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	/ IN	FORMATION				
FACILITY NAME:							
East Murtagh Hill Road	LCD	Lf	f				
FACILITY LOCATION ADDRESS:	FACILITY	CI	ΓY:		STATE:	ZIP CODE:	
Murtagh Hill Road	West	West Chazy			NY	12992	
FACILITY TOWN:				FACIL	FACILITY PHONE NUMBER:		
Altona	Clinto	Clinton -					
FACILITY NYS PLANNING UNIT: (A list of NY Clinton County	S Planning Un	its c	can be found at the end of t	his repo	rt). NY:	SDEC GION#: 5	
360 REGISTRATION DATE ISSUED:			NYS DEC ACTIVITY NUMBER: 10D09	CODE	OR REGIS	TRATION	
FACILITY CONTACT:	public public	С	ONTACT PHONE	С	ONTACT	FAX NUMBER:	
George J. Barber/Eileen Barber Allen	private		UMBER: (8) 562-8899/(518)578-32	32			
CONTACT EMAIL ADDRESS:eipiece@ya	hoo.com	1					
	T		ORMATION				
OWNER NAME: George J. Barber/Eileen B. Allen		OWNER PHONE NUMBER: OWNER FAX I 518) 562-8899/(518) 578-3232			R FAX NU	JMBER:	
OWNER ADDRESS:		OWNER CITY:			STATE:	ZIP CODE:	
31 Macomb St./659 Cumberland Head Road		Plattsburgh/Plattsburgh NY 12901			12901		
OWNER CONTACT:			TACT EMAIL ADDRES	SS:		:	
George J. Barber/Eileen B. Allen							
OPERATOR NAME: S	OPERATO	RIN	FORMATION				
OPERATOR NAME: ■ same as owner alternate: Beekmanton Highway Garage (518) 563-4188					□ public ■ private		
		1000	RENCES				
Preferred address to receive correspondence. Other (provide): NOTE: ownership change from G					wner address		
1401E. Ownership change from G	George J. Barb	er t	o Peter N. and Eileen B. A	llen 05.	JULY2017 Ir	nstr #2017-0028797	
Preferred email address: Facility Contact Other (provide): NOTE: ownership change from G			r Contact o Peter N. and Eileen B. A	llen 05.	JULY2017 Ir	nstr #2017-0028797	
Preferred individual to receive correspondence Other (provide): NOTE: ownership change from G					JULY2017 Ir	nstr #2017-0028797	
Did you operate in 2017? No; Complete relinquish your permit/registration associated waste Management Facility or Activity Notification	e and submit with this solid	d wa	ctions 1 and 7. If you naste management activited at: http://www.dec.r	ity, also	complete	the "Inactive Solid	

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.

·					
Eleen & Allen	24FEB2018				
Signature	Date				
Eileen B. Allen, poa to George J. Barber	owner				
Name (Print or Type)	Title (Print or Type)				
eipiece @yahoo.com (Eileen Barber Allen)					
Email (Print or	Type)				
659 Cumberland Head Road					
	Plattsburgh				
Address	Plattsburgh City				
Address NY 12901	City 518 578 3232				
Address	City				
Address NY 12901	City 518 578 3232				

Please note change of property ownership George J. Barber to Peter N. and Edeen B. Allen Deed dated 05 July 2017 Instrument # 2017-002 8797

ATTACHMENTS: YES NO (Please check appropriate line)

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