

From:TOWN OF MORRISTOWN

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TOWN OF MORRISTOWN

TOWN CLERK
David Murray
JUSTICES
James T. Phillips, Jr.
Lisa J. Whitmarsh
TOWN ATTORNEY
Silver & Collins
HISTORIAN
Debbie Murray
Code Officer
Christopher Sherwin

P.O. BOX 240
604 Main Street
Morristown, NY 13664
Phone (315) -375-6510
Fax (315) -375-4723
TDD-1-800-662-1220

SUPERVISOR
Frank Putman

www.townofmorristownny.org

COUNCIL MEMBERS
Gary Turner
Shawn Macaulay
David VanArman
Christopher Coffin
HIGHWAY
SUPERINTENDENT
Dean Hoffman
Dog Control Officer
Daniel Moyer
Assessor
James Snyder

FAX COVER SHEET

TO: New York D.E.C. Report FAX # 518-402-9041
FROM: Town of Morristown
DATE: 2-26-18
SUBJECT: Landfill Report Land clearing landfill PAGES: 15 Includes Cover

This fax is intended solely for the above named recipient and may contain confidential material. If you have received this fax in error please notify us immediately.

Dean Hoffman
Highway Superintendent
315-375-6563 cell 315-221-1651

Town Of Morristown

Po Box 565
Brier Hill NY 13614
morristownhwy@nynymail.com



Clear Form

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>Morristown</u> | | | |
| FACILITY LOCATION ADDRESS: <u>136 county Route 2</u> | FACILITY CITY: <u>Brier Hill</u> | STATE: <u>NY</u> | ZIP CODE: <u>13614</u> |
| FACILITY TOWN: <u>Morristown</u> | FACILITY COUNTY: <u>St. Lawrence</u> | FACILITY PHONE NUMBER: <u>315-375-6563</u> | |
| FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <u>St. Lawrence</u> | | | NYSDEC REGION #: <u>6</u> |
| 360 REGISTRATION DATE ISSUED: | | NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: <u>45003</u> | |
| FACILITY CONTACT: <u>Dean Hoffman</u> | <input type="checkbox"/> public <input type="checkbox"/> private | CONTACT PHONE NUMBER: <u>315-375-6563</u> | CONTACT FAX NUMBER: <u>315-375-5038</u> |
| CONTACT EMAIL ADDRESS: <u>morristownhwy@ny mail.com</u> | | | |
| OWNER INFORMATION | | | |
| OWNER NAME: <u>Town of Morristown</u> | OWNER PHONE NUMBER: <u>315-375-6510</u> | OWNER FAX NUMBER: <u>315-375-4723</u> | |
| OWNER ADDRESS: <u>PO Box 240</u> | OWNER CITY: <u>Morristown</u> | STATE: <u>NY</u> | ZIP CODE: <u>13664</u> |
| OWNER CONTACT: <u>Frank Putman</u> | OWNER CONTACT EMAIL ADDRESS: | | |
| OPERATOR INFORMATION | | | |
| OPERATOR NAME: <input type="checkbox"/> same as owner | | <input type="checkbox"/> public <input type="checkbox"/> private | |
| PREFERENCES | | | |
| Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide): | | | |
| Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide): | | | |
| Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input 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 |
| February | 0 |
| March | 4 |
| April | 25 |
| May | 40 |
| June | 15 |
| July | 8 |
| August | 11 |
| September | 12 |
| October | 20 |
| November | 16 |
| December | 4 |
| Total Disposed For Year | 155 |
| Daily Average (Tons) | 2.35 |

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) | | | | | |
| | | | | | |
| TOTAL RECEIVED (tons): | | | | | |

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SECTION 4 - OPERATIONSEstimated time remaining before closure 20 yearsDoes 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.

Dean Hoff
Signature

2-22-18
Date

Dean Hoff
Name (Print or Type)

Highway Supt.
Title (Print or Type)

morristownhighway@ny mail.com
Email (Print or Type)

Po Box 240
Address

morristown
City

NY 13664
State and Zip

(315) 375-6563
Phone Number

ATTACHMENTS: ☐ YES ☐ NO
(Please check appropriate line)

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Clear Form

PERMITTED TRANSFER STATION ANNUAL REPORT

(If you need assistance filling out this form please email swmannualreport@dec.ny.gov or call 518-402-8678.)

Complete and submit this form by March 1, 2018.

