

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: Vogel Pit #1			
FACILITY LOCATION ADDRESS: TAMARACK RD.	FACILITY CITY: _____	STATE: N.Y.	ZIP CODE: 12108
FACILITY TOWN: LAKE PLACANT	FACILITY COUNTY: HAMILTON	FACILITY PHONE NUMBER: NONE	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). RS			NYSDEC REGION #: 5
360 REGISTRATION DATE ISSUED:		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 21D09	
FACILITY CONTACT: AL JOHNSON	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 518 548 5995	CONTACT FAX NUMBER: 518 548 7819
CONTACT EMAIL ADDRESS: vogelexc@yahoo.com			
OWNER INFORMATION			
OWNER NAME: DONALD VOGEL	OWNER PHONE NUMBER: 518 548 5995	OWNER FAX NUMBER: 518 548 7819	
OWNER ADDRESS: Box 418	OWNER CITY: SPETULATUR	STATE: N.Y.	ZIP CODE: 12164
OWNER CONTACT: (SAME)	OWNER CONTACT EMAIL ADDRESS: vogelexc@yahoo.com		
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 checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" 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 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 Closed	—
February Closed	—
March Closed	—
April Closed	—
May 24 CUBIC YDS	12 TONS
June 48 CUBIC YDS	24 TONS
July 60 CUBIC YDS	30 TONS
August 52 CUBIC YDS	26 TONS
September 74 CUBIC YDS	37 TONS
October 25 CUBIC YDS	12.5 TONS
November 18 CUBIC YDS	9 TONS
December Closed	—
Total Disposed For Year	150.5 TONS
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:

_____ % Road _____ % Rail
 _____ % Water _____ % Other (specify: - NONE -)

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					
Other (specify)					
					TOTAL RECEIVED (tons): _____

SECTION 4 - OPERATIONS

Estimated time remaining before closure _____ 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.

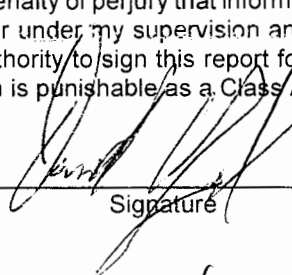
SECTION 7 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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 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	1-22-18 _____ Date
Donald Vogel _____ Name (Print or Type)	PRESIDENT _____ Title (Print or Type)
donvogel@hotmail.com _____ Email (Print or Type)	
Box 418 _____ Address	SPECULATOR _____ City
N.Y. 12164 _____ State and Zip	(518) 548-5995 _____ Phone Number

ATTACHMENTS: YES NO
(Please check appropriate line)