

## CONSTRUCTION & DEMOLITION DEBRIS PROCESSING FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email [annualreport@dec.ny.gov](mailto:annualreport@dec.ny.gov) or call 518-402-8675.)

Complete and submit this form by March 1, 2018.

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

### SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
<b>FACILITY NAME:</b> <i>Tree Care by Stan Hunt, Inc.</i>			
<b>FACILITY LOCATION ADDRESS:</b> <i>53 Boulevard</i>	<b>FACILITY CITY:</b> <i>Queensbury,</i>	<b>STATE:</b> <i>NY</i>	<b>ZIP CODE:</b> <i>12804</i>
<b>FACILITY TOWN:</b> <i>Queensbury</i>	<b>FACILITY COUNTY:</b> <i>Warren</i>	<b>FACILITY PHONE NUMBER:</b> <i>518-793-0804</i>	
<b>FACILITY NYS PLANNING UNIT:</b> (A list of NYS Planning Units can be found at the end of this report.)			<b>NYSDEC REGION #:</b> <i>5</i>
<b>360 PERMIT #:</b> (Refer to DEC Permit)	<b>DATE ISSUED:</b>	<b>DATE EXPIRES:</b>	<b>NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:</b>
<b>FACILITY CONTACT:</b> <i>James W. Hunt</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	<b>CONTACT PHONE NUMBER:</b> <i>518-793-0804</i>	<b>CONTACT FAX NUMBER:</b> <i>518-793-4320</i>
<b>CONTACT EMAIL ADDRESS:</b>			
OWNER INFORMATION			
<b>OWNER NAME:</b> <i>Tree Care by Stan Hunt, Inc.</i>	<b>OWNER PHONE NUMBER:</b> <i>518-793-0804</i>	<b>OWNER FAX NUMBER:</b> <i>518-798-4320</i>	
<b>OWNER ADDRESS:</b> <i>53 Boulevard</i>	<b>OWNER CITY:</b> <i>Queensbury,</i>	<b>STATE:</b> <i>NY</i>	<b>ZIP CODE:</b> <i>12804</i>
<b>OWNER CONTACT:</b>	<b>OWNER CONTACT EMAIL ADDRESS:</b>		
OPERATOR INFORMATION			
<b>OPERATOR NAME:</b> <input checked="" type="checkbox"/> same as owner	<input type="checkbox"/> public <input type="checkbox"/> private		
PREFERENCES			
<b>Preferred address to receive correspondence:</b> <input checked="" type="checkbox"/> Facility location address		<input type="checkbox"/> Owner address	
<input type="checkbox"/> Other (provide):			
<b>Preferred email address:</b> <input checked="" type="checkbox"/> Facility Contact		<input type="checkbox"/> Owner Contact	
<input type="checkbox"/> Other (provide):			
<b>Preferred individual to receive correspondence:</b> <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 11. 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 - SOLID WASTE RECEIVED (continued)

Type of Waste	Tire Fee (\$/Ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Aggregate & Concrete								
Asphalt								
Brick								
Brush/Branches/Trees/Stumps								
Bulk Metal								
Concrete								
Construction & Demolition (C&D) Debris								
Mixed Fill								
Other Masonry Materials								
Paper/Cardboard								
Rock								
Roofing Shingles								
Soil (Clean)								
Wallboard								
Wood Chips	0	55	60	55	60	40	280	
Wood (Unadulterated)								
Emergency Authorization Waste (Storm Debris)								
Other (specify)		Jan-Aug						
		350T					350	
							630T	
Total Tons Received								

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name. Reprinted (12/17)

### SECTION 3 – SERVICE AREA OF SOLID WASTE RECEIVED

Please identify where the material is coming from. The total tons received reported below should equal the total tons received in Section 2 (Solid Waste Received). DO NOT REPORT IN CUBIC YARDS!

- If the waste **WAS** received from another solid waste management facility, please write in the name *and* address of the facility along with the appropriate state, county and planning unit/municipality.
- If the waste **WAS NOT** received from another solid waste management facility, please write in "Direct Haul" along with the appropriate state, county, and planning unit/municipality where the waste was generated.

