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: Arietta Sand Pit Land Clearing Debris Landfill			
FACILITY LOCATION ADDRESS: County Route 24	FACILITY CITY: Arietta	STATE: NY	ZIP CODE: 12139
FACILITY TOWN: Town of Arietta	FACILITY COUNTY: Hamilton	FACILITY PHONE NUMBER: 518-548-3415	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Capital Region Solid Waste Management Partnership		NYSDEC REGION #: 4	
360 REGISTRATION DATE ISSUED: 50342 Arietta Pit #3 2006	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 21D02		
FACILITY CONTACT: Richard Wilt	☒ public ☐ private	CONTACT PHONE NUMBER: 518-548-3415	CONTACT FAX NUMBER: use e-mail
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Town of Arietta	OWNER PHONE NUMBER: 518-548-3415	OWNER FAX NUMBER: use e-mail	
OWNER ADDRESS: 1722 St Route 8	OWNER CITY: Piseco	STATE: NY	ZIP CODE: 12139
OWNER CONTACT: Richard Wilt	OWNER CONTACT EMAIL ADDRESS: rick@townofarietta.com		
OPERATOR INFORMATION			
OPERATOR NAME: ☒ *same as owner*		☒ public ☐ private	
PREFERENCES			
Preferred address to receive correspondence: ☐ *Facility location address* ☒ *Owner address* ☐ *Other (provide):*			
Preferred email address: ☐ *Facility Contact* ☒ *Owner Contact* ☐ *Other (provide):*			
Preferred individual to receive correspondence: ☐ *Facility Contact* ☒ *Owner Contact* ☐ *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

_____% Truck Count

100 % Estimated

_____% Other (Specify: _____)

Land Clearing Debris	Weight (tons)
January	0
February	0
March	0
April	0
May	0
June	5
July	5
August	5
September	5
October	0
November	0
December	0
Total Disposed For Year	20
Daily Average (Tons)	

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 _____

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	Hamilton County	Capital Region	20
Other (specify)					
				TOTAL RECEIVED (tons):	20

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SECTION 4 - OPERATIONS

Estimated time remaining before closure 45 years

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

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	2-7-18 Date
Richard Wilt Name (Print or Type)	Supervisor Title (Print or Type)
rick@townofarietta.com Email (Print or Type)	
1722 State Route 8 Address	Piseco City
NY 12139 State and Zip	(518) 548-3415 Phone Number

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

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