

REGISTERED TRANSFER FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email <u>swmfannualreport@dec.ny.gov</u> 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

		NEORMATION					
FACILITY NAME:		ga, Qaamaga ya					
City of Auburn Transfer St							
FACILITY LOCATION ADDRESS:	FACILITY	?!TY•		STATE:	ZIP CODE:		
311 North Division St.			,	NY	13021		
FACILITY TOWN:	FACILITY	COUNTY:	FACI	LITYPHO	NE NUMBER:		
Auburn	Cayug	ja	318	5.255	.4155		
FACILITY NYS PLANNING UNIT: (A list of NY Cayuga County	CILITY NYS PLANNING UNIT: (A list of NYS <u>Planning Units</u> can be found at the end of this report). NYSDEC						
360 REGISTRATION DATE ISSUED: (Refer to	o DEC	NYS DEC ACTIVITY	CODE	OR REG	STRATION		
NUMBER: (Refer to DEC Registration) 07/26/2019							
FACILITY CONTACT:	public	CONTACT PHONE		CONTACT	FAX NUMBER:		
Michael Talbot	□ private	NUMBER: 315.253.9554	4	315.2	52.7688		
CONTACT EMAIL ADDRESS: mtalbot@au	burnny.gov						
(A) 中国 (2011年) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A		NFORMATION			TO THE WILLIAM TO SHOULD SHOULD		
OWNER NAME:		HONE NUMBER:	1		NUMBER:		
City of Auburn	315.255	5.4146	315	.255.4			
OWNER ADDRESS:	OWNER C	ITY:		STATE:			
24 South Street	Auburn	ONTAGT FRANK ADDD	-00.	NY	13021		
OWNER CONTACT:		ONTACT EMAIL ADDRI					
Michael Talbot		t@auburnny.g	ov				
	OPERATOR	RINFORMATION	Т	(I) mushlis			
OPERATOR NAME: Same as owner				■ public □ private			
	PREF	ERENCES		•			
Preferred address to receive correspondence: Facility location address Owner address Owner address							
Preferred email address: Facility Contact							
Preferred individual to receive corresponden ☐ Other(provide):	Ce: 🏻 Fac	cility Contact 🔲 Ov	vner Coi	ntact			
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!

Specify the methods used to measure the quantit	ties disposed and the percentages measured by each method:
<u>¹∞ </u> % 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	1.91	.07	.61	.11	1.73	.78	.27
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	737.67	632.91	829.5	872.82	752.01	857.08	1,031.5
Other (specify)							
Animal Control	.23	.25	.34	.04	.15	.06	.15
Total Tons Received	739.81	633.23	830.45	872.97	753.89	857.92	1.031.92

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		.71	.41	.54	.47	0.0	7.61	.029
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)		1,403.77	1,419.95	1,190.73	1,181.46	1,201.56	12,110.96	47.31
Other (specify)								
Animal Control		.23	.41	.13	.38	.10	2.47	.01
						Action to the second se		
Total Tons Received		1,404.71	1,420.77	1,191.4	1,182.31	1,201.66	12,121.04	47.347

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 Hauf" 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 SO	LID WASTER	ECEIVED (wheret	ne 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	COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS <u>Planning Units</u>)	TONS RECEIVED
	Auburn City Residents Direct Haul	NY	Cayuga County	Cayuga County	7.32
Construction & Demolition (C&D)	Cayuga County Residents Direct Haul	NY	Cayuga County	Cayuga County	.29
Debris					
	Auburn City Residents Direct Haul	NY	Cayuga County	Cayuga County	81.32
Municipal Solid Waste (MSW) (Residential,	Auburn City Curbside Collection	NY	Cayuga County	Cayuga County	9,317.23
Institutional &	Contractor Direct Haul (Morgan)	NY	Cayuga County	Cayuga County	2,414.48
Commercial)	Cayuga County Residents Direct Haul	NY	Cayuga County	Cayuga County	297.93
Other (specify)					
Animal Control	Auburn City and Cayuga County Direct Haul	NY	Cayuga County	Cayuga County	2.47
, , , , , , , , , , , , , , , , , , ,					
			<u>.</u>	OTAL RECEIVED (tons): 12,121.04

