

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 D. Syvingston Cindy G. Livingston Deputy Director



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 January 01, 2021 to December 31, 2021

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION							
FACILITY NAME:							
OppenheimTransfer Station	on						
FACILITY LOCATION ADDRESS:	FACILITY	FACILITY CITY:			STAT	ГЕ:	ZIP CODE:
PO Box 28	Johns				NY	•	12095
FACILITY TOWN:	FACILITY	CC	OUNTY:	FACI	LITY P	10H	NE NUMBER:
Johnstown	Fultor	1		518	3-73	86-	5501
FACILITY NYS PLANNING UNIT: (A list of NYS <u>Planning Units</u> can be found at the end of this report). REGION #: 5							, —
360 REGISTRATION DATE ISSUED: (Refer to DEC Registration) 7/2/18 (Expires 7/1/23) NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 18T10006/18R10006							
FACILITY CONTACT:	public		ONTACT PHONE	T	CONTA	CT	FAX NUMBER:
Cindy G. Livingston	☐ private	51	UMBER: 8-736-5501	5	518-	·76	62-2859
CONTACT EMAIL ADDRESS: clivingston@fultoncountyny.gov							
			ORMATION	erin e			
OWNER NAME:	`		ONE NUMBER:	_	OWNER FAX NUMBER: 518-762-0224		
Fulton County	518-73			518			
OWNER ADDRESS: 223 W. Main St.	OWNER O		Y:		STAT	ΓE:	ZIP CODE: 12095
OWNER CONTACT:	L		NTACT EMAIL ADDRE	SS:			1.2000
Cindy G. Livingston			on@fultoncou		ny.g	οv	
· / 不可可能開車區上記述。3次至時期間隔離鐵備間上記述的	OPERATO	RII	NFORMATION			1130	
OPERATOR NAME: Same as owner Fulton County Dept. of Solid Waste					⊡ pub □ priv		
	PREF	ea-carren	the same and the s				
Preferred address to receive correspondence Other (provide):	: 🖺 Facility l	ocat	ion address	∐(Ownerad	ldres	S
Preferred email address:							
Preferred individual to receive correspondence:							
					S = 1/		
Did you operate in 2021? 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!

ecily the methods used to	measure the qu		nd the percentage: % Estimated	s measured by eac	in metrioa.		
% Truck Count		9	% 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)	45.08	45.55	60.06	68.46	57.68	60.94	67.92
Other (specify)							
Single Stream Recyclables	6.31	5.26	4.26	5.77	5.91	5.55	6.67

64.32

50.81

51.39

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	62.87	57.47	67.23	58.05	46.57	697.88	4.45
Other (specify)								
Single Stream Recyclables	\$20	4.95	6.00	5.41	4.74	5.65	66.48	.42
Total Tons Received	1 V 11 14 1 14 17 17	67.82	63.47	72.64	62,79	52.22	764.36	4.87

74.23

63.59

75.52

66.49

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.

REPRINTED (12/21)

Total Tons Received

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 (wheret	se 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		NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Construction & Demolition (C&D) Debris					
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Direct Haul	NY	Fulton County	Fulton County	697.88
Other (specify)					
Single Stream Recyclables	Direct Haul	NY	Fulton County	Fulton County	66.48
				OTAL RECEIVED (ton:	764.36

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, <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.

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

100 % Road: Wa	ste Type(s): MSW, singe stream recyclables		% Rail: Waste Type(s): % Other (specify:): Waste Type(s):					
% Water: Wa	ste Type(s):							
	TRANSF	ER OR DISPO	SAL DESTINA	ATION				
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 <u>Planning Units</u>)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)	
Construction & Demolition (C&D) Debris								
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Fulton County Landfill, 847 Mud Rd, Johnstown, NY 12095	NY	Fulton County	Fulton County		697.88	697.88	
Other (specify)	Oneida-Herkimer SWA, 80 Leland Ave Extension, Utica, NY 13502	NY	Oneida County	Oneide-Herkimer Solid V	58.83		66.48	
Single Stream Recyclables								
					TOTAL SEN	T (tons): 764.	36	

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?

appropriate state, county and planning unit/municipality.

