

LAND CLEARING DEBRIS LANDFILL ANNUAL REPORT

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: Flat Rock Rd LCD LF			
FACILITY LOCATION ADDRESS: Flat Rock Rd Schuyler Falls	FACILITY CITY: Schuyler Falls	STATE: NY	ZIP CODE: 12985
FACILITY TOWN: Schuyler Falls	FACILITY COUNTY: Clinton	FACILITY PHONE NUMBER: 518-561-0518	
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: 1997		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 10204	
FACILITY CONTACT: Mary Pelkey	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 518-561-0518	CONTACT FAX NUMBER: 518-563-5347
CONTACT EMAIL ADDRESS: PelkeyReal@aol.com			
OWNER INFORMATION			
OWNER NAME: Douglas R. Rushford	OWNER PHONE NUMBER: 518-561-0518	OWNER FAX NUMBER: 518-563-5347	
OWNER ADDRESS: 10 Bruce Side Ave.	OWNER CITY: Plattsburgh	STATE: NY	ZIP CODE: 12901
OWNER CONTACT: Douglas	OWNER CONTACT EMAIL ADDRESS: PelkeyReal@aol.com		
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 checked="" type="checkbox"/> Owner address			
<input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact			
<input checked="" type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact			
<input checked="" type="checkbox"/> 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:

402-9024-2018-815  
Am 506  
518-561-0518  
FACILITY



### 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.), 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 OR	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT	TONS RECEIVED
Land Clearing Debris	Chilton County Highway Department	Chilton			35 Ponds
		Region #5			
Other					
<b>TOTAL RECEIVED</b>					: 35 Ponds

### SECTION 4 - OPERATIONS

Estimated time remaining before closure 26 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.

