

Preserving the environment through integrated recovery and disposal.

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January 24, 2018

Ms. Yuan Zeng, P.E.  
Regional Materials Management Engineer  
NYSDEC  
317 Washington Street  
Watertown, NY 13601  
**Via email**

Re: 2017 Report Leland Avenue Land Clearing Debris Facility – Utica  
Facility #33D19

Dear Ms. Zeng:

Enclosed please find the annual report for the above referenced facility.

Please feel free to call if you have any questions.

Sincerely,



James V. Biamonte  
Environmental Coordinator

JVB/aag

cc: William A. Rabbia, Executive Director  
Sarah Harrison, NYSDEC – Utica  
NYSDEC – Central Office via e-mail

Q:\DOCUMENTS\SIMPLAND CLEARING DEBRIS FACILTRS\Zeng-Yuan\_NYSDEC\_2017 rpt Land clearing debris rpt Utica(via email)\_201801274jvb.doc

## LAND CLEARING DEBRIS LANDFILL ANNUAL REPORT

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

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annual report is for the year of operation from January 01, 2017 to December 31, 2017NYSDEC  
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## SECTION 1 – FACILITY INFORMATION

## FACILITY INFORMATION

FACILITY NAME: Leland Ave Land Clearing Debris Facility			
FACILITY LOCATION ADDRESS: 80 Leland Ave Ext.	FACILITY CITY: Utica	STATE: NY	ZIP CODE: 13503
FACILITY TOWN:	FACILITY COUNTY: Oneida	FACILITY PHONE NUMBER: (315) 733-0417	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Oneida Herkimer Solid Waste Authority			NYSDEC REGION #: 6
360 REGISTRATION DATE ISSUED:		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 33D19	
FACILITY CONTACT: Dan Bowman	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: (315) 733-0417	CONTACT FAX NUMBER: (315) 734-0151
CONTACT EMAIL ADDRESS: danb@ohswa.org			
<b>OWNER INFORMATION</b>			
OWNER NAME: Oneida Herkimer Solid Waste Authority	OWNER PHONE NUMBER: (315) 733-1224	OWNER FAX NUMBER: (315)733-2305	
OWNER ADDRESS: 1600 Genesee Street	OWNER CITY: Utica	STATE: NY	ZIP CODE: 13502
OWNER CONTACT: James V. Biamonte	OWNER CONTACT EMAIL ADDRESS: jimb@ohswa.org		
<b>OPERATOR INFORMATION</b>			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
<b>PREFERENCES</b>			
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:

100 % Scale Weight

\_\_\_\_\_ % Estimated

\_\_\_\_\_ % Truck Count

\_\_\_\_\_ % Other (Specify: \_\_\_\_\_)

Land Clearing Debris	Weight (tons)
January	10.69
February	156.90
March	1,740.45
April	1,362.50
May	146.68
June	213.65
July	212.37
August	159.44
September	87.04
October	65.85
November	33.50
December	235.53
Total Disposed For Year	4,424.60
Daily Average (Tons)	17.02

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**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.*

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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   A11  

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	Oneida Herkimer	Oneida Herkimer Solid Waste Authority	4,424.60
Other (specify)					
<b>TOTAL RECEIVED (tons):</b>					<b>4,424.60</b>

## SECTION 4 - OPERATIONS

Estimated time remaining before closure 10 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.

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**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.

William A. Rabbia  
Signature

1/24/2018  
Date

William A. Rabbia  
Name (Print or Type)

Executive Director  
Title (Print or Type)

billr@ohswa.org  
Email (Print or Type)

1600 Genesee St.  
Address

Utica  
City

NY 13502  
State and Zip

315 733 1224  
Phone Number

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ATTACHMENTS:  YES  NO  
(Please check appropriate line)