Date

Jeffrey D. Reakes  
Name (Print or Type)

Highway Super.  
Title (Print or Type)

(607) 423-2099  
Phone Number

P.O. Box 121  
Address

Truxton  
City

NY 13158  
State and Zip

TruxtonBookKeeper@frontier.com  
Email (Print or Type)

ATTACHMENTS:  YES  NO (Please check appropriate line)