

FAX



TO: NYS DEC **FROM:** John Munter Sr.
ATTENTION: _____
PHONE: 518-402-8678 **PLATTSBURGH PHONE:** (518) 561-1234
FAX: 518-402-9041 **SARATOGA PHONE:** (518) 584-6174
DATE: 5/21/18 **FAX:** (518) 587-8938
PAGES INCLUDING COVER: 12
RE: C & D Landfill Annual Report

	PHONE	FAX
Cc:		

Here's the annual report

Thanks
John Munter Sr.
Cell # 518-858-1783



www.munterenterprises.com
 881 Murray Road, Middle Grove, New York 12850
 PHONE(518)584-6174 FAX (518) 587-8938

Clear Form

ACTIVE CONSTRUCTION AND DEMOLITION (C&D) DEBRIS LANDFILL ANNUAL/QUARTERLY REPORT

Submit the Annual Report no later than March 1, 2018

A. This annual report is for the year of operation from January 01, 2017 to December 31, 2017

B. Quarterly Report for: Quarter 1 Quarter 2 Quarter 3 Quarter 4

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: MUNTER PIT			
FACILITY LOCATION ADDRESS: 881 MURRAY RD		FACILITY CITY: MIDDLE GROVE	STATE: ZIP CODE: NY 12858
FACILITY TOWN: MILTON		FACILITY COUNTY: SARATOGA	FACILITY PHONE NUMBER: 518 5846174
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). REGION 5 WATKINSBURG NY			NYSDEC REGION #: 5
360 PERMIT #: 50491	DATE ISSUED:	DATE EXPIRES: 1/15/19	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:
FACILITY CONTACT: JOHN MUNTER	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 518 8581783	CONTACT FAX NUMBER: 518 587 8938
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: MUNTER ENTERPRISES INC.	OWNER PHONE NUMBER: 518 584-6174	OWNER FAX NUMBER: 518 587 8938	
OWNER ADDRESS: 881 MURRAY RD	OWNER CITY: MIDDLE GROVE	STATE: NY	ZIP CODE: 12858
OWNER CONTACT: JOHN MUNTER	OWNER CONTACT EMAIL ADDRESS: JOHN@MUNTERENTERPRISES.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 type="checkbox"/> Facility Contact <input checked="" 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 18. 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 - SITE LIFE

1. Landfill Capacity Utilized Last Year (reporting year).

a. What is the estimated landfill capacity that was utilized during the reporting year?
_____ 600 _____ Cubic Yards of Airspace

Please do not report units as pounds per cubic yard.

b. What is the estimated in-situ waste density for the reporting year?
_____ 0.6 _____ Tons/Cubic Yard

2. Remaining Constructed Capacity

a. What is the remaining capacity of the landfill that is already constructed?
_____ 5800 _____ Cubic Yards of Airspace

b. What is the estimated remaining life of the constructed capacity? _____
12 Years _____ Months
at 650-700 Tons/Year.*

*Please note that this tonnage rate must include all materials placed in the landfill, i.e., waste, soil, cover, alternative daily covers, etc.

c. The tonnage rate reported under 2.b. is based on (select one):
 The amount of materials placed in the landfill in the reporting year
 Estimated future disposal
_____ Permit limit
Other (explain): _____

3. Permitted Capacity Still to be Constructed

a. What is the remaining but not yet constructed landfill capacity that is authorized by a Part 360 permit?
_____ Cubic Yards of Airspace

b. What is the projected life of capacity reported in 3a.? _____
_____ Years _____ Months
at _____ Tons/Year.*

*Please note that this tonnage rate must include all materials disposed in the landfill, i.e., waste, and soil and alternative daily covers.

c. The tonnage rate reported under 3.b. is based on (select one):
_____ The amount of materials placed in the landfill in the reporting year
_____ Estimated future disposal
_____ Permit limit
Other (explain): _____

4. Capacity Proposed in a Part 360 Permit Application

What is the capacity of any expansion proposed in a Part 360 permit application that has been submitted to the Department but not authorized by a permit as of the end of the reporting period?

