

FULTON COUNTY DEPARTMENT OF SOLID WASTE

PO BOX 28, 847 MUD ROAD JOHNSTOWN, NY 12095 518-736-5501 FAX: 518-762-2859 David B. Rhodes, Director

February 22, 2022

NYSDEC Central Office Bureau of Solid Waste Management 625 Broadway Albany, NY 12233-7260 NYSDEC Region 5 Jessie Sangster 1115 State Route 86, PO Box 296 Ray Brook, NY 12977

Dear NYSDEC officials:

The Fulton County Department of Solid Waste is hereby submitting its annual Transfer Facility Annual Reports and the Recyclables Handling & Recovery Facility Reports, 2021. Please be advised that each individual report for the eight registered stations operated by Fulton County through this department, also serves as the 2021 annual Recyclables Handling & Recovery Facility annual reports.

The reasoning for this is that the RH&RF report calls for enumerating recyclables collected at these stations by month, whereas the transfer station report only requires enumeration by the total year. In utilizing the "Other" line within the Registered Transfer Facility report, each month's totals are incorporated, fulfilling that (and with the exception of one statistic noted below), all other requested information for the RH&RF report. We have also incorporated each Transfer Station Registration Number, and each Transfer Station Recyclables Handling & Recovery Facility number on each report, along with the expiration date of each.

The only piece of information required by the RH&RF report that is not listed anywhere on the Registered Transfer Facility annual report is residue generated. Since all recyclables at each station are brought to the Fulton County Materials Recovery Facility (MRF) and packaged for transport to the Oneida-Herkimer Solid Waste Authority MRF, there is no residue figure calculated specifically for Fulton County or its individual transfer stations. Therefore, that answer would have been noted as N/A.

Due to the above, Fulton County asserts that all required information for both reports has been submitted.

Sincerely,

Circly L. Jungston
Cindy G. Livingston
Deputy Director



REGISTERED TRANSFER FACILITY ANNUAL REPORT

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, 2022.

This annual report is for the year of operation from <u>January 01, 2021</u> to <u>December 31, 2021</u>

SECTION 1 – GENERAL INFORMATION

	FACILITY	IN	FORMATION					
FACILITY NAME:								
Broadalbin Transfer Station	on							
FACILITY LOCATION ADDRESS:	FACILITY	FACILITY CITY: STATE					ZIP CODE:	
PO Box 28	Johns	Johnstown NY 120					12095	
FACILITY TOWN:	FACILITY	CC	DUNTY:	FACI	LITY P	HON	NE NUMBER:	
Johnstown	Fultor	1		518	3-73	36-	5501	
FACILITY NYS PLANNING UNIT: (A list of NY Fulton County	S <u>Planning Un</u>	its (can be found at the end of	this rep	ort).		SDEC GION#:5	
360 REGISTRATION DATE ISSUED: (Refer to Registration) 7/2/18 (Expires 7/1			NYS DEC ACTIVITY NUMBER: (Refer to DE	CODE	OR RE	181	TRATION [10001/18R10001	
FACILITY CONTACT:	public		ONTACT PHONE	1	CONTA	\CT	FAX NUMBER:	
Cindy G. Livingston	☐ private	51	UMBER: 8-736-5501	į	518-	-76	82-2859	
CONTACT EMAIL ADDRESS: clivingston@fultoncountyny.gov								
。			ORMATION					
OWNER NAME:			ONE NUMBER:				JMBER:	
Fulton County	518-73			518	<u>-762</u>			
OWNER ADDRESS: 223 W. Main St.	OWNER Of Johnston		Y:		STAT NY	TE:	ZIP CODE: 12095	
OWNER CONTACT:			NTACT EMAIL ADDRE	-22	141		12093	
Cindy G. Livingston			on@fultoncou		ny.g	ΟV		
	OPERATO	7 []	NEORMATION	Valetsii		*	31. Spirer Wellion	
OPERATOR NAME: ☐ same as owner Fulton County Dept. of Solid Waste					❶ pub □ priv			
			RENCES			278		
Preferred address to receive correspondence Other (provide):	e: 🖪 Facility l	ocat	ion address		Ownerad	ddres	\$	
Preferred email address: Facility Contact	По	wne	er Contact					
Preferred individual to receive correspondent Cl Other (provide):	ce: 🖸 Fa	cility	y Contact 🔲 Ow	ner Con	tact			
Did you operate in 2021? Yes; Complete No; Complete relinquish your permit/registration associated Waste Management Facility or Activity Notific	e and submit with this sol	t Se id v	ections 1 and 11. If you vaste management act ated at: <u>http://www.dec</u>	ivity, al	so com	plete	e the "Inactive Solid	

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!

