

FEB 14 2020

**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 518-402-3878)

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: Halsted Processing			
FACILITY LOCATION ADDRESS: <i>Road</i> 77 Medway Earlton Ro	FACILITY CITY: Earlton	STATE: NY	ZIP CODE: 12058
FACILITY TOWN: Coxsackie	FACILITY COUNTY: Greene	FACILITY PHONE NUMBER: 518-365-3754	
FACILITY NYS PLANNING UNIT: (A list of NYS <u>Planning Units</u> can be found at the end of this report).			NYSDEC REGION #: <b>4</b>
360 PERMIT #: (Refer to DEC Permit) 20W15	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 20W15
FACILITY CONTACT: John E. Halsted	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 518-365-3754	CONTACT FAX NUMBER: 518-731-3902
CONTACT EMAIL ADDRESS: halstedoutdoors@aol.com			
OWNER INFORMATION			
OWNER NAME: John E. Halsted	OWNER PHONE NUMBER: 518-365-3754	OWNER FAX NUMBER: 518-731-3902	
OWNER ADDRESS: 325 Medway Earlton Road	OWNER CITY: Earlton	STATE: NY	ZIP CODE: 12058
OWNER CONTACT: John E. Halsted	OWNER CONTACT EMAIL ADDRESS: halstedoutdoors@aol.com		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> same as owner	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" 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?**  Yes; Complete this form.  
 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> .

*Do Not want to relinquish permit/registration*


**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.

 _____ Signature	<u>2/12/20</u> _____ Date
<u>John E. Halsted</u> _____ Name (Print or Type)	<u>President</u> _____ Title (Print or Type)
<u>halstedoutdoors@aol.com</u> _____ Email (Print or Type)	
<u>325 Medway Earltor</u> _____ Address	<u>Earlton</u> _____ City
<u>NY</u> _____ State and Zip	<u>5183653754</u> _____ Phone Number <i>518-365-3754</i>

ATTACHMENTS:  YES  NO  
(Please check appropriate line)