

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	Stat	· · · · · · · · · · · · · · · · · · ·				
FACILITY LOCATION ADDRESS:		FACILITY	CITY:		STATE:	ZIP CODE:
1 Dunp Rad		Warre	nsburg	7 · · · · · · · · · · · · · · · · · · ·	NY	12885
FACILITY TOWN:		FACILITY	COUNTY:			IE NUMBER:
Warrensburg			en		5-623-	-3096
FACILITY NYS PLANNING UNIT:	(A list of NY	'S <u>Planning Un</u>	its can be found at the end of	this repo		SDEC GION #: 5
360 PERMIT #:(Refer to DEC Permit)	DATE IS	SUED:	DATE EXPIRES:	NYS DEC Pe		TTY CODE: (Refer to
FACILITY CONTACT:	, George de de la Calanta de l	⊠public	CONTACT PHONE	C	ONTACT	FAX NUMBER:
Kevin Generalty		nrivate	NUMBER: 518-623-9511		518.1	23 <i>-383</i> 1
CONTACT EMAIL ADDRESS:			310-603-7511		310-6	43 <u>3031</u>
OWNER INFORMATION						
OWNER NAME: OWNER PHONE NUMBER: OWNER FAX NUMBER:						
Kevin Geraghty 518-623-9511 518-623-3831						
OWNER ADDRESS: OWNER CITY: STATE: ZIP CODE:						
3797 Main Street Warrensburg NY 12885						
OWNER CONTACT:		OWNER C	ONTACT EMAIL ADDRE	SS:		•
When contact: OWNER CONTACT EMAIL ADDRESS: Kevin, Geraghty @ Town Of Warrensburg, net						
OPERATOR INFORMATION						
OPERATOR NAME: ☐ same as owner ☐ public ☐ private						
PREFERENCES						
Preferred address to receive correspondence: Facility location address Other (provide): Owner address						
Preferred email address: Facility Contact Owner Contact						
Preferred individual to receive corred Other (provide):	espondenc	e: 🗖 Facili	ty Contact 💆 Owne	r Contaci	•	
to relinquish your permit/registration	Complete associate	e and submit ed with this s	t Sections 1 and 11. If you olid waste management a	ctivity,	also comple	ete the "Inactive
Solid Waste Management Facility o	r Activity N	Notification F	orm" located at: http://www	w.dec.n	v.aov/chen	nical/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

_% Other (Specify:

Truck Count

e of Solid Waste	January (tons)	, iry ,	February (tons)	March (tons)	ch s)	April (tons)	May (tons)	June (tons)	July (tons
Municipal Solid (MSW) lential, Institutional nmercial)	53.16		40,58	56.ht	2	S\$.42	54.99	69,44	84.7
(specify)									
ruction and Abris	6.8		13,75	20,22	£	34.53	a6,01	14,64	છા.
S								4,43	
Tons Received	59.96		54.33	95/17		92,95	8	89,01	105.7
e of Solid Waste	Tip Fee (\$/ton)	August (tons)	September (tons)	ber	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily . (ton
Municipal Solid (MSW) ential, Institutional Imercial)	45	£1.8F	t		t6.h9	66.33	51.68	768.71	2,1
(specify)									
roction and Debris 60	<i>(b)</i>	45,38	43.50		19.95	al.te	16.26	અરૂ. રૂર	0.8
دغ	170						4.16	9.09	0,0
ons Received		118,55	119.98		84.92	93.33	75.10] bo.of 01	2,9

d 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 3 – SERVICE AREA OF SOLID WASTE RECEIVED

fy where the waste is coming from. The total tons received reported below should equal the total tons received in Section 2 (Solid Was

f the waste WAS received from another solid waste management facility, please write in the name and address of the facility along with the approximate the waste was a second of the facility along with the approximate the waste waste was a second of the facility along with the approximate waste DO NOT REPORT IN CUBIC YARDS!

f the waste **WAS NOT** received from another solid waste management facility, please write in "Direct Hauf" along with the appropriate state, cou

state, county and planning unit/municipality.

