

Fax Cover

Town of Parishville

P.O. Box 155
1772 State Hwy. 72
Parishville, New York 13672
Phone (315) 265-2131
Fax (315) 265-1855

<u>Town Supervisor</u> Rodney Votra sparishville@yahoo.com	<u>Town Clerk</u> Connie Maguire tcparishville@yahoo.com
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To: Richard Clarkson	From: Town of Parishville
Fax # : 518-402-9041	Re: Annual Reports
Date: 05/22/18	# of pages including cover: 18

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: <u>Town of Parishville</u>			
FACILITY LOCATION ADDRESS: <u>Rutman Rd</u>	FACILITY CITY: <u>Parishville</u>	STATE: <u>NY</u>	ZIP CODE: <u>13672</u>
FACILITY TOWN: <u>Parishville</u>	FACILITY COUNTY: <u>St. Lawrence</u>	FACILITY PHONE NUMBER: <u>(315) 265-2131</u>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <u>Dane</u>			NYSDEC REGION #: <u>6</u>
360 REGISTRATION DATE ISSUED:		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: <u>46002</u>	
FACILITY CONTACT: <u>Steven Hart</u>	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <u>(315) 265-2131</u>	CONTACT FAX NUMBER: <u>(315) 265-1855</u>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <u>Town of Parishville</u>	OWNER PHONE NUMBER: <u>(315) 265-2131</u>	OWNER FAX NUMBER: <u>(315) 265-1855</u>	
OWNER ADDRESS: <u>P.O. Box 155</u>	OWNER CITY: <u>Parishville</u>	STATE: <u>NY</u>	ZIP CODE: <u>13672</u>
OWNER CONTACT: <u>Rodney Uotra</u>	OWNER CONTACT EMAIL ADDRESS: <u>SParishville@yahoo.com</u>		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner			<input checked="" type="checkbox"/> public <input type="checkbox"/> private
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Did you operate in 2017? <input type="checkbox"/> Yes; Complete this form. <input type="checkbox"/> 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 _____ % Estimated
 _____ % Truck Count _____ % Other (Specify: _____)

Land Clearing Debris	Weight (tons)
January	
February	
March	
April	5
May	6
June	3
July	2
August	4
September	6
October	
November	
December	
Total Disposed For Year	<i>Estimated 26 tons</i>
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	Local Taxpayer use for land debris (Brush, leaves, etc)				
Other (specify)					
TOTAL RECEIVED (tons):					_____

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 ~~XX~~ 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 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.


Signature

5.22.18
Date

Rodney Votra
Name (Print or Type)

Town Supervisor
Title (Print or Type)

sparishville@yahoo.com
Email (Print or Type)

Po Box 155
Address

Parishville
City

Ny 13072
State and Zip

(315) 265-2131
Phone Number

ATTACHMENTS: YES NO
(Please check appropriate line)

Reprinted (12/17)

- Prepared by Highway Supervisor, Steve Hart
5-22-18

Division of Materials Management
New York State Department of Environmental Conservation
Albany, New York 12233-7260

LAND CLEARING DEBRIS LANDFILL

A Land Clearing Debris Landfill is a landfill that is three acres or less used for the disposal of only vegetative matter, soil and rock resulting from activities such as land clearing and grubbing, utility line maintenance or seasonal or storm-related cleanup such as trees, stumps, brush and leaves and including wood chips generated from these materials. Further information and a listing of the land clearing debris landfills are available online at <http://www.dec.ny.gov/chemical/23700.html>.

If your facility is authorized to process construction and demolition debris you need to submit a Construction & Demolition Debris Processing Facility Annual Report. If your facility is authorized to operate as a land clearing debris landfill and to process construction and demolition debris you must submit both annual reports.

Forms for all solid waste management facilities can be found at <http://www.dec.ny.gov/chemical/52706.html> and a brief description of each type of facility can be found at <http://www.dec.ny.gov/chemical/8495.html>.

Annual Report

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

Reporting of the information indicated on this Active Land Clearing Debris Landfill Annual/Quarterly Report form is required pursuant to 6 NYCRR 360-1.4(c); 360-1.8(e)(1)(ii),(h)(8); 360-1.14(e)(2), (i)(1); 360-7.2(c). Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual/Quarterly Report requirements of 6 NYCRR Part 360.

Where the Annual Report requirements have been modified, appropriate Sections (as necessary to reflect the modification) must be completed and submitted with a copy of the Department's written notification which allows the modification.

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

Solid Waste Volume To Weight Conversion Factors

MATERIAL	EQUIVALENT	
Land Clearing Debris	1 cubic yard	0.5 tons

SECTION 3 – SERVICE AREA OF MATERIAL RECEIVED

Identify the facility's service area by indicating the type of solid waste received, the Solid Waste Management facility (SWMF) from which it was received by your facility (or Direct Haul), the corresponding State/Country, the County/Province, and the NYS Planning Unit and the amount received. Refer to the list of NYS Planning Units that can be found at the end of this report. The total amount reported here should equal the total amount reported in Section 2 (Land Clearing Debris Disposed). DO NOT REPORT IN CUBIC YARDS!

Additional Service Area Guidance:

- 1) Direct hauled from the generator of the waste. In the case where the waste is hauled to your facility from the generator (i.e. hauled from residences, commercial establishments, etc.), "Direct Haul" is the appropriate response in Column 2 under "Service Area." Please report the tonnage by waste type and identify the state, county and planning unit where it was generated.
- 2) Sent to your land clearing debris landfill from another solid waste management facility. Waste may be sent to your land clearing debris landfill from another solid waste management facility. In this case, please report the tonnage by waste 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.