ANNUAL REPORT

This Transfer Station Annual Report is for the year of operation from

January 01, 2012 to December 31, 2012

SECTION 1 – OWNER / FACILITY INFORMATION

FACILITY NAME: Town of Canandaigua Transfer Facility			
FACILITY ADDRESS: 5440 Route 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). 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:**
OPERATOR NAME:	**OPERATOR PHONE NUMBER:**	**OPERATOR FAX NUMBER:**	
OPERATOR EMAIL ADDRESS:			

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 Recyclable 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)	134.06	138.80	146.01	132.93	187.93	156.83	167.82
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
Total Tons Received	134.06	138.80	146.01	132.93	187.93	156.83	167.82

REPRINTED (08/12)

A. Quantity Received by Month/Year (Continued)

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 Debris (mixed)								
Industrial Waste (Including Industrial Process Sludges)								
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	Coupon system for town residents only	195.88	154.32	173.99	154.12	126.32	1,869.01	7.19
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
Total Tons Received		195.88	154.32	173.99	154.12	126.32	1,869.01	7.19

REPRINTED (08/12)

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) 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**
Asbestos					
Construction & Demolition Debris (mixed)					
Industrial Waste (Including Industrial Process Sludges)					

REPRINTED (08/12)

B. SERVICE AREA

TYPE OF SOLID WASTE	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
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	Town of Canandaigua Residents Drop-Off	NY	Ontario	R8	1,869.01
	5440 Route 5 & 20 West Canandaigua NY 14424				
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Sewage Treatment Plant Sludge					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other (specify)					
				TOTAL RECEIVED (tons):	1,869.01

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

REPRINTED (08/12)

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 Recyclable Material 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!

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

Transport (specify percentages):

100 % Road _____% Rail

_____% Water _____% Other (specify: _____)

Explain which waste types and destinations 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)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Asbestos							
Construction & Demolition Debris (mixed)							
Industrial Waste (Including Industrial Process Sludges)							

REPRINTED (08/12)

DISPOSAL DESTINATION OR TRANSFER FOR 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	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	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	R8	-	1,869.01	1,869.01
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
					TOTAL SENT (tons):		1,869.01

REPRINTED (08/12)

SECTION 4 – RECYCLABLE 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 _____

SERVICE AREA					
RECYCLABLE 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
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):	_____

REPRINTED (08/12)

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!

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

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

100 % Road _____% Rail

_____% Water _____% Other (specify: _____)

Explain which waste types and destinations 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 (See Attached List of NYS Planning Units)	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): _____

RESIDUE DESTINATION:
(Name & Address)_____

REPRINTED (08/12)

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 (See Attached List of NYS Planning Units)	TONS RECYCLED (out of facility)
Container Glass					
Industrial Scrap Glass					
Other Glass (specify)					

TOTAL GLASS RECYCLED (tons): _____

GLASS RESIDUE (tons): _____ RESIDUE DESTINATION: (Name & Address) _____

METAL RECOVERED

RECYCLABLE MATERIAL	DESTINATION FACILITY (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECYCLED (out of facility)
Aluminum Foil / Trays					
Bulk Metal	Empire Becks, Inc., 982 St. Rt. 21, Shortsville NY 14548	NY	Ontario	R8	88.83
	Alpco Recycling, 846 Macedon Ctr. Rd. Macedon NY 14502	NY	Ontario	R8	9.24
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					

TOTAL METAL RECYCLED (tons): 98.07

METAL RESIDUE (tons): _____ RESIDUE DESTINATION: (Name & Address) _____

REPRINTED (08/12)

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** (See Attached List of NYS Planning Units)	**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):		**RESIDUE DESTINATION:** (Name & Address)			

VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT	
GLASS – whole bottles	1 cubic yard	0.35 tons	GLASS - crushed mechanically	1 cubic yard	0.88 tons	ALUMINUM – cans – whole	1 cubic yard	0.03 tons
GLASS - semi crushed	1 cubic yard	0.70 tons	GLASS - uncrushed manually	55 gallon drum	0.16 tons	ALUMINUM – cans – flattened	1 cubic yard	0.125 tons
PAPER - high grade loose	1 cubic yard	0.18 tons	PLASTIC – PET – whole	1 cubic yard	0.015 tons			
PAPER - high grade baled	1 cubic yard	0.36 tons	PLASTIC – PET - flattened	1 cubic yard	0.04 tons			
PAPER - mixed loose	1 cubic yard	0.15 tons	PLASTIC – PET - baled	1 cubic yard	0.38 tons	WHITE GOODS - uncompacted	1 cubic yard	0.10 tons
NEWSPRINT - loose	1 cubic yard	0.29 tons	PLASTIC - styrofoam	1 cubic yard	0.02 tons	WHITE GOODS - compacted	1 cubic yard	0.5 tons
NEWSPRINT - compacted	1 cubic yard	0.43 tons	PLASTIC – HDPE – whole	1 cubic yard	0.012 tons			
CORRUGATED – loose	1 cubic yard	0.015 tons	PLASTIC – HDPE – flattened 1	1 cubic yard	0.03 tons			
CORRUGATED - baled	1 cubic yard	0.55 tons	PLASTIC – HDPE - baled	1 cubic yard	0.38 tons	FERROUS METAL - cans whole	1 cubic yard	0.08 tons
			PLASTIC – mixed (grocery bags)	45 gallon bag	0.01 tons	FERROUS METAL - cans	1 cubic yard	0.43 tons

REPRINTED (08/12)

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 (See Attached List of NYS Planning Units)	TONS RECYCLED (out of facility)
Brush, Branches, Trees, & Stumps					
Commingled Containers					
Commingled Paper & Containers					
Electronics	Regional Computer Recycling & Recovery	NY	Ontario	R8	34.28
	7318 Victor-Mendon Rd. Victor NY 14564				
Food Scraps					
Leaves & Grass					
Textiles	St. Pauly Textile, Inc.	NY	Ontario	R8	1.89
	1067 Gateway Dr. Farmington NY 14425				
Other (specify)					
Single Stream	Casella Recycling - Ontario	NY	Ontario	R8	553.82
	3555 County Rd. 49 Stanley NY 14561				

TOTAL MISCELLANEOUS RECYCLED (tons): 589.99

MISC. RESIDUE (tons): _____ **RESIDUE DESTINATION: (Name & Address)** _____

REPRINTED (08/12)

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

REPRINTED (08/12)

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	January 17, 2013 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)

REPRINTED (08/12)