

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:

Black River Tree Removal

FACILITY LOCATION ADDRESS:

29807 Andrews Rd

FACILITY CITY:

Black River

STATE:

NY

ZIP CODE:

13612

FACILITY TOWN:

Autland

FACILITY COUNTY:

Jeff

FACILITY PHONE NUMBER:

315 773-4509

FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).

NYSDEC

REGION #: *6*

360 REGISTRATION DATE ISSUED:

3-11-04

NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:

23024

FACILITY CONTACT:

public

private

CONTACT PHONE

NUMBER:

315 773-4509

CONTACT FAX NUMBER:

315 773-5830

CONTACT EMAIL ADDRESS:

OWNER INFORMATION

OWNER NAME:

Black River Tree Removal

OWNER PHONE NUMBER:

315 773-4509

OWNER FAX NUMBER:

315 773-5830

OWNER ADDRESS:

29807 Andrews Rd

OWNER CITY:

Black River

STATE:

NY

ZIP CODE:

13612

OWNER CONTACT:

Timothy Peray

OWNER CONTACT EMAIL ADDRESS:

OPERATOR INFORMATION

OPERATOR NAME:

same as owner

public

private

PREFERENCES

Preferred address to receive correspondence: Facility location address

Owner address

Other (provide):

Preferred email address: Facility Contact

Owner Contact

Other (provide): *BRTR 250 @ YAHOO.COM*

Preferred individual to receive correspondence: Facility Contact

Owner Contact

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

23D24

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

____ % Estimated

____ % Truck Count

____ % Other (Specify: _____)

Land Clearing Debris	Weight (tons)
January	0
February	0
March	20
April	30
May	60
June	60
July	80
August	60
September	60
October	40
November	0
December	0
Total Disposed For Year	410
Daily Average (Tons)	

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					
Other (specify)					
TOTAL RECEIVED (tons):					

SECTION 4 - OPERATIONS

Estimated time remaining before closure 20 years

*I'm 60 years old I will cut trees
Till I die I got A lot of Room Here*

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.

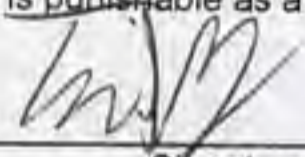
SECTION 7 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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.

<u></u> Signature	<u>2-2-18</u> Date
<u>Timothy J. Pereg</u> Name (Print or Type)	<u>owner</u> Title (Print or Type)
<u>BRT R 250 @ YAHOO.COM</u> Email (Print or Type)	
<u>29807 Andrews RD</u> Address	<u>Black River</u> City
<u>NY 13612</u> State and Zip	<u>315,773 4509</u> Phone Number

ATTACHMENTS: YES X NO
(Please check appropriate line)