



# 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: <b>Bolivar Transfer Station (#6)</b>			
FACILITY LOCATION ADDRESS: <b>135 Reed St</b>	FACILITY CITY: 	STATE: <b>NY</b>	ZIP CODE: <b>14715</b>
FACILITY TOWN: <b>Bolivar</b>	FACILITY COUNTY: <b>Allegany</b>	FACILITY PHONE NUMBER:	
FACILITY NYS PLANNING UNIT: (A list of NYS <a href="#">Planning Units</a> can be found at the end of this report). Allegany County			NYSDEC REGION #: <b>9</b>
360 REGISTRATION DATE ISSUED: (Refer to DEC Registration)		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) <b>02T10014</b>	
FACILITY CONTACT: <b>Dean Scholes</b>	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <b>585-268-9231</b>	CONTACT FAX NUMBER: <b>585-268-9648</b>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <b>Allegany County</b>	OWNER PHONE NUMBER: <b>585-268-9230</b>	OWNER FAX NUMBER: <b>585-268-9648</b>	
OWNER ADDRESS: <b>7 Court St, Room 210</b>	OWNER CITY: <b>Belmont</b>	STATE: <b>NY</b>	ZIP CODE: <b>14813</b>
OWNER CONTACT: <b>Dean Scholes</b>	OWNER CONTACT EMAIL ADDRESS: <b>scholed@alleganyco.com</b>		
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 - 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:

100 % Scale Weight \_\_\_\_\_ % Estimated  
 \_\_\_\_\_ % Truck Count \_\_\_\_\_ % Other (Specify: \_\_\_\_\_)

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

Type of Solid Waste	Tip Fee (\$/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Construction & Demolition (C&D) Debris								
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)							1172.65	11.27
Other (specify)								
<b>Total Tons Received</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 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:

\_\_\_\_\_ % 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 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 (See Attached List of NYS Planning Units)	TONS RECEIVED
Construction & Demolition (C&D) Debris					
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)					
Other (specify)					
<b>TOTAL RECEIVED (tons):</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 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 <small>(where the material is coming from)</small>					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR " <i>Direct Haul</i> "	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>					
Commingled Paper <small>(all grades)</small>					
Single Stream <small>(total)</small>					
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste <small>(curbside)</small>					
Other <small>(specify)</small>					
<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** (continued)

**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:

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)
<b>Commingled Paper</b> (all grades)	Republic Services, Inc 2299 Kenmore Ave., Buffalo	NY	Erie County	Not Affiliated - Buffalo (City)	13.72
	Lebanon Seaboard, 7869 Route 98, Arcade	NY	Wyoming County	GLOW Region Solid Waste M	13.55
<b>Corrugated Cardboard</b>	WestRock, LLC. Wehrle Drive, Williamsville	NY	Erie County	Not Affiliated - Buffalo (City)	41.71
<b>Junk Mail</b>	Included in comingled				
<b>Magazines</b>	Included in comingled				
<b>Newspaper</b>	Included in comingled				
<b>Office Paper</b>	Included in comingled				
<b>Paperboard / Boxboard</b>	Included in comingled				
<b>Other Paper</b> (specify)					
<b>TOTAL PAPER RECOVERED (tons):</b>					68.98

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**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	RecycALL, Inc, Port Allegany	PA			12.30
Industrial Scrap Glass					
Other Glass (specify)					

**TOTAL GLASS RECOVERED (tons):** 12.30

**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)	Ben Weitsman of Hornell 6334 CR64, Hornell	NY	Steuben	Steuben	56.26
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers	Ben Weitsman of Hornell 6334 CR64, Hornell	NY	Steuben	Steuben	7.21
Other Metal (specify)	Ben Weitsman of Hornell	NY	Steuben	Steuben	1.13
Lead Acid Batteries	6334 CR64 Hornell				

**TOTAL METAL RECOVERED (tons):** 64.8

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)	Trigon Plastics, 172 Orlan Rd, New Holland	PA			10.86
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					

**TOTAL PLASTIC RECOVERED (tons):** 10.86

**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	Sunnking Inc., Owens Road, Brockport	NY	Monroe	Monroe	5.03
Textiles	St Pauly Textile, 1087 Gateway Drive Farmington	NY	Monroe	Monroe	8.38
Other (specify)					

**TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):** 13.41

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**SECTION 5 – REGISTERED TRANSFER 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 <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
Commingled Containers <small>(metal, glass, plastic)</small>					
Commingled Paper & Containers					
Single Stream <small>(total)</small>					
Other <small>(specify)</small>					
<b>TOTAL MIXED MATERIAL RECOVERED (tons):</b>					
ORGANIC MATERIAL 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>
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste <small>(curbside)</small>					
Other <small>(specify)</small>					
<b>TOTAL ORGANIC 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 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.

Dean Scholes  
Signature

2/21/2021  
Date

Dean Scholes  
Name (Print or Type)

Deputy Superintendent  
Title (Print or Type)

585 268 9231  
Phone Number

7 Court St, Room 210  
Address

Belmont  
City

NY 14813  
State and Zip

scholed@alleganyco.com  
Email (Print or Type)

ATTACHMENTS:  YES  NO (Please check appropriate line)