_____ Cubic Yards of Airspace

5. Estimated Potential Future Capacity Not Permitted or in an Application (optional)

What is the estimated capacity of any potential future expansion at the facility that is not yet authorized by a permit or proposed in a Part 360 permit application that has been submitted to the Department?

10,000 _____ Cubic Yards of Airspace

SECTION 3 - PRIMARY LEACHATE

Name of off-site leachate treatment facility(s) utilized: _____

Does the landfill have a constructed liner and a leachate collection system? Yes No

Enter the quantity of primary leachate that was collected, removed for on-site and off-site treatment, and recirculated each month, and the corresponding Acreage, by Cell:
(Note: For double-lined landfills this should not include the volume of leachate collected from secondary leachate collection and removal systems.

For each cell, please report the acreage and the primary leachate amount.

	PRIMARY LEACHATE COLLECTED (GALLONS)						PRIMARY LEACHATE TREATED OFF SITE (GALLONS)					
	Cell 1 Acres	Cell 2 Acres	Cell 3 Acres	Cell 4 Acres	Cell 5 Acres	Cell 6 Acres	Cell 1 Acres	Cell 2 Acres	Cell 3 Acres	Cell 4 Acres	Cell 5 Acres	Cell 6 Acres
January												
February												
March												
April												
May												
June												
July												
August												
September												
October												
November												
December												
ANNUAL												

	PRIMARY LEACHATE RECIRCULATED (GALLONS)						PRIMARY LEACHATE TREATED ON SITE (GALLONS)					
	Cell 1 Acres	Cell 2 Acres	Cell 3 Acres	Cell 4 Acres	Cell 5 Acres	Cell 6 Acres	Cell 1 Acres	Cell 2 Acres	Cell 3 Acres	Cell 4 Acres	Cell 5 Acres	Cell 6 Acres
January												
February												
March												
April												
May												
June												
July												
August												
September												
October												
November												
December												
ANNUAL												

Submit (attached to this form) a copy of the maintenance logs which document compliance with the Operation and Maintenance Manual's schedule for the routine annual flushing and inspection of the primary leachate collection and removal system. List required submissions that have been attached to this form or the reason for not attaching a required piece of information:

~~_____~~
~~_____~~
~~_____~~

Submit (attached to this form) a tabulated compilation of the semi-annual primary leachate quality data collected throughout the year including a summary comparing this year's data with the previous year's data and a summary discussion of results. This list should identify sample location(s) and method of analysis. List required submissions that have been attached to this form or the reason for not attaching a required piece of information:

~~_____~~
~~_____~~
~~_____~~

Please report total cost for the year, not cost/gal.

Leachate Cost: (including transportation if appropriate) during the calendar year for leachate treatment: \$ _____

Total quantity treated: _____ gal

SECTION 4 – BENEFICIAL USE DETERMINATION MATERIALS

For each type of waste material that the Department has approved for use as alternative daily cover, intermediate cover, or other landfill material, provide the annual weight in tons, use (i.e., daily cover, intermediate cover, etc.), and source of material. (If material is from a solid waste facility also provide facility name, address, NYS Planning Unit, County/ Province, and State/Country.) Refer to the list of NYS Planning Units that can be found at the end of this report.

Type of Solid Waste	Weight (tons/year)	Use	NYS Planning Unit (See Attached List of NYS Planning Units)	County or Province	State or Country	Source (Facility and Address)
Aggregate/Concrete						
Processed C&D						
Other (specify)						
Total ADC						
Total Beneficial Use Determination Materials						

SECTION 5 – CONSTRUCTION & DEMOLITION (CD) DEBRIS DISPOSED

Provide the tonnages of CD debris disposed. Exclude Beneficial Use Determination Material amounts reported in Section 4. DO NOT REPORT IN CUBIC YARDS!

