

***Chip It All  
PO BOX 959  
Port Jefferson Station, NY 11776***

Fax

To: \_\_\_\_\_

Fax Number: 518-402-9041

From: **Jennifer**

Number of Pages (including Coversheet)

Fax number : 631-473-2032

**Comments:**

Please call 631-473-2040 is there are any problems receiving this fax.

# PERMITTED C&D DEBRIS HANDLING AND RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email [swmfannualreport@dec.ny.gov](mailto:swmfannualreport@dec.ny.gov) or call 518-402-8678.)

Complete and submit this form by March 1, 2020.

This annual report is for the year of operation from January 01, 2019 to December 31, 2019

## SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <i>CHIP IT ALL LTD</i>			
FACILITY LOCATION ADDRESS: <i>366 Sheep Pasture Road</i>	FACILITY CITY: <i>Port Jefferson Station</i>	STATE: <i>NY</i>	ZIP CODE: <i>11776</i>
FACILITY TOWN: <i>Brookhaven</i>	FACILITY COUNTY: <i>Suffolk</i>	FACILITY PHONE NUMBER: <i>631-473-2040</i>	
FACILITY NYS PLANNING UNIT: (As of 10/19 Districts will be selected at the end of this report).			NYSDEC REGION #:
360 PERMIT #: (Refers to DEC Permit) <i>52W16R</i>	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refers to DEC Registration)
FACILITY CONTACT: <i>Richard Edgar</i>	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <i>631-473-2040</i>	CONTACT FAX NUMBER: <i>631-473-2032</i>
CONTACT EMAIL ADDRESS: <i>Richiedgar@optonline.net</i>			
OWNER INFORMATION			
OWNER NAME: <i>Richard Edgar</i>	OWNER PHONE NUMBER: <i>516-672-1387</i>	OWNER FAX NUMBER: <i>631-473-2032</i>	
OWNER ADDRESS: <i>39 N Country Road</i>	OWNER CITY: <i>Miller Place</i>	STATE: <i>NY</i>	ZIP CODE: <i>11764</i>
OWNER CONTACT: <i>631-473-2040</i>	OWNER CONTACT EMAIL ADDRESS: <i>Richiedgar@optonline.net</i>		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input type="checkbox"/> private
PREFERENCES			
Preferred address to receive correspondence:		<input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address	
<input type="checkbox"/> Other (provide):			
Preferred email address:		<input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact	
<input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence:		<input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact	
<input type="checkbox"/> Other (provide):			
Did you operate in 2019? <input checked="" type="checkbox"/> Yes; Complete this form. <input type="checkbox"/> 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: <a href="http://www.dec.ny.gov/chemical/52706.html">http://www.dec.ny.gov/chemical/52706.html</a> .			

## SECTION 2 - SOLID WASTE RECEIVED

Please provide the tonnages of waste received. This includes all wastes received at your facility regardless of their destination after processing.

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

% Scale Weight                       % Estimated  
 % Truck Count                       % Other (Specify: YARDS)

Type of Waste	January <i>yards</i>	February <i>yards</i>	March <i>yards</i>	April <i>yards</i>	May <i>yards</i>	June <i>yards</i>	July <i>yards</i>
Asphalt Millings							
Asphalt Pavement							
Asphalt Roofing Shingles							
<i>LOGS</i>	1750	1950	6550	69	70	45	5250
Concrete							
Construction & Demolition (C&D) Debris	24050	332	86150	1068	97650	63650	78850
<i>Manner</i>	7	4	6	6	4	7	8
Gypsum Wallboard							
<i>Fill</i>		5	15	73	37	39	344
Other Masonry Materials							
Restricted-Use Fill							
Rock							
Roofing Paper							
Sand							
Soil							
<i>Wood</i>	1850	46	12450	18050	241	192	170
Other (specify)							
<i>WOOD CHIPS</i>	91	98	232	207	48150	100	219
<i>LEAVES</i>	203	24	153	61705	67	17	350
<b>Total Tons Received</b>	57750	52856	145750	222125	187700	103650	158550