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

SECTION 1 - GENERAL INFORMATION

| FACILITY INFORMATION | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| FACILITY NAME: <i>Morristown</i> | | | |
| FACILITY LOCATION ADDRESS: <i>136 County Rt 2</i> | FACILITY CITY: <i>Brier Hill</i> | STATE: <i>NY</i> | ZIP CODE: <i>13614</i> |
| FACILITY TOWN: <i>Morristown</i> | FACILITY COUNTY: <i>St. Lawrence</i> | FACILITY PHONE NUMBER: <i>315 375-6563</i> | |
| FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <i>St. Lawrence</i> | | | NYSDEC REGION #: <i>6</i> |
| 360 PERMIT #:(Refer to DEC Permit) | DATE ISSUED: | DATE EXPIRES: | NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit) <i>415R22</i> |
| FACILITY CONTACT: <i>Dean Hoffman</i> | <input type="checkbox"/> public <input type="checkbox"/> private | CONTACT PHONE NUMBER: <i>315-375-6563</i> | CONTACT FAX NUMBER: <i>315-375-5038</i> |
| CONTACT EMAIL ADDRESS: | | | |
| OWNER INFORMATION | | | |
| OWNER NAME: <i>Town of Morristown</i> | OWNER PHONE NUMBER: <i>315-375-6563</i> | OWNER FAX NUMBER: <i>315-375-4723</i> | |
| OWNER ADDRESS: <i>PO Box 240</i> | OWNER CITY: <i>Morristown</i> | STATE: <i>NY</i> | ZIP CODE: <i>13664</i> |
| OWNER CONTACT: <i>Frank Putman</i> | OWNER CONTACT EMAIL ADDRESS: | | |
| OPERATOR INFORMATION | | | |
| OPERATOR NAME: <input type="checkbox"/> same as owner | | <input 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? ☐ Yes; Complete this form.*NO clean-up Days 2017*

☒ No; Complete and submit Sections 1 and 11. 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 4 - TRANSFER OR DISPOSAL DESTINATION

Please identify destination of waste. Please only include waste sent off-site for disposal or further transfer prior to disposal. Exclude Recyclable Material amounts reported in Section 5. DO NOT REPORT IN CUBIC YARDS!

- If the waste is being sent to another facility for transfer or processing prior to disposal (e.g. Transfer station or C&D debris processing facility), please identify name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the transfer destination and the amount of waste transferred in the "Amount to Transfer Destination" column.
- If the waste is being sent to a landfill or combustor, please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the disposal destination and the amount of waste being sent for disposal in the "Amount to Disposal Destination" column.

Specify transport method, list type of material(s) and percentages of total waste transported by each:

_____ % Road: Waste Type(s): _____ % Rail: Waste Type(s): _____
 _____ % Water: Waste Type(s): _____ % Other (specify: _____): Waste Type(s): _____

| TRANSFER OR DISPOSAL DESTINATION | | | | | | | |
|---------------------------------------------------------|-----------------------------------------------------------------------|------------------------------|--------------------------------|-------------------------------------------------------------------------|---------------------------------------|---------------------------------------|-------------------|
| TYPE OF SOLID WASTE | SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address) | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units) | AMOUNT TO TRANSFER DESTINATION (TONS) | AMOUNT TO DISPOSAL DESTINATION (TONS) | TOTAL YEAR (TONS) |
| Asbestos | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Construction & Demolition (C&D) Debris | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Industrial Waste (Including Industrial Process Sludges) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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SECTION 2 - SOLID WASTE RECEIVED

Please provide the tonnages of solid waste received. Include all waste received. Report Recyclable Materials in Section 5. **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: _____)

| Type of Solid Waste | January (tons) | February (tons) | March (tons) | April (tons) | May (tons) | June (tons) | July (tons) |
|--------------------------------------------------------------------------------------|-------------------|--------------------|-----------------|-----------------|---------------|----------------|----------------|
| Asbestos | | | | | | | |
| Construction & Demolition (C&D) Debris | | | | | | | |
| Industrial Waste (Including Industrial Process Sludges) | | | | | | | |
| Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial) | | | | | | | |
| Oil/Gas Drilling Waste | | | | | | | |
| Petroleum Contaminated Soil | | | | | | | |
| Sewage Treatment Plant Sludge | | | | | | | |
| Treated/Regulated Medical Waste | | | | | | | |
| Emergency Authorization Waste (Storm Debris) | | | | | | | |
| Other (specify) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total Tons Received | | | | | | | |

