

# New York State Department of Environmental Conservation

## Division of Solid and Hazardous Materials

Bureau of Solid Waste, Reduction and Recycling, 9th Floor

625 Broadway, Albany, New York 12233-7253

Phone: (518) 402-8705 • Fax: (518) 402-9041

Website: [www.dec.ny.gov](http://www.dec.ny.gov)



Alexander B. Grannis  
Commissioner

January 12, 2009

Dear Facility Owner/Operator:

**Re: Annual/Quarterly Reporting by Landfills, Waste-To-Energy Facilities, Regulated Medical Waste Facilities, and Annual Reporting by Construction and Demolition Debris Processing Facilities, Transfer Stations, and Recyclables Handling and Recovery Facilities Regulated Under Revised 6 NYCRR Part 360, March 10, 2003**

This letter is to remind you that your 2008 Annual Report is due no later than March 3, 2009, in accordance with 6 NYCRR Part 360. Copies of the 2008 Annual Reports forms are available online at <http://www.dec.ny.gov/pubs/4763.html>. Please download the forms applicable to your facility or facilities. Please note that several of the reports have changed this year, requesting information that is different or in a different format than previous years. Do not use previous years' forms! You are responsible for completing and submitting the appropriate forms for all of your permitted and registered solid waste management facilities.

The submission of the completed form does not relieve you from any additional reporting responsibilities that are identified as special conditions in your 6 NYCRR Part 360 permit or that may be required for inactive or closed facilities, or other types of solid waste management facilities not referenced above.


To complete the annual report submission process:

1. Fill out the Annual Report Form(s) completely and sign the form(s).
2. Make a copy for your records.
3. Fax the completed Annual Report Form(s) to the New York State Department of Environmental Conservation's Central Office at (518) 402-9041 or email it to [bwrrfann@gw.dec.state.ny.us](mailto:bwrrfann@gw.dec.state.ny.us). This fax number and email address have been set up for the annual reports referenced above. If you cannot fax or email the form(s) or if there are lengthy attachments to the annual report(s), make a second copy and submit to the Central Office at the address in the letterhead above.
4. Mail the original completed form(s) to the New York State Department of Environmental Conservation (NYSDEC) Regional Office that has jurisdiction over your facility. Contact information can be found on the last page of the forms.

Further instructions can be found attached to the Annual Report Forms. Should you have any questions regarding the use of the forms, or would like a hard copy or an electronic copy of the forms, please contact Gerard Wagner at (518) 402-8705, or via e-mail at [gjwagner@gw.dec.state.ny.us](mailto:gjwagner@gw.dec.state.ny.us). Other questions regarding your reporting responsibilities should be directed to your respective Regional Office.

Thank you for your cooperation in this matter.

Sincerely,



Jeffrey C. Schmitt, P.E.  
Director  
Bureau of Solid Waste, Reduction & Recycling

**Division of Solid & Hazardous Materials  
New York State Department of Environmental Conservation  
Albany, New York 12233-7253**

**TRANSFER STATION**

**Annual Report**

**Submit the Annual Report no later than March 3, 2009. Please note that if your facility is authorized to process construction and demolition debris you need to submit a Construction & Demolition Debris Processing Facility Annual Report instead of a Transfer Station Annual Report. If your facility is authorized to operate as a transfer station and to process construction and demolition debris you must submit both annual reports.**

Reporting of the information indicated on this Transfer Station Annual Report form is required pursuant to 6 NYCRR 360-1.4(c); 360-1.8(e)(1)(ii), (h)(8); 360-1.14(e)(2), (i)(1); 360-11.1(a), (b)(1)(viii); 360-11.4(h) and (j). Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual/Quarterly Report requirements of 6 NYCRR Part 360.

Where the Annual Report requirements have been modified, appropriate Sections (as necessary to reflect the modification) must be completed and submitted with a copy of the Department's written notification which allows the modification.