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

**SECTION 2 – SOLID WASTE RECEIVED** (continued)

Type of Waste	Tip Fee (\$/Ton)	August Yards	September Yards	October Yards	November Yards	December Yards	Total Year Yards	Daily Avg. Yards
Asphalt Millings								
Asphalt Pavement								
Asphalt Roofing Shingles								
LOGS		39	24	102 <sup>50</sup>	67	15 <sup>50</sup>	587-	
Concrete								
Construction & Demolition (C&D) Debris		896 <sup>50</sup>	819	705 <sup>50</sup>	1145	1074	9543 <sup>50</sup>	
manure		4	10	6	23	7	92	
Gypsum Wallboard								
Limited-Use Fill								
Other Masonry Materials								
Fill		26	57	51	2		649	
Rock								
Roofing Paper								
Sand								
Soil								
Wood		147	38	32	40 <sup>50</sup>	11 <sup>50</sup>	1241 <sup>50</sup>	
Other (specify)								
WOODCHIPS		361	164	174	318	380	2825 <sup>50</sup>	
LEAVES		3	4.50	5	550	1309 <sup>50</sup>	2957.25	
<b>Total Tons Received</b>		1476 <sup>50</sup>	1116 <sup>50</sup>	1076 <sup>00</sup>	2145 <sup>50</sup>	2797 <sup>50</sup>	17895 <sup>75</sup>	

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

### SECTION 3 – SERVICE AREA OF SOLID WASTE RECEIVED

Please identify where the material is coming from. The total tons received reported below should equal the total tons received in Section 2 (Solid Waste Received). **DO NOT REPORT IN CUBIC YARDS!**

- If the waste **WAS** received from another solid waste management facility, please write in the name *and* address of the facility along with the appropriate state, county and planning unit/municipality.
- If the waste **WAS NOT** received from another solid waste management facility, please write in "*Direct Haul*" along with the appropriate state, county, and planning unit/municipality where the waste was generated.

Specify transport method, list type of material(s) and percentages of total material transported by each:

\_\_\_\_\_ % Road: Waste Type(s): \_\_\_\_\_      \_\_\_\_\_ % Rail: Waste Type(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Waste Type(s): \_\_\_\_\_      X % Other (specify: YARDS): Waste Type(s): \_\_\_\_\_

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF 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	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	YARDS RECEIVED
Asphalt Millings					
Asphalt Pavement					
Asphalt Roofing Shingles					
LOGS	Landscapers and Homeowners	New York		RI	587 yards

**SERVICE AREA OF SOLID WASTE RECEIVED** (where the waste is coming from)

TYPE OF 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	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	YARDS RECEIVED
Concrete					
Construction & Demolition (C&D) Debris	Landscapers and Homeowners	New York		R1	9,543.50 YARDS
Gravel					
Gypsum Wallboard					
Fill	Landscapers and Homeowners	New York		R1	649 YARDS
Other Masonry Materials					
Restricted-Use Fill					
Manure	Landscapers and Homeowners	New York		R1	92 YARDS

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF 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	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	YARDS RECEIVED
Roofing Paper					
Sand					
Soil					
Wood	Landscapers and Home owners	NEW YORK		R1	1241.50 YARDS
Other (specify)					
WOODCHIPS	Landscapers and Home owners	NEW YORK		R1	2825.50 YARDS
LEAVES	Landscapers and Home owners	NEW YORK		R1	2957.25 YARDS
<b>TOTAL RECEIVED YARDS</b> 17895.75					

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

## SECTION 4 - TRANSFER OR DISPOSAL DESTINATION

**Please identify destination of waste. Please only include waste sent off-site for disposal or further transfer prior to disposal. Exclude Recyclable Material amounts reported in Section 5. DO NOT REPORT IN CUBIC YARDS!**

- If the waste is being sent to another facility for transfer or processing prior to disposal (e.g. Transfer station or C&D debris processing facility), please identify name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the transfer destination and the amount of waste transferred in the "Amount to Transfer Destination" column.
- If the waste is being sent to a landfill or combustor, please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the disposal destination and the amount of waste being sent for disposal in the "Amount to Disposal Destination" column.
- If the waste is being sent to a landfill to be utilized as Alternative Operating Cover (AOC), please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the landfill and the amount of waste being sent for use as AOC in the "Amount Used as AOC" column.

