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:					-	
BOYEE EX	.C-					
FACILITY LOCATION ADDRESS:	FACILITY	CITY:		STATE:	ZIP CODE:	
323 Co Hyw 113	NORTHVIlle				12134	
FACILITY TOWN:	FACILITY	FACILITY COUNTY: FAC			CILITY PHONE NUMBER:	
NORTHAMPTON	Fulton 5188634521			· ·		
FACILITY NYS PLANNING UNIT: (A list of NY Fulton Co.	S Planning Uni	its can be found at the end of	this repo	rt), NYS	SDEC (8D06	
360 REGISTRATION DATE ISSUED: NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: \$\times 5\$						
FACILITY CONTACT: KIM BOVEE	□ public ☑private	CONTACT PHONE NUMBER: とりん とろうり		ONTACT	FAX NUMBER:	
CONTACT EMAIL ADDRESS:						
	OWNER!	INFORMATION			· · ·	
OWNER NAME: OWNER PHONE NUMBER: OWNER FAX NUMBER: 5/8 863-452/						
OWNER ADDRESS: OWNER CITY: STATE: ZIP CODE:					1 / /	
OWNER CONTACT: OWNER CONTACT EMAIL ADDRESS:						
OPERATOR INFORMATION						
OPERATOR NAME: Same as owner Dublic Sprivate						
PREFERENCES						
Preferred address to receive correspondence: Facility location address Owner address						
Preferred email address:						
Preferred individual to receive correspondence:						
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 .						

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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 dis	posed and the percentages measured by each method
% Scale Weight	% Estimated
/00% Truck Count	% Other (Specify:)

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

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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) <u>Direct hauled from the generator of the material</u>. 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 Hau!" 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) <u>Sent to your facility from another solid waste management facility</u>. 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:	
/00 % Road	% Rail	
% Water	% Other (specify:)
Explain which waste types	s and service areas below are included in these transport methods	Brush and Stumps

	SERVICE AREA	OF MATERIAL	RECEIVED		x _ w
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Hau!"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
	DIRECT HAUI	NY	Fulton	NORTHAMPTO	91.5
Land Clearing Debris					
Other (specify)					
				TOTAL RECEIVED (tons):	97.5

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SECTION 4 - OPERATIONS

SECTION 4 - OPERATIONS				
Estimated time rem	aining before closure _	/O years		
Does this facility ac asphalt pavement, i	cept exempt materials (prick, glass, soil or rock	(i.e. recognizable unc	ontaminated concrete and concrete products, _ No	
	SECTION 5 -	- UNAUTHORIZE	D SOLID WASTE	
1.7	olid waste been receive f yes, give information t	, ,	the reporting period? It (attach additional sheets if necessary):	
Date Received	Type Received	Date Disposed	Disposal Method & Location	
_				
			<u> </u>	
	SE	ECTION 6 - PRO	BLEMS	
Were any problem changes in facility		he reporting period (e	.g., specific occurrences which have led to	
Yes No If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.				

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.

Kui Bovee	2-16-18
Signature	Date
KIM BOVEE	OWNER
Name (Print or Type)	Title (Print or Type)
Frank / Drink or True	
Email (Print or Typ	oe)
177 NORTHVIlle Rd	Edinbure
Address	City
N/ 12134 State and Zip	518 863 452

ATTACHMENTS: T YES NO (Please check appropriate line)