

**ACTIVE CONSTRUCTION AND DEMOLITION (C&D) DEBRIS LANDFILL  
ANNUAL/QUARTERLY REPORT**

**Submit the Annual Report no later than March 1, 2018**

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

B. Quarterly Report for:  Quarter 1  Quarter 2  Quarter 3  Quarter 4

**SECTION 1 – FACILITY INFORMATION**

FACILITY INFORMATION			
FACILITY NAME: <b>Burton F. Clark C&amp;D Facility</b>			
FACILITY LOCATION ADDRESS: <b>41155 State Hwy 10</b>	FACILITY CITY: <b>Delhi</b>	STATE: <b>NY</b>	ZIP CODE: <b>13753</b>
FACILITY TOWN: <b>Delhi</b>	FACILITY COUNTY: <b>Delaware</b>	FACILITY PHONE NUMBER: <b>607-746-2727</b>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). R4 Delaware Co			NYSDEC REGION #: <b>4</b>
360 PERMIT #: <b>4-1228-00043/00001-0</b>	DATE ISSUED: <b>1/8/1998</b>	DATE EXPIRES: <b>4/30/2018</b>	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: <b>13002</b>
FACILITY CONTACT: <b>Branden Gabriel</b>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <b>607-746-2727</b>	CONTACT FAX NUMBER: <b>607-746-3107</b>
CONTACT EMAIL ADDRESS: <b>bgabriel@clarkcompanies.com</b>			
OWNER INFORMATION			
OWNER NAME: <b>B.Scott Clark</b>	OWNER PHONE NUMBER: <b>607-746-2727</b>	OWNER FAX NUMBER: <b>607-746-3107</b>	
OWNER ADDRESS: <b>PO Box 427</b>	OWNER CITY: <b>Delhi</b>	STATE: <b>NY</b>	ZIP CODE: <b>13753</b>
OWNER CONTACT: <b>B.Scott Clark</b>	OWNER CONTACT EMAIL ADDRESS: <b>daddy@clarkcompanies.com</b>		
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 checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2017?  Yes; Complete this form.

No; Complete and submit Sections 1 and 18. 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 - SITE LIFE

### 1. Landfill Capacity Utilized Last Year (reporting year).

- a. What is the estimated landfill capacity that was utilized during the reporting year?

.77% \_\_\_\_\_ Cubic Yards of Airspace

- b. What is the estimated in-situ waste density for the reporting year?

1 Cubic Yard / .075 Tons \_\_\_\_\_ Tons/Cubic Yard

Please do not report units as pounds per cubic yard.

### 2. Remaining Constructed Capacity

- a. What is the remaining capacity of the landfill that is already constructed?

97,586 \_\_\_\_\_ Cubic Yards of Airspace

- b. What is the estimated remaining life of the constructed capacity?

19 Years 5 Months  
at 3,750 Tons/Year.\*

\*Please note that this tonnage rate must include all materials placed in the landfill, i.e., waste, soil, cover, alternative daily covers, etc.

- c. The tonnage rate reported under 2.b. is based on (select one):

\_\_\_\_\_ The amount of materials placed in the landfill in the reporting year

\_\_\_\_\_ Estimated future disposal

\_\_\_\_\_ Permit limit

Other (explain): \_\_\_\_\_

### 3. Permitted Capacity Still to be Constructed

- a. What is the remaining but not yet constructed landfill capacity that is authorized by a Part 360 permit?

0 \_\_\_\_\_ Cubic Yards of Airspace

- b. What is the projected life of capacity reported in 3a.?

\_\_\_\_\_ Years \_\_\_\_\_ Months  
at \_\_\_\_\_ Tons/Year.\*

\*Please note that this tonnage rate must include all materials disposed in the landfill, i.e., waste, and soil and alternative daily covers.

- c. The tonnage rate reported under 3.b. is based on (select one):

\_\_\_\_\_ The amount of materials placed in the landfill in the reporting year

\_\_\_\_\_ Estimated future disposal

\_\_\_\_\_ Permit limit

Other (explain): \_\_\_\_\_

4. Capacity Proposed in a Part 360 Permit Application

What is the capacity of any expansion proposed in a Part 360 permit application that has been submitted to the Department but not authorized by a permit as of the end of the reporting period?

