

LAND CLEARING DEBRIS LANDFILL ANNUAL REPORT

Submit the Annual Report no later than March 1, 2018. This annual report is for the year of operation from January 01, 2017 to December 31, 2017

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MAY 29 2018  
DIVISION OF  
SOLID WASTE MANAGEMENT

SECTION 1 - FACILITY INFORMATION

FACILITY INFORMATION

FACILITY NAME: Belgian Trucking and Excavating LLC

FACILITY LOCATION ADDRESS: 878 County Route 13  
FACILITY CITY: STATE: NY ZIP CODE: 12452

FACILITY TOWN: Lexington  
FACILITY COUNTY: Greene  
FACILITY PHONE NUMBER: 518-821-3620

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

360 REGISTRATION DATE ISSUED: 3/17/2017  
NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 20D1Z

FACILITY CONTACT: Floyd Dart  
 public  private  
CONTACT PHONE NUMBER: 518-821-3620  
CONTACT FAX NUMBER: 518-734-3126

CONTACT EMAIL ADDRESS: belgiandart@yahoo.com

OWNER INFORMATION

OWNER NAME: Floyd Dart  
OWNER PHONE NUMBER: 518-821-3620  
OWNER FAX NUMBER: 518-734-3126

OWNER ADDRESS: 878 Co. Rt. 13  
OWNER CITY: Prattsville  
STATE: NY ZIP CODE: 12468

OWNER CONTACT: Floyd Dart  
OWNER CONTACT EMAIL ADDRESS: belgiandart@yahoo.com

OPERATOR INFORMATION

OPERATOR NAME:  same as owner  
 public  private

PREFERENCES

Preferred address to receive correspondence:  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?  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>.

## 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

100 % Truck Count

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

Land Clearing Debris	Weight (tons)
January	0
February	0
March	0
April	627 Tons
May	220 Tons
June	15 Tons
July	105 Tons
August	0
September	0
October	55 Tons
November	0
December	0
<b>Total Disposed For Year</b>	1022 Tons
<b>Daily Average (Tons)</b>	

**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:

100 % 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	Direct Haul	New York	Greene	Greene County	1022 Tons
Other (specify)					
<b>TOTAL RECEIVED (tons):</b>					<u>1022 Tons</u>

### SECTION 4 - OPERATIONS

Estimated time remaining before closure 10 years

Does this facility accept exempt materials (i.e. recognizable uncontaminated concrete and concrete products, asphalt pavement, brick, glass, soil or rock)? \_\_\_\_\_ Yes X 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.

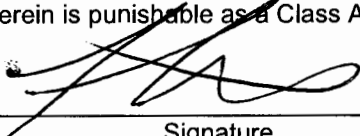
**SECTION 7 - SIGNATURE AND DATE BY OWNER OR OPERATOR**

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

5/22/18  
Date

Floyd Dart  
Name (Print or Type)

Owner  
Title (Print or Type)

belgiandart@yahoo.com  
Email (Print or Type)

878 County Route 13  
Address

Prattsuile  
City

NY 12468  
State and Zip

518,821-3620  
Phone Number

ATTACHMENTS:  YES  NO  
(Please check appropriate line)