



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, 2023.

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: Town of Deerfield			
FACILITY LOCATION ADDRESS: 6892 State Route 8	FACILITY CITY: Utica	STATE: NY	ZIP CODE: 13502
FACILITY TOWN: Deerfield	FACILITY COUNTY: Oneida	FACILITY PHONE NUMBER: 315-826-7014	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). oneida Herkimer Solid Waste Authority			NYSDEC REGION #: R6
360 REGISTRATION DATE ISSUED: (Refer to DEC Registration) 33R15		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)	
FACILITY CONTACT: Sam Arcuri Jr.	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 315-826-7014	CONTACT FAX NUMBER: 315-826-7024
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Town of Deerfield	OWNER PHONE NUMBER: 315-724-0413	OWNER FAX NUMBER: 315-793-3032	
OWNER ADDRESS: 6329 Walker Road	OWNER CITY: Utica	STATE: NY	ZIP CODE: 13502
OWNER CONTACT: Karen Day	OWNER CONTACT EMAIL ADDRESS: townclerk@townofdeerfield.org		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner Sam Arcuri Jr. (Highway Superintendent)		<input type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address			
<input type="checkbox"/> Other (provide): 6892 State Route 8 Utica, NY 13502			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact			
<input type="checkbox"/> Other (provide): townofdeerfield@centralny.twcbc.com			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact			
<input type="checkbox"/> Other (provide): 6892 State Route 8 Utica, NY 13502			

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: <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:

⁹⁵ % Scale Weight

_____ % Estimated

⁵ % 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		3.01			2.18	6.94	
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)		3.01	5.32	6.17	14.38	21.44	
Other (specify)							
White Goods				14 count			
HBLB					500count		
Total Tons Received		6.02	5.32	6.17	16.56	28.38	0

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	58.00				2.10		14.23	1.18
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	60.00	14.50	11.10		3.10	5.44	84.46	7.03
Other (specify)								
White goods	10.00	16count			18count			
HBLB								
Total Tons Received		14.50	11.10	0	5.20	5.44		8.21

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 (Name & Address) 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	Oneida County <input type="checkbox"/>	Oneide-Herkimer Solid W <input type="checkbox"/>	14.23
	Town of Deerfield Highway Department				
	6892 State Route 8				
	Utica, NY 13502				
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Direct Haul	NY	Oneida County <input type="checkbox"/>	Oneide-Herkimer Solid W <input type="checkbox"/>	84.46
	Town of Deerfield Highway Department				
	6892 State Route 8				
	Utica, NY 13502				
Other (specify)					
TOTAL RECEIVED (tons):					98.69

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 (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Construction & Demolition (C&D) Debris	Oneida Herkimer Solid Waste Authority	NY	Oneida Count <input type="checkbox"/>	Oneide-Herkimer Sol <input type="checkbox"/>	14.23	14.23	14.23
	1600 Genesee Street						
	Utica, NY 13502						
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	Oneida Herkimer Solid Waste Authority	NY	Oneida Count <input type="checkbox"/>	Oneide-Herkimer Sol <input type="checkbox"/>	84.46	84.46	84.46
	1600 Genesee Street						
	Utica, NY 13502						
Other (specify)	Oneida Herkimer Solid Waste Authority	NY	Oneida Count <input type="checkbox"/>	Oneide-Herkimer Sol <input type="checkbox"/>	48 count	48 count	48 count
White goods	1600 Genesee Street						
	Utica, NY 13502						
TOTAL SENT (tons):						98.69	

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

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: <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.

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers <small>(metal, glass, plastic)</small>								
Commingled Paper (all grades)								
Single Stream <small>(total)</small>								
Brush, Branches, Trees, & Stumps								
Food Scraps								
Yard Waste (curbside)								
Other (specify)								
Total Tons Received								
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers <small>(metal, glass, plastic)</small>								
Commingled Paper (all grades)								
Single Stream <small>(total)</small>								
Brush, Branches, Trees, & Stumps								
Food Scraps								
Yard Waste (curbside)								
Other (specify)								
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 – REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS *(continued)*

B. Service Area of Materials Received

Please identify where the material is coming from. 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 **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 material **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 material was generated.

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

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

SERVICE AREA OF MATERIAL RECEIVED <i>(where the material is coming from)</i>					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <i>(Name & Address)</i> OR " Direct Haul "	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT <i>(See Attached List of NYS Planning Units)</i>	TONS RECEIVED
Commingled Containers <i>(metal, glass, plastic)</i>					
Commingled Paper <i>(all grades)</i>					
Single Stream <i>(total)</i>					
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste <i>(curbside)</i>					
Other <i>(specify)</i>					
TOTAL MATERIAL 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 names.

SECTION 5 – REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

C. 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)

C. Material Recovered

MIXED MATERIAL RECOVERED					
RECOVERED MIXED 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 Containers <small>(metal, glass, plastic)</small>					
Commingled Paper & Containers					
Single Stream <small>(total)</small>					
Other <small>(specify)</small>					
TOTAL MIXED MATERIAL RECOVERED (tons): _____					
ORGANIC MATERIAL 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>
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste <small>(curbside)</small>					
Other <small>(specify)</small>					
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 5 – REGISTERED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

C. 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)

C. Material Recovered

MIXED MATERIAL RECOVERED					
RECOVERED MIXED 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 Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
TOTAL MIXED MATERIAL RECOVERED (tons):					
ORGANIC 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)
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
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.

Sam Arcuri Jr.
Signature

01/17/2023
Date

Sam Arcuri Jr.
Name (Print or Type)

Highway Superintendent
Title (Print or Type)

315 826 7014
Phone Number

6892 State Route 8
Address

Utica
City

NY 13502
State and Zip

townofdeerfield@centralny.twcbc.com
Email (Print or Type)

ATTACHMENTS: YES NO (Please check appropriate line)