Annual Report

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

Jan 1 ,2014 to Dec 31 ,2014

SECTION 1 – Owner / Facility Information

FACILITY NAME: Town of Canandaigua			
FACILITY ADDRESS: 5440 Rte 5 & 20		**STATE:** NY	**ZIP CODE:** 14424
FACILITY TOWN: Canandaigua	**FACILITY COUNTY:** Ontario	**NYSDEC REGION #:** 8	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). n/a			
360 PERMIT #: 35R13	**DATE ISSUED:**	**DATE EXPIRES:**	**NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:**
FACILITY CONTACT: Jim Fletcher	**TELEPHONE NUMBER:** 585-394-3300	**FAX NUMBER:** 585-394-3767	
CONTACT EMAIL ADDRESS: jfletcher@townofcanandaigua.org			
OWNER NAME: Town of Canandaigua	**TELEPHONE NUMBER:** 585-394-3300	**FAX NUMBER:** 585-394-3767	
MAILING ADDRESS: 5440 Route 5 & 20		**STATE:** NY	**ZIP CODE:** 14424

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:

__x__% 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)	139.29	110.85	111.54	158.70	178.91	156.41	215.88
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Other (Please specify)							
Total Tons Received	139.29	110.85	111.54	158.70	178.91	159.41	215.88

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)		172.08	199.67	158.70	134.96	166.77	1,903.76	5.22
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Other (Please specify)								
Total Tons Received		172.08	199.67	158.70	134.96	166.77	1,903.76	5.22

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 NYS Planning Unit, and the County/Province and State/Country 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 0 % Rail

0 % Water 0 % 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 All waste types are included in this transport type.

B. Quantity Received by Facility's Service Area					
Type of Solid Waste	**NYS Planning Unit**	**County or Province**	**State or Country**	**Solid Waste Management Facility from which it was received (Name & Address)**	**Quantity (tons)**
Asbestos	*(Example) (Monroe)*	*(Monroe)*	*(NY)*	*(Monroe County Transfer Station, Rochester)*	*(2,000)*
	(NEST)	*(Erie)*	*(NY)*	*(Direct Haul)*	*(500)*
	(WFLSWMA)	*(Yates)*	*(NY)*	*(Appleton Transfer Station, Penn Yan)*	*(1,000)*
Construction & Demolition Debris (mixed)					
Industrial Waste (Including Industrial Process Sludges)					

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B. Quantity Received by Facility's Service Area					
Type of Solid Waste	NYS Planning Unit	County or Province	State or Country	Solid Waste Management Facility from which it was received (Name & Address)	Quantity (tons)
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)		Ontario	NY	Town & City of Canandaigua Residents	
				Town & City of Canandaigua Residents	
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Sewage Treatment Plant Sludge					
Treated Regulated Medical Waste (TRMW)*					
Other (Please specify)					
				Total Tons Received	

* List generators that provide you Certificates of Treatment forms and quantities of TRMW from each N/A

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 NYS Planning Unit, and the County/Province and State/Country of the transfer or disposal destination facility, and the amount transferred or disposed. Includes 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 0 % Rail

0 % Water 0 % Other (specify: 0)

Explain which waste types and service areas below are included in these transport methods All Waste Types are included in this transport method.

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

Disposal Destination or Transfer for Disposal Destinatio

Type of Solid Waste	NYS Planning Unit	County or Province	State or Country	Solid Waste Management Facility to which solid waste is sent (Name & Address)	Amount to Transfer Destination (tons)	Amount to Disposal Destination (tons)	Total Year (tons)
Asbestos	*(Example) (Monroe)*	*(Monroe)*	*(NY)*	*(High Acres Landfill, Fairport)*		*(2,500)*	*(2,500)*
	(NYC)	*(Richmond)*	*(NY)*	*(Vanbro Corp, Staten Island)*	*(4,000)*		*(4,000)*
Construction & Demolition Debris (mixed)	*(Monroe)*	*(Monroe)*	*(NY)*	*(High Acres Landfill, Fairport)*		*(300)*	*(300)*
Industrial Waste (Including Industrial Process Sludges)							

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Disposal Destination or Transfer for Disposal Destination							
Type of Solid Waste	NYS Planning Unit	County or Province	State or Country	Solid Waste Management Facility to which solid waste is sent (Name & Address)	Amount to Transfer Destination (tons)	Amount to Disposal Destination (tons)	Total Year (tons)
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)		Ontario	NY	Ontario County Landfill		1,903.76	1,903.76
				1879 rte 5&20, Stanley, NY 14561			
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Other (Please specify)							
						Total Tons	1,903.76

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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 NYS Planning Unit, and the County/Province and State/Country 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: _____)

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

RECYCLABLE MATERIAL	NYS PLANNING UNIT	COUNTY OR PROVINCE	STATE OR COUNTRY	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address)	TONS RECYCLED
SERVICE AREA:					
Brush, Branches, Trees, & Stumps					
Comingled Containers (metal, glass, plastic)					
Comingled Paper (all grades)					
Electronics		Ontario	NY	Town of Canandaigua 5440 rte 5 & 20	39.75
				Canandaigua, NY 14424	
Food Scraps					
Leaves & Grass					
Single Stream (total)		Ontario	NY	FCR Ontario 3555 Post Farm Rd	574.40
				Stanley, NY 14561	
Other (specify) _____					
				TOTAL RECIEVED (tons):	614.15

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B. Quantity of Recyclable Material Recovered

TONS RECYCLED: (Report only in tons. A list of conversion factors is included at the end of this Section)
DESTINATION: (Indicate facilities where recyclables were shipped. Be specific as possible. "Recycled" is NOT a destination)
PLANNING UNIT: (Refer to the list of NYS Planning Units that can be found at the end of this report.)

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

100 % Road 0 % Rail 0 % Water 0 % Other (specify: 0)

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

RECYCLABLE MATERIAL	NYS PLANNING UNIT	COUNTY OR PROVINCE	STATE OR COUNTRY	DESTINATION FACILITY (Name & Address)	TONS RECYCLED (out of facility)
PAPER:					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify) Zero Sort		Ontario	NY	Casella Recycling Facility, Stanley, NY	574.40
					574.40
				TOTAL PAPER RECYCLED (tons):	
PAPER RESIDUE (tons):		DISPOSAL DESTINATION:			

B. Quantity of Recyclable Material Recovered *(continued)*

RECYCLABLE MATERIAL	NYS PLANNING UNIT	COUNTY OR PROVINCE	STATE OR COUNTRY	DESTINATION FACILITY (Name & Address)	TONS RECYCLED (out of facility)
GLASS:					
Container Glass					
Industrial Scrap Glass					
Non – Container Glass (e.g. windows, vases)					
				TOTAL GLASS RECYCLED (tons):	
GLASS RESIDUE (tons):				DISPOSAL DESTINATION:	
METAL:					
Aluminum Foil / Trays					
Bulk Metal		ONTARIO	NY	EMPIRE BECKS 982 ST. RTE 21 MANCHESTER	119.00
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify) _____					
				TOTAL METAL RECYCLED (tons):	119.00
METAL RESIDUE (tons):				DISPOSAL DESTINATION:	

B. Quantity of Recyclable Material Recovered *(continued)*

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

B. Quantity of Recyclable Material Recovered *(continued)*

RECYCLABLE MATERIAL	NYS PLANNING UNIT	COUNTY OR PROVINCE	STATE OR COUNTRY	DESTINATION FACILITY (Name & Address)	TONS RECYCLED (out of facility)
MISCELLANEOUS:					
Brush, Branches, Trees & Stumps					
Commingled (containers)					
Commingled (paper & containers)					
Electronics		Ontario	NY	RCRR 7318 Victor-Mendon Road Victor, NY 14564	39.75
Food Scraps					
Leaves & Grass					
Textiles					
Other (specify) _____					

TOTAL MISCELLANEOUS RECYCLED (tons): 39.75

MISCELLANEOUS RESIDUE (tons): _____ **DISPOSAL DESTINATION:** _____

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

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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

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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:

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 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, 9th Floor
Albany, New York 12233-7253
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	03/04/2015 Date
James Fletcher Name (Print or Type)	Highway Superintendent Title (Print or Type)
5440 Rte. 5 & 20 Address	Canandaigua City
New York State and Zip	(585) 394 - 3300 Phone Number

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