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

For purposes of estimating tonnage where only the volume is known, assume each cubic yard of construction and demolition debris is equivalent to 0.75 tons of solid waste, each cubic yard of compacted solid waste is equivalent to 0.5 tons, and each cubic yard of uncompacted solid waste is equivalent to 0.1 tons.

**Annual Report**

This Transfer Station Annual Report is for the year of operation from \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_.

**SECTION 1 - Owner/Facility Information**

Facility Name \_\_\_\_\_

Facility Location \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Facility Contact \_\_\_\_\_ Phone # (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Contact e-mail address \_\_\_\_\_ Fax # (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Town \_\_\_\_\_ County \_\_\_\_\_ NYSDEC Region # \_\_\_\_

NYSDEC Activity Code or Registration # \_ \_ \_ \_ \_

360 Permit # \_ - \_ \_ \_ - \_ \_ \_ \_ / \_ \_ \_ \_ - \_ Issued \_\_/\_\_/\_\_ Expires \_\_/\_\_/\_\_

Owner Name \_\_\_\_\_ Phone # (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

## SECTION 2 - Quantity of Solid Waste Received

Provide the tonnages of solid waste received. Exclude Materials Recovered amounts reported in Section 3.

Specify the methods used to measure the quantities disposed and the percentages measured by each method:

\_\_\_\_\_% 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)
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)							
Construction & Demolition (C&D Debris)							
Asbestos Waste							
Industrial Waste (Including Industrial Process Sludges)							
Ash (Coal)							
Ash (MSW Energy Recovery)							
Sewage Treatment Plant Sludge							
Petroleum Contaminated Soil							
Treated Regulated Medical Waste							
Other (Specify: _____ )							
<b>Total Tons Disposed</b>							

Type of Solid Waste	Tip Fee (\$)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)								
Construction & Demolition (C&D Debris)								
Asbestos Waste								
Industrial Waste (Including Industrial Process Sludges)								
Ash (Coal)								
Ash (MSW Energy Recovery)								
Sewage Treatment Plant Sludge								
Petroleum Contaminated Soil								
Treated Regulated Medical Waste								
Other (Specify: _____ )								
<b>Total Tons Disposed</b>								

## 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 (or Direct Haul), and the county & state or province & country from which waste was received. Note: "Direct Haul" means waste hauled directly to your Solid Waste Management Facility (SWMF) which did not go through another SWMF. Only County/Province and State/County are required for direct haul. Exclude Materials Recovered amounts reported in Section 3.

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

\_\_\_\_\_ % Road                      \_\_\_\_\_ % Rail  
 \_\_\_\_\_ % Water                      \_\_\_\_\_ % Other (specify: \_\_\_\_\_)

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

Facility Service Area				
Type of Solid Waste	County or Province	State or Country	Solid Waste Management Facility	Total Year (tons)
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	<i>(Example)</i> <i>(Monroe)</i>	<i>(NY)</i>	<i>(Monroe County Transfer Station, Rochester)</i>	<i>(2,000)</i>
	<i>(Yates)</i>	<i>(NY)</i>	<i>(Direct Haul)</i>	<i>(500)</i>
	<i>(Yates)</i>	<i>(NY)</i>	<i>(Appleton Transfer Station, Penn Yan)</i>	<i>(1,000)</i>
Construction & Demolition (C&D) Debris	<i>(Monroe)</i>	<i>(NY)</i>	<i>(Rochester Transfer Station, Rochester)</i>	<i>(100)</i>
	<i>(Monroe)</i>	<i>(NY)</i>	<i>(Monroe County Transfer Station, Rochester)</i>	<i>(200)</i>

Facility Service Area				
Type of Solid Waste	County or Province	State or Country	Solid Waste Management Facility	Total Year (tons)
Asbestos Waste				
Industrial Waste (Including Industrial Process Sludges)				
Ash (Coal)				
Ash (MSW Energy Recovery)				

Facility Service Area				
Type of Solid Waste	County or Province	State or Country	Solid Waste Management Facility	Total Year (tons)
Sewage Treatment Plant Sludge				
Petroleum Contaminated Soil				
Treated Regulated Medical Waste (TRMW)*				
Other (Specify: _____ _____ _____ _____ _____) )				
Total Tons Received				

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

## Transfer or Disposal Destination

Identify the transfer or disposal destination of waste removed by indicating the name of the transfer or disposal facility, the type of solid waste transferred, the county & state or province & country of transfer or disposal, and the amount transferred or disposed. This only includes waste sent off-site for disposal, not recovered for reuse or recycling. Exclude Materials Recovered amounts reported in Section 3.

