

ANNUAL REPORT

This Transfer Station Annual Report is for the year of operation from
January 01, 2011 to December 31, 2011

2011

SECTION 1 – OWNER / FACILITY INFORMATION

FACILITY NAME: Town of Canandaigua Transfer Facility				
FACILITY ADDRESS: 5440 Routes 5&20 West		FACILITY CITY: Canandaigua	STATE: NY	ZIP CODE: 14424
FACILITY TOWN: Canandaigua		FACILITY COUNTY: Ontario	FACILITY PHONE NUMBER: 585.394.3300	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Unlisted - R8			NYSDEC REGION #: 8	
360 PERMIT #:	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 35R13	
FACILITY CONTACT: Jim Fletcher		CONTACT PHONE NUMBER: 585.394.3300	CONTACT FAX NUMBER: 585.394.3767	
CONTACT EMAIL ADDRESS: jfletcher@townofcanandaigua.org				
OWNER NAME:		OWNER PHONE NUMBER:	OWNER FAX NUMBER:	
OWNER ADDRESS:		OWNER CITY:	STATE:	ZIP CODE:

SECTION 2 - QUANTITY OF SOLID WASTE RECEIVED

A. Quantity Received by Month/Year

Provide the tonnages of solid waste received. Include all waste received. Report Recyclables & Recovered Materials in Section 4. DO NOT REPORT IN CUBIC YARDS!

Specify the methods used to measure the quantities disposed and the percentages measured by each method:
 100 % 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 Debris (mixed)							
Industrial Waste (Including Industrial Process Sludges)							
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	125.09	103.13	151.91	134.70	160.41	205.09	159.31
Oil/Gas Drilling Waste							
Petroleum							
Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Other (specify)							
Total Tons Received	125.09	103.13	151.91	134.70	160.41	205.09	159.31

A. Quantity Received by Month/Year (Continued)

Type of Solid Waste	Tip Fee (\$)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Asbestos								
Construction & Demolition Debris (mixed)								
Industrial Waste (Including Industrial Process Sludges)								
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	Coupon system for town residents only	187.25	170.92	144.15	176.34	133.13	1851.43	7.41
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Other (specify)								
Total Tons Received		187.25	170.92	144.15	176.34	133.13	1,851.43	7.41

B. Quantity Received by Facility's Service Area

Identify the facility's service area by indicating the type of solid waste received, the Solid Waste Management facility (SWMF) from which it was received by your facility (or Direct Haul), the corresponding State/Country, the County/Province, and the NYS Planning Unit from which waste was received. **Refer to the list of NYS Planning Units that can be found at the end of this report.** Note: "Direct Haul" means waste hauled directly to your SWMF which did not go through another SWMF. The Total Tons Received reported below should equal the Total Tons Received in Section 2A (Quantity Received by Month/Year). DO NOT REPORT IN CUBIC YARDS!

Specify transport method and percentages of total waste transported by each:

100 % Road

% Rail

% Water

% Other (specify):

Please report the facility from which you received the solid waste. Note: This is not the facility identified in Section 1.

Explain which waste types and service areas below are included in these transport methods

B. SERVICE AREA						
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address)	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT	TONS RECEIVED	
Asbestos	(Example 1) (Monroe County Transfer Station, Rochester)	(NY)	(Monroe)	(Monroe County)	(2,000)	
	(Example 2) (Direct Haul)	(NY)	(Erie)	(NEST)	(500)	
	(Example 3) (Appleton Transfer Station, Penn Yan)	(NY)	(Yates)	(WFLSWMA)	(1,000)	
Construction & Demolition Debris (mixed)						
Industrial Waste (Including Industrial Process Sludges)						

B. SERVICE AREA					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address)	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT	TONS RECEIVED
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	Town of Canandaigua Residents Drop-Off	NY	Ontario	Unlisted	1,851.43
	5440 Route 5&20 Canandaigua NY 14424				
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Sewage Treatment Plant Sludge					
Treated Regulated Medical Waste (TRMW)*					
Other (specify)					
TOTAL RECEIVED (tons):					1,851.43

* List generators that provide you Certificates of Treatment forms and quantities of TRMW from each _____

SECTION 3 - DISPOSAL DESTINATION OR TRANSFER FOR DISPOSAL DESTINATION

Identify the transfer or disposal destination of waste removed by indicating the name of the transfer or disposal facility to which solid waste was sent from your facility, the type of solid waste transferred from your facility, the corresponding State/Country, the County/Province, the NYS Planning Unit of the transfer or disposal destination facility, and the amount transferred or disposed. Include only waste sent off-site for disposal or further transfer prior to disposal, not recovered for reuse or recycling. Exclude Materials Recovered amounts reported in Section 4. Refer to the list of NYS Planning Units that can be found at the end of this report. DO NOT REPORT IN CUBIC YARDS!