Specify transport method, list type of material(s) and percentages of total material transported by each:

\_\_\_\_\_ % Road: Waste Type(s): \_\_\_\_\_      \_\_\_\_\_ % Rail: Waste Type(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Waste Type(s): \_\_\_\_\_      **X** \_\_\_\_\_ % Other (specify: YARDS): Waste Type (s): \_\_\_\_\_

TRANSFER OR DISPOSAL DESTINATION								
TYPE OF WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	AMOUNT USED AS AOC (TONS)	TOTAL YEAR (TONS)
<b>Construction &amp; Demolition (C&amp;D) Debris</b>								
<b>Residue</b>								
<b>Other (specify)</b>								
<b>TOTAL SENT (tons):</b>								

If the waste type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other waste name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other waste name.



## SECTION 5 - MATERIAL RECOVERED FOR REUSE/RECYCLING

**Please identify destination of recovered materials.** Indicate the location of use/name of the destination, address, corresponding State/Country, County/Province, Destination Planning Unit/Municipality and the amount of material recovered. **DO NOT REPORT IN CUBIC YARDS!**

Specify transport method, list type of material(s) and percentages of total material transported by each:

\_\_\_\_\_ % Road: Material(s): \_\_\_\_\_

\_\_\_\_\_ % Rail: Material(s): \_\_\_\_\_

\_\_\_\_\_ % Water: Material(s): \_\_\_\_\_

% Other (specify: YARDS): Material(s): \_\_\_\_\_

Loads of material that are to be used under a pre-determined or case-specific BUD do not need to be reported. The only exception is for specific material types (RCA, asphalt millings, etc.) distributed in excess of 10,000 tons (360.12(c)(5)). In this case, the total tonnage should be reported, but not the individual destinations.

MATERIAL RECOVERED FOR REUSE/RECYCLING					
MATERIAL RECOVERED	LOCATION OF USE/DESTINATION <small>(Name &amp; Address) Please note that "direct haul", "various", and "various locations" are not acceptable responses for the address of the location of use.</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	YARDS RECOVERED <small>(out of facility)</small>
Asphalt Millings					
Asphalt Pavement					
Asphalt Roofing Shingles					
COMPOST	Landscapers and Homeowners	New York		RI	30050 YARDS
Bulk Metal (from C&D Debris)					

MATERIAL RECOVERED FOR REUSE/RECYCLING					
MATERIAL RECOVERED	LOCATION OF USE/DESTINATION (Name & Address) Please note that "direct haul", "various", and "various locations" are not acceptable responses for the address of the location of use.	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Concrete					
Gravel					
Gypsum Wallboard					
Limited-Use Fill					
Other Masonry Materials					
Restricted-Use Fill					
Rock					
Roofing Paper					

MATERIAL RECOVERED FOR REUSE/RECYCLING					
MATERIAL RECOVERED	LOCATION OF USE/DESTINATION (Name & Address) Please note that "direct haul", "various", and "various locations" are not acceptable responses for the address of the location of use.	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	YARDS RECOVERED (out of facility)
Sand Enriched Topsoil	Landscapers and Homeowners			R1	463950 yards
Soil TOPSOIL	Landscapers and Homeowners	New York		R1	342650 yards
Unadulterated Wood					
Other (specify) MULCH					
Natural BLACK RED COCD	Landscapers and Homeowners	New York		R1	16924 yards
<b>TOTAL RECOVERED</b>					yards 2519250