Road: Waste Type(s): Water: Waste Type(s):

ransport method, list type of material(s) and percentages of total waste transported by each: blanning unit/municipality where the waste was generated.

% Other (specify:

): Waste Type(s):

% Rail: Waste Type(s):

	SERVICE AREA OF SOLID WASTE RECEIVED (where	WASTE RECE		the waste is coming from)	
OF SOLID	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Hauf"	SERVICE AREA STATE OR COUNTRY		SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units	TONS RE
pal Solid (MSW)	Direct Haul	· KV	Descen	harren County	768.7
ential, ional &					
specify)					
ction and Ochis	whom and Orbos Olvect How i	γV	Wurren	Warren Comp	292.
	Direct Haul	γν	Warren	Warren County	9,0
		•			
			0 To	TOTAL RECEIVED (tons): 1070): 1070
					The state of the s

d 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 4 - TRANSFER OR DISPOSAL DESTINATION

se identify destination of waste. Please only include waste sent off-site for disposal or further transfer prior to disposal. Exclude Recy Material amounts reported in Section 5. DO NOT REPORT IN CUBIC YARDS!

the waste is being sent to another facility for transfer or processing prior to disposal (e.g. transfer facility or municipal solid waste processing face identify name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the transfer destination and the a vaste transferred in the "Amount to Transfer Destination" column.

the waste is being sent to a landfill or combustor, please identify the name, <u>address,</u> corresponding State/Country, County/Province, and Destire the waste is being sent for disposal in the "Amount to Disposal Destination" column.

ransport met	ransport method, list type of material(s) and percentages of total waste transported by each:	f total waste trar	sported by eac	7.		
6 Road: Waste Type(s):_	te Type(s):		% Ra	_% Rail: Waste Type(s):		
Water: Waste Type(s):	te Type(s):		% Ot	% Other (specify:): Waste Type(s):	າe(s):
	TRANSI	TRANSFER OR DISPOSAL DESTINATION	SAL DESTINA	TION		
OF SOLID /ASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)
al Solid	Green Rillia RDF	M	Suratarya	Santap		14.89f
MSW) ntial.	424 Poters Road		(County		
onal & rcial)	Gansencort NY 12831			-		
lе						
						_

sste 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 ot name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other waste name. TOTAL SENT (tons): 10刊。 oction and Debis

Green Ridge RDF 184 Rober Rome

Wheels boston

93 Rive St. Holson

Tall NY 1983

Mighington

Washington Court

9,09

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specify)

)TION 5- MUNICIPAL SOLID WASTE PROCESSING FACILITY RECYCLABLE & RECOVERED MATERIALS $_{(\infty)}$

B. Material Recovered

<u>identify destination of recovered materials.</u> Indicate the name of the facility, <u>address,</u> corresponding State/Country, County/Pr Destination Planning Unit/Municipality and the amount of material transferred. DO NOT REPORT IN CUBIC YARDS!

Road: Material(s):	ransport method, list type of material(s) and percentages of total waste transported by each:
--------------------	---

_% Other (specify:

): Material(s):

Water: Material(s):

	PAPER R	PAPER RECOVERED			
OVERED	DESTINATION	DESTINATION STATE OR	DESTINATION COUNTY OR	DESTINATION NYS PLANNING UNIT	TO RECO)
ingled Paper	Ace Carton 10913 NY 149	λy	hashing by	like himsten County	13.35
s)	T		,		
ated pard	Perkhas Resplan 315 Contath Red	γV	Wurren	Warren County	33,1
ail					
ines					
aper					
°aper					
ward/ ard					
aper (specify)					
			TOTAL PAPER	APER RECOVERED (tons): _	45.4

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.

