

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: American Tree Co			
FACILITY LOCATION ADDRESS: 1343 Bay Rd	FACILITY CITY: Lake George	STATE: NY	ZIP CODE: 12845
FACILITY TOWN: Queensbury	FACILITY COUNTY: Warren	FACILITY PHONE NUMBER:	
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: 57W03	
FACILITY CONTACT: Daniel Stranahan	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: (518)791-0946	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: isany0688@gmail.com			
OWNER INFORMATION			
OWNER NAME: Daniel Stranahan	OWNER PHONE NUMBER: (518)791-0946	OWNER FAX NUMBER:	
OWNER ADDRESS: 5010 Dawson Way	OWNER CITY: Fort Ann	STATE: NY	ZIP CODE: 12827
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: isany0688@gmail.com		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> same as owner	<input 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/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

100% Estimated

_____% Truck Count

_____% Other (Specify: _____)

Land Clearing Debris	Weight (tons)
January	0
February	0
March	0
April	325
May	150
June	100
July	90
August	50
September	160
October	115
November	130
December	0
Total Disposed For Year	1120
Daily Average (Tons)	3.07

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		NY	Warren	Warren	1120
Other (specify)					
TOTAL RECEIVED (tons):					<u>1120</u>

SECTION 4 - OPERATIONS

Estimated time remaining before closure _____ years

Does this facility accept exempt materials (i.e. recognizable ~~un~~contaminated 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.

Daniel Stranahan
Signature

5/24/18
Date

Daniel T Stranahan
Name (Print or Type)

Owner
Title (Print or Type)

isany0688@gmail.com
Email (Print or Type)

5010 Dawson way
Address

Fort Ann
City

NY 12827
State and Zip

(518) 791-0946
Phone Number

ATTACHMENTS: YES NO
(Please check appropriate line)

**Division of Materials Management
New York State Department of Environmental Conservation
Albany, New York 12233-7260**

LAND CLEARING DEBRIS LANDFILL

A Land Clearing Debris Landfill is a landfill that is three acres or less used for the disposal of only vegetative matter, soil and rock resulting from activities such as land clearing and grubbing, utility line maintenance or seasonal or storm-related cleanup such as trees, stumps, brush and leaves and including wood chips generated from these materials. Further information and a listing of the land clearing debris landfills are available online at <http://www.dec.ny.gov/chemical/23700.html>.

If your facility is authorized to process construction and demolition debris you need to submit a Construction & Demolition Debris Processing Facility Annual Report. If your facility is authorized to operate as a land clearing debris landfill and to process construction and demolition debris you must submit both annual reports

Forms for all solid waste management facilities can be found at <http://www.dec.ny.gov/chemical/52706.html> and a brief description of each type of facility can be found at <http://www.dec.ny.gov/chemical/8495.html>.

Annual Report

Submit the Annual Report no later than March 1, 2018.

Reporting of the information indicated on this Active Land Clearing Debris Landfill Annual/Quarterly Report form is required pursuant to 6 NYCRR 360-1.4(c); 360-1.8(e)(1)(ii),(h)(8); 360-1.14(e)(2), (i)(1); 360-7.2(c). Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual/Quarterly Report requirements of 6 NYCRR Part 360.

Where the Annual Report requirements have been modified, appropriate Sections (as necessary to reflect the modification) must be completed and submitted with a copy of the Department's written notification which allows the modification.

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

Solid Waste Volume To Weight Conversion Factors

MATERIAL	EQUIVALENT	
Land Clearing Debris	1 cubic yard	0.5 tons

SECTION 3 – SERVICE AREA OF MATERIAL RECEIVED

Identify the facility's service area by indicating the type of solid waste received, the Solid Waste Management facility (SWMF) from which it was received by your facility (or Direct Haul), the corresponding State/Country, the County/Province, and the NYS Planning Unit and the amount received. **Refer to the list of NYS Planning Units that can be found at the end of this report.** The total amount reported here should equal the total amount reported in Section 2 (Land Clearing Debris Disposed). **DO NOT REPORT IN CUBIC YARDS!**

Additional Service Area Guidance:

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;

2) *Sent to your land clearing debris landfill from another solid waste management facility.* Waste may be sent to your land clearing debris landfill 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.