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

**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.

FACILITY NAME <b>Chip It All</b>		LOCATION <b>366 Sheep Pasture Rd. Part 4 Jeff</b>	FACILITY NUMBER <b>52M10267</b>	DATE <b>12/13/19</b>	TIME <b>2:30pm</b>
INSPECTOR'S NAME <b>Egn Anthony</b>		CODE	PERSONS INTERVIEWED AND TITLES		
REGION <b>1</b>	WEATHER CONDITIONS <b>4/6 Overcast wind: 3mph North</b>		PERMIT NUMBER		
SHEET <b>2 OF 2</b>	CONTINUATION SHEET ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PERMIT OR REGISTRATION EXPIRATION DATE		

Violations of Part 360 and 361 are Subject to Applicable Civil, Administrative and Criminal Sections Set Forth in ECL Article 71, and as appropriate, the Clean Water and Clean Air Acts. Additional and/or Multiple Violations May Be Described on the Attached sheet. This form is a record of conditions which are observed in the field at the time of inspection. Items marked NI indicate no inspection and do not mean no violation has occurred.

PART 360 PERMIT  ORDER ON CONSENT  REGISTERED  EXEMPT  COMPLAINT

- |                                     |                                     |                          |                          |   |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | NI                                  | <input type="checkbox"/> | <b>V</b>                 | <b>FACILITY MANAGEMENT</b>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 1. Solid waste management facility is authorized and management occurs within approved area. 360.9(a), (b)(1), 360.19(c)(9)                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 2. Incoming waste is monitored by a control plan for unauthorized waste and waste materials accepted are approved for management at the facility:     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | a. Control Program. 360.19(c)(1), (4)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | b. Department-Approved Facility for Specific Wastes. 360.19(c)(1)(iii)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | c. Posted signs indicating operating hours and types of waste accepted and not accepted. 360.19(c)(1)(i)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | d. Unauthorized waste is segregated, secured, contained, and removed within seven days of receipt. 360.19(c)(4)                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 3. Operator maintains and operates facility components and equipment in accordance with the permit and their intended use:                            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | a. Maintenance of Facility Components/Site Grading. 360.19(d)(6),(7)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | b. Adequate Equipment. 360.19(d)(4)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | c. Adequate Drainage. 360.19(d)(5)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | d. Waste storage tanks meets the required standard. 360.19(n)   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 4. Operational Records are available where required:  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | a. Unauthorized Solid Waste Records. 360.19(c)(4)(i)  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | b. Self-Inspection Records. 360.19(k)(2)(ii)  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | c. Registration or Permit Application Records. 360.19(k)(1)   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | d. Daily Log of Solid Wastes. 360.19(k)(2)(i)   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | e. Personnel Training Records. 360.19(k)(2)(iv)   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | f. Annual Report. 360.19(k)(3)  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | g. The facility maintains properly completed C&D debris tracking documents for 7 years. 361-5.6   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <b>OPERATION CONTROL</b>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 5. Solid waste, including blowing litter, is sufficiently confined and controlled. 360.19(c)(5); 360.19(f); 360.19(d)(8)                              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 6. Dust is effectively controlled and does not constitute an offsite nuisance. 360.19(g)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 7. Tracking of soil, waste, leachate and other materials from the facility onto offsite roadways are prevented. 360.19(d)(3)                          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 8. On-Site vector populations are prevented or controlled, and vector breeding areas are prevented. 360.19(h)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 9. Odors are effectively controlled so that they do not constitute a nuisance. 360.19(i)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 10. Attendant is on duty as required. 360.19(c)(12)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 11. Noise is controlled and does not cause a nuisance or exceedance of standards. 360.19(j)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <b>WATER</b>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 12. Solid waste is prevented from entering surface waters and/or groundwaters. 360.19(b)(1)   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Leachate is minimized through drainage control or other means and is prevented from entering surface waters. 360.19(b)(2)                         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <b>ACCESS</b>   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 14. Access to the facility is strictly and continuously controlled by fencing, gates, signs, natural barriers, or other suitable means. 360.19(c)(10) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 15. On-site roads are passable. 360.19(d)(2)  |

I hereby acknowledge receipt of the Facility Copy of this Inspection Report Form.

