

***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 or call 518-402-8678.)

Complete and submit this form by March 1, 2021.

This annual report is for the year of operation from January 01, 2020 to December 31, 2020

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION				
FACILITY NAME: <i>CHIP IT ALL, LTD</i>				
FACILITY LOCATION ADDRESS: <i>366 Sheep Pasture Rd.</i>		FACILITY CITY: <i>Port Jefferson Station</i>		STATE: ZIP CODE: <i>NY 11776</i>
FACILITY TOWN: <i>Brookhaven</i>		FACILITY COUNTY: <i>Suffolk</i>	FACILITY PHONE NUMBER: <i>631-473-2040</i>	
FACILITY NYS PLANNING UNIT: (If list of NYS Planning Units can be found at the end of this report).				NYSDEC REGION #:
360 PERMIT #: (Refer to DEC Permit) <i>52W16R</i>	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer 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:				
OWNER INFORMATION				
OWNER NAME: <i>Richard Edgar</i>		OWNER PHONE NUMBER: <i>516672-1387</i>	OWNER FAX NUMBER: <i>631-473-2032</i>	
OWNER ADDRESS: <i>39 N Country Road</i>		OWNER CITY: <i>Miller Place</i>	STATE: ZIP CODE: <i>NY 11764</i>	
OWNER CONTACT: <i>631-473-2040</i>		OWNER CONTACT EMAIL ADDRESS: <i>Richieedgar@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 2020? <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: http://www.dec.ny.gov/chemical/52706.html .				

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.
DO NOT REPORT IN CUBIC YARDS!

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>	<i>17</i>	<i>69</i>	<i>22</i>	<i>33</i>	<i>65</i>	<i>16</i>	<i>15</i>
Concrete							
Construction & Demolition (C&D) Debris	<i>289</i>	<i>196</i>	<i>648.50</i>	<i>864</i>	<i>836</i>	<i>807</i>	<i>804.50</i>
<i>-manure</i>	<i>4</i>	<i>8</i>	<i>11</i>	<i>9</i>	<i>18</i>	<i>20</i>	<i>28</i>
Gypsum Wallboard							
Limited-Use Fill							
Other Masonry Materials							
Fill			<i>16</i>	<i>11</i>	<i>38</i>	<i>75</i>	<i>49</i>
Rock							
Roofing Paper							
Sand							
Soil							
Wood	<i>15</i>	<i>26</i>	<i>50</i>	<i>26</i>	<i>243.50</i>	<i>234.50</i>	<i>197</i>
Other (specify)							
<i>Woodchips</i>	<i>70</i>	<i>18</i>	<i>79</i>	<i>122</i>	<i>69</i>	<i>37.50</i>	<i>80</i>
<i>Leaves</i>	<i>291.50</i>	<i>70</i>	<i>107</i>	<i>359</i>	<i>52</i>	<i>48</i>	<i>5</i>
Total Tons Received	<i>686.50</i>	<i>387.00</i>	<i>933.50</i>	<i>1424.00</i>	<i>1321.50</i>	<i>1238.00</i>	<i>1178.50</i>

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. (tons)
Asphalt Millings								
Asphalt Pavement								
Asphalt Roofing Shingles								
LOGS		87	8050	135	15550	110	80500	
Concrete								
Construction & Demolition (C&D) Debris		1679	111750	879	2222	1700	1194250	
MARBLE		8	18	14	18	6	162	
Gypsum Wallboard								
Limited-Use Fill								
Other Masonry Materials								
Fill		21	7050	20	77	43	42050	
Rock								
Roofing Paper								
Sand								
Soil								
Wood		17850	152	134	9950	86	144200	
Other (specify)								
WOODCHIPS		416	565	436	787	428	310750	
Leaves				31	52850	1448	294000	
Total Tons Received		233950	200350	159900	388750	382100	2081950	

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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, 1st 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)	4000s RECEIVED
Asphalt Millings					
Asphalt Pavement					
Asphalt Roofing Shingles					
Brick LOGS	Landscapers and Home owners	New York		R1	805 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	1194250 Yards
Gravel					
Gypsum Wallboard					
Limited-Use Fill	Landscapers and Homeowners	New York		R1	42050 Yards
Other Masonry Materials					
Restricted-Use Fill					
Rock Manure	Landscapers and Homeowners	New York		R1	162 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					
Unadulterated Wood	Landscapers and Homeowners	New York		R1	1442 ⁰⁰ Yards
Other (specify)					
wood chips	Landscapers and Homeowners	New York		R1	3107.50 Yards
Leaves	Landscapers and Homeowners	New York		R1	2940 ⁰⁰ Yards
TOTAL RECEIVED					Yards 20819.50