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

<u>Please identify destination of waste.</u> 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.

	ethod, list type of material(s) and percentages of						
	100_% Road: Waste Type(s): % Water. Waste Type(s):			% Rail: Waste Type(s):): Waste Type(s):): Waste Type(s):			
	TRANSF	ER OR DISPO	SAL DESTINA	TION			
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)
	Seneca Meadows Landfill	NY	Seneca County	Seneca County		7.61	7.61
Construction & Demolition (C&D)							
Debris							
Municipal Solid	Seneca Meadows Landfill	NY	Seneca County	Seneca County		12,110.96	12,110.96
Waste (MSW) (Residential,							
Institutional & Commercial)					***************************************		
Commercialy							
Other (specify)							
Animal Control	Seneca Meadows Landfill	NY	Seneca County	Seneca County		2.47	2.47
					TOTAL SEN	T (tons): 12.12	21.04

If the solid waste type is not fisted, 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 p	permitted or registered	d Recyclables Handli	ng & Recovery Facility?
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■ 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 .

\beth No; Complete Section 5 for material recovered from the mixed solid waste stream and for material received as source separa	ated.
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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.

Total Section 1991	SERVICE AREA OF RECYC	MASINE MASINE	NW NEGEWED	where the material is com	ng from) "selles (
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)	City of Auburn curbside collection.	NY	Cayuga County	Cayuga County	440.04
Commingled Paper (all grades)	City of Auburn curbside collection.	NY	Cayuga County	Cayuga County	562.69
Single Stream (total)					
Brush, Branches,	City of Auburn curbside collection.	NY	Cayuga County	Cayuga County	896.82
Trees, & Stumps	Direct haul.	NY	Cayuga County	Cayuga County	6.6
Food Scraps					
Yard Waste	City of Auburn curbside collection.	NY	Cayuga County	Cayuga County	1,291.89
(curbside)			Cayuga County		
Other (specify)	Christmas Trees City of Auburn curbside collection.	NY	Cayuga County	Cayuga County	3.30
Chipped Material	City of Auburn urban forestry removals.	NY	Cayuga County	Cayuga County	601.16
			TC	TAL RECEIVED (tons)	3,802.5

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

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

Specify transport metho	od, list type of material(s) and percentages of total wast					
	(s): Commingled Paper, mixed containers	% Rail: Material(s): % Other (specify:): Material(s):				
% vvater: maten	al(s):		pecily.	J. Waterial(3).		
	PAPER	RECOVERED		etifikki (Karentste) ortso <u>ju</u> lija (Bose Vilonos arcibi, po salenik 170 m.		
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)	Casella-Ontario County MRF, Stanley, New York	NY	Ontario County	Ontario County	562.69	
Corrugated Cardboard						
Junk Mail						
Magazines						
Newspaper						
Office Paper						
Paperboard / Boxboard						
Other Paper (specify)						
				 RREGOVERED (tons):	560.50	

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

		rial Recovered			
	GLASS (RECOVERED	NEGROESE PERSON	E September 1984 and 1984	100000000000000000000000000000000000000
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 —					
Industrial Scrap Glass					
Other Glass (specify)					
			TOTAL GLASS R	ECOVERED (tons):	
Dational of Chemical Constitution	METAL	REGOVERED		o contratas pitrocontratas sentres	
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)					
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
			L TOTAL METAL F	RECOVERED (tons):	

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

		al Recovered			
(A)	PLASTIC R	ECOVERED (# FACE	de la dispersione de		
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)					11-14
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
	I MISCELLANEOUS MA			RECOVERED (tons):	
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	RCR&R, Rochester, New York	NY	Monroe County	Monroe County	24.23
Textiles					
Other (specify)					
		L Otal Miscella	NEOUS MATERI	L ALREGOVERED (tons)	24.23

