

PERMITTED TRANSFER FACILITY ANNUAL REPORT

This annual report is for the year of operation from January 01, 2022 to December 31, 2022

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Osceola Transfer Station			
FACILITY LOCATION ADDRESS: 2009 Church St	FACILITY CITY: Osceola	STATE: NY	ZIP CODE: 13316
FACILITY TOWN: Osceola	FACILITY COUNTY: Lewis	FACILITY PHONE NUMBER: 315-599-8891	
FACILITY NYS PLANNING UNIT: Development Authority of the North County (DANC)			NYSDEC REGION #: 6
360 PERMIT #: 25R02	DATE ISSUED: 4/25/1994	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 25R02
FACILITY CONTACT: Francis N. Yerdon	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 315-599-8891	CONTACT FAX NUMBER: n/a
CONTACT EMAIL ADDRESS: osceolatownsupervisor@gmail.com			
OWNER INFORMATION			
OWNER NAME: Town of Osceola	OWNER PHONE NUMBER: 315-599-8891	OWNER FAX NUMBER: n/a	
OWNER ADDRESS: 1426 Osceola Rd	OWNER CITY: Osceola	STATE: NY	ZIP CODE: 13316
OWNER CONTACT: Francis N. Yerdon	OWNER CONTACT EMAIL ADDRESS: osceolatownsupervisor@gmail.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2022? 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:

SECTION 2 - 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)
Asbestos							
Construction & Demolition (C&D) Debris							
Industrial Waste (Including Industrial Process Sludges)							
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	6.4	6.92	7.96	8.17	6.5	17.43	6.09
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other							
Total Tons Received							

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 2 - SOLID WASTE RECEIVED

Type of Solid Waste	Tip Fee (\$/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Asbestos								
Construction & Demolition (C&D) Debris								
Industrial Waste (including Industrial Process Sludges)								
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)		7.22	8.33	6.63	6.79	7.75	96.46	.264
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Other								
Total Tons Received								

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

**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 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 received from another solid waste management facility, please write in " " 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:

_____ % Road: Waste Type(s): _____ _____ % Rail: Waste Type(s): _____
 _____ % Water: Waste Type(s): _____ _____ % Other (specify: _____): Waste Type(s): _____

SERVICE AREA OF SOLID WASTE RECEIVED					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED OR	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT	TONS RECEIVED
Asbestos					
Construction & Demolition (C&D) Debris					
Industrial Waste (Including Industrial Process Sludges)					

SERVICE AREA OF SOLID WASTE RECEIVED

TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED OR	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT	TONS RECEIVED
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Direct Haul	NY	LEWIS ▾	DANC ▾	96.46
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Sewage Treatment Plant Sludge					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other					
TOTAL RECEIVED :					

List generators that provide you Certificates of Treatment forms and quantities of TRMW from each _____
 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 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): DIRECT HAUL _____ % 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	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Asbestos							
Construction & Demolition (C&D) Debris							
Industrial Waste (Including Industrial Process Sludges)							

TRANSFER OR DISPOSAL DESTINATION

TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Lewis Co. Solid waste transfer	NY	Lewis <input type="checkbox"/>	DANC <input type="checkbox"/>	96.46	96.46	96.46
	Rt 26, Lowville, NY						
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other							

TOTAL SENT : 96.46

If the waste 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 waste 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.

SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

A. Recyclables Received

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:

No; Complete Section 5 for material recovered from the mixed solid waste stream and for material received as source separated.

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers								
Commingled Paper								
Single Stream	150/TRIP	1.32	1.64	1.59	1.14	.74	1.49	.74
Brush, Branches, Trees, & Stumps								
Food Scraps								
Yard Waste								
Other								
Total Tons Received								
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers								
Commingled Paper								
Single Stream	1.67	.77	1.68	.59	1.39	14.76	.04	
Brush, Branches, Trees, & Stumps								
Food Scraps								
Yard Waste								
Other								
Total Tons Received								

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 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

B. Service Area of Materials Received

The total tons received reported below should equal the total tons received in Section 5A (Recyclables Received). DO NOT REPORT IN CUBIC YARDS!

- If the material 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 material received from another solid waste management facility, please write in " " along with the appropriate state, county and planning unit/municipality where the material was generated.

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

100 % Road: Material(s): DIRECT HAUL % Rail: Material(s): _____
 % Water: Material(s): _____ % Other (specify: _____): Material(s): _____

SERVICE AREA OF MATERIAL RECEIVED

MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED OR	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT	TONS RECEIVED
Commingled Containers	DIRECT HAUL	NY	LEWIS <input type="checkbox"/>	Oneida-Herkimer Solid <input type="checkbox"/>	14.76
Commingled Paper					
Single Stream					
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste					
Other					
TOTAL MATERIAL RECEIVED					: 14.76

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 names.

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 - 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.

Francis N. Yerdon
Signature

2-21-2023
Date

Francis N. Yerdon
Name (Print or Type)

Supervisor
Title (Print or Type)

(315) 599-7732
Phone Number

1426 Osceola Rd
Address

Camden
City

NY 13316
State and Zip

osceola town supervisor@gmail.com
Email (Print or Type)

ATTACHMENTS: YES NO (Please check appropriate line)