

SECTION 7 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit one completed form with an original signature to the appropriate Regional Office (See attachment for Regional Office 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.

John E. Halsted
Signature

3-15-2018
Date

John E. Halsted
Name (Print or Type)

OWNER
Title (Print or Type)

halstedoutdoors@aol.com
Email (Print or Type)

325 Medway Easton Rd.
Address

Earlton
City

N.Y. 12058
State and Zip

(518) 365-3754
Phone Number

ATTACHMENTS: YES NO
(Please check appropriate line)

LAND CLEARING DEBRIS LANDFILL ANNUAL REPORT

Submit the Annual Report no later than March 2, 2017.

This annual report is for the year of operation from January 01, 2016 to December 31, 2016

SECTION 1 - FACILITY INFORMATION

FACILITY NAME: HALSTED STUMP DUMP			
FACILITY LOCATION ADDRESS: CO. RT. 9-312 Old Plank Rd		FACILITY CITY: COXSACKIE	
STATE: NY		ZIP CODE: 12051	
FACILITY TOWN: COXSACKIE		FACILITY COUNTY: GREENE	
FACILITY PHONE NUMBER: 518-365-3754		FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).	
NYSDEC REGION #:			
360 REGISTRATION DATE ISSUED: 7-2-2017		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 20104	
FACILITY CONTACT: John		<input type="checkbox"/> public	CONTACT PHONE NUMBER: John
518-365-3754		<input checked="" type="checkbox"/> private	518-365-3754
CONTACT EMAIL ADDRESS:		CONTACT FAX NUMBER: 518-731-3902	
OWNER NAME: John E. Halsted		OWNER PHONE NUMBER: 518-365-3754	
OWNER ADDRESS: 325 Midway Earlton Rd.		OWNER FAX NUMBER: 518-731-3902	
OWNER CONTACT: John E. Halsted		OWNER CITY:	
OWNER CONTACT EMAIL ADDRESS: halstedoutdoors@aol.com		STATE: NY	
OWNER PHONE NUMBER:		ZIP CODE: 12058	
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public	
		<input checked="" type="checkbox"/> private	
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 2017? <input checked="" type="checkbox"/> Yes; Complete this form.			
<input type="checkbox"/> 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

_____ % Truck Count

_____ % Other (Specify: _____)

Land Clearing Debris	Weight (tons)
January	
February	
March	
April	25
May	25
June	25
July	25
August	25
September	25
October	25
November	25
December	
Total Disposed For Year	200
Daily Average (Tons)	

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 0 % Rail
0 % Water 0 % Other (specify: _____)

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

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	N.Y.	Greene	Greene	200.
Other (specify)					

SECTION 4 - OPERATIONS

Estimated time remaining before closure 50 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.