

LAND CLEARING DEBRIS LANDFILL ANNUAL REPORT

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NYSDEC

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

FEB 15 2018

annual report is for the year of operation from January 01, 2017 to December 31, 2017

SECTION 1 – FACILITY INFORMATION

Environmental Quality
Region 6

FACILITY INFORMATION			
FACILITY NAME: Town of Clayton Transfer Site			
FACILITY LOCATION ADDRESS: 41591 Cty Rte 4	FACILITY CITY: Town of Clayton	STATE: NY	ZIP CODE: 13624
FACILITY TOWN: Clayton	FACILITY COUNTY: Jefferson	FACILITY PHONE NUMBER: (315) 686-2557	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Development Authority of the North Country			NYSDEC REGION #: 6
360 REGISTRATION DATE ISSUED:		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 23 D25	
FACILITY CONTACT: James E. Jones	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: (315)686-4310	CONTACT FAX NUMBER: (315) 686-3245
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Town of Clayton	OWNER PHONE NUMBER: (315) 686-3512	OWNER FAX NUMBER: (315) 686-2651	
OWNER ADDRESS: 405 Riverside Dr PO Box 379	OWNER CITY: Clayton	STATE: NY	ZIP CODE: 13624
OWNER CONTACT: Kathleen E. LaClair	OWNER CONTACT EMAIL ADDRESS: twnclerk@townofclayton.com		
OPERATOR INFORMATION			
OPERATOR NAME: James E. Jones	<input type="checkbox"/> same as owner (315) 686-4310/783-1852	<input checked="" 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 type="checkbox"/> Owner Contact <input checked="" type="checkbox"/> Other (provide): twnclerk@townofclayton.com Kathleen E LaClair			
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	0.07
February	0.21
March	0.35
April	0.98
May	1.05
June	1.05
July	1.05
August	1.05
September	0.70
October	0.35
November	0.07
December	0.07
Total Disposed For Year	7.00
Daily Average (Tons)	0.035

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					
	Direct Haul	NY	Jefferson	Jefferson County	7.0
Other (specify)					
TOTAL RECEIVED (tons):					7.0

SECTION 4 - OPERATIONS

Estimated time remaining before closure _____ years

Does this facility accept exempt materials (i.e. recognizable uncontaminated 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.

David M. Storandt
Signature

Feb 2018
Date

David M. Storandt, Jr.
Name (Print or Type)

Town of Clayton Supervisor
Title (Print or Type)

dstorandt@townofclayton.com
Email (Print or Type)

405 Riverside Dr. / PO Box 379
Address

Clayton
City

New York 13624
State and Zip

(315) 686 - 3512 ext. 21
Phone Number

ATTACHMENTS: YES NO
(Please check appropriate line)