0 \_\_\_\_\_ Cubic Yards of Airspace

5. Estimated Potential Future Capacity Not Permitted or in an Application (optional)

What is the estimated capacity of any potential future expansion at the facility that is not yet authorized by a permit or proposed in a Part 360 permit application that has been submitted to the Department?

0 \_\_\_\_\_ Cubic Yards of Airspace

### SECTION 3 - PRIMARY LEACHATE

Name of off-site leachate treatment facility(s) utilized: N/A \_\_\_\_\_

Does the landfill have a constructed liner and a leachate collection system?  Yes  No

Enter the quantity of primary leachate that was collected, removed for on-site and off-site treatment, and recirculated each month, and the corresponding **Acreage, by Cell**:

(Note: For double-lined landfills this should not include the volume of leachate collected from secondary leachate collection and removal systems.)

For **each cell**, please report the **acreage** and the **primary leachate** amount.

	PRIMARY LEACHATE COLLECTED (GALLONS)						PRIMARY LEACHATE TREATED OFF SITE (GALLONS)					
	Cell 1 __ Acres	Cell 2 __ Acres	Cell 3 __ Acres	Cell 4 __ Acres	Cell 5 __ Acres	Cell 6 __ Acres	Cell 1 __ Acres	Cell 2 __ Acres	Cell 3 __ Acres	Cell 4 __ Acres	Cell 5 __ Acres	Cell 6 __ Acres
January												
February												
March												
April												
May												
June												
July												
August												
September												
October												
November												
December												
ANNUAL												

	PRIMARY LEACHATE RECIRCULATED (GALLONS)						PRIMARY LEACHATE TREATED ON SITE (GALLONS)					
	Cell 1 __ Acres	Cell 2 __ Acres	Cell 3 __ Acres	Cell 4 __ Acres	Cell 5 __ Acres	Cell 6 __ Acres	Cell 1 __ Acres	Cell 2 __ Acres	Cell 3 __ Acres	Cell 4 __ Acres	Cell 5 __ Acres	Cell 6 __ Acres
January												
February												
March												
April												
May												
June												
July												
August												
September												
October												
November												
December												
ANNUAL												

Submit (attached to this form) a copy of the maintenance logs which document compliance with the Operation and Maintenance Manual's schedule for the routine annual flushing and inspection of the primary leachate collection and removal system. List required submissions that have been attached to this form or the reason for not attaching a required piece of information: N/A < 3 Acre Site

---

---

---

Submit (attached to this form) a tabulated compilation of the semi-annual primary leachate quality data collected throughout the year including a summary comparing this year's data with the previous year's data and a summary discussion of results. This list should identify sample location(s) and method of analysis. List required submissions that have been attached to this form or the reason for not attaching a required piece of information:

---

N/A < 3 Acre Site

---

---

Please report total cost for the year, not cost/gal.

Leachate Cost: (including transportation if appropriate) during the calendar year for leachate treatment: \$ N/A

Total quantity treated: N/A gal

## SECTION 4 – BENEFICIAL USE DETERMINATION MATERIALS

For each type of waste material that the Department has approved for use as alternative daily cover, intermediate cover, or other landfill material, provide the annual weight in tons, use (i.e., daily cover, intermediate cover, etc.), and source of material. (If material is from a solid waste facility also provide facility name, address, NYS Planning Unit, County/ Province, and State/Country.) Refer to the list of NYS Planning Units that can be found at the end of this report.

Type of Solid Waste	Weight (tons/year)	Use	NYS Planning Unit (See Attached List of NYS Planning Units)	County or Province	State or Country	Source (Facility and Address)
Aggregate/Concrete						
Processed C&D						
Other (specify)						
<b>Total ADC</b>						
<b>Total Beneficial Use Determination Materials</b>						

◦ NO WASTE MATERIAL USED FOR COVER

## SECTION 5 – CONSTRUCTION & DEMOLITION (CD) DEBRIS DISPOSED

Provide the tonnages of CD debris disposed. Exclude Beneficial Use Determination Material amounts reported in Section 4. 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

100 % Truck Count

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

Construction & Demolition (CD) Debris	Weight (tons)
January	247.5
February	
March	
April	
May	
June	123.75
July	
August	49.5
September	149.25
October	
November	
December	
<b>Total Disposed For Year</b>	<b>570</b>
<b>Daily Average (Tons)</b>	