Specify transport method, list type of material(s) and percentages of total material transported by each:

\_\_\_\_\_ % Road: Waste Type(s): \_\_\_\_\_      \_\_\_\_\_ % Rail: Waste Type(s): \_\_\_\_\_  
 \_\_\_\_\_ % Water: Waste Type(s): \_\_\_\_\_      \_\_\_\_\_ % Other (specify: \_\_\_\_\_ ): Waste Type(s): \_\_\_\_\_

SERVICE AREA OF SOLID WASTE RECEIVED <small>(Where the waste is coming from)</small>					
TYPE OF WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>(Name &amp; Address) OR "Direct Haul"</small>	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	MYS PLANNING UNIT <small>(See Attached List of MYS Planning Units)</small>	TONS RECEIVED
Aggregate & Concrete					
Asphalt					
Brick					
Brush/Branches/Tree Stumps					

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF 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	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Bulk Metal					
Concrete					
Construction & Demolition (C&D) Debris					
Mixed Fill					
Other Masonry Materials					
Paper/Cardboard					
Rock					

SERVICE AREA OF SOLID WASTE RECEIVED (Where the waste is coming from)					
TYPE OF 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	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Roofing Shingles					
Soil (Clean)					
Wallboard					
Wood Chips	<i>Finch Paper</i>	<i>NY</i>	<i>Warren</i>	<i>R5</i>	<i>None</i>
	<i>1 Glen Street</i>				
	<i>Glens Falls, NY 12801</i>				
Wood (Unadulterated)					
Emergency Authorization Waste (Storm Debris)					
Other (specify)					
<b>TOTAL RECEIVED (tons):</b>					

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

### SECTION 4 - TRANSFER OR DISPOSAL DESTINATION

Please identify destination of waste. Please only include waste sent off-site for disposal or further transfer prior to disposal. Exclude Recyclable Material amounts reported in Section 5. DO NOT REPORT IN CUBIC YARDS!

- If the waste is being sent to another facility for transfer or processing prior to disposal (e.g. Transfer station or C&D debris processing facility), please identify name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the transfer destination and the amount of waste transferred in the "Amount to Transfer Destination" column.
- If the waste is being sent to a landfill or combustor, please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the disposal destination and the amount of waste being sent for disposal in the "Amount to Disposal Destination" column.
- If the waste is being sent to a landfill to be utilized as Alternative Daily Cover (ADC), please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the landfill and the amount of waste being sent for use as ADC in the "Amount Used as ADC" column.

Specify transport method, list type of material(s) and percentages of total material transported by each:

% Road: Waste Type(s): \_\_\_\_\_ % Rail: Waste Type(s): \_\_\_\_\_  
 % Water: Waste Type(s): \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Waste Type (s): \_\_\_\_\_

TRANSFER OR DISPOSAL DESTINATION								
TYPE OF WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NY'S PLANNING UNIT (See Attached List of NY's Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	AMOUNT USED AS ADC (TONS)	TOTAL YEAR (TONS)
Construction & Demolition (C&D) Debris	None							
Residue	None							
Emergency Authorization Waste (Storm Debris)	None							
Other (specify)								
					<b>TOTAL SENT (tons):</b>			

If the waste type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other waste name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other waste name.

### SECTION 5 - MATERIAL RECOVERED FOR REUSE/RECYCLING

Please identify destination of recovered materials. Indicate the name of the facility, address, corresponding State/Country, County/Province, Destination Planning Unit/Municipality and the amount of material transferred. **DO NOT REPORT IN CUBIC YARDS!**

Specify transport method, list type of material(s) and percentages of total material transported by each:

% Road: Material(s): \_\_\_\_\_ % Rail: Material(s): \_\_\_\_\_  
 % Water: Material(s): \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Material(s): \_\_\_\_\_

MATERIAL RECOVERED FOR REUSE/RECYCLING					
MATERIAL RECOVERED	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
Aggregate & Concrete					
Asphalt					
Brick					
Brush/Branches/Trees/Stumps	53 Boulevard Queensbury, NY 12804	NY	Warren	R5	40 Stumps
Bulk Metal					
Concrete					
Glass					

MATERIAL RECOVERED FOR REUSE/RECYCLING					
MATERIAL RECOVERED	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Mixed Fill					
Other Masonry Materials					
Paper/Cardboard					
Plastic					
Rock					
Roofing Shingles					
Soil (Clean)					
Wallboard					
Wood Chips					
Wood (Undiluted)					
Other (specify)					

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.



### SECTION 6 - 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 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

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

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

### SECTION 8 - 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 9 - 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 10 - 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 11 - 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

5 MAR 2018  
Date

JAMES W. HUNT  
Name (Print or Type)

PRES  
Title (Print or Type)

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

53 BOULEVARD  
Address

QUEENSBURY  
City

N.Y. 12804  
State and Zip

(518) 793-0804  
Phone Number

ATTACHMENTS:  YES  NO  
(Please check appropriate line)