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

	MIXED MATERIA	MRECOVERED			
		DESTINATION	DESTINATION	DESTINATION NYS PLANNING UNIT	TONS
RECOVERED MIXED MATERIAL	DESTINATION (Name & Address)	STATE OR COUNTRY	COUNTY OR PROVINCE	(See Attached List of NYS <u>Planning Units</u>	RECOVERED (out of facility)
Commingled Containers (metal, glass, plastic)	Casella-Ontario County MRF, Stanley, New York	NY	Ontario County	Ontario County	440.04
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
(Charles - Street Aparen - Californius (Carl	ORGANIC MATERI			L RECOVERED (tons)	440.04
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	City of Auburn Compost Facility, 311 North Div. Street, Auburn, NY	NY	Cayuga County	Cayuga County	903.42
Food Scraps					
Yard Waste (curbside)	City of Auburn Compost Facility, 311 North Div. Street, Auburn NY	NY	Cayuga County	Cayuga County	1,291.89
Other (specify) Xmas Trees	City of Auburn Compost Facility, 311 North Division Street, Auburn, NY	NY	Cayuga County	Cayuga County	3.30
Chipped Material	City of Auburn Compost Facility, 311 North Division Street, Auburn, NY	NY TOTAL OF	Cayuga County	Cayuga County	601.16

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	Date	e Received	Type Received	Date Di	sposed	Disposal Me	ethod & Location		
ify Manufacture		and f	tor? Yes Model	No offixe	on Monitoring				
ify Manufacture	ors have be	and I	Model Yes Uses Uses Uses Yes Yes Uses Yes Uses	of fixe				Rem	oved
Incident Number	Recei Date	Time	Hauler	Origin	Truck Number	Reading	Disposal Status	Date	Tim
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	1								

		SECTION 8 - PROBLEMS				
Were any problem facility procedures		e reporting period (e.g., specific occurrenc	es which have led to changes in			
□ Yes ■ No	Yes No If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.					
		SECTION 9 - CHANGES				
Were there any ch	anges from approved re	ports, plans, specifications, and permit co	nditions?			
□ Yes 🔳 No	Yes 🔳 No If yes, attach additional sheets identifying changes with a justification for each change.					
SECTIO	N 10 - REGISTRATION	ON/CONSENT ORDER REPORTI	NG REQUIREMENTS			
Are there any additi	onal registration/consent	order reporting requirements not covered by	the previous sections of this form?			
□Yes ■ No	If yes, attach additiona responses.	I sheets identifying the reporting requirem	ents with their respective			
S	ECTION 11 - SIGNA	ATURE AND DATE BY OWNER O	R OPERATOR			
Owner or Operator attachment for Reg	must sign, date and su gional Office addresses,	bmit one completed form to the appropri email addresses and Materials Manage	ate Regional Office (See ment Contacts).			
The Owner or Oper	ator must also submit o	ne copy by email, fax or mail to:				
	D Bu	e Department of Environmental Cons ivision of Materials Management ireau of Solid Waste Management 625 Broadway Albany, New York 12233-7260 Fax 518-402-9041 Idress: SWMFannualreport@dec.ny.g				
direction and super gather and evaluate	vision in compliance with e this information. I am a	a and other information identified in this ron a system designed to ensure that qualified ware that any false statement I make in some servation Law and section 210.45 of the	ed personnel properly and accuratel such report is punishable pursuant t			
mma	February 16, 2022					
Signature		Date				
Michael F	P. Talbot	Supt. of Public Works	__ 315 __ 253_ 9554			
Name (Print or Type	oe)	Title (Print or Type)	Phone Number			
24 South	South Street Auburn		NY 13021			
Address		City	State and Zip			
mtalbot@	auburnny.go	OV				
Email (Print or Typ	e)					
ATTACHMENTS:	YES NO (Ple	ease check appropriate line)				