- 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.nv.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
- 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 (rom)
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	Fulton County	Fulton County	66.48
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
			TC	TAL RECEIVED (tons	68,48

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): MSW	, Single Stream Recyclables	% Rail: Material(s):					
% Water: Material(s):		% Other (s	pecify:): Material(s):			
	IPA	PER 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	7.0-1						
Paperboard / Box board							
Other Paper (specify)							
				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)

B. Material Recovered **GLASS RECOVERED DESTINATION NYS** TONS DESTINATION DESTINATION PLANNING UNIT RECOVERED DESTINATION STATE OR COUNTY OR RECOVERED (See Attached List of PROVINCE (out of facility) MATERIAL COUNTRY (Name & Address) NYS Planning Units **Container Glass** Industrial Scrap Glass Other Glass (specify) TOTAL GLASS RECOVERED (tons): METAL RECOVERED **DESTINATION NYS** DESTINATION DESTINATION TONS PLANNING UNIT RECOVERED COUNTY OR PROVINCE DESTINATION RECOVERED STATE OR (See Attached List of COUNTRY MATERIAL (Name & Address) NYS Planning Units (out of facility) Aluminum Foil / Trays 43.00 See Attachment A, Markets 2021 **Bulk Metal (from MSW)** Bulk Metal (from CD debris) Enameled Appliances / White Goods Industrial Scrap Metal Tin & Aluminum Containers Other Metal (specify)

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.

TOTAL METAL RECOVERED (tons): 43.00

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

	PLASTIC F	ECOVERED	of the same of the	- 100 PM TO 100	
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					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
Summer				RECOVERED (tons): _	
	MISCELLANEOUS MA	ATERIAL RECOVE	ERED		
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., 4 Owens Rd., Brockport, NY 14420	NY	Monroe County	Monroe County	6.35
Textiles	American Clothing Recycling, Inc., PO Box 2386, Glens Falls, NY 12801	NY	Warren County	Warren County	3.18
Other (specify)					
		OTAL MISCELLA	NEOUS MATERI	AL RECOVERED (tons	9.53

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

THE STATE OF THE S	MIXED MATERIA	AL RECOVERED		The state of the s	
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	Oneida-Herkimer SWA, 80 Leland Ave Extension, Utica, NY 13502	NY	Oneida County	Oneide-Herkimer Solid Was	66.48
Other (specify)				Onelde-Herkimer Solid Was	
	ORGANIC MATER			AL RECOVERED (tons)	: 66.48
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)					
		TOTAL OR	GANIC MATERIA	L L 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 u □ Yes				d at the facility during elow for each incident		•	necessary):			
		Dat	e Received	Type Received	Date D	isposed	Disposal M	ethod & Location		
Radiation Monitoring Does your facility use a fixed radiation monitor? Yes No										
ldentif	Identify Manufacturer and Model of fixed unit.									
Does	your facility use	e a portable	e radiation r	nonitor?Yes _	■No					
ldentif	y Manufacturer		and	Model	of fixe	d unit.				
If the r	adiation monito	ors have be	een triggere	d give information belo	ow for each ir	ncident:				
	Incident	Rece	ived			Truck	Reading	Disposal	Removed	
	Number	Date	Time	Hauler	Origin	Number	Iteading	Status	Date	Time
									-	
		-	 							
l										
			SECTION	7 - COST ESTIM	ATES AND	FINANCIAL	ASSURANCE	DOCUMENTS		
Are th	Are there required cost estimates and financial assurance documents for closure?									
□Yes		yes, attac		sheets reflecting annu	ıal adjustmer	nts for inflation a	nd any changes	to the		

	SECTION 8 – PROBLEMS						
Were any problems encountered during the facility procedures)?	ne reporting period (e.g., specific оссител	ces which have led to changes in					
☐ Yes							
	SECTION 9 - CHANGES						
Were there any changes from approved reports, plans, specifications, and permit conditions?							
☐ Yes ■ No If yes, attach addition	al sheets identifying changes with a justific	ation for each change.					
SECTION 10 - REGISTRATI	ON/CONSENT ORDER REPORTI	NG REQUIREMENTS					
Are there any additional registration/consent	t order reporting requirements not covered b	y the previous sections of this form?					
Yes No If yes, attach additional responses.	al sheets identifying the reporting requirem	ents with their respective					
SECTION 11 - SIGN	ATURE AND DATE BY OWNER O	R OPERATOR					
Owner or Operator must sign, date and su attachment for Regional Office addresses							
The Owner or Operator must also submit o	ne copy by email, fax or mail to:						
D Bu	e Department of Environmental Cons Division of Materials Management Jureau of Solid Waste Management 625 Broadway Albany, New York 12233-7260 Fax 518-402-9041 Idress: SWMFannualreport@dec.ny.g						
I certify, under penalty of law, that the data direction and supervision in compliance with gather and evaluate this information. I am a section 71-2703(2) of the Environmental Co	h a system designed to ensure that qualific aware that any false statement I make in s	ed personnel properly and accuratel such report is punishable pursuant t					
Circly G. Suingston	2/22/2	22					
Signature	Date						
Cindy G. Livingston	Deputy Director	_, 518 _, 736 __ 5501					
Name (Print or Type)	Title (Print or Type)	Phone Number					
PO Box 28	Johnstown	NY 12095					
Address	City	State and Zip					
clivingston@fultoncou	ıntyny.gov						
Email (Print or Type)							
ATTACHMENTS: To YES NO (Ple	ease 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