

CONSTRUCTION & DEMOLITION DEBRIS PROCESSING FACILITY ANNUAL REPORT(If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-8678.)

Complete and submit this form by March 1, 2018.

This annual report is for the year of operation from January 01, 2017 to December 31, 2017**SECTION 1 – GENERAL INFORMATION**

FACILITY INFORMATION			
FACILITY NAME: L&R Landscaping LCD, LF			
FACILITY LOCATION ADDRESS: Fuller Road	FACILITY CITY: Peru	STATE: NY	ZIP CODE: 12972
FACILITY TOWN: Peru	FACILITY COUNTY: Clinton	FACILITY PHONE NUMBER: 5185614467	
FACILITY NYS PLANNING UNIT: (A list of NYS <u>Planning Units</u> can be found at the end of this report).			NYSDEC REGION #:
360 PERMIT #: (Refer to DEC Permit) 10D12	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:
FACILITY CONTACT: Todd Deyo	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 518-578-5944	CONTACT FAX NUMBER: 518-566-0471
CONTACT EMAIL ADDRESS: deyotammy@aol.com			
OWNER INFORMATION			
OWNER NAME: Todd Deyo	OWNER PHONE NUMBER: 518-561-4467	OWNER FAX NUMBER: 518-566-0471	
OWNER ADDRESS: 434 Burke Road	OWNER CITY: Plattsburgh	STATE: NY	ZIP CODE: 12901
OWNER CONTACT: Todd Deyo	OWNER CONTACT EMAIL ADDRESS: deyotammy@aol.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input 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 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? ☒ Yes; Complete this form.

☐ No; Complete and submit Sections 1 and 11. 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>.

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SECTION 2 - SOLID WASTE RECEIVED

Please provide the tonnages of waste received. This includes all wastes received at your facility regardless of their destination after processing.
DO NOT REPORT IN CUBIC YARDS!

Specify the methods used to measure the quantities received and the percentages measured by each method:

_____ % Scale Weight _____ % Estimated
100 % Truck Count _____ % Other (Specify: _____)

Type of Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Aggregate & Concrete							
Asphalt							
Brick							
Brush/Branches/Trees/ Stumps						3	4
Bulk Metal							
Concrete							
Construction & Demolition (C&D) Debris							
Mixed Fill							
Other Masonry Materials							
Paper/Cardboard							
Rock							
Roofing Shingles							
Soil (Clean)							
Wallboard							
Wood Chips							
Wood (Unadulterated)							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
Total Tons Received							

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name. Reprinted (12/17)

SECTION 2 – SOLID WASTE RECEIVED (continued)

Type of Waste	Tip Fee (\$/Ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Aggregate & Concrete								
Asphalt								
Brick								
Brush/Branches/Trees/Stumps		0	3	0	0	0	10	
Bulk Metal								
Concrete								
Construction & Demolition (C&D) Debris								
Mixed Fill								
Other Masonry Materials								
Paper/Cardboard								
Rock								
Roofing Shingles								
Soil (Clean)								
Wallboard								
Wood Chips								
Wood (Unadulterated)								
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
Total Tons Received								

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name. Reprinted (12/17)

SECTION 3 – SERVICE AREA OF SOLID WASTE RECEIVED

Please identify where the material is coming from. The total tons received reported below should equal the total tons received in Section 2 (Solid Waste Received). DO NOT REPORT IN CUBIC YARDS!

- If the waste *WAS* received from another solid waste management facility, please write in the name and address of the facility along with the appropriate state, county and planning unit/municipality.
- If the waste *WAS NOT* received from another solid waste management facility, please write in "*Direct Haul*" along with the appropriate state, county, and planning unit/municipality where the waste was generated.