Individual in Responsible Charge (Please Print)

Signature

Inspector's Signature



### SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management 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 Solid Waste Management  
625 Broadway  
Albany, New York 12233-7260  
Fax 518-402-9041  
Email address: SWMFannualreport@dec.ny.gov**

I certify, under penalty of law, that the data and other information identified in this report have been prepared under my direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuant to section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.

*Richard Edgar*  
Signature

2-18-20  
Date

Richard Edgar  
Name (Print or Type)

owner - president  
Title (Print or Type)

Richiedgar@optonline.net  
Email (Print or Type)

PO BOX 959  
Address

Port Jefferson Station  
City

New York, 11776  
State and Zip

631,473,2040  
Phone Number

ATTACHMENTS:  YES  NO  
(Please check appropriate line)

2/3/20 at 13:14:30.48

Page: 1a

**New New New 2017Chip It All Ltd.**  
**Inventory Unit Activity Report**  
**For the Period From Jan 1, 2019 to Dec 31, 2019**

Filter Criteria includes: 1) Types from Outgoing to Outgoing; 2) Stock/Assembly/Serialized. Report order is by ID. Report is printed with shortened descriptions.

Item ID	Item Description	Units Sold
Compost	Compost	200.50
Firewood Logs	Firewood Logs	
Mulch	Mulch Sale	9368.75
Mulch Black	Mulch Black	6673.25
mulch-coco	mulch-coco	716.50
mulch-red	mulch-red	167.50
Topsoil	Topsoil	3426.50
topsoil-enriched	Topsoil-enriched	4639.50
Woodchips Sale	Woodchip Sale	
		<b>25192.50</b>



2/13/20 at 13:06:21.63

Page: 1a

**New New New 2017Chip It All Ltd.**  
**Inventory Unit Activity Report**  
**For the Period From Jan 1, 2019 to Dec 31, 2019**

Filter Criteria includes: 1) Types from Incoming to Incoming; 2) Stock/Assembly/Serialized. Report order is by ID. Report is printed with shortened descriptions.

<b>Item ID</b>	<b>Item Description</b>	<b>Units Sold</b>
Chip Dump	Woodchip Dump	2825.50
Fill Dump	Fill Dump	649.00
Landclearing Dump	Landclearing Dump	9543.50
Leaves Dump	Leaves Dump	2957.25
Log Dump	Log Dump	587.00
Manure Dump	Manure Dump	92.00
Wood Material Dump	Wood Material Dump Fee	1241.50
		<b>17895.75</b>

**Division of Materials Management  
New York State Department of Environmental Conservation  
Albany, New York 12233-7260**

**PERMITTED CONSTRUCTION & DEMOLITION DEBRIS HANDLING AND RECOVERY FACILITY**

A Construction and Demolition Debris Handling & Recovery Facility (CDDHRF) is a processing facility that receives and processes construction and demolition debris for recovery, transfer or disposal. Further information and a listing of the registered and regulated construction and demolition debris processing facilities are available online at <http://www.dec.ny.gov/chemical/23686.html>.

This annual report for is specifically for permitted CDDHRFs. If your facility is a registered CDDHRF, you need to submit a Registered Construction & Demolition Debris Handling and Recovery Facility Annual Report.

If your facility is authorized to operate a construction and demolition debris landfill, you need to submit a Construction & Demolition Debris Landfill Annual Report. If your facility is authorized to process construction and demolition debris and operate a construction and demolition debris landfill you must submit both annual reports.

If your facility is authorized to operate as a transfer facility, you need to submit a Transfer Facility Annual Report instead of a CDDHRF Annual Report. If your facility is authorized to operate as a transfer facility and as a CDDHRF you must submit both annual reports.

If your facility is authorized to operate as a recyclables handling and recovery facility, you must submit a Recyclables Handling and Recovery Facility Annual Report instead of a CDDHRF Facility Annual Report. If your facility is authorized to operate as a CDDHRF facility and a recyclables handling & recovery facility you must submit both annual reports.