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): _____ 10 % 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)
Construction & Demolition (C&D) Debris								
Residue								
Other (specify)								
TOTAL SENT (tons):								

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 & 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>	<i>yards</i> RECOVERED <small>(out of facility)</small>
Asphalt Millings					
Asphalt Pavement					
Asphalt Roofing Shingles					
Brick <i>Compost</i>	<i>Landscapers and Homeowners</i>	<i>New York</i>	<i>R1</i>		<i>364.75 yards</i>
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					
Soil Topsoil	Landscapers and Homeowners	New York		RI	13167.50 yards
Unadulterated Wood					
Other (specify) MULCH					
Natural BLACK Coco Red	Landscapers and Homeowners	New York		RI	17566 yards
TOTAL RECOVERED					Yards 31038.75

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.



Department of
Environmental
Conservation

DIVISION OF MATERIALS MANAGEMENT
6 NYCRR PART 361-4 MULCH PROCESSING FACILITIES
INSPECTION REPORT

FACILITY NAME Chip-IT-All		LOCATION 366 Sheep Pasture Rd. Port Jeff	FACILITY NUMBER 52M10267	DATE 6/12/20	TIME 930
INSPECTOR'S NAME Ian Anthony			CODE	PERSONS INTERVIEWED AND TITLES	
REGION 1	WEATHER CONDITIONS		PERMIT NUMBER		
SHEET 2 OF 2	CONTINUATION SHEET ATTACHED <input type="checkbox"/> YES <input 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.

C	NI	V	WASTE HANDLING
	<input type="checkbox"/>	<input type="checkbox"/>	16. Stormwater is diverted away from the storage area. 361-4.3(a)(12)
	<input type="checkbox"/>	<input type="checkbox"/>	17. Ponding is minimized and run-off is effectively controlled. 361-4.3(a)(12)
	<input type="checkbox"/>	<input type="checkbox"/>	18. Stormwater and run-off controls to minimize organic matter from entering surface or groundwater. 361-4.3(a)(13), 4.5
	<input type="checkbox"/>	<input type="checkbox"/>	19. The facility does not accept contaminated wood. 361-4.3(a)(1)
	<input type="checkbox"/>	<input type="checkbox"/>	20. The facility has equipment to remove nails whenever pallets are being processed. 361-4.3(a)(1)
	<input type="checkbox"/>	<input type="checkbox"/>	21. The facility does not accept C&D debris. 361-4.3(a)(2)
	<input type="checkbox"/>	<input type="checkbox"/>	22. Material is processed within 12 months on-site. 361-4.3(a)(3)
	<input type="checkbox"/>	<input type="checkbox"/>	23. Primary grind material is stored for less than 180 days. 361-4.3(a)(4)
	<input type="checkbox"/>	<input type="checkbox"/>	24. Double or finely ground mulch is stored for less than 90 days. 361-4.3(a)(5)
	<input type="checkbox"/>	<input type="checkbox"/>	25. Storage piles of unprocessed/ primary grind material are triangular in cross section and less than 25 feet (15 feet in Nassau and Suffolk County) high, and 30 feet wide. 361-4.3(a)(4)
	<input type="checkbox"/>	<input type="checkbox"/>	26. Storage piles of double/finely ground mulch are triangular in cross section and less than 15 feet high, and 30 feet wide. 361-4.3(a)(5)
			27. Storage piles meet the required separation distances:
	<input type="checkbox"/>	<input type="checkbox"/>	a. 10 feet as required from other piles. 361-4.3(a)(7)
	<input type="checkbox"/>	<input type="checkbox"/>	b. 25 feet from property boundaries. 361-4.3(a)(14)
	<input type="checkbox"/>	<input type="checkbox"/>	c. 200 feet from a residence, potable water well, surface water, and State regulated wetland. 361-4.3(a)(14) Excludes owner's or operator's residence.
	<input type="checkbox"/>	<input type="checkbox"/>	28. Processed storage piles are restacked to ensure maximum internal temperature of 140°F. 361-4.3(a)(6) and (8)
	<input type="checkbox"/>	<input type="checkbox"/>	29. Piles are restacked when winds are blowing away from sensitive receptors. 361-4.3(a)(9)
	<input type="checkbox"/>	<input type="checkbox"/>	30. Piles of processed material are piled loosely and not compacted in any manner. 361-4.3(a)(10)
	<input type="checkbox"/>	<input type="checkbox"/>	31. If fire occurs, the pile is dismantled and watered to douse the fire or managed in a manner recommended by a local fire department. 361-4.3(a)(11)