Transport (specify percentages):

100 % Road

% Rail

% Water

% Other (specify: _____)

Please report the facility to which you sent the solid waste.
Note: This is not the facility identified in Section 1.

Explain which waste types and service areas below are included in these transport methods _____

DISPOSAL DESTINATION OR TRANSFER FOR DISPOSAL DESTINATION							
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address)	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Asbestos	(Example 1) (High Acres Landfill, Fairport)	(NY)	(Monroe)	(Monroe County)		(2,500)	(2,500)
	(Example 2) (Vanbro Corp, Staten Island)	(NY)	(Richmond)	(NYC)	(4,000)		(4,000)
Construction & Demolition Debris (mixed)	(Example 3) (High Acres Landfill, Fairport)	(NY)	(Monroe)	(Monroe County)		(300)	(300)
Industrial Waste (Including Industrial Process Sludges)							

DISPOSAL DESTINATION OR TRANSFER FOR DISPOSAL DESTINATION								
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address)	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)	
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	Ontario County Landfill	NY	Ontario	Unlisted	-	1,851.43	1,851.43	
	3555 Post Farm Rd. Stanley NY 14561							
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Other (specify)								
TOTAL SENT (tons):							1,851.43	

SECTION 4 – RECYCLABLES & RECOVERED MATERIALS

A. Quantity of Recyclable Material Received by Facility's Service Area

Identify the facility's service area by indicating the type of recyclable material received, the Solid Waste Management facility (SWMF) from which it was received by your facility (or Direct Haul), the corresponding State/Country, the County/Province, the NYS Planning Unit from which waste was received. **Refer to the list of NYS Planning Units that can be found at the end of this report.** Note: "Direct Haul" means waste hauled directly to your SWMF which did not go through another SWMF. **DO NOT REPORT IN CUBIC YARDS!**

Specify transport method and percentages of total waste transported by each:

100 % Road

% Rail

% Water

% Other (specify: _____)

Please report the facility from which you received the recyclable material. Note: This is not the facility identified in Section 1.

Explain which waste types and service areas below are included in these transport methods _____

RECYCLABLE MATERIAL	SERVICE AREA				TONS RECEIVED
	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address)	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT	
Brush, Branches, Trees, & Stumps					
Commingled Containers (metal, glass, plastic)					
Commingled Paper (all grades)					
Electronics					
Food Scraps					
Leaves & Grass					
Single Stream (total)					
Other (specify)					
TOTAL RECEIVED (tons):					

B. Quantity of Recyclable Material Recovered

Identify the name of the destination facility to which the recyclable material was sent from your facility, the corresponding State/Country, the County/Province, the NYS Planning Unit, and the amount of recyclable material transported. Refer to the list of NYS Planning Units that can be found at the end of this report. DO NOT REPORT IN CUBIC YARDS!

Specify transport method and percentages of total waste transported by each:

100 % Road

% Rail

% Water

% Other (specify):

Please report the facility to which you sent the recyclable material.
Note: This is not the facility identified in Section 1.

Explain which waste types and service areas below are included in these transport methods

PAPER RECOVERED					
RECYCLABLE MATERIAL	DESTINATION FACILITY (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECYCLED (out of facility)
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
TOTAL PAPER RECYCLED (tons):					
PAPER RESIDUE (tons):		DISPOSAL DESTINATION: (Name, Address, & State)			

B. Quantity of Recyclable Material Recovered (continued)

GLASS RECOVERED						
RECYCLABLE MATERIAL	DESTINATION FACILITY (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECYCLED (out of facility)	
Container Glass						
Industrial Scrap Glass						
Other Glass (specify)						
GLASS RESIDUE (tons):		TOTAL GLASS RECYCLED (tons):				
		DISPOSAL DESTINATION: (Name, Address, & State)				
METAL RECOVERED						
RECYCLABLE MATERIAL	DESTINATION FACILITY (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECYCLED (out of facility)	
Aluminum Foil / Trays						
Bulk Metal	Empire Becks, Inc. 982 State Rt. 21, Shortsville, NY 14548	NY	Ontario	Unlisted	73.34	
Enameled Appliances / White Goods						
Industrial Scrap Metal						
Tin & Aluminum Containers						
Other Metal (specify)						
METAL RESIDUE (tons):		TOTAL METAL RECYCLED (tons):				
		DISPOSAL DESTINATION: (Name, Address, & State)				
		73.34				