	YARDS!	
	e quantities disposed and the percentages measured by each method:	
100 % Scale Weight	% Estimated	
% Truck Count	% Other (Specify:)	
		7

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)	142.18	118.97	165.42	186.31	181.26	205.56	206.12
Other (specify)							
Single Stream Recyclables	18.56	14.45	15.23	20.53	15.47	16.69	21.94
Total Tons Received	160.74	133.42	180.65	206.84	196.73	222.25	228.06

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)	\$53	182.72	173.27	188.82	181.07	153.79	2,085.49	6.90
Other (specify)								
Single Stream Recyclables	\$20	14.62	23.82	14.37	16.94	15.70	208.32	.69
Total Tons Received	in Automobile State	196.82	197.07	203.19	198.01	169.49	2;293.81	7.59

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, single stream recyclables	% Rail: Waste Type(s):
% Water: Waste Type(s):	% Other (specify:): Waste Type(s):

SERVICE AREA OF SO	LID WASTER	ECEIVED (where t	to 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
Direct Haul	NY	Fulton County	Fulton County	2,085.49
Direct Haul	NY	Fulton County	Fulton County	208.32
	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul" Direct Haul	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul" Direct Haul NY	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) COUNTRY PROVINCE OR "Direct Haul" Direct Haul NY Fulton County	WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul" NY Fulton County Fulton County Fulton County

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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, <u>address</u>, 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, <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.

	ste Type(s): MSW, single stream recyclables ste Type(s):			ail: Waste Type(s): Other (specify:			
		FER OR DISPO					
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)	TOTAL YEAR (TONS)
Construction & Demolition (C&D) Debris							
Municipal Solid	Fulton County Landfill, 847 Mud Rd	NY	Fulton County	Fulton County		2,085.49	2,085.49
Waste (MSW) (Residential, Institutional & Commercial)	Johnstown, NY 12095						
Other (specify)							
Single Stream Recyclables	Oneida-Herkimer Solid Waste Authority	NY	Oneida County	Oneide-Herkimer Solid V	208.32		208.32
NAME OF THE PARTY OF			ENGINE SE		TOTAL SEN	T (tons): 2,29	3.81

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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 <u>address</u> 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 REC	YCLABLE MATE	RIAL RECEIVED	(where the material is con	ing from
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Hauf"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS <u>Planning Units</u>	TONS RECEIVED
Commingled Containers (metal, glass, plastic)					
Commingled Paper (all grades)					
Single Stream (total)	Direct Haul	NY	Fulton County	Fulton County	208.32
Brush, Branches, Trees, & Stumps	Direct Haul	NY	Fulton County	Fulton County	6.11
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
			TC	TAL RECEIVED (tons)	214.43

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!

100 % Road: Material(s): Single	e Stream Recyclables	% Rail	: Material(s):		
% Water: Material(s):		% Other (s	pecify:): Material(s):	
	PA	APER 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)					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					. ,12
Other Paper (specify)					
			TOTAL PAPER	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 5 - REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

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)
	STATE OR	COUNTY OR	PLANNING UNIT (See Attached List of	RECOVERED
				·
		 TOTAL GLASS R	ECOVERED (tons):	
ME	TAL RECOVERED	March Strain S.		Studies III
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)
Attachment A, Markets 2021				137.20
******				and ear make of the same man to the stand standards
	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION STATE OR COUNTY OR PROVINCE	DESTINATION STATE OR COUNTY OR PROVINCE Name & Address DESTINATION DESTINATION DESTINATION COUNTY OR PROVINCE See Atlached List of NYS Planning Units

