

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: Town of Alexandria Brush pit			
FACILITY LOCATION ADDRESS: Barn Settlement Rd	FACILITY CITY: Redwood	STATE: NY	ZIP CODE: 13679
FACILITY TOWN: Alexandria	FACILITY COUNTY: Jefferson	FACILITY PHONE NUMBER: 315 482-9519	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #:
360 REGISTRATION DATE ISSUED:		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:	
FACILITY CONTACT: Jamic Pepin	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 315 783-6326	CONTACT FAX NUMBER: 315 482-6342
CONTACT EMAIL ADDRESS: Alex Dpw@Hotmail.com			
OWNER INFORMATION			
OWNER NAME: Town of Alexandria	OWNER PHONE NUMBER: 315 482-9519	OWNER FAX NUMBER: 315 482-6342	
OWNER ADDRESS: 46372 County Rt 1	OWNER CITY: Alexandria Bcy	STATE: NY	ZIP CODE: 13607
OWNER CONTACT: Jamic Pepin	OWNER CONTACT EMAIL ADDRESS: Alex Dpw@Hotmail.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	2
February	1
March	3
April	5
May	6
June	6
July	6
August	6
September	6
October	6
November	3
December	2
Total Disposed For Year	52
Daily Average (Tons)	.14

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:

% 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	<i>Direct Haul</i>	NY	Jefferson	Development Authority of North County	52
Other (specify)					
TOTAL RECEIVED (tons):					<u>52</u>

SECTION 4 - OPERATIONS

Estimated time remaining before closure 1 1/2 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.

 Signature 2/20/18 Date

Jemie J Papin Name (Print or Type) _____ Title (Print or Type)

Alexdpm @ Hotmail. Com Email (Print or Type)

46372 County Rd 1 Address Alexandria Bay City

NY 13607 State and Zip (315) 482-9519 Phone Number

ATTACHMENTS: YES NO
(Please check appropriate line)

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Materials Management, Bureau of Solid Waste Management
625 Broadway, Albany, New York 12233-7260
P: (518) 402-8678 | F: (518) 402-9024
www.dec.ny.gov

Alexandria (T) Land Clearing Landfill
David Bain
46372 County Route 1
Alexandria Bay, NY 13607

MAY 16 2018



Dear David Bain:

Re: Issuance of a Notice of Violation (NOV) – Alexandria (T) Land Clearing Landfill
[23D22]
Landfill - land clearing debris

This letter serves to provide you with a Notice of Violation (NOV) setting forth the specific actions that constitute the violation(s) involving Article 27, Title 7 of the Environmental Conservation Law ("ECL"). As the owner or operator of a permitted/registered solid waste management facility, you are required to comply with the operating and reporting requirements contained in 6 NYCRR Part 360. Facility Annual Reports are due to the New York State Department of Environmental Conservation (DEC) no later than 60 days after the first day of January following each year of operation. This NOV is issued because you failed to submit a solid waste management facility annual report for operating year 2017 by March 2, 2018, as required by 6 NYCRR 360-1.4(c).

DEC staff must receive your facility's annual report within fourteen (14) days of this letter's date. If the annual report is not received by the date specified above, DEC will commence an enforcement action against you which may include an enforcement hearing. Failure to submit a solid waste management facility annual report is a violation of 6 NYCRR Part 360 and can result in a penalty of up to \$7,500 per violation and an additional penalty of up to \$1,500 per day that the violation continues, as specified in ECL §71-2703.

Follow the directions below to complete the annual report submission process. Further instructions can be found on the Annual Report Forms:

1. The 2017 annual report forms are available online at:
<http://www.dec.ny.gov/chemical/52706.html>.
2. Complete the fillable pdf form(s) applicable to your facility or facilities, OR Download the forms applicable to your facility or facilities, and fill out the form(s) by hand.
3. Print the form(s) double-sided.



Department of
Environmental
Conservation