Transport (specify percentages):

\_\_\_\_\_ % Road

\_\_\_\_\_ % Rail

\_\_\_\_\_ % Water

\_\_\_\_\_ % Other (specify: \_\_\_\_\_)

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

Transfer or Disposal Destination						
Type of Solid Waste	County or Province	State or Country	Solid Waste Management Facility	Amount Transferred (tons)	Amount Disposed (tons)	Total Year (tons)
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	<i>(Example)</i> <i>(Monroe)</i>	<i>(NY)</i>	<i>(High Acres Landfill, Perington)</i>		<i>(2,500)</i>	<i>(2,500)</i>
	<i>(Richmond)</i>	<i>(NY)</i>	<i>(Vanbro Corp, Staten Island)</i>	<i>(4,000)</i>		<i>(4,000)</i>
	<i>(Seneca)</i>	<i>(NY)</i>	<i>(Seneca Meadows Landfill, Waterloo)</i>		<i>(5,000)</i>	<i>(5,000)</i>
Construction & Demolition (C&D) Debris	<i>(Seneca)</i>	<i>NY</i>	<i>(Seneca Meadows Landfill, Waterloo)</i>		<i>(300)</i>	<i>(300)</i>

Transfer or Disposal Destination

Type of Solid Waste	County or Province	State or Country	Solid Waste Management Facility	Amount Transferred (tons)	Amount Disposed (tons)	Total Year (tons)
Asbestos						
Industrial Waste (Including Industrial Process Sludges)						
Ash (Coal)						
Ash (MSW Energy Recovery)						

Transfer or Disposal Destination

Type of Solid Waste	County or Province	State or Country	Solid Waste Management Facility	Amount Transferred (tons)	Amount Disposed (tons)	Total Year (tons)
Sewage Treatment Plant Sludge						
Petroleum Contaminated Soil						
Treated Regulated Medical Waste						
Other (Specify: _____ _____ _____ _____ _____)						
Total Tons						

**SECTION 3 - Material Recovered**

For each type of solid waste recovered for recycling or composting, fill in the weight (tons) or volume (cubic yards), AND indicate the main destination facility where it was sent. Please write the NAME of the destination facility.

**Note: Your facility may not be authorized to take all of the solid waste types on this form. If your facility is a registered Recyclables Handling & Recovery Facility please complete "Recyclables Handling & Recovery Facility Report Form" instead of completing this page.**

**NO RECYCLING AT THIS FACILITY.** If your facility recovered zero materials for recycling or composting during report period, check the box.

**IF THERE WERE RECYCLED MATERIALS AT YOUR FACILITY, COMPLETE THIS CHART**

Tons or cubic yards were obtained by:

\_\_\_\_\_ Scale Weight

\_\_\_\_\_ Truck Count

\_\_\_\_\_ Estimated

\_\_\_\_\_ Other (Specify: \_\_\_\_\_)

Type of Solid Waste Recovered for Recycling	Weight or Volume (Indicate tons/year or cubic yards/year)	Name of Destination Facility and Location
Paper		
Glass		
Plastic		
Metal Containers		
Bulk Metal		
Aluminum		
Asphalt		
Aggregate & Concrete		
Wood & Wood Chips		
Electronics		
Yard Waste		
Other (Specify: _____ )		
Total Recovered		If you have BOTH tons and cubic yards of materials, skip the "Total Recovered" box.

For "Other" categories, please specify the material. Add additional sheets, if necessary.