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

PLASTICR	ECOVERED	2. 支高潮部的外部	TAR CHARGE SA	Kanada a
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)
MISCELLANEOUS MA	ATERIAL REGOVE	RED		
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)
Sunnking, Inc., 4 Owens Rd., Brackport, NY 14420	NY	Monroe County	Monroe County	22.83
American Clothing Recycling, Inc., PO Box 2386, Glens Falls, NY 12801	NY	Warren County	Warren County	8.89
	DESTINATION (Name & Address) MISCELLANEOUS MA DESTINATION (Name & Address) Sunnking, Inc., 4 Owens Rd., Brockport, NY 14420	DESTINATION (Name & Address) DESTINATION STATE OR COUNTRY MISCELLANEOUS MATERIAL RECOVE DESTINATION STATE OR COUNTRY DESTINATION STATE OR COUNTRY Sunnking, Inc., 4 Owens Rd., Brockport, NY 14420 NY	DESTINATION (Name & Address) DESTINATION STATE OR COUNTRY PROVINCE TOTAL PLASTIC I MISCELLANEOUS MATERIAL RECOVERED DESTINATION STATE OR COUNTRY DESTINATION STATE OR COUNTRY DESTINATION STATE OR COUNTRY DESTINATION COUNTRY Sunnking, Inc., 4 Owens Rd., Brockport, NY 14420 NY Monroe County	DESTINATION (Name & Address) DESTINATION STATE OR COUNTY OR PROVINCE COUNTRY DESTINATION STATE OR COUNTY OR PROVINCE TOTAL PLASTIC RECOVERED (tons): MISCELLANEOUS MATERIAL RECOVERED DESTINATION STATE OR COUNTY OR PROVINCE DESTINATION STATE OR COUNTY OR PROVINCE (Name & Address) DESTINATION STATE OR COUNTY OR PROVINCE DESTINATION STATE OR COUNTY OR PROVINCE Sunnking, Inc., 4 Owens Rd., Brockport, NY 14420 NY Monroe County Monroe County Monroe County Monroe County Monroe County Monroe County

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

	MIXED MATERIA	L RECOVERED		a well the	
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)	Oneida-Herkimer SWA, 80 Leland Ave Extension, Utica, NY 13502	NY	Oneida County	Oneide-Herkimer Solid Was	208.32
Other (specify)				Oneide-Herkimer Solid Was	
	ORGANIC MATER			AL RECOVERED (tons)	208.32
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	Fulton Co. Dept. of Solid Waste compost facility, 847 Mud Rd., Johnstown, NY 12095	NY	Fulton County	Fulton County	6.11
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
		TOTAL OR	GANIC MATERIA	L RECOVERED (tons)	6.11

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SECTION 6 - UNAUTHORIZED SOLID WASTE

	Dat	e Received	Type Receiv	ed Date Di	sposed	Disposal Method & Location			
	ļ		.						
						<u></u>			
				Radlatio	n Monitoring				
our facility us	e a fixed ra	diation moni	tor?Yes_	■ No					
y Manufacture	r	and N	Model	of fixe	d unit.				
your facility us	e a portabl	e radiation m	onitor?Yes	s 🔳 No					
y Manufacture	r	and N	Model	of fixe	d unit.				
adiation monit	ors have be	een triggered	l give information l	below for each in	cident:				
	Received							Removed	
Incident Number	Date	Time	Hauler	Origin	Truck Number	Reading	Disposal Status	Date	Time
	<u> </u>							<u> </u>	
	1								
						l.		,	
_								<u></u>	
								<u>L</u> .	
		SECTION	7 - COST EST	IMATES AND	FINANCIAL	ASSURANCE	DOCUMENTS	<u>l</u> .	
ere required co			7 - COST EST			ASSURANCE	DOCUMENTS	1	