Forms for all solid waste management facilities can be found at <http://www.dec.ny.gov/chemical/52706.html> and a brief description of each type of facility can be found at <http://www.dec.ny.gov/chemical/8495.html>.

**Annual Report**

**Submit the Annual Report no later than March 1, 2020.**

Reporting of the information indicated on this CDD Debris Handling and Recovery Facility Annual Report form is required pursuant to 6 NYCRR Part 360. 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.

**Solid Waste Volume To Weight Conversion Factors**

MATERIAL	EQUIVALENT	
Aggregate	1 cubic yard	0.50 tons
Asphalt, Crushed	1 cubic yard	0.39 tons
Brick	1 cubic yard	0.43 tons
Brush	1 cubic yard	0.15 tons
Bulk Metal	1 cubic yard	0.11 tons
Concrete	1 cubic yard	0.43 tons
Construction and Demolition Debris	1 cubic yard	0.23 tons
Rock	1 cubic yard	0.50 tons
Roofing Shingles	1 cubic yard	0.37 tons
Soil (Clean)	1 cubic yard	0.46 tons
Wallboard	1 cubic yard	0.23 tons
Wood	1 cubic yard	0.08 tons

**Useful Definitions**

### SECTION 3 – SERVICE AREA OF MATERIAL RECEIVED

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!**

**Additional Service Area Guidance:**

1) Direct hauled from the generator of the material. In the case where the material is hauled to your facility from the generator (i.e. hauled from residences, job sites, commercial establishments, etc.), "Direct Haul" is the appropriate response in Column 2 under "Service Area." Please report the tonnage by material type and identify the state, county and planning unit where it was generated;

2) Sent to your C&D Debris Handling and Recovery Facility from another solid waste management facility. Material may be sent to your C&D Debris Handling and Recovery Facility from another solid waste management facility. In this case, please report the tonnage by material type from each sending solid waste management facility, as well as the sending facility's name, address, county, and the planning unit where the sending facility is located.

For reference only. Please do not return with submittal.

### New York State Planning Units & Regions

When completing the annual report, please use the Planning Unit listed below that corresponds with the municipality and county. Note: The Planning Unit is not the DEC Region.

DEC Region	Planning Unit	County	Municipality
1	Glen Cove	Nassau	Glen Cove (City)
	Hempstead		Hempstead (Town)
	Long Beach		Long Beach (City)
	North Hempstead Solid Waste Management Authority		North Hempstead (Town), except 10 villages (see below)
	Oyster Bay Solid Waste Disposal District		Oyster Bay (Town), except 17 villages (see below)
	Babylon	Suffolk	Babylon (Town)
	Brookhaven		Brookhaven (Town)
	East Hampton		East Hampton (Town)
	Fishers Island Waste Management District		Fishers Island
	Huntington		Huntington (Town)
	Islip Resource Recovery Agency		Islip (Town)
	Riverhead		Riverhead (Town)
	Shelter Island		Shelter Island (Town)
	Smithtown		Smithtown (Town)
	Southampton		Southampton (Town)
Southold	Southold (Town), except Fishers Island		
2	New York City	Bronx	Bronx
		Kings	Kings (Brooklyn)
		New York	New York (Manhattan)
		Queens	Queens
		Richmond	Richmond (Staten Island)
3	Dutchess County	Dutchess	
	Orange County	Orange	
	Putnam County	Putnam	
	Rockland County Solid Waste Management Authority (RCSWMA)	Rockland	
	Sullivan County	Sullivan	
	Ulster County Resource Recovery Agency (UCRRA)	Ulster	
	Westchester County	Westchester	
4	Colonie	Albany	Cohoes (City)
			Colonie (Town)
			Colonie (Village)
			Menands (Village)
			Watervliet (City)
	Capital Region Solid Waste Management Partnership	Albany	Albany (City)
			Altamont (Village)
			Berne (Town)
			Bethlehem (Town)
			Green Island (Town/Village)
			Guilderland (Town)
			Knox (Town)
			New Scotland (Town)
			Rensselaerville (Town)
Voorheesville (Village)			
Westerlo (Town)			

