



MUNICIPAL SOLID WASTE PROCESSING 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: Warrensburg Transfer Station			
FACILITY LOCATION ADDRESS: 1 Dump Road	FACILITY CITY: Warrensburg	STATE: NY	ZIP CODE: 12885
FACILITY TOWN: Warrensburg	FACILITY COUNTY: Warren	FACILITY PHONE NUMBER: 518-623-3096	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Warren County			NYSDEC REGION #: 5
360 PERMIT #:(Refer to DEC Permit)	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE: (Refer to DEC Permit)
FACILITY CONTACT: Kevin Geraghty	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 518-623-9511	CONTACT FAX NUMBER: 518-623-3831
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Kevin Geraghty	OWNER PHONE NUMBER: 518-623-9511	OWNER FAX NUMBER: 518-623-3831	
OWNER ADDRESS: 3797 Main Street	OWNER CITY: Warrensburg	STATE: NY	ZIP CODE: 12885
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: Kevin.Geraghty@TownOfWarrensburg.net		
OPERATOR INFORMATION			
OPERATOR NAME: Jeremy Scroggins	<input type="checkbox"/> same as owner	<input type="checkbox"/> public <input checked="" 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 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

Provide the tonnages of solid waste received. Include all waste received. Report Recyclable Materials in Section 5. DO NOT REPORT IN CUBIC

The methods used to measure the quantities disposed and the percentages measured by each method:
 Scale Weight _____ % Estimated
 Truck Count _____ % Other (Specify: _____)

Type of Solid Waste	January	February	March	April	May	June	July
	(tons)	(tons)	(tons)	(tons)	(tons)	(tons)	(tons)
Municipal Solid (MSW) (Municipal, Institutional, Commercial)	53.16	40.58	74.95	58.42	54.99	69.44	84.11
(specify)							
Construction and Debris	6.8	13.75	20.22	34.53	26.01	14.64	21.2
(specify)							
Tons Received	59.96	54.33	95.17	92.95	81	84.01	105.3
Tip Fee (\$/ton)							
August	73.17	76.40	64.97	66.23	51.68	768.71	2.11
(specify)							
Construction and Debris	60	45.38	43.50	27.10	19.26	292.22	0.8
(specify)							
Tons Received	118.55	119.98	84.92	93.33	75.10	1070.02	2.9
Tip Fee (\$/ton)	170				4.16	9.09	0.0

If 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 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 -- MUNICIPAL SOLID WASTE PROCESSING FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

B. Material Recovered

PLASTIC RECOVERED

COVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TOTAL RECOVERED (out of #)
Angled Plastic	Hiram Hollow 100 Washburn Road Geneva NY 14456	NY	Saratoga	Saratoga County	34.59
Plastic #1)					
Plastic #2)					
Rigid Plastics					
Plastic Scrap					
Film & Bags					
Plastics (specify)					
TOTAL PLASTIC RECOVERED (tons): <u>34.59</u>					

MISCELLANEOUS MATERIAL RECOVERED

COVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TOTAL RECOVERED (out of #)
Derived Fuel					
Derived Fuel (specify)					
Plastics	Elot Recycling 64 Hanway Lane Clement NY 13077	NY	Albany	Capital Region	6.99
TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons): <u>6.99</u>					

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 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

Authorized solid waste been received at the facility during the reporting period?

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

Manufacturer _____ and Model _____ of fixed unit.

Does your facility use a portable radiation monitor? Yes No

Manufacturer _____ and Model _____ of fixed unit.

Have 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 required cost estimates and financial assurance documents for closure?

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 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS

Are there any additional permit/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.

Kevin B. Coeraghty
Signature

2/24/22
Date

Kevin B. Coeraghty
Name (Print or Type)

Supervisor
Title (Print or Type)

(518) 623-9511
Phone Number

3797 Main Street
Address

Warrensburg
City

New York 12885
State and Zip

Email (Print or Type)

ATTACHMENTS: YES NO (Please check appropriate line)