

### 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: <b>BOVEE Exc.</b>			
FACILITY LOCATION ADDRESS: <b>323 Co Hwy 113</b>	FACILITY CITY: <b>NORTHVILLE</b>	STATE: <b>NY</b>	ZIP CODE: <b>12134</b>
FACILITY TOWN: <b>NORTHAMPTON</b>	FACILITY COUNTY: <b>FULTON</b>	FACILITY PHONE NUMBER: <b>518 863 4521</b>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <b>Fulton Co.</b>			NYSDEC REGION #: <b>18D06</b>
360 REGISTRATION DATE ISSUED: <b>3-14-05</b>		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: <b>R5</b>	
FACILITY CONTACT: <b>KIM BOVEE</b>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <b>518 863 4521</b>	CONTACT FAX NUMBER: <b>-</b>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <b>KIM BOVEE</b>	OWNER PHONE NUMBER: <b>518 863-4521</b>	OWNER FAX NUMBER: <b>-</b>	
OWNER ADDRESS: <b>177 NORTHVILLE Rd</b>	OWNER CITY: <b>Edinburg</b>	STATE: <b>NY</b>	ZIP CODE: <b>12134</b>
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: <b>-</b>		
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 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 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 2 – LAND CLEARING DEBRIS (LCD) DISPOSED

Provide the tonnages of land clearing debris disposed. DO NOT REPORT IN CUBIC YARDS!

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

\_\_\_\_\_ % Scale Weight

\_\_\_\_\_ % Estimated

100 % Truck Count

\_\_\_\_\_ % Other (Specify: \_\_\_\_\_)

Land Clearing Debris	Weight (tons)
January	NONE
February	NONE
March	NONE
April	9
May	4.5
June	3
July	18
August	33
September	7.5
October	18
November	4.5
December	NONE
<b>Total Disposed For Year</b>	<b>97.5</b>
<b>Daily Average (Tons)</b>	

### 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.), "Direct Haul" 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 BRUSH AND STUMPS

SERVICE AREA OF MATERIAL RECEIVED					
TYPE OF SOLID 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	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Land Clearing Debris	DIRECT HAUL	NY	FULTON	NORTHAMPTON	97.5
Other (specify)					
<b>TOTAL RECEIVED (tons):</b>					<u>97.5</u>

**SECTION 4 - OPERATIONS**

Estimated time remaining before closure 10 years

Does this facility accept exempt materials (i.e. recognizable uncontaminated concrete and concrete products, asphalt pavement, brick, glass, soil or rock)? ~~Yes~~ 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.