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste

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SECTION 2 - SOLID WASTE RECEIVED (continued)

| Type of Solid Waste | Tip Fee (\$/ton) | August (tons) | September (tons) | October (tons) | November (tons) | December (tons) | Total Year (tons) | Daily Avg. (tons) |
|-----------------------------------------------------------------------------|------------------|---------------|------------------|----------------|-----------------|-----------------|-------------------|-------------------|
| Asbestos | | | | | | | | |
| Construction & Demolition (C&D) Debris | | | | | | | | |
| Industrial Waste (including Industrial Process Sludges) | | | | | | | | |
| Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial) | | | | | | | | |
| Oil/Gas Drilling Waste | | | | | | | | |
| Petroleum Contaminated Soil | | | | | | | | |
| Sewage Treatment Plant Sludge | | | | | | | | |
| Treated Regulated Medical Waste | | | | | | | | |
| Emergency Authorization Waste (Storm Debris) | | | | | | | | |
| Other (specify) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total Tons Received | | | | | | | | |

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

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SECTION 3 – SERVICE AREA OF SOLID WASTE RECEIVED

Please identify where the waste is coming from. The total tons received reported below should equal the total tons received in Section 2 (Solid Waste Received). **DO NOT REPORT IN CUBIC YARDS!**

- If the waste **WAS** received from another solid waste management facility, please write in the name and address of the facility along with the appropriate state, county and planning unit/municipality.
- If the waste **WAS NOT** received from another solid waste management facility, please write in "**Direct Haul**" along with the appropriate state, county and planning unit/municipality where the waste was generated.

Specify transport method, list type of material(s) and percentages of total waste transported by each:

% Road: Waste Type(s): _____ % Rail: Waste Type(s): _____
 % Water: Waste Type(s): _____ % Other (specify: _____): Waste Type(s): _____

| SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from) | | | | | |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------|---------------------------------|--------------------------------------------------------------------------|---------------|
| 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 |
| Asbestos | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Construction & Demolition (C&D) Debris | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Industrial Waste (Including Industrial Process Sludges) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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| SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from) | | | | | |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------|---------------------------------|--------------------------------------------------------------------------|---------------|
| 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 |
| Municipal Solid Waste (MSW) (Residential, Institutional & Commercial) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Oil/Gas Drilling Waste | | | | | |
| | | | | | |
| Petroleum Contaminated Soil | | | | | |
| | | | | | |
| Sewage Treatment Plant Sludge | | | | | |
| | | | | | |
| Treated Regulated Medical Waste (TRMW)* | | | | | |
| | | | | | |
| Emergency Authorization Waste (Storm Debris) | | | | | |
| | | | | | |
| Other (specify) | | | | | |
| | | | | | |
| TOTAL RECEIVED (tons): | | | | | |

* List generators that provide you Certificates of Treatment forms and quantities of TRMW from each _____

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

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| TRANSFER OR DISPOSAL DESTINATION | | | | | | | |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------|--------------------------------|-------------------------------------------------------------------------|---------------------------------------|---------------------------------------|-------------------|
| TYPE OF SOLID WASTE | SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address) | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units) | AMOUNT TO TRANSFER DESTINATION (TONS) | AMOUNT TO DISPOSAL DESTINATION (TONS) | TOTAL YEAR (TONS) |
| Municipal Solid Waste (MSW) (Residential, Institutional & Commercial) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Oil/Gas Drilling Waste | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Petroleum Contaminated Soil | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Sewage Treatment Plant Sludge | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Treated Regulated Medical Waste | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Emergency Authorization Waste (Storm Debris) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Other (specify) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TOTAL SENT (tons): | | | | | | | |

If the waste type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other waste name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other waste name.

name. REPRINTED (12/17)

SECTION 5 – PERMITTED TRANSFER STATION RECYCLABLE & RECOVERED MATERIALS

Is your facility also a permitted or registered Recyclables Handling & Recovery Facility?

☐ Yes; Complete Section 5 for material recovered from the mixed solid waste stream. Complete a Recyclables Handling & Recovery Facility (RHRF) form for material received as source separated. The RHRF form is located at: <http://www.dec.ny.gov/chemical/52706.html>.

☐ No; Complete Section 5 for material recovered from the mixed solid waste stream and for material received as source separated.

