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 <u>January 01, 2017</u> to <u>December 31, 2017</u>

SECTION 1 - FACILITY INFORMATION

定的部分型 生产的本位 非主新和爱用工程的知识证明	MFACILITY	INFORMATION		3332129 <u>1</u>	国际国际的				
FACILITY NAME:									
FACILITY LOCATION ADDRESS:	Land	F:11							
FACILITY LOCATION ADDRESS:	FACILITY		STATE:	ZIP CODE:					
Bhantingham Rd FACILITY TOWN:	Brant		NY	13312					
FACILITY TOWN:	FACILITY	FACILITY PHONE NUMBER:							
Gheig	Lewi	<u>S</u>	315-348-5554						
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). REGION #: REGION									
360 REGISTRATION DATE ISSUED: 8/	25/16	NYS DEC ACTIVITY	CODE	OR REGIS	TRATION				
6-2326-00049/00001 NUMBER: 25 \$ DOZ									
FACILITY CONTACT:	M public	CONTACT PHONE NUMBER: 315. 681-8	77 C	ONTACT	FAX NUMBER:				
Rick Watson	□ private	NUMBER: 315. 681-0) - ' T _{J-}	- 866 -2	59-5620				
CONTACT EMAIL ADDRESS:		<u>.</u>		<u>-</u>	<u> </u>				
2012年1月1日 1月1日 1878年1日 1日2月1日 1日2日 1日2日 1日2日 1日2日 1日2日 1日2日		NEORMATION		精制的类物物	9年有关的特殊提供的原理的 ₂₀₁₆ 4				
OWNER NAME:	OWNER P	OWNER FAX NUMBER:							
OWNER ADDRESS:	315-34	1-86	6-259	-5620					
	OWNER C		STATE:	ZIP CODE:					
5186 Gheig Rt OWNER CONTACT:	OWNERC	<u> </u>	NΥ	13345					
Rick Watson	OWNER CONTACT EMAIL ADDRESS:								
THE HEALTH CHECKER HANDER OF THE PROPERTY OF THE SECTION OF THE PROPERTY OF TH	OPERATOR	NFORMATION			网络阿利尼 尔克尔 高级的现在分词				
OPERATOR NAME: Same as owner			_ I _	public					
可是它們們們的學問學可以的用戶程程的信息中華的問題與它的	PREF	ERENCES (SEE SECTION)		<mark>⊒ private</mark> 均数数数据型	900 TO AND AND AND THE SECOND				
Preferred address to receive correspondence: ☐ Facility location address ☐ Other (provide):									
Preferred email address:	Æ on	rner Contact							
Preferred individual to receive correspondence Other (provide):	e: 🗖 Fecilit	y Contact 👿 Owner	r Contact						
Did you operate in 2017? 💢 Yes; Complete	e this form.								
☐ No: Complete relinquish your permit/registration associated vaste Management Facility or Activity Notification	with this solid	Sections 1 and 7. If you r waste management active ecated at: http://www.dec.r	itv. also	complete	the "Inactive Solid				

(KAH)

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 <u> </u>	and percentages of total waste transported by each: % Rail	
% Water	% Other (specify:)	
Explain which waste type	s and service areas below are included in these transport methods	

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)					

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