

**ACTIVE CONSTRUCTION AND DEMOLITION (C&D) DEBRIS LANDFILL
ANNUAL/QUARTERLY REPORT**

Submit the Annual Report no later than March 1, 2018

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

B. Quarterly Report for: Quarter 1 Quarter 2 Quarter 3 Quarter 4

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Joker's Wild Ranch LLC Shavings Mill			
FACILITY LOCATION ADDRESS: 709 Pleasant Hill Rd.	FACILITY CITY: Port Crane	STATE: NY	ZIP CODE: 13833
FACILITY TOWN: Coesville	FACILITY COUNTY: broome	FACILITY PHONE NUMBER: 607-772-8391	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Broome County			NYSDEC REGION #: 7
360 PERMIT #:	DATE ISSUED: 12/16/2015	DATE EXPIRES: N/A	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:
FACILITY CONTACT: Loren Illsley	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 607-772-8391	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Joker's Wild Realty Group LLC	OWNER PHONE NUMBER: 607-772-8391	OWNER FAX NUMBER:	
OWNER ADDRESS: 235 Nowlan Road	OWNER CITY: Binghamton	STATE: NY	ZIP CODE: 13904
OWNER CONTACT: Loren Illsley	OWNER CONTACT EMAIL ADDRESS: killsley@stny.rr.com		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> same as owner	<input type="checkbox"/> public <input checked="" 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 18. 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 16 - SURFACE IMPOUNDMENTS

Does this landfill have a surface impoundment?

Yes No If yes, repeat Sections 11 through 14 above for Quarterly Reports and Section 15 above for Annual report. Attach additional submissions required by this section.

SECTION 17 - 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 18 - 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.

Sam Illsley Jan. 25, 2018
Signature Date
Loren Illsley owner
Name (Print or Type) Title (Print or Type)
killsley@stny.rr.com
Email (Print or Type)
235 Nowlan Road Binghamton
Address City
NY, 13904 (607) 772-8391
State and Zip Phone Number

ATTACHMENTS: YES NO