

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

SECTION 1 - FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME:			
FACILITY LOCATION ADDRESS: 1817 GORDON RD	FACILITY CITY: SCHENECTADY	STATE: NY	ZIP CODE: 12306
FACILITY TOWN: ROTTERDAM	FACILITY COUNTY: SCHENECTADY	FACILITY PHONE NUMBER: 518-424-0185	
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:		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:	
FACILITY CONTACT:	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 518-424-0185	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: BMULYCA@VERIZON.NET			
OWNER INFORMATION			
OWNER NAME: MRS VINCENT MULYCA	OWNER PHONE NUMBER: 518-424-0185	OWNER FAX NUMBER:	
OWNER ADDRESS: 1817 GORDON RD	OWNER CITY: SCHENECTADY	STATE: NY	ZIP CODE: 12306
OWNER CONTACT: BARBARA MULYCA	OWNER CONTACT EMAIL ADDRESS: BMULYCA@VERIZON.NET		
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 type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

RECEIVED  
NYS DEC  
FEB 05 2018  
DIVISION OF  
MATERIALS MANAGEMENT

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

\_\_\_\_\_% Truck Count

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

Land Clearing Debris	Weight (tons)
January	
February	
March	
April	20
May	<del>2</del> 5
June	
July	30
August	
September	
October	5
November	
December	
<b>Total Disposed For Year</b>	60
<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:

\_\_\_\_ % 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	Does NOT APPLY - ALL LOCAL				
Other (specify)					
<b>TOTAL RECEIVED (tons):</b> _____					

**SECTION 4 - OPERATIONS**

Estimated time remaining before closure \_\_\_\_\_ years <sup>2 2 3</sup>

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.

Barbara Mulyca                      1/31/18  
Signature    Date

BARBARA MULYCA                      OWNER  
Name (Print or Type)    Title (Print or Type)

BMULYCA@VERIZON.NET  
Email (Print or Type)

1817 GORDON RD                      SCHENECTADY  
Address    City

NEW YORK                      (518) 424-0185  
State and Zip    Phone Number  
12306

ATTACHMENTS:  YES  NO  
(Please check appropriate line)