

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: Fiacco Development Corp			
FACILITY LOCATION ADDRESS: S Main St	FACILITY CITY: Norwood	STATE: NY	ZIP CODE: 13668
FACILITY TOWN:	FACILITY COUNTY: St. Lawrence	FACILITY PHONE NUMBER: 315-353-2041	
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	
FACILITY CONTACT: Thomas Fiacco Jr.	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 315-212-1638	CONTACT FAX NUMBER: 315-353-2041
CONTACT EMAIL ADDRESS: tfiaccojr@twcny.rr.com			
OWNER INFORMATION			
OWNER NAME: Thomas Fiacco Jr.	OWNER PHONE NUMBER: 315-212-1638	OWNER FAX NUMBER: 315-353-2041	
OWNER ADDRESS: 7666 State Highway 56	OWNER CITY: Norwood	STATE: ny	ZIP CODE: 13668
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: tfiaccojr@twcny.rr.com		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" 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 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:

_____ % Scale Weight

_____ % Estimated

100 % Truck Count

_____ % Other (Specify: _____)

Land Clearing Debris	Weight (tons)
January	0
February	0
March	0
April	10
May	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 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.

