

LAND CLEARING DEBRIS LANDFILL ANNUAL REPORT

Submit the Annual Report no later than March 1, 2018. This

MAR 1 2018

annual report is for the year of operation from January 01, 2017 to December 31, 2017

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION

FACILITY NAME: Gil Housel

FACILITY LOCATION ADDRESS: 120 Vine Lane FACILITY CITY: Schenectady STATE: NY ZIP CODE: 12303

FACILITY TOWN: Guilderland FACILITY COUNTY: Albany FACILITY PHONE NUMBER: 518-366-7827

FACILITY NYS PLANNING UNIT: Capital Region (A list of NYS Planning Units can be found at the end of this report). NYSDEC REGION #: 4

360 REGISTRATION DATE ISSUED: NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: [01D01R7]

FACILITY CONTACT: Gil Housel CONTACT PHONE NUMBER: 518-356-7827 CONTACT FAX NUMBER: [] public [x] private

CONTACT EMAIL ADDRESS: Peacockmom4u@aol.com

OWNER INFORMATION

OWNER NAME: Gil Housel OWNER PHONE NUMBER: 518-356-7827 OWNER FAX NUMBER:

OWNER ADDRESS: 120 Vine Lane OWNER CITY: Schenectady STATE: NY ZIP CODE: 12303

OWNER CONTACT: Gil Housel OWNER CONTACT EMAIL ADDRESS:

OPERATOR INFORMATION

OPERATOR NAME: [x] same as owner [] public [x] private

PREFERENCES

Preferred address to receive correspondence: [x] Facility location address [] Owner address [] Other (provide):

Preferred email address: [] Facility Contact [] Owner Contact [] Other (provide):

Preferred individual to receive correspondence: [] Facility Contact [] Owner Contact [] Other (provide):

Did you operate in 2017? [x] Yes; Complete this form. [] No; Complete and submit Sections 1 and 7. 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 .

10/10/01

LAND CLEARING DEBRIS LANDFILL ANNUAL REPORT

Annual report is for the year of operation from January 01, 2011 to December 31, 2011

SECTION 1 - FACILITY INFORMATION

FACILITY NAME: Oil House	
FACILITY LOCATION ADDRESS: 150 Vine Lane	FACILITY CITY: Scheneectady
FACILITY STATE: NY	FACILITY ZIP CODE: 12303
FACILITY TOWN: Guilderland	FACILITY COUNTY: Albany
FACILITY PHONE NUMBER: 518-386-7827	

REGISTRATION DATE PERIOD: 365 REGISTRATION DATE PERIOD	REGISTRATION NUMBER: 1000000000
REGISTRATION TYPE: REGISTRATION TYPE	REGISTRATION CODE OR REGISTRATION NUMBER: REGISTRATION CODE OR REGISTRATION NUMBER

FACILITY CONTACT: Oil House	CONTACT TYPE: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	CONTACT PHONE NUMBER: CONTACT PHONE NUMBER	CONTACT FAX NUMBER: CONTACT FAX NUMBER
CONTACT EMAIL ADDRESS: Faccom@oilhouse.com			

OWNER NAME: Oil House	OWNER PHONE NUMBER: 518-386-7827	OWNER FAX NUMBER: OWNER FAX NUMBER
OWNER ADDRESS: 150 Vine Lane	OWNER CITY: Scheneectady	OWNER STATE: NY
OWNER ZIP CODE: 12303	OWNER CONTACT EMAIL ADDRESS: OWNER CONTACT EMAIL ADDRESS	

OPERATION TYPE: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	OPERATION PERIOD: OPERATION PERIOD
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OPERATION PERIOD: OPERATION PERIOD	OPERATION TYPE: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
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Oil House is a private facility. The facility is used for the storage and disposal of debris from land clearing operations. The facility is located at 150 Vine Lane, Guilderland, NY 12303. The facility is owned and operated by Oil House, Inc. The facility is licensed by the New York State Department of Environmental Conservation. The facility is in compliance with all applicable regulations. The facility is used for the storage and disposal of debris from land clearing operations. The facility is located at 150 Vine Lane, Guilderland, NY 12303. The facility is owned and operated by Oil House, Inc. The facility is licensed by the New York State Department of Environmental Conservation. The facility is in compliance with all applicable regulations.

SECTION 2 – LAND CLEARING DEBRIS (LCD) DISPOSED

Provide the tonnages of land clearing debris disposed. DO NOT REPORT IN CUBIC YARDS!

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

_____% Scale Weight

_____% Estimated

X ____% Truck Count

_____% Other (Specify: _____)

Land Clearing Debris	Weight (tons)
January	1/4
February	0
March	1/4
April	3/4
May	1/4
June	3/4
July	1/4
August	3/4
September	3/4
October	0
November	0
December	0
Total Disposed For Year	4
Daily Average (Tons)	4

SECTION 3 – SERVICE AREA OF MATERIAL RECEIVED

Identify the service area of the material. The Total Tons Received reported below should equal the Total Tons Received in Section 2 (LAND CLEARING DEBRIS (LCD) DISPOSED). DO NOT REPORT IN CUBIC YARDS!

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; or

2) Sent to your facility from another solid waste management facility. Material may be sent to your 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.

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 _____

SERVICE AREA OF MATERIAL RECEIVED					
TYPE OF SOLID 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	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Land Clearing Debris	Guilderland	NY	Albany County	Capital Region Solid Waste Managemen	4
Other (specify)					
TOTAL RECEIVED (tons):					4

SECTION 4 - OPERATIONS

Estimated time remaining before closure 1 years

Does this facility accept exempt materials (i.e. recognizable uncontaminated concrete and concrete products, asphalt pavement, brick, glass, soil or rock)? _____ Yes No

SECTION 5 – 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 6 – 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 7 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit the completed form by email or mail to the appropriate Regional Office (See attachment for Regional Office email & mailing 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: SWMFannualreport@dec.ny.gov**

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

3/7/18
Date

Gil Housel
Name (Print or Type)

Owner
Title (Print or Type)

Peacockmom4u@aol.com
Email (Print or Type)

120 Vine Lane
Address

Schenectady
City

N.Y., 12303
State and Zip

(518) 356 7827
Phone Number

ATTACHMENTS: YES NO
(Please check appropriate line)

SECTION 7 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Operator/Owner must sign, date and submit the completed form by email or mail to the appropriate Regional Office (see attachment for Regional Office email & mailing addresses and Solid Waste Centers)

The Owner or Operator must also submit one copy by email to the following:

New York State Department of Environmental Conservation
 Division of Waste Management
 Bureau of Permitting and Planning
 825 Broadway
 Albany, New York 12233-7250
 Fax: 518-402-6287
 Email address: SWMPermitting@dec.ny.gov

I hereby affirm under penalty of law that the information provided on this form and attached exhibits and exhibits is true and correct to the best of my knowledge and belief. I understand that providing false information is a violation of the Environmental Conservation Law and may result in a fine and/or imprisonment pursuant to Section 210.45 of the Penal Law.

 Signature

 Date

 Gil Housel
 Name (Print or Type)

 Owner
 Title (Print or Type)

 Pascochimaru@aol.com
 Email (Print or Type)

 150 Vine Lane
 Address

 Schenectady
 City

 N.Y. 12303
 State and Zip

 518 886 7827
 Phone Number

ATTACHMENT 7 (Rev. 12/10)
 (Please check appropriate box)

Revised (12/10)