# 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:		A STATE OF THE STA		,	,
121 R. V. R. V.	$\mathcal{C}_{\mathcal{D}}$	LF			
FACILITY LOCATION ADDRESS:	FACILITY C	ITY:	<b>S</b> 1	TATE:	ZIP CODE:
Flat Rock Rd			, h	,u	12985
Schuyler Sous	Schu	Ler SAUS		السلاس	ENUMBER:
FACILITY TOWN:	FACILITY	CONTY:			
Schuyler Falls.	CIM	ton	518	<u>- SZ</u>	1-0518
FACILITY NYS PLANNING UNIT: 1988 8 2 2 2	S Pijoteráva Gráti	e ran ine formed arthmeted of t	in birebotu.	i i	BDEC
			4-187 <del>1</del>	REC	GION #:
360 REGISTRATION DATE ISSUED:		NYS DEC ACTIVITY	CODE OR	REGIS	TRATION
100-		NUMBER:			
1997		10004		TAST.	FAY NUMBER
FACILITY CONTACT:		CONTACT PHONE NUMBER:			FAX NUMBER:
mary Pelkey	T hitang	518-561-051	8 51	8 5	<u> </u>
CONTACT EMAIL ADDRESS:	Rala	Bol. Com			
		NFORMATION	T		
OWNER NAME:	OWNER PH	IONE NUMBER:	OWNER		
Douglas B. Kushford		21-0518			-5347
OWNER ADDRESS:	SWNER CI	<b>.</b>	1	TATE:	ZIP CODE:
10 Kwien Side Ave.		DITACT EMAIL ADDRE		<del>2 : A</del>	12901
OWNER CONTACT:	1				•
Douglas	<u>مخلاء عكيا</u>	ard@ Ac	1. Com	· ·	
OPERATOR NAME: Same as owner	OPERATOR	INFORMATION	T	public	
OPERATOR NAME:		1		private	
	PREF	ERENCES		× .	
Preferred address to receive correspondence:  Facility location address					
Preferred email address: Fecility Contact Contact  Other (provide):					
Preferred individual to receive correspondence:  Facility Contact  Owner Contact  Yother (provide):					
					1000
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:					
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# SECTION 2 -- LAND CLEARING DEBRIS (LCD) DISPOSED

% Scale Weight	% Estimated			
% Truck Count	% Other (Specify:			
Land Clearing Debris	Weight (tons)			
January				
February				
March				
April		······		
May				
June				
July		***************************************		
August				
September				
October				
November	35 Londs			
December				

**Total Disposed For Year** 

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.	n 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 appropriete response in Column 2 under "Service Area."	Please report the tonnage by material type
and identify the state, county and planning unit when	e 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 tonnege 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 pe	ercentages of total waste transported by each:	•	
<u>/ 66</u> % Road	% Rail		
% Water	% Other (specify:)		
Explain which waste types and s	service areas below are included in these transport methods		-

	SERVICE AREA	OF MATERIAL R	ECEIVED		
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	Chitau County Highway Department	Clinton Reagon #5		·	35 Km
Debris Other					
				TOTAL RECEIVED :	35 Romes

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#### SECTION 4 - OPERATIONS

Estimated time remain	ning before closure	1 b years	
Does this facility acce	pt exempt materials (	i.e. recognizable unconta )?YesN	minated concrete and concrete products,
aspnali pavement, or	ick, glass, son or rook	/ ,	
	STATION F	IIN AUTUODITED S	OU ID MASTE
	SECTION 5	- UNAUTHORIZED S	OCID WAS IE
ii ii		ed at the facility during the	
☐Yes ☐No If	es, give information t	pelow for each incident (a	ttach additional sheets if necessary):
Date Received	Type Received	Date Disposed	Disposal Method & Location
			-
		<u></u>	
4			
		, , , , , , , , , , , , , , , , , , ,	
	SI	ECTION 6 - PROBLI	EMS
More one problems	coccumtered during t	he reporting period (e.s.	specific occurrences which have led to
changes in facility p		rie reknimiñ houan (e:8-1	abanua asani anasa manan masa ma m
Yes No if yes, attach additional sheets identifying each problem and the methods for resolution of the problem.			
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### 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: SWMFannuaireport@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.

5-22-18

Name (Print or Type)

Title (Print or Type)

Perker Red & Aoc. Com
Email (Print or Type)

Address Plattsburgh
City

State and Zip (518)561 - 1008

Phone Number

ATTACHMENTS: \_\_\_\_YES \_\_\_\_NO (Please check appropriate line)

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