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

_____ % Scale Weight

100 % Estimated

100 % Truck Count

_____ % Other (Specify: _____)

Construction & Demolition (CD) Debris	Weight (tons)
January	0
February	0
March	20
April	40
May	80
June	0
July	140
August	60
September	20
October	0
November	140
December	200
Total Disposed For Year	700
Daily Average (Tons)	

Has the landfill received pulverized C&D debris? Yes No

If yes, what is the percentage of waste received that is pulverized C&D debris? _____ %

Tipping Fee

Tipping Fee: _____ \$/ton

SECTION 6 – SERVICE AREA OF C&D DEBRIS RECEIVED

Identify the service area of the waste. The Total Tons Received reported below should equal the Total Tons Received in Section 2 (Solid Waste Received). DO NOT REPORT IN CUBIC YARDS!

1) Direct hauled from the generator of the waste. In the case where the waste is hauled to your facility from the generator (i.e. hauled from residences, commercial establishments, etc.), "Direct Haul" is the appropriate response in Column 2 under "Service Area." Please report the tonnage by waste 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. Waste may be sent to your facility from another solid waste management facility. In this case, please report the tonnage by waste 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: _____)

Explain which waste types and service areas below are included in these transport methods _____

SERVICE AREA OF C&D DEBRIS 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
Construction & Demolition Debris (mixed)	STUMPS	NY	SARATOGA		500
	CONCRETE	NY	NY		200
Other (specify)					
TOTAL RECEIVED (tons):					700

SECTION 7 – 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 8 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Are there required cost estimates and financial assurance documents for closure and post-closure care?

Yes No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

SECTION 9 – 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 10 – CHANGES

Were there any changes from approved reports, plans, specifications, and permit conditions?

Yes No If yes, attach additional sheets identifying changes with a justification for each change.

SECTION 11 - ANALYTICAL RESULTS

Submit (attached to this form) tables showing the sample collection date, the analytical results [including all peaks even if below the Method Detection Limits (MDL)], designation of upgradient wells and location number for each environmental monitoring point sampled, applicable water quality standards, and groundwater protection standards if established, MDL's, and Chemical Abstracts Service (CAS) numbers on all parameters. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

N/A

SECTION 12 - COMPARING DATA

Submit (attached to this form) tables or graphical representations comparing current water quality with existing water quality and with upgradient water quality. These comparisons may include Piper diagrams, Stiff diagrams, tables, or other analyses. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

N/A

SECTION 13 - DISCUSSION OF RESULTS

Submit (attached to this form) a summary of any contraventions of State water quality standards, significant increases in concentrations above existing water quality, any exceedances of groundwater protection standards, and discussion of results, and any proposed modifications to the sampling and analysis schedule necessary to meet the Existing, Operational and Contingency water quality monitoring requirements. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

N/A

SECTION 14 - DATA QUALITY ASSESSMENT

Submit (attached to this form) any required data quality assessment reports. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

N/A

SECTION 15 - SUMMARIES OF MONITORING DATA

Submit (attached to this form) a summary of the water quality information presented in Sections 12 and 13 for the year of operation for which the Annual Report is made, noting any changes in water quality which have occurred throughout the year. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

SECTION 16 - SURFACE IMPOUNDMENTS

Does this landfill have a surface impoundment?

Yes No If yes, repeat Sections 11 through 14 above for Quarterly Reports and Section 15 above for Annual report. Attach additional submissions required by this section.

SECTION 17 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form?

Yes No If yes, attach additional sheets identifying the reporting requirements with their respective responses.

SECTION 18 - 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.

John Munter
Signature

5-18-18
Date

JOHN MUNTER
Name (Print or Type)

PRESIDENT
Title (Print or Type)

JOHN@MUNTERENTERPRISES.COM
Email (Print or Type)

881 MURRAY RD
Address

MIDDLE GROVE
City

NY 12850
State and Zip

(518) 584 6174
Phone Number

ATTACHMENTS: YES NO