Specify transport method, list type of material(s) and percentages of total material transported by each:

% Road: Waste Type(s): _____

% Rail: Waste Type(s): _____

% Water: Waste Type(s): _____

% Other (specify: _____): Waste Type(s): _____

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF 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	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Aggregate & Concrete					
Asphalt					
Brick					
Brush/Branches/Trees/Stumps	Direct Haul	NY	Clinton County	Clinton County	10

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SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF 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	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Bulk Metal					
Concrete					
Construction & Demolition (C&D) Debris					
Mixed Fill					
Other Masonry Materials					
Paper/Cardboard					
Rock					

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SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF 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	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Roofing Shingles					
Soil (Clean)					
Wallboard					
Wood Chips					
Wood (Undulterated)					
Emergency Authorization Waste (Storm Debris)					
Other (specify)					
TOTAL RECEIVED (tons):					

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

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SECTION 4 - TRANSFER OR DISPOSAL DESTINATION

Please identify destination of waste. Please only include waste sent off-site for disposal or further transfer prior to disposal. Exclude Recyclable Material amounts reported in Section 3. DO NOT REPORT IN CUBIC YARDS!

- If the waste is being sent to another facility for transfer or processing prior to disposal (e.g. Transfer station or C&D debris processing facility), please identify name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the transfer destination and the amount of waste transferred in the "Amount to Transfer Destination" column.
- If the waste is being sent to a landfill or combustor, please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the disposal destination and the amount of waste being sent for disposal in the "Amount to Disposal Destination" column.
- If the waste is being sent to a landfill to be utilized as Alternative Daily Cover (ADC), please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the landfill and the amount of waste being sent for use as ADC in the "Amount Used as ADC" column.

Specify transport method, list type of material(s) and percentages of total material transported by each:

____ % Road: Waste Type(s): _____ % Rail: Waste Type(s): _____
 ____ % Water: Waste Type(s): _____ % Other (specify: _____): Waste Type(s): _____

TRANSFER OR DISPOSAL DESTINATION								
TYPE OF WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NY'S PLANNING UNIT (See Attached List of NY's Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	AMOUNT USED AS ADC (TONS)	TOTAL YEAR (TONS)
Construction & Demolition (C&D) Debris								
Residue								
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
TOTAL SENT (tons): _____								

If the waste type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other waste name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other waste name.

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SECTION 5 - MATERIAL RECOVERED FOR REUSE/RECYCLING

Please identify destination of recovered materials. Indicate the name of the facility, address, corresponding State/Country, County/Province, Destination Planning Unit/Municipality and the amount of material transferred. DO NOT REPORT IN CUBIC YARDS!

Specify transport method, list type of material(s) and percentages of total material transported by each:

____ % Road: Material(s): _____ % Rail: Material(s): _____
 ____ % Water: Material(s): _____ % Other (specify: _____): Material(s): _____

MATERIAL RECOVERED FOR REUSE/RECYCLING					
MATERIAL RECOVERED	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NY'S PLANNING UNIT (See Attached List of NY'S Planning Units)	TONS RECOVERED (out of facility)
Aggregate & Concrete					
Asphalt					
Brick					
Brush/Branches/Trees/Stumps					
Bulk Metal					
Concrete					
Glass					

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MATERIAL RECOVERED FOR REUSE/RECYCLING					
MATERIAL RECOVERED	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Mixed Fill					
Other Masonry Materials					
Paper/Cardboard					
Plastic					
Rock					
Roofing Shingles					
Soil (Clean)					
Wallboard					
Wood Chips					
Wood (Unadulterated)					
Other (specify)					

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

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SECTION 6 – 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 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Are there required cost estimates and financial assurance documents for closure?

☐ Yes ☒ No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

SECTION 8 – 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 9 – CHANGES

Were there any changes from approved reports, plans, specifications, and permit conditions?

☐ Yes ☒ No If yes, attach additional sheets identifying changes with a justification for each change.

SECTION 10 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form?

☐ Yes ☒ No If yes, attach additional sheets identifying the reporting requirements with their respective responses.

SECTION 11 - 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.



Signature

3-1-2018

Date

Todd Deyo

Name (Print or Type)

Owner

Title (Print or Type)

deyotammy@aol.com

Email (Print or Type)

434 Burke Road

Address

Plattsburgh

City

NY 1901

State and Zip

518-564-4467

Phone Number

ATTACHMENTS: ☐ YES ☐ NO
(Please check appropriate line)