

To:

NYS

DEC.

From:

Dow GREENE Hwy. Supt.
Town of Hammond

12/15/2017

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: Town of Hammond - Brush Pile				
FACILITY LOCATION ADDRESS: Hyde Rd		FACILITY CITY: Hammond		STATE: NY ZIP CODE: 13646
FACILITY TOWN: Hammond		FACILITY COUNTY: St. Lawrence	FACILITY PHONE NUMBER: 315-324-5611	
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: 09-22-2011		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 45d08		
FACILITY CONTACT: Donald Greene		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 315-324-5611	CONTACT FAX NUMBER: 315-324-5611
CONTACT EMAIL ADDRESS:				
OWNER INFORMATION				
OWNER NAME: Town of Hammond		OWNER PHONE NUMBER: 315-324-5611		OWNER FAX NUMBER: 315-324-5611
OWNER ADDRESS: 1876 Cty Rt 6		OWNER CITY: Hammond		STATE: N.Y. ZIP CODE: 13646
OWNER CONTACT: Don Greene		OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION				
OPERATOR NAME: <input checked="" 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 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:

_____ % Scale Weight

_____ % Estimated

_____ % Truck Count

100 % Other (Specify: approx. by sight)

Land Clearing Debris	Weight (tons)
January	0
February	0
March	0
April	40
May	60
June	100
July	100
August	80
September	150
October	100
November	80
December	20
Total Disposed For Year	730
Daily Average (Tons)	

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:

_____ 100% Road _____ % Rail
_____ % Water _____ % Other (specify: _____)

Explain which waste types and service areas below are included in these transport methods _____

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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 ☒ 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 8 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.

Donald H. Greene
Signature

12-15-2017

Date

Donald Greene

Name (Print or Type)

Hwy. Supt.

Title (Print or Type)

highwaydept@townofhammondny.com

Email (Print or Type)

1876 cty. rt. 6

Address

Hammond

City

N.Y. 13646

State and Zip

3153245611

Phone Number

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

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