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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

	FACILITY	INFORMATION				
FACILITY NAME: Fiacco Development C	orp					
FACILITY LOCATION ADDRESS:	FACILITY CITY:			STATE:	ZIP CODE:	
S Main St	Norwood			NY	13668	
FACILITY TOWN:	FACILITY COUNTY:			FACILITY PHONE NUMBER:		
	St. Lawrence 315-353-2041			2041		
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). St. Lawrence County NYSDEC REGION #: 6						
360 REGISTRATION DATE ISSUED: August 10, 2015 NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 45D18					TRATION	
FACILITY CONTACT:	public CONTACT PHONE		(CONTACT FAX NUMBER:		
Thomas Fiacco Jr.	private	NUMBER: 315-212-1638	3	315-3	53-2041	
CONTACT EMAIL ADDRESS:tfiaccojr@tv	vcny.rr.con	1				
	The same and the same	INFORMATION	-			
OWNER NAME:		HONE NUMBER:		ER FAX NU		
Thomas Fiacco Jr.			315-	315-353-2041		
7666 State Highway 56	OWNER CITY: Norwood			STATE:	ZIP CODE: 13668	
OWNER CONTACT:	owner contact email address: tfiaccojr@twcny.rr.com					
	A STATE OF THE PARTY OF THE PAR		7111			
OPERATOR INFORMATION OPERATOR NAME: Same as owner Dpublic Dprivate						
		FERENCES				
Preferred address to receive correspondence Other (provide):	: Facility lo	ecation address		Owner address		
Preferred email address: Facility Contact Other (provide):	■ 0	wner Contact				
Preferred individual to receive correspondent Other (provide):	:e: 🗖 Facili	ity Contact Owne	er Contac	t		
Did you operate in 2017? Yes; Complete No; Complete relinquish your permit/registration associated	e and submi		ivity, als	o complete	the "Inactive Solid	

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 dis	sposed and the percentages measured by each method:
% Scale Weight	% Estimated
100 % Truck Count	% Other (Specify:)

Land Clearing Debris	Weight (tons)		
January	0		
February	0		
March	0		
April	10		
Мау	25		
June	35		
July	35		
August	25		
September	10		
October	5		
November	0		
December	0		
Total Disposed For Year	190		
Daily Average (Tons)	.52		

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) <u>Direct hauled from the generator of the material</u>. 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) <u>Sent to your facility from another solid waste management facility</u>. 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 a	nd percentages of total waste transported by	y each:	
100_% Road	% Rail		
% Water	% Other (specify:)	
Explain which waste types	and service areas below are included in thes	se 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
	Direct Haul	New York	St, Lawrence Co	St. Lawrence County	190
Land Clearing Debris					
Other (specify)					
				TOTAL RECEIVED (tons):	190

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SECTION 4 - OPERATIONS

Estimated time remain	ining before closure 10	years	
		i.e. recognizable unconta)? Yes N	aminated concrete and concrete products, lo
Has unauthorized so		- UNAUTHORIZED :	
			attach additional sheets if necessary):
Date Received	Type Received	Date Disposed	Disposal Method & Location
	SI	ECTION 6 - PROBL	EMS
Were any problems changes in facility p		he reporting period (e.g.,	specific occurrences which have led to
	If yes, attach additionathe problem.	al sheets identifying each	problem and the methods for resolution of

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:

State and Zip

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.

Thomas Fiacco Jr.

Name (Print or Type)

Title (Print or Type)

Title (Print or Type)

Title (Print or Type)

Total (Print or Type)

Title (Print or Type)

Total (Print or Type)

Phone Number

ATTACHMENTS: YES NO (Please check appropriate line)

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