

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: Yole Pit			
FACILITY LOCATION ADDRESS: NYS Route 149	FACILITY CITY: Fort Ann	STATE: NY	ZIP CODE: 12804
FACILITY TOWN: Fort Ann	FACILITY COUNTY: Washington	FACILITY PHONE NUMBER: NA	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Washington County			NYSDEC REGION #: 5
360 REGISTRATION DATE ISSUED: 2/6/2003		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 58D06	
FACILITY CONTACT: Richard Schermerhorn, Jr.	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 518-798-0674	CONTACT FAX NUMBER: 518-743-9653
CONTACT EMAIL ADDRESS: rich@schmermerhornholdings.com			
OWNER INFORMATION			
OWNER NAME: Schermerhorn Sand & Gravel, LLC	OWNER PHONE NUMBER: 518-798-0674	OWNER FAX NUMBER: 518-743-9653	
OWNER ADDRESS: 536 Bay Road, Suite 2	OWNER CITY: Queensbury	STATE: NY	ZIP CODE: 12804
OWNER CONTACT: Richard Schermerhorn, Jr.	OWNER CONTACT EMAIL ADDRESS: rich@schmermerhornholdings.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>.

RECEIVED
NYS DEC
FEB 16 2018
DIV. OF MATERIALS MANAGEMENT

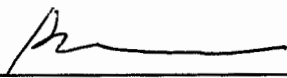
SECTION 7 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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.


Signature

2/13/18
Date

Richard Schermerhorn, Jr.
Name (Print or Type)

President
Title (Print or Type)

rich@schermerhornholdings.com
Email (Print or Type)

536 Bay Road, Suite 2
Address

Queensbury
City

NY 12804
State and Zip

(518) 798-0674
Phone Number

ATTACHMENTS: YES NO
(Please check appropriate line)