<u></u>			SECTION 8 - PROBLEMS				
	ny problen procedure		e reporting period (e.g., specific occurren	ces which have led to changes in			
□Yes							
			SECTION 9 - CHANGES				
Were th	ere any c	hanges from approved rep	ports, plans, specifications, and permit co	onditions?			
□Yes	■ No	If yes, attach additional	sheets identifying changes with a justific	cation for each change.			
	SECTIO	N 10 - REGISTRATIO	DN/CONSENT ORDER REPORTI	ING REQUIREMENTS			
Are there	any addit	ional registration/consent o	order reporting requirements not covered b	by the previous sections of this form?			
□Yes	☐ Yes ☐ No If yes, attach additional sheets identifying the reporting requirements with their respective responses.						
		SECTION 11 - SIGNA	TURE AND DATE BY OWNER O	OR OPERATOR			
			omit one completed form to the appropr email addresses and Materials Manage				
The Own	er or Ope	rator must also submit on	e copy by email, fax or mail to:				
		Di Bur	Department of Environmental Consvision of Materials Management reau of Solid Waste Management 625 Broadway Albany, New York 12233-7260 Fax 518-402-9041 dress: SWMFannualreport@dec.ny.g				
direction gather ar	and super	vision in compliance with e this information. I am av	and other information identified in this r a system designed to ensure that qualifi ware that any false statement I make in servation Law and section 210.45 of the	ed personnel properly and accuratel such report is punishable pursuant to			
Signature	y J.	Sourgeton	2/22/2 Date	22			
Cind	ly G.	Livingston	Deputy Director	,518,736, 5501			
	rint or Typ		Title (Print or Type)	Phone Number			
PO E	3ox 2	.8	Johnstown	NY 12095			
Address			City	State and Zip			
clivir	ngsto	n@fultoncou	ntyny.gov				
Email (P	rint or Typ	e)					
ATTACH	MENTS: [YES NO (Plea	se check appropriate line)				

ATTACHMENT A FULTON COUNTY RECYCLING MARKETS 2021

MATERIAL	COMPANY	ADDRESS	CITY, STATE, ZIP	PLANNING UNIT
CORRUGATED CARDBOARD	Recycle City	PO Box 50233	Newark, NJ 07105	
	NH Kelman, Inc.	41 Euclid St.	Cohoes, NY 12047	Town of Colonie, Region 4
	Continental Paper Grading of Canada	6790 Century Ave., Ste 400	Mississuga, ON, L5N 2V8	
	Canusa Hershman	45 Northeast Industrial Rd.	Branford, CT 06405	
ENAMELED APPLIANCES & BULK METAL	Sims Metal Management	140 Port Road	Albany, NY 12202	City of Albany, Region 4
	Planit Waste & Recycling	274 Greenfield Ave.	Ballston Spa, NY 12020	Saratoga Co., Region 5
	Ben Weitsman Recycling LLC (Upstate Shredding)	PO Box 420	Owego, NY 13827	Tioga Co., Region 7
COMMINGLED RECYCLING	Oneida-Herkimer SWA	80 Leland Ave Extension	Utica, NY 13502	Oneida Co., Region 6
TEXTILES	American Clothing Recyclers	9 Rogers St.	Glens Falls, NY 12801	Warren Co., Region 5
ELECTRONICS	Sunnking	4 Owens Road,	Brockport, NY, 14420	Monroe Co., Region 8
OTHER - RECHARGEABLE BATTERIES/CELL PHONES	Call 2 Recycle	100 Parkwood Circle, Suite 200	Atlanta, GA 30339	
FLOURESCENT BULBS	Complete Recycling Solutions LLC	1075 Airport Rd.	Fall River, MA 02720	
WASTE MOTOR OIL	Fulton Co. DSW	847 Mud Road	Johnstown, NY 12095	Fulton Co., Region 5
VEHICLE BATTERIES	NH Kelman, Inc.	41 Euclid St.	Cohoes, NY 12047	Town of Colonie, Region 4
TIRES	STTC Service Tires Truck Centers	766 Watervliet Shaker Rd.	Latham, NY 12110	Albany Co., Region 4
	Wheelabrator Hudson Falls	93 River St.	Hudson Falls, NY 12839	Washington Co., Region 5
	HTI Recycling	490 Ohio Street	Lockport, NY 14094	Niagara Co., Region 9
COMPOST	Fulton Co. DSW	847 Mud Road	Johnstown, NY 12095	Fulton Co., Region 5
FREON	JGS	4 Center Ct.	Troy, NY 12183	Rensselaer Co., Region 4
PROPANE TANKS	Bornt Waste & Metal	PO Box 1223	Gloversville, NY 12078	Fulton Co., Region 5