

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: <i>Strainer Land clearing debris Land fill</i>			
FACILITY LOCATION ADDRESS: <i>State Pt. 113</i>	FACILITY CITY: <i>Easton</i>	STATE: <i>ny</i>	ZIP CODE:
FACILITY TOWN: <i>Easton</i>	FACILITY COUNTY: <i>Wash.</i>	FACILITY PHONE NUMBER: <i>518-365-3601</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: <i>5</i>

360 REGISTRATION DATE ISSUED:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:
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FACILITY CONTACT: <i>Kevin Strainer</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <i>518-365-3601</i>	CONTACT FAX NUMBER: <i>N/A</i>
CONTACT EMAIL ADDRESS:			

OWNER INFORMATION

OWNER NAME: <i>Kevin Strainer</i>	OWNER PHONE NUMBER: <i>518-365-3601</i>	OWNER FAX NUMBER: <i>N/A</i>	
OWNER ADDRESS: <i>303 Sprague town Rd</i>	OWNER CITY: <i>Greenwich</i>	STATE: <i>ny</i>	ZIP CODE: <i>12834</i>
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: <i>sconst1296@aol.com</i>		

OPERATOR INFORMATION

OPERATOR NAME: <input checked="" type="checkbox"/> same as owner	<input type="checkbox"/> public <input checked="" type="checkbox"/> private
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PREFERENCES

Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input checked="" type="checkbox"/> Other (provide):
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):

Did you operate in 2017? Yes; Complete this form. *Inactive Indefinetly*
 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 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.

Kevin Strainer
Signature

3/1/18
Date

Kevin Strainer
Name (Print or Type)

Owner/Operator
Title (Print or Type)

sconst.1296@aol.com
Email (Print or Type)

303 Spragueborn Rd.
Address

Greenwich
City

N.Y. 12834
State and Zip

(518) 365-3601
Phone Number

ATTACHMENTS: YES NO
(Please check appropriate line)