CTION 5 - MUNICIPAL SOLID WASTE PROCESSING FACILITY RECYCLABLE & RECOVERED MATERIALS (c

GLASS RECOVERED B. Material Recovered

		大学の一個などのない情報をおりのなりののでは、			あいまであるのでは、ひとろころとうできょうからない
COVERED	DESTINATION	DESTINATION STATE OR	DESTINATION COUNTY OR	DESTINATION NYS PLANNING UNIT	TO RECO\
ATERIAL	(Name & Address)		PROVINCE	NYS Planning Units	(out of t
ner Glass	Warren County Consuel Pit		Norren	Warren County	18.3
	Lake loverye, NY				
ial Scrap Glass					
iass (specify)					
			TOTAL GLASS RI	S RECOVERED (tons):	18,37
	METAL RECOVERED	POVERED			
:COVERED	DESTINATION	DESTINATION STATE OR	DESTINATION COUNTY OR	DESTINATION NYS PLANNING UNIT	TO RECO\
1ATERIAL	(Name & Address)	COUNTRY	PROVINCE	NYS Planning Units	(out of
ıum Foil / Trays					
otal (from MSW)					
etat (irom wisvv)					
etal (from CD					
led Appliances / Goods					
ial Scrap Metal	Francis Salvege Billdon Spa Ny 12020	kγ	Swalpya	Seventage County	iaa.
luminum ners				-	
/letal (specify)					

TOTAL METAL RECOVERED (tons): 124,09
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.

\pm CTION 5 - MUNICIPAL SOLID WASTE PROCESSING FACILITY RECYCLABLE & RECOVERED MATERIALS (

PLASTIC RECOVERED B. Material Recovered

明 となる おおかんにいて は 地をでき かかった			A COMPANY OF THE PROPERTY OF T	Sea sale de la constitución de l	Control of the Contro
COVERED ATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units	TOI RECOV
ngled Plastic	100 Washburn Read Gunesmont NY 12831	μų	Suxbaga	Simboy Couly	a4.5°
stic #1)	1 1 1		د		
lastic #2)					
≀igid Plastics					
al Scrap					
Film & Bags					
lastics (specify)					
			OTAL PLASTIC R	TOTAL PLASTIC RECOVERED (tons):	84.S9
	MISCELLANEOUS MATERIAL RECOVERED	TERIAL RECOVE	RED		8.7
COVERED ATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units	TO RECOV
-Derived Fuel					
pecify)					
ગોંટક	64 Hannay Lanz Glenment NY 12077	NY Albuny	Albuny	Capital Region	6,9
		OTAL MISCELLA	NEOUS MATERIA	AL RECOVERED (tons)	

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 th 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

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

X No If yes, give information below for each incident (attach additional sheets if necessary):

Disposal Method & Location	Date Disposed	Type Received	Date Received

Status		Number	Origin	Hauler	Time	Date	Number
Disposal	Reading	Truck			ived	Received	Incident
		pident:	elow for each inc	iation monitors have been triggered give information below for each incident:	en trigge	rs have be	iation monito
		unit.	of fixed unit.	and Model	 ar		// Manufacturer
			No	ur facility use a portable radiation monitor? Yes No	radiation	a portable	ır facility use
		unit.	of fixed unit.	and Model	ar		// Manufacturer
		(No	ur facility use a fixed radiation monitor? ☐☐ Yes ☐☐ No	diation m	a fixed ra	ır facility use
		Variation Montoning	Naciana				

Date

Tim

Removed

SECTION 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

required cost estimates and financial assurance documents for closure?

N N 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	m?
☐ 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 direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accura gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuar section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.	ately
Signature $\frac{2 24 22}{Date}$	
Kevin B. Coeraghty Supervisor (518)623-9511 Name (Print or Type) Phone Number	_
3797 Main Street Warrensburg New York 12885 Address City State and Zip	
Email (Print or Type)	

REPRINTED (12/21)

ATTACHMENTS: YES NO (Please check appropriate line)