B. Quantity of Recyclable Material Recovered (continued)

PLASTIC						
RECYCLABLE MATERIAL	DESTINATION FACILITY (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECYCLED (out of facility)	
PET (plastic #1)						
HDPE (plastic #2)						
Other Rigid Plastics (#3 - #7)						
Industrial Scrap Plastic						
Plastic Film & Bags						
Other Plastics (specify)						
TOTAL PLASTIC RECYCLED (tons):						
PLASTIC RESIDUE (tons):		DISPOSAL DESTINATION: (Name, Address, & State)				

B. Quantity of Recyclable Material Recovered (continued)

MISCELLANEOUS

RECYCLABLE MATERIAL	DESTINATION FACILITY (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECYCLED (out of facility)
Commingled Containers					
Commingled Paper & Containers					
Electronics	Regional Computer Recycling & Recovery 7318 Victor-Mendon Rd. Victor NY 14564	NY	Ontario	Unlisted	29.36
Textiles	St. Pauly Textile, Inc. 1067 Gateway Dr. Farmington NY 14425	NY	Ontario	Unlisted	2.32
Other (specify)	Casella Recycling - Ontario 3555 County Rd. 49 Stanley NY 14561	NY	Ontario	Unlisted	574.12
TOTAL MISCELLANEOUS RECYCLED (tons):					605.80
MISC. RESIDUE (tons):		DISPOSAL DESTINATION: (Name, Address, & State)			

VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT
GLASS - whole bottles	1 cubic yard	GLASS - crushed mechanically	1 cubic yard	ALUMINUM - cans - whole	1 cubic yard
GLASS - semi crushed	1 cubic yard	GLASS - uncrushed manually	55 gallon drum	ALUMINUM - cans - flattened	1 cubic yard
PAPER - high grade loose	1 cubic yard	PLASTIC - PET - whole	1 cubic yard		
PAPER - high grade baled	1 cubic yard	PLASTIC - PET - flattened	1 cubic yard		
PAPER - mixed loose	1 cubic yard	PLASTIC - PET - baled	1 cubic yard		
NEWSPRINT - loose	1 cubic yard	PLASTIC - styrofoam	1 cubic yard	WHITE GOODS - uncompacted	1 cubic yard
NEWSPRINT - compacted	1 cubic yard	PLASTIC - HDPE - whole	1 cubic yard	WHITE GOODS - compacted	1 cubic yard
CORRUGATED - loose	1 cubic yard	PLASTIC - HDPE - flattened 1	1 cubic yard		
CORRUGATED - baled	1 cubic yard	PLASTIC - HDPE - baled	1 cubic yard		
		PLASTIC - mixed (grocery bags)	45 gallon bag	FERROUS METAL - cans whole	1 cubic yard
				FERROUS METAL - cans	1 cubic yard

SECTION 5 - UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received at the Transfer Station 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 6 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Submit (attached to this form) any required cost estimates and financial assurance documents for closure reflecting adjustments for inflation and any changes to the Closure Plan, to indicate updated dollars for the year of operation for which the Annual Report is made. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

N/A

SECTION 7 - PROBLEMS

Identify any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures) and methods for resolution of the problems. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

No problems encountered during the reporting period.

SECTION 8 - CHANGES

Identify any changes from approved reports, plans, specifications, and permit conditions with a justification for each change. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

No changes from approved registration were made during the reporting period.

SECTION 9 - 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, identify the reporting requirements with their respective responses below, attaching additional sheets as necessary. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

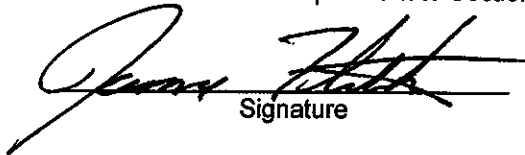
SECTION 10 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit one completed form with an original signature to the appropriate Regional Office (See attachment for Regional Office addresses and Solid Waste 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 Permitting and Planning
625 Broadway
Albany, New York 12233-7260
Fax 518-402-9041
Email address: swpermit@gw.dec.state.ny.us

I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this report form pursuant to 6 NYCRR Part 360. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.


Signature

February 27, 2011

Date

James Fletcher
Name (Print or Type)

Highway/Water Superintendent
Title (Print or Type)

jfletcher@townofcanandaigua.org
Email (Print or Type)

5440 Route 5&20 West
Address

Canandaigua
City

NY 14424
State and Zip

(585) 394 .3300
Phone Number

ATTACHMENTS: ☐ YES ☒ NO
(Please check appropriate line)