OTHER

On Continuation Sheet identify any other violations

I hereby acknowledge receipt of the
Facility Copy of this Inspection Report Form.
Not Requested Sent Via Email

Individual in Responsible Charge (Please Print)

Ian Anthony

Inspector's Signature

Signature



**Department of
Environmental
Conservation**

**DIVISION OF MATERIALS MANAGEMENT
6 NYCRR PART 361-4 MULCH PROCESSING FACILITIES
INSPECTION REPORT**

FACILITY NAME Chip-IT-All		LOCATION 366 Sheep Pasture Rd. Port Jeff	FACILITY NUMBER 52M10267	DATE 8/7/20	TIME 10
INSPECTOR'S NAME Ian Anthony			CODE	PERSONS INTERVIEWED AND TITLES	
REGION 1	WEATHER CONDITIONS		PERMIT NUMBER		
SHEET 2 OF 2	CONTINUATION SHEET ATTACHED <input type="checkbox"/> YES <input 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.

- | C | NI | V | WASTE HANDLING |
|---|--------------------------|--------------------------|---|
| | <input type="checkbox"/> | <input type="checkbox"/> | 16. Stormwater is diverted away from the storage area. 361-4.3(a)(12) |
| | <input type="checkbox"/> | <input type="checkbox"/> | 17. Ponding is minimized and run-off is effectively controlled. 361-4.3(a)(12) |
| | <input type="checkbox"/> | <input type="checkbox"/> | 18. Stormwater and run-off controls to minimize organic matter from entering surface or groundwater. 361-4.3(a)(13), 4.5 |
| | <input type="checkbox"/> | <input type="checkbox"/> | 19. The facility does not accept contaminated wood. 361-4.3(a)(1) |
| | <input type="checkbox"/> | <input type="checkbox"/> | 20. The facility has equipment to remove nails whenever pallets are being processed. 361-4.3(a)(1) |
| | <input type="checkbox"/> | <input type="checkbox"/> | 21. The facility does not accept C&D debris. 361-4.3(a)(2) |
| | <input type="checkbox"/> | <input type="checkbox"/> | 22. Material is processed within 12 months on-site. 361-4.3(a)(3) |
| | <input type="checkbox"/> | <input type="checkbox"/> | 23. Primary grind material is stored for less than 180 days. 361-4.3(a)(4) |
| | <input type="checkbox"/> | <input type="checkbox"/> | 24. Double or finely ground mulch is stored for less than 90 days. 361-4.3(a)(5) |
| | <input type="checkbox"/> | <input type="checkbox"/> | 25. Storage piles of unprocessed/ primary grind material are triangular in cross section and less than 25 feet (15 feet in Nassau and Suffolk County) high, and 30 feet wide. 361-4.3(a)(4) |
| | <input type="checkbox"/> | <input type="checkbox"/> | 26. Storage piles of double/finely ground mulch are triangular in cross section and less than 15 feet high, and 30 feet wide. 361-4.3(a)(5) |
| | | | 27. Storage piles meet the required separation distances: |
| | <input type="checkbox"/> | <input type="checkbox"/> | a. 10 feet as required from other piles. 361-4.3(a)(7) |
| | <input type="checkbox"/> | <input type="checkbox"/> | b. 25 feet from property boundaries. 361-4.3(a)(14) |
| | <input type="checkbox"/> | <input type="checkbox"/> | c. 200 feet from a residence, potable water well, surface water, and State regulated wetland. 361-4.3(a)(14)
Excludes owner's or operator's residence. |
| | <input type="checkbox"/> | <input type="checkbox"/> | 28. Processed storage piles are restacked to ensure maximum internal temperature of 140°F. 361-4.3(a)(6) and (8) |
| | <input type="checkbox"/> | <input type="checkbox"/> | 29. Piles are restacked when winds are blowing away from sensitive receptors. 361-4.3(a)(9) |
| | <input type="checkbox"/> | <input type="checkbox"/> | 30. Piles of processed material are piled loosely and not compacted in any manner. 361-4.3(a)(10) |
| | <input type="checkbox"/> | <input type="checkbox"/> | 31. If fire occurs, the pile is dismantled and watered to douse the fire or managed in a manner recommended by a local fire department. 361-4.3(a)(11) |

OTHER

On Continuation Sheet identify any other violations

I hereby acknowledge receipt of the
Facility Copy of this Inspection Report Form.
Not Requested Sent Via Email

Individual in Responsible Charge (Please Print)

Ian Anthony

Inspector's Signature

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.

Richie Edgar
Signature

2-4-21
Date

Richie Edgar
Name (Print or Type)

Owner - president
Title (Print or Type)

Richie.edgar@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)