		Rensselaer	East Greenbush (Town) Rensselaer (City)	
4	Eastern Rensselaer County Solid Waste Management Authority	Rensselaer	Castleton-on-Hudson (Village)	
			Hoosick Falls (Village)	
			Nassau (Village)	
			Pittstown (Town)	
			Schaghticoke (Town/Village)	
			Stephentown (Town)	
			Valley Falls (Village)	
			Berlin (Town)	Inactive Members
			Grafton (Town)	
			Hoosick (Town)	
			Nassau (Town)	
			Petersburg (Town)	
			Poestenkill (Town)	
				Columbia County
	Delaware County	Delaware		
	Greene County	Greene		
	Montgomery County	Montgomery		
	Otsego County	Otsego		
	Schoharie County	Schoharie		
	Schenectady County	Schenectady		
5	Clinton County	Clinton		
	Essex County	Essex		
	County of Franklin Solid Waste Management Authority (CFSWMA)	Franklin		
	Fulton County	Fulton		
	Hamilton County	Hamilton		
	Saratoga County	Saratoga		
	Warren County	Warren		
	Washington County	Washington		
6	Development Authority of the North Country (DANC)	Jefferson		
		Lewis		
		St. Lawrence		
	Oneida-Herkimer Solid Waste Authority	Oneida Herkimer		
7	Broome County	Broome		
	Cayuga County	Cayuga		
	Chenango County	Chenango		
	Cortland County	Cortland		
	Madison County	Madison		
	Onondaga County	Onondaga	All municipalities, except Town and Village of Skaneateles (See below)	
	Oswego County	Oswego		
	Tioga County	Tioga		
	Tompkins County	Tompkins		
8	Chemung County	Chemung		
	GLOW Region Solid Waste Management Committee	Genesee Livingston		
	Monroe County	Monroe		
	Ontario County	Ontario		
	Orleans County	Orleans		
	Schuyler County	Schuyler		
	Seneca County	Seneca		

	Steuben County	Steuben	
	Wayne County	Wayne	
	Yates County	Yates	
	Allegany County	Allegany	
	Cattaraugus County	Cattaraugus	
	Chautauqua County	Chautauqua	
	GLOW Region Solid Waste Management Committee	Wyoming	
	Niagara	Niagara	
9	Northeast-Southtowns Solid Waste Management Board (NEST)	Erie	Akron (Village)
			Alden (Town/Village)
			Angola (Village)
			Aurora (Town)
			Blasdell (Village)
			Boston (Town)
			Brant (Town)
			Cheektowaga (Town)
			Clarence (Town)
			Colden (Town)
			Collins (Town)
			Concord (Town)
			Depew (Village)
			East Aurora (Village)
			Eden (Town)
			Elma (Town)
			Evans (Town)
			Farnham (Village)
			Gowanda (Village)
			Hamburg (Town/Village)
			Holland (Town)
			Lackawanna (City)
			Lancaster (Town/Village)
			Marilla (Town)
			Newstead (Town)
			North Collins (Town/Village)
			Orchard Park (Town/Village)
	Sardinia (Town)		
	Sloan (Village)		
	Springville (Village)		
	Wales (Town)		
	West Seneca (Town)		
	Northwest Communities Solid Waste Management Board (NWCB)	Erie	Amherst (Town)
Grand Island (Town)			
Kenmore (Village)			
Tonawanda (Town/Village)			
Williamsville (Village)			