Has the landfill received pulverized C&D debris?  Yes  No

If yes, what is the percentage of waste received that is pulverized C&D debris? 0 %

### Tipping Fee

Tipping Fee: 26.25 \$/ton

### SECTION 6 – SERVICE AREA OF C&D DEBRIS RECEIVED

Identify the service area of the waste. The Total Tons Received reported below should equal the Total Tons Received in Section 2 (Solid Waste Received). **DO NOT REPORT IN CUBIC YARDS!**

1) *Direct hauled from the generator of the waste.* In the case where the waste is hauled to your facility from the generator (i.e. hauled from residences, commercial establishments, etc.), **“Direct Haul”** is the appropriate response in Column 2 under “Service Area.” Please report the tonnage by waste 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.* Waste may be sent to your facility from another solid waste management facility. In this case, please report the tonnage by waste 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:

100 % Road                      \_\_\_\_\_ % Rail                      \_\_\_\_\_ % Water                      \_\_\_\_\_ % Other (specify: \_\_\_\_\_)

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

SERVICE AREA OF C&D DEBRIS 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
<b>Construction &amp; Demolition Debris (mixed)</b>			Delaware County <input type="button" value="v"/>	Delaware County <input type="button" value="v"/>	
	Direct Haul	NY	Delaware County <input type="button" value="v"/>	Delaware County <input type="button" value="v"/>	570.0
			Delaware County <input type="button" value="v"/>	Delaware County <input type="button" value="v"/>	
			Delaware County <input type="button" value="v"/>	Delaware County <input type="button" value="v"/>	
			Delaware County <input type="button" value="v"/>	Delaware County <input type="button" value="v"/>	
<b>Other (specify)</b>			Delaware County <input type="button" value="v"/>	Delaware County <input type="button" value="v"/>	
			Delaware County <input type="button" value="v"/>	Delaware County <input type="button" value="v"/>	
<b>TOTAL RECEIVED (tons):</b>					<b>570.0</b>

## SECTION 7 – 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 8 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Are there required cost estimates and financial assurance documents for closure and post-closure care?

Yes    No   If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

## SECTION 9 – 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 10 – 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 11 - ANALYTICAL RESULTS

Submit (attached to this form) tables showing the sample collection date, the analytical results [including all peaks even if below the Method Detection Limits (MDL)], designation of upgradient wells and location number for each environmental monitoring point sampled, applicable water quality standards, and groundwater protection standards if established, MDL's, and Chemical Abstracts Service (CAS) numbers on all parameters. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

---

---

---

## SECTION 12 - COMPARING DATA

Submit (attached to this form) tables or graphical representations comparing current water quality with existing water quality and with upgradient water quality. These comparisons may include Piper diagrams, Stiff diagrams, tables, or other analyses. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

---

---

---

## SECTION 13 - DISCUSSION OF RESULTS

Submit (attached to this form) a summary of any contraventions of State water quality standards, significant increases in concentrations above existing water quality, any exceedances of groundwater protection standards, and discussion of results, and any proposed modifications to the sampling and analysis schedule necessary to meet the Existing, Operational and Contingency water quality monitoring requirements. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

---

---

---

## SECTION 14 - DATA QUALITY ASSESSMENT

Submit (attached to this form) any required data quality assessment reports. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

---

---

---

## SECTION 15 - SUMMARIES OF MONITORING DATA

Submit (attached to this form) a summary of the water quality information presented in Sections 12 and 13 for the year of operation for which the Annual Report is made, noting any changes in water quality which have occurred throughout the year. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

---

---

---

## SECTION 16 - SURFACE IMPOUNDMENTS

Does this landfill have a surface impoundment?

Yes  No If yes, repeat Sections 11 through 14 above for Quarterly Reports and Section 15 above for Annual report. Attach additional submissions required by this section.

## SECTION 17 - 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.

## SECTION 18 - 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.

<u>Branden Gabriel</u> Signature	<u>1/15/2018</u> Date
<u>Branden Gabriel</u> Name (Print or Type)	<u>Manager</u> Title (Print or Type)
<u>bgabriel@clarkcompanies.com</u> Email (Print or Type)	
<u>PO Box 427</u> Address	<u>Delhi</u> City
<u>NY 13753</u> State and Zip	<u>(607) 746-2727</u> Phone Number

ATTACHMENTS:  YES  NO