A. Service Area of Recyclable Material Received

Please identify where the recyclable materials are coming from. DO NOT REPORT IN CUBIC YARDS!

- If the materials **WERE** received from another solid waste management facility, please write in the name and address of the facility along with the appropriate state, county and planning unit/municipality.
- If the materials **WERE NOT** received from another solid waste management facility, please write in "**Direct Haul**" along with the appropriate state, county and planning unit/municipality where the recyclables were generated.

| SERVICE AREA OF RECYCLABLE MATERIAL RECEIVED (where the material is coming from) | | | | | |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------|---------------------------------|--------------------------------------------------------------------------|---------------|
| MATERIAL | 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 |
| Commingled Containers (metal, glass, plastic) | | | | | |
| Commingled Paper (all grades) | | | | | |
| Single Stream (total) | | | | | |
| Brush, Branches, Trees, & Stumps | | | | | |
| Food Scraps | | | | | |
| Yard Waste (curbside) | | | | | |
| Other (specify) | | | | | |
| TOTAL RECEIVED (tons): | | | | | |

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials

SECTION 5 – PERMITTED TRANSFER STATION RECYCLABLE & RECOVERED MATERIALS (continued)**B. Material Recovered**

Please identify destination of recovered materials. Indicate the name of the facility, address, corresponding State/Country, County/Province, Destination Planning Unit/Municipality and the amount of material transferred. **DO NOT REPORT IN CUBIC YARDS!**

Specify transport method, list type of material(s) and percentages of total waste transported by each:

% Road: Material(s): _____

% Rail: Material(s): _____

% Water: Material(s): _____

% Other (specify: _____): Material(s): _____

| PAPER RECOVERED | | | | | |
|--------------------------------------|---------------------------------|------------------------------------|--------------------------------------|----------------------------------------------------------------------------------|----------------------------------------|
| RECOVERED MATERIAL | DESTINATION (Name & Address) | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units) | TONS RECOVERED (out of facility) |
| Commingled Paper (all grades) | | | | | |
| Corrugated Cardboard | | | | | |
| Junk Mail | | | | | |
| Magazines | | | | | |
| Newspaper | | | | | |
| Office Paper | | | | | |
| Paperboard/ Boxboard | | | | | |
| Other Paper (specify) | | | | | |
| | | | | | |
| | | | | | |
| TOTAL PAPER RECOVERED (tons): | | | | | |

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials

name. REPRINTED (12/17)

SECTION 5 – PERMITTED TRANSFER STATION RECYCLABLE & RECOVERED MATERIALS (continued)**B. Material Recovered****GLASS RECOVERED**

| RECOVERED MATERIAL | DESTINATION (Name & Address) | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units) | TONS RECOVERED (out of facility) |
|------------------------|---------------------------------|------------------------------------|--------------------------------------|----------------------------------------------------------------------------------|----------------------------------------|
| Container Glass | | | | | |
| Industrial Scrap Glass | | | | | |
| Other Glass (specify) | | | | | |

TOTAL GLASS RECOVERED (tons):**METAL RECOVERED**

| RECOVERED MATERIAL | DESTINATION (Name & Address) | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units) | TONS RECOVERED (out of facility) |
|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|----------------------------------------------------------------------------------|----------------------------------------|
| Aluminum Foil / Trays | | | | | |
| Bulk Metal (from MSW) | | | | | |
| Bulk Metal (from CD debris) | | | | | |
| Enameled Appliances / White Goods | | | | | |
| Industrial Scrap Metal | | | | | |
| Tin & Aluminum Containers | | | | | |
| Other Metal (specify) | | | | | |

TOTAL METAL RECOVERED (tons):

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials

name, REPRINTED (12/17)

SECTION 5 – PERMITTED TRANSFER STATION RECYCLABLE & RECOVERED MATERIALS (continued)**B. Material Recovered**

| PLASTIC RECOVERED | | | | | |
|-------------------------------------------------------|---------------------------------------------|---------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------|
| RECOVERED MATERIAL | DESTINATION (Name & Address) | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units) | TONS RECOVERED (out of facility) |
| Commingled Plastic (#1 - #7) | | | | | |
| PET (plastic #1) | | | | | |
| HDPE (plastic #2) | | | | | |
| Other Rigid Plastics (#3 - #7) | | | | | |
| Industrial Scrap Plastic | | | | | |
| Plastic Film & Bags | | | | | |
| Other Plastics (specify) | | | | | |
| TOTAL PLASTIC RECOVERED (tons): | | | | | |
| MISCELLANEOUS MATERIAL RECOVERED | | | | | |
| RECOVERED MATERIAL | DESTINATION (Name & Address) | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units) | TONS RECOVERED (out of facility) |
| Electronics | | | | | |
| Textiles | | | | | |
| Other (specify) | | | | | |
| TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons): | | | | | |

