



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: Town of Stony Creek Recycling Center			
FACILITY LOCATION ADDRESS: Hill Road	FACILITY CITY: Stony Creek	STATE: NY	ZIP CODE: 12878
FACILITY TOWN: Stony Creek	FACILITY COUNTY: Warren	FACILITY PHONE NUMBER: 518-696-5602	
FACILITY NYS PLANNING UNIT: A list of NYS Planning Units can be found at the end of this report .			NYSDEC REGION #: 5
360 REGISTRATION DATE ISSUED: Refer to DEC Registration		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: Refer to DEC Registration 57R11	
FACILITY CONTACT: Frank E. Thomas	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 518-696-3575 x302	CONTACT FAX NUMBER: 518-696-3948
CONTACT EMAIL ADDRESS: tscsupvr@frontier.com			
OWNER INFORMATION			
OWNER NAME: Town of Stony Creek	OWNER PHONE NUMBER: 518-696-3575 x302	OWNER FAX NUMBER: 518-696-3948	
OWNER ADDRESS: P.O. Box 96, 52 Hadley Road	OWNER CITY: Stony Creek	STATE: NY	ZIP CODE: 12878
OWNER CONTACT: Frank E. Thomas	OWNER CONTACT EMAIL ADDRESS: tscsupvr@frontier.com		
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 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!

Specify 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 tons	February tons	March tons	April tons	May tons	June tons	July tons
Construction Demolition C D Debris	3.25	8.77	7.62	9.26	9.83	17.81	7.43
Mixed Municipal Solid Waste MSW Residential, Institutional & Commercial	10.69	11.03	18.71	13.75	13.22	12.70	15.08
Other specify							
Total Tons Received	13.94	19.08	26.33	23.01	23.05	30.51	22.51

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		8.88	6.66	6.45	11.25	0.00	97.21	.47 208 days
Mixed Municipal Solid Waste MSW Residential, Institutional Commercial		13.61	18.76	11.26	11.81	10.36	160.98	.78 208 days
Other specify								
Total Tons Received		22.49	25.42	17.71	23.06	10.36	258.19	

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 : _____ % 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 <small>Name & Address</small> OR “ Direct Haul ”	STATE OR COUNTRY	COUNTY OR PROVINCE	NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	TONS RECEIVED
Construction Demolition C D Debris	Direct Haul	NY	Warren	Region 5	97.21
Municipal Solid Waste MSW Residential, Institutional Commercial	Direct Haul	NY	Warren	Region 5	160.98
Other <small>specify</small>					
TOTAL RECEIVED tons :					258.19

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, address, 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, address, 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: Waste Type s : _____ % Rail: Waste Type s : _____
 _____ % Water: Waste Type s : _____ % Other specify: _____ : Waste Type s : _____

TRANSFER OR DISPOSAL DESTINATION							
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT <small>Name Address</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	AMOUNT TO TRANSFER DESTINATION TONS	AMOUNT TO DISPOSAL DESTINATION TONS	TOTAL YEAR TONS
Construction Demolition C D Debris	Waste Management Greenridge	NY	Saratoga	Region 5	97.21	97.21	97.21
	Gansevoort, NY						
Municipal Solid Waste MSW Residential, Institutional Commercial	Waste Management Greenridge	NY	Saratoga	Region 5	160.98	160.98	160.98
	Gansevoort, NY						
Other specify							
TOTAL SENT tons :					258.19		

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 where the material is coming from					
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					
Brush, Branches, Trees, Stumps					
Food Scraps					
Yard Waste curbside					
Other specify					
TOTAL RECEIVED 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

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:

_____ % Road: Material s : _____ _____ % Rail: Material s : _____
 _____ % Water: Material s : _____ _____ % Other specify: _____ : Material s : _____

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION <small>Name Address</small>	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 Paper <small>all grades</small>					
Corrugated Cardboard	Hiram Hollow	NY	Saratoga	Region 5	5.01
	Gansevoort, NY				
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper <small>specify</small>					
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)

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	Toney Pitt	NY	Warren	Region 5	3.00
	Lake George, NY				
Industrial Scrap Glass					
Other Glass (specify)					
TOTAL GLASS RECOVERED (tons):					3.00

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)	N.H. Kelman	NY	Warren	Region 5	2.72
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
TOTAL METAL RECOVERED (tons):					2.72

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)					
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					

TOTAL PLASTIC RECOVERED (tons): _____

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					
Textiles					
Other (specify)					

TOTAL MISCELLANEOUS MATERIAL 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

MIXED MATERIAL RECOVERED

RECOVERED MIXED MATERIAL	DESTINATION <i>(Name & Address)</i>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <i>(See Attached List of NYS Planning Units)</i>	TONS RECOVERED <i>(out of facility)</i>
Commingled Containers <i>(metal, glass, plastic)</i>					
Commingled Paper & Containers					
Single Stream <i>(total)</i>					
Other <i>(specify)</i>					

TOTAL MIXED MATERIAL RECOVERED (tons): _____

ORGANIC MATERIAL RECOVERED

RECOVERED MATERIAL	DESTINATION <i>(Name & Address)</i>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <i>(See Attached List of NYS Planning Units)</i>	TONS RECOVERED <i>(out of facility)</i>
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste <i>(curbside)</i>					
Other <i>(specify)</i>					

TOTAL ORGANIC MATERIAL 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 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.

Frank E. Thomas
Signature

2/7/22
Date

Frank E. Thomas
Name (Print or Type)

Supervisor
Title (Print or Type)

518 696 3575
Phone Number

P.O. Box 96
Address

Stony Creek
City

NY 12878
State and Zip

tscsupvr@frontier.com
Email (Print or Type)

ATTACHMENTS: ___ YES NO (Please check appropriate line)