

TOWN OF LAKE  
LUZERNE  
PH:696-2711  
FAX:696-2773

facsimile transmittal

To: NYS DEC Fax: 518 402 9041

From: Town of Lake Luzerne

Re: \_\_\_\_\_ Pages: 5 plus cover

\_\_\_\_\_

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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: Lake Luzerne Transfer Station			
FACILITY LOCATION ADDRESS: 119 Towner Rd	FACILITY CITY:	STATE: NY	ZIP CODE: 142846
FACILITY TOWN: Lake Luzerne	FACILITY COUNTY: Warren	FACILITY PHONE NUMBER: 518-696-2105	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Warren County			NYSDEC REGION #: 5
360 REGISTRATION DATE ISSUED:		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 57D08	
FACILITY CONTACT: Glenn Shiel	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 518-744-4919	CONTACT FAX NUMBER: 518-696-2773
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Town of Lake Luzerne	OWNER PHONE NUMBER: 518-696-2711	OWNER FAX NUMBER: 518-696-2773	
OWNER ADDRESS: 539 Lake Ave. P.O.Box 370	OWNER CITY: Lake Luzerne	STATE: NY	ZIP CODE: 12846
OWNER CONTACT: Glenn	OWNER CONTACT EMAIL ADDRESS: lake.luzerne41@roadrunner.com		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> same as owner	<input checked="" type="checkbox"/> public <input 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 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/52708.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

100 % Estimated

\_\_\_\_\_ % Truck Count

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

Land Clearing Debris	Weight (tons)
January	—
February	—
March	7
April	48
May	41
June	69
July	57
August	10
September	8
October	17
November	13
December	
Total Disposed For Year	270 ton
Daily Average (Tons)	.54

**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 Direct Haul

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	<u>Direct Haul</u>	<u>Warren NY</u>	<u>Warren</u>	<u>Warren County</u>	<u>270</u>
Other (specify)					
<b>TOTAL RECEIVED (tons):</b>					<u>270</u>

**SECTION 4 - OPERATIONS**

Estimated time remaining before closure 25 years

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

Theresa Rivers  
Signature

5/22/18  
Date

Theresa Rivers  
Name (Print or Type)

operator  
Title (Print or Type)

\_\_\_\_\_  
Email (Print or Type)

123 Towner Rd  
Address

Lake Luzerne  
City

N.Y. 12846  
State and Zip

(518) 696-2105  
Phone Number

ATTACHMENTS:  YES  NO  
(Please check appropriate line)