**SECTION 4 - Unauthorized Solid Waste**

Has unauthorized solid waste been received at the Landfill 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 been triggered give information below for each incident:

Incident Number	Received		Hauler	Origin	Truck Number	Reading	Disposal Status	Removed	
	Date	Time						Date	Time

**SECTION 5 - Cost Estimates and Financial Assurance Documents**

Submit (attached to this form) any required cost estimates and financial assurance documents for closure, post-closure care, and applicable corrective measures, all reflecting adjustments for inflation and any changes to the Closure, Post Closure or Closure Maintenance Plans 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:

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**SECTION 6 - 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:

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**SECTION 7 - Changes**

Identify any changes from approved reports, plans, specifications, permit conditions and fill progression plan 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:

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**SECTION 8 - 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:

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**SECTION 9 - 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 Solid & Hazardous Materials  
Bureau of Solid Waste, Reduction & Recycling  
625 Broadway, 9<sup>th</sup> Floor  
Albany, New York 12233-7253  
Fax 518-402-9041  
Email address: bwrrfann@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	_____ Date
_____ Name (Print or Type)	_____ Title (Print or Type)
_____ Address	_____ City
_____ State and Zip	(_____)_____-_____ Phone Number

ATTACHMENTS: \_\_\_\_ YES \_\_\_\_ NO  
(Please check appropriate line)

New York State Department of Environmental Conservation  
Division of Solid & Hazardous Materials  
Bureau of Solid Waste, Reduction & Recycling

**SOLID WASTE CONTACTS**

**CENTRAL OFFICE**

Bureau of Solid Waste, Reduction & Recycling  
625 Broadway, 9th floor  
Albany, NY 12233-7253  
Phone: (518) 402-8705

For Submission of Annual Reports only:  
Fax: (518) 402-9041  
Email : bwrrfann@gw.dec.state.ny.us

**REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON**

**REGION 1 (Nassau, Suffolk)**

Syed Rahman  
SUNY Campus  
Building 40  
Stony Brook, NY 11790  
Phone: (631) 444-0375

**REGION 2 (Bronx, Kings, New York, Queens, Richmond)**

Ken Brezner  
47-40 21st Street  
Long Island City, NY 11101-5407  
Phone: (718) 482-4896

**REGION 3 (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester)**

Steve Parisio  
21 South Putt Corners Road  
New Paltz, NY 12561  
Phone: (845) 256-3136

**REGION 4 (Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady, Schoharie)**

Richard Forgea  
1150 North Westcott Road  
Schenectady, NY 12306  
Phone: (518) 357-2243

**REGION 5 (Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington)**

**Main Office (Clinton, Essex,  
Franklin, Hamilton)**

Dan Steenberge  
Route 86, P.O. Box 296  
Ray Brook, NY 12977  
Phone: (518) 897-1241

**Sub-office (Fulton, Saratoga, Warren,  
Washington)**

David Mt. Pleasant  
232 Hudson Street  
Warrensburg, NY 12885  
Phone: (518) 623-1230

**REGION 6 (Herkimer, Jefferson, Lewis, Oneida, St. Lawrence)**

**Main Office (Jefferson, Lewis,  
St. Lawrence)**

Ed Blackmer  
State Office Building  
317 Washington Street  
Watertown, NY 13601  
Phone: (315) 785-2522

**Sub-office (Herkimer, Oneida)**

Robert Senior  
State Office Building  
207 Genesee Street  
Utica, NY 13501  
Phone: (315) 793-2745

**REGION 7 (Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga,  
Tompkins)**

Tim DiGiulio  
615 Erie Boulevard West  
Syracuse, NY 13204  
Phone: (315) 426-7419

**REGION 8 (Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben,  
Wayne, Yates)**

Scott Foti  
6274 East Avon-Lima Road  
Avon, NY 14414  
Phone: (585) 226-5408

**REGION 9 (Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Wyoming)**

Mark Hans  
270 Michigan Avenue  
Buffalo, NY 14203  
Phone: (716) 851-7220