

Division of Materials Management
New York State Department of Environmental Conservation
Albany, New York 12233-7260

**INACTIVE SOLID WASTE MANAGEMENT
FACILITY OR ACTIVITY NOTIFICATION FORM**

FACILITY NAME: <i>Harlow Excavating + Contracting, Inc.</i>		
FACILITY ADDRESS: <i>P.O. Box 506</i>		
FACILITY CITY: <i>Lake Placid</i>	STATE: <i>NY</i>	ZIP CODE: <i>12946</i>
TYPE OF INACTIVE FACILITY OR ACTIVITY: (Check all applicable boxes)		
<input type="checkbox"/> C&D processing – permit <input type="checkbox"/> C&D processing – registration <input type="checkbox"/> Household Hazardous Waste <input type="checkbox"/> Landfill – Construction & Demolition Debris <input type="checkbox"/> Landfill – Industrial/Commercial <input checked="" type="checkbox"/> Landfill – Land Clearing Debris <input type="checkbox"/> Landfill – Long Island <input type="checkbox"/> Landfill – Municipal Solid Waste <input type="checkbox"/> Municipal Waste Combustor <input type="checkbox"/> Recyclable Handling & Recovery <input type="checkbox"/> Regulated Medical Waste – Radiopharmacy <input type="checkbox"/> Regulated Medical Waste – Onsite Treatment <input type="checkbox"/> Regulated Medical Waste – Commercial Treatment <input type="checkbox"/> Regulated Medical Waste – Transfer Station <input type="checkbox"/> Transfer Station – permit <input type="checkbox"/> Transfer Station – registration <input type="checkbox"/> Waste Tire Storage – Dealer <input type="checkbox"/> Waste Tire Storage – New Product Manufacturing <input type="checkbox"/> Waste Tire Storage – Onsite Energy Recovery <input type="checkbox"/> Waste Tire Storage – permitted <input type="checkbox"/> Waste Tire Storage – Retreader <input type="checkbox"/> Other _____		
DEC ACTIVITY CODE(S) OR REGISTRATION NUMBER(S): <i>16 00 2</i>	FACILITY COUNTY: <i>ESSEX</i>	NYSDEC REGION #: <i>5</i>

This document certifies that the type of facility or activity identified above is no longer operational. The owner/operator relinquishes their NYSDEC permit/registration and retains no other permit, registrations, or licenses related to the identified activity. It is recognized that in order to resume operation, a new permit application or registration form must be submitted to the Department for processing and approval. This notification does not excuse the facility from any closure, post-closure, or other requirements identified in 6 NYCRR Part 360.

I hereby affirm under penalty of perjury that information provided on this form 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 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.

Ronald Brenner
Name (Print or Type)
P.O. Box 506
Address
Ronald Brenner
Signature

Secretary
Title (Print or Type)
Lake Placid
City
2/23/18
Date

(518) 523 2307
Phone Number
New York 12946
State and Zip

Clear Form

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: <i>Harlow Excavating + Contracting, Inc.</i>			
FACILITY LOCATION ADDRESS: <i>4525 Cascade Road</i>	FACILITY CITY: <i>Lake Placid</i>	STATE: <i>NY</i>	ZIP CODE: <i>12946</i>
FACILITY TOWN: <i>North Elba</i>	FACILITY COUNTY: <i>Essex</i>	FACILITY PHONE NUMBER: <i>(518) 523-2307</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <i>Essex County</i>			NYSDEC REGION #: <i>5</i>
360 REGISTRATION DATE ISSUED:		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: <i>16 002</i>	
FACILITY CONTACT: <i>Ronald Brenner</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <i>(518) 523-2307</i>	CONTACT FAX NUMBER: <i>(518) 523-9319</i>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <i>Norm Harlow</i>	OWNER PHONE NUMBER:	OWNER FAX NUMBER:	
OWNER ADDRESS: <i>P.O. Box 506</i>	OWNER CITY: <i>Lake Placid</i>	STATE: <i>NY</i>	ZIP CODE: <i>12946</i>
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME:	<input type="checkbox"/> same as owner	<input type="checkbox"/> public <input 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 checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide): <i>harlowx@yahoo.com</i>			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input 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 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>.

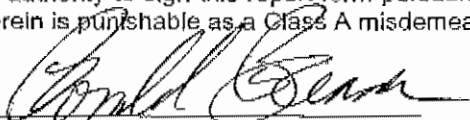
SECTION 7 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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.


Signature

2/23/18
Date

Ronald Brenner
Name (Print or Type)

Secretary
Title (Print or Type)

harlowx@yahoo.com
Email (Print or Type)

P.O. Box 526
Address

Lake Placid
City

New York 12946
State and Zip

518.523.2307
Phone Number

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

Reprinted (12/17)