

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 NAME:			FORMATION		100 100 7		
Maple Road Brush Dur	mp						
FACILITY LOCATION ADDRESS:	FACILITY	CIT	Υ:		STA	TE:	ZIP CODE:
Maple Road	Marce	əlle	us		NY	•	13108
FACILITY TOWN:	FACILITY	СО	UNTY:	FACILITY PHONE NUMBER:			IE NUMBER:
Marcellus	Onon	da	aga				
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). NYSDEC REGION #:						_	
360 REGISTRATION DATE ISSUED: NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:							
FACILITY CONTACT:	public CONTACT PHONE CONTACT FAX NUMBER:						
Donald MacLachlan	private	private NUMBER: 315-673-3127 315-4			-49	494-1057	
CONTACT EMAIL ADDRESS:							
OWNER NAME:	OWNER INFORMATION						WBEB.
Bill Masters	OWNER PHONE NUMBER: OWNER FAX NUMBER: 315-673-3415						
owner address: 3357 Maple Road	owner city: Marcellus			STAT NY	ΓE:	ZIP CODE: 13108	
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:						
OPERATOR INFORMATION							
OPERATOR NAME: same as owner public private							
PREFERENCES (AUTHORITY)							
Preferred address to receive correspondence: Facility location address							
Preferred email address:							
Preferred individual to receive correspondence:							
Did you operate in 2017? Yes; Complete this form.							
relinquish your permit/registration associated v Waste Management Facility or Activity Notifica	with this solid	d wa		ity, als	o comp	olete	the "Inactive Solid

SECTION 2 – LAND CLEARING DEBRIS (LCD) DISPOSED

riovide the tormages of land cleaning debris disposed	d. DO NOT REPORT IN CUBIC YARDS!
Specify the methods used to measure the quantities of	disposed and the percentages measured by each method:
% Scale Weight	% Estimated
% Truck Count	% Other (Specify:)

Land Clearing Debris	Weight (tons)
January	Ø
February	Ó
March	15 Tons
April	15 Tons 10 tons
May	Ø
June	Ø
July	Ø
August	8 tons
September	J6 tons
October	57 tons
November	13 tons
December	Ø
Total Disposed For Year	139 tons
Daily Average (Tons)	

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.

	ntages of total waste transported by each:	
100 % Road	% Rail	
% Water	% Other (specify:	_)
Explain which waste types and service	ce areas below are included in these transport methods	

	SERVICE AREA	ÉEMATERIAL	REGEIVED		F 77
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	Direct Haul	NY	Onondaga Coun	Onondaga County (except Skaneate	139
Other (specify)					
				TOTAL RECEIVED (tons):	

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SECTION 4 - OPERATIONS

Estimated time rema	ining before closure _	<u>う</u> years			
Does this facility accept exempt materials (i.e. recognizable uncontaminated concrete and concrete products, asphalt pavement, brick, glass, