

ANNUAL REPORT

This Construction & Demolition Debris Processing Facility Annual Report is for the year of operation from January 01, 2013 to December 31, 2013

SECTION 1 – FACILITY INFORMATION

FACILITY NAME: Town of Canandaigua Transfer Facility			
FACILITY LOCATION 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	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	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: <input type="checkbox"/> same as owner	<input type="checkbox"/> public <input type="checkbox"/> private	OPERATOR PHONE NUMBER:	OPERATOR FAX NUMBER:
OPERATOR EMAIL ADDRESS:			
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"/> Contact <input type="checkbox"/> Operator <input type="checkbox"/> Other (provide):			

Did you operate in 2013? Yes; Complete this form.

FILE COPY

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 - MATERIAL RECEIVED

Provide the tonnages of materials received. This includes all materials received at your facility regardless of their destination after processing.
DO NOT REPORT IN CUBIC YARDS!

Specify the methods used to measure the quantities received and the percentages measured by each method:
 100 % Scale Weight _____ % Estimated
 _____ % Truck Count _____ % Other (Specify: _____)

Type of Material	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Aggregate & Concrete							
Asphalt							
Brick							
Brush/Branches/Trees/Stumps							
Bulk Metal							
Concrete							
Construction & Demolition Debris (mixed)							
Mixed Fill	151.67	102.26	109.89	156.37	161.88	164.80	180.66
Other Masonry Materials							
Paper/Cardboard							
Rock							
Roofing Shingles							
Soil (Clean)							
Wallboard							
Wood Chips							
Wood (Unadulterated)							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
Total Tons Received	151.67	102.26	109.89	156.37	161.88	164.80	180.66

SECTION 2 - MATERIAL RECEIVED (continued)

Type of Material	Tip Fee (\$/Ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Aggregate & Concrete								
Asphalt								
Brick								
Brush/Branches/Trees/Stumps								
Bulk Metal								
Concrete								
Construction & Demolition Debris (mixed)								
Mixed Fill <small>compost system for town residents only</small>		194.42	156.24	179.25	140.62	156.41	1,854.47	7.13
Other Masonry Materials								
Paper/Cardboard								
Rock								
Roofing Shingles								
Soil (Clean)								
Wallboard								
Wood Chips								
Wood (Unadulterated)								
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
Total Tons Received		194.42	156.24	179.25	140.62	156.41	1,854.47	7.13

SECTION 3 – SERVICE AREA

Identify the facility's service area by indicating the type of material received, the Solid Waste Management facility (SWMF) from which it was received (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.** The total amount reported here should equal the total amount reported in Section 2 (Material Received). **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 _____

Note: This is not the facility identified in Section 1. Please report the facility from which you received the material. "Direct Haul" means waste hauled directly to your SWMF which did not go through another SWMF.

SERVICE AREA					
TYPE OF 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
Aggregate & Concrete					
Asphalt					
Brick					
Brush/Branches/Trees/Stumps					

SERVICE AREA

TYPE OF 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
Bulk Metal					
Concrete					
Construction & Demolition (C&D) Debris (mixed)					
Mixed Fill	Town of Canandaigua Residents Drop-Off 5440 Route 5&20 West Canandaigua NY 14424	NY	Ontario	R8	1,854.47
Other Masonry Materials					
Paper/Cardboard					
Rock					

SERVICE AREA						
TYPE OF 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	
Roofing Shingles						
Soil (Clean)						
Wallboard						
Wood Chips						
Wood (Unadulterated)						
Emergency Authorization Waste (Storm Debris)						
Other (specify)						
TOTAL RECEIVED (tons):					1,854.47	

SECTION 4 - TRANSFER OR DISPOSAL DESTINATION

Identify the transfer or disposal destination of waste removed by indicating the name of the transfer or disposal facility to which 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 transfer or disposal destination facility, and the amount transferred or disposed or used as alternative daily cover (ADC) at each destination. Includes only waste sent off-site for disposal or further transfer prior to disposal. Exclude Materials Recovered amounts reported in Section 5. **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):

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

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

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)	AMOUNT USED AS ADC (TONS)	TOTAL YEAR (TONS)
Construction & Demolition Debris (mixed)								
Residue								
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
Mixed Garbage	Ontario County Landfill	NY	Ontario	R8	--	1,854.47		1,854.47
TOTAL SENT (tons):								1,854.47

SECTION 5 - MATERIAL RECOVERED FOR REUSE/RECYCLING

Provide the tonnages of material recovered for reuse or recycling. Identify the location or solid waste management facility to which the recovered material was sent from your facility, by indicating the name of the facility, the type of material recovered, the corresponding State/Country, the County/Province, the NYS Planning Unit, and the amount recovered. **Refer to the list of NYS Planning Units that can be found at the end of this report. DO NOT REPORT IN CUBIC YARDS!**

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

Transport (specify percentages):
 100 % Road _____ % Rail _____
 _____ % Water _____ % Other (specify: _____)

Explain which materials and destinations are in these transport methods _____

MATERIAL RECOVERED	DESTINATION FACILITY TO WHICH RECOVERED MATERIAL IS SENT <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>
Aggregate & Concrete					
Asphalt					
Brick					
Brush/Branches/Trees/Stumps					
Bulk Metal	Empire Becks, Inc., 982 St. Rts 21, Shortsville NY 14548	NY	Ontario	R8	93.98
	Alpco Recycling, 846 Macedon Ct. Rd. Macedon NY 14502	NY	Ontario	R8	.72
Concrete					

WATER RECOVERED FOR REUSE

MATERIAL RECOVERED	DESTINATION FACILITY TO WHICH RECOVERED MATERIAL IS SENT <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>
Glass					
Mixed Fill					
Other Masonry Materials					
Paper/Cardboard					
Plastic					
Rock					
Roofing Shingles					
Soil (Clean)					
Wallboard					
Wood Chips					
Wood (Unadulterated)					
Other (specify)					
Single Stream	Casella Recycling - Ontario 3555 County Rd. 49 Stanley NY 14561	NY	Ontario	R8	558.04
TOTAL RECOVERED (tons):					652.74

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

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.

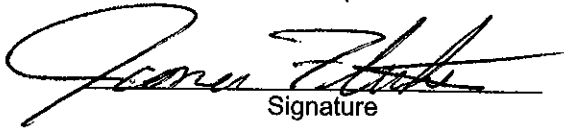
SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit one completed form 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

1/27/14

Date

James Fletcher

Highway/Water Superintendent

Name (Print or Type)

Title (Print or Type)

jfletcher@townofcanandaigua.org

Email (Print or Type)

5440 Route 5&20 West

Canandaigua

Address

City

NY . 14424

(585) 394 - 3300

State and Zip

Phone Number

ATTACHMENTS: ___ YES NO
(Please check appropriate line)