

## 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: 7-31-08		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 23030	
FACILITY CONTACT:	<input type="checkbox"/> public <input checked="" type="checkbox"/> 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: Tandy Perez	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> same as owner	<input type="checkbox"/> public	<input checked="" type="checkbox"/> private
PREFERENCES			
Preferred address to receive correspondence:		<input checked="" type="checkbox"/> Facility location address	
<input type="checkbox"/> Other (provide):		<input type="checkbox"/> Owner address	
Preferred email address:		<input type="checkbox"/> Facility Contact	
<input type="checkbox"/> Other (provide): BRTK 250 @ YAHOO.COM		<input type="checkbox"/> Owner Contact	
Preferred individual to receive correspondence:		<input type="checkbox"/> Facility Contact	
<input type="checkbox"/> Other (provide):		<input type="checkbox"/> Owner Contact	

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**

23030

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	26
May	40
June	120
July	80
August	100
September	120
October	80
November	40
December	0
<b>Total Disposed For Year</b>	<b>626</b>
<b>Daily Average (Tons)</b>	

### 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)					
<b>TOTAL RECEIVED (tons):</b>					

**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.

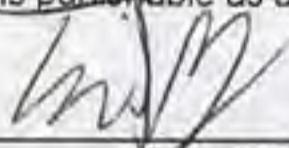
## SECTION 7 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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.

                      2-2-18  
Signature    Date

Timothy J. Pereg                                      Owner  
Name (Print or Type)                                      Title (Print or Type)

BRTR 250 @ YAHOO.COM  
Email (Print or Type)

29807 ANDIENS RD                                      Black River  
Address    City

NY 13612    315-773-4509  
State and Zip    Phone Number

ATTACHMENTS:  YES  NO  
(Please check appropriate line)