## Municipalities Not Currently Affiliated With a Recognized Planning Unit

DEC Region	County	Non-Member Municipality	
1	Nassau	North Hempstead	Great Neck Estates (Village)
			Great Neck Plaza (Village)
			Mineola (Village)
			New Hyde Park (Village)
			Old Westbury (Village) (portion)
			Plandome (Village)
			Plandome Manor (Village)
			Roslyn Harbor (Village) (portion)
			Westbury (Village)
			Williston Park (Village)
		Oyster Bay	Bayville (Village)
			Brookville (Village)
			Centre Island (Village)
			Cove Neck (Village)
			East Hills (Village) (portion)
			Glenwood – Glen Head Garbage District
			Lattington (Village)
			Laurel Hollow (Village)
			Matinecock (Village)
			Mill Neck (Village)
			Muttontown (Village)
			Old Brookville (Village)
			Old Westbury (Village) (portion)
			Oyster Bay Cove (Village)
			Roslyn Harbor (Village) (portion)
			Sea Cliff (Village)
Upper Brookville (Village)			
4	Albany	Coeymans (Town)	
	Rensselaer	Ravena (Village)	
		Brunswick (Town)	
		North Greenbush (Town)	
		Sand Lake (Town)	
		Schodack (Town)	
	Troy (City)		
Columbia	Canaan (Town)		
7	Onondaga	Skaneateles (Town/Village)	
9	Erie	Buffalo (City)	

New York State Department of Environmental Conservation  
 Division of Materials Management  
 Bureau of Solid Waste Management

## MATERIAL MANAGEMENT PROGRAM CONTACTS

### CENTRAL OFFICE

Bureau of Solid Waste Management  
 625 Broadway  
 Albany, NY 12233-7260  
 Phone: (518) 402-8678

For Submission of Annual Reports only:

Fax: (518) 402-9041

Email: For solid waste management facilities - [swmfannualreport@dec.ny.gov](mailto:swmfannualreport@dec.ny.gov)

### REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON

#### REGION 1 (Nassau, Suffolk)

Syed Rahman / David Gibb  
 SUNY @ Stony Brook  
 50 Circle Road  
 Stony Brook, NY 11790  
 Phone: (631) 444-0375  
[SWMFAnnualReportR1@dec.ny.gov](mailto:SWMFAnnualReportR1@dec.ny.gov)

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

Joseph O'Connell  
 47-40 21st Street  
 Long Island City, NY 11101-5407  
 Phone: (718) 482-4896  
[SWMFAnnualReportR2@dec.ny.gov](mailto:SWMFAnnualReportR2@dec.ny.gov)

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

James Lansing  
 21 South Putt Corners Road  
 New Paltz, NY 12561  
 Phone: (845) 256-3123  
[SWMFAnnualReportR3@dec.ny.gov](mailto:SWMFAnnualReportR3@dec.ny.gov)

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

Victoria Schmitt  
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 Schenectady, NY 12306  
 Phone: (518) 357-2243  
[SWMFAnnualReportR4@dec.ny.gov](mailto:SWMFAnnualReportR4@dec.ny.gov)

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

Jessie Sangster  
 1115 State Route 86, PO Box 296  
 Ray Brook, NY 12977  
 Phone: (518) 897-1266  
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#### REGION 6 (Herkimer, Jefferson, Lewis, Oneida, St. Lawrence)

Gary McCullouch  
 317 Washington Street  
 Watertown, NY 13601  
 Phone: (315) 785-2513  
[SWMFAnnualReportR6@dec.ny.gov](mailto:SWMFAnnualReportR6@dec.ny.gov)

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

Thomas Annal  
 615 Erie Boulevard West  
 Syracuse, NY 13204  
 Phone: (315) 426-7419  
[SWMFAnnualReportR7@dec.ny.gov](mailto:SWMFAnnualReportR7@dec.ny.gov)

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

Greg MacLean  
 6274 East Avon-Lima Road  
 Avon, NY 14414  
 Phone: (585) 226-5411  
[SWMFAnnualReportR8@dec.ny.gov](mailto:SWMFAnnualReportR8@dec.ny.gov)

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

Peter Grasso  
 270 Michigan Avenue  
 Buffalo, NY 14203  
 Phone: (716) 851-7220  
[SWMFAnnualReportR9@dec.ny.gov](mailto:SWMFAnnualReportR9@dec.ny.gov)