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials

name. REPRINTED (12/17)

SECTION 5 – PERMITTED TRANSFER STATION RECYCLABLE & RECOVERED MATERIALS (continued)**B. Material Recovered**

| MIXED MATERIAL RECOVERED | | | | | |
|-------------------------------------------------------|---------------------------------------------|---------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------|
| RECOVERED MIXED MATERIAL | DESTINATION (Name & Address) | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units) | TONS RECOVERED (out of facility) |
| Commingled Containers (metal, glass, plastic) | | | | | |
| Commingled Paper & Containers | | | | | |
| Single Stream (total) | | | | | |
| Other (specify) | | | | | |
| | | | | | |
| TOTAL MIXED MATERIAL RECOVERED (tons): _____ | | | | | |
| ORGANIC MATERIAL RECOVERED | | | | | |
| RECOVERED MATERIAL | DESTINATION (Name & Address) | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units) | TONS RECOVERED (out of facility) |
| Brush, Branches, Trees, & Stumps | | | | | |
| Food Scraps | | | | | |
| Yard Waste (curbside) | | | | | |
| Other (specify) | | | | | |
| | | | | | |
| TOTAL ORGANIC MATERIAL RECOVERED (tons): _____ | | | | | |

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials

name. REPRINTED (12/17)

SECTION 6 – 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 |
|---------------|---------------|---------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Radiation MonitoringDoes your facility use a fixed radiation monitor? ☐ Yes ☒ No

Identify Manufacturer _____ and Model _____ of fixed unit.

Does your facility use a portable radiation monitor? ☐ Yes ☒ No

Identify Manufacturer _____ and Model _____ of fixed unit.

If the radiation monitors have been triggered give information below for each incident:

| Incident Number | Received | | Hauler | Origin | Truck Number | Reading | Disposal Status | Removed | |
|-----------------|----------|------|--------|--------|--------------|---------|-----------------|---------|------|
| | Date | Time | | | | | | Date | Time |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SECTION 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Are there required cost estimates and financial assurance documents for closure?

☐ Yes ☒ No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

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SECTION 8 - 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 9 - CHANGES

Were there any changes from approved reports, plans, specifications, and permit conditions?

☐ Yes ☒ No If yes, attach additional sheets identifying changes with a justification for each change.

SECTION 10 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form?

☐ Yes ☒ No If yes, attach additional sheets identifying the reporting requirements with their respective responses.

SECTION 11 - 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.

Dean Hoffman
Signature

2-22-18
Date

Dean Hoffman
Name (Print or Type)

Highway Supt
Title (Print or Type)

(315) 375-6563
Phone Number

PO Box 240
Address

Morristown
City

NJ 07960
State and Zip

morristownnj@ny.mn.com
Email (Print or Type)

ATTACHMENTS: ☐ YES ☒ NO (Please check appropriate line)

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

INACTIVE SOLID WASTE MANAGEMENT FACILITY OR ACTIVITY NOTIFICATION FORM

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FACILITY NAME: <u>Town of Morristown</u> | | | | |
| FACILITY ADDRESS: <u>136 county Route 2</u> | | | | |
| FACILITY CITY: <u>Brier Hill</u> | STATE: <u>NY</u> | ZIP CODE: <u>13614</u> | | |
| TYPE OF INACTIVE FACILITY OR ACTIVITY: (Check all applicable boxes) | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> C&D processing – permit <input type="checkbox"/> C&D processing – registration <input type="checkbox"/> Household Hazardous Waste <input type="checkbox"/> Landfill – Construction & Demolition Debris <input type="checkbox"/> Landfill – Industrial/Commercial <input type="checkbox"/> Landfill – Land Clearing Debris <input type="checkbox"/> Landfill – Long Island <input type="checkbox"/> Landfill – Municipal Solid Waste <input type="checkbox"/> Municipal Waste Combustor <input type="checkbox"/> Recyclable Handling & Recovery <input type="checkbox"/> Regulated Medical Waste – Radiopharmacy </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Regulated Medical Waste – Onsite Treatment <input type="checkbox"/> Regulated Medical Waste – Commercial Treatment <input type="checkbox"/> Regulated Medical Waste – Transfer Station <input checked="" type="checkbox"/> Transfer Station – permit <input type="checkbox"/> Transfer Station – registration <input type="checkbox"/> Waste Tire Storage – Dealer <input type="checkbox"/> Waste Tire Storage – New Product Manufacturing <input type="checkbox"/> Waste Tire Storage – Onsite Energy Recovery <input type="checkbox"/> Waste Tire Storage – permitted <input type="checkbox"/> Waste Tire Storage – Retreader <input type="checkbox"/> Other _____ </td> </tr> </table> | | | <input type="checkbox"/> C&D processing – permit <input type="checkbox"/> C&D processing – registration <input type="checkbox"/> Household Hazardous Waste <input type="checkbox"/> Landfill – Construction & Demolition Debris <input type="checkbox"/> Landfill – Industrial/Commercial <input type="checkbox"/> Landfill – Land Clearing Debris <input type="checkbox"/> Landfill – Long Island <input type="checkbox"/> Landfill – Municipal Solid Waste <input type="checkbox"/> Municipal Waste Combustor <input type="checkbox"/> Recyclable Handling & Recovery <input type="checkbox"/> Regulated Medical Waste – Radiopharmacy | <input type="checkbox"/> Regulated Medical Waste – Onsite Treatment <input type="checkbox"/> Regulated Medical Waste – Commercial Treatment <input type="checkbox"/> Regulated Medical Waste – Transfer Station <input checked="" type="checkbox"/> Transfer Station – permit <input type="checkbox"/> Transfer Station – registration <input type="checkbox"/> Waste Tire Storage – Dealer <input type="checkbox"/> Waste Tire Storage – New Product Manufacturing <input type="checkbox"/> Waste Tire Storage – Onsite Energy Recovery <input type="checkbox"/> Waste Tire Storage – permitted <input type="checkbox"/> Waste Tire Storage – Retreader <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> C&D processing – permit <input type="checkbox"/> C&D processing – registration <input type="checkbox"/> Household Hazardous Waste <input type="checkbox"/> Landfill – Construction & Demolition Debris <input type="checkbox"/> Landfill – Industrial/Commercial <input type="checkbox"/> Landfill – Land Clearing Debris <input type="checkbox"/> Landfill – Long Island <input type="checkbox"/> Landfill – Municipal Solid Waste <input type="checkbox"/> Municipal Waste Combustor <input type="checkbox"/> Recyclable Handling & Recovery <input type="checkbox"/> Regulated Medical Waste – Radiopharmacy | <input type="checkbox"/> Regulated Medical Waste – Onsite Treatment <input type="checkbox"/> Regulated Medical Waste – Commercial Treatment <input type="checkbox"/> Regulated Medical Waste – Transfer Station <input checked="" type="checkbox"/> Transfer Station – permit <input type="checkbox"/> Transfer Station – registration <input type="checkbox"/> Waste Tire Storage – Dealer <input type="checkbox"/> Waste Tire Storage – New Product Manufacturing <input type="checkbox"/> Waste Tire Storage – Onsite Energy Recovery <input type="checkbox"/> Waste Tire Storage – permitted <input type="checkbox"/> Waste Tire Storage – Retreader <input type="checkbox"/> Other _____ | | | |
| DEC ACTIVITY CODE(S) OR REGISTRATION NUMBER(S): <u>415R22</u> | FACILITY COUNTY: <u>St. Lawrence</u> | NYSDEC REGION #: <u>6</u> | | |

This document certifies that the type of facility or activity identified above is no longer operational. The owner/operator relinquishes their NYSDEC permit/registration and retains no other permit, registrations, or licenses related to the identified activity. It is recognized that in order to resume operation, a new permit application or registration form must be submitted to the Department for processing and approval. This notification does not excuse the facility from any closure, post-closure, or other requirements identified in 6 NYCRR Part 360.

I hereby affirm under penalty of perjury that information provided on this form 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 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.

Dean Hoffman
Name (Print or Type)

Highway Supt
Title (Print or Type)

(315) 375-6563
Phone Number

136 county route 2
Address

Brier Hill
City

NY 13614
State and Zip

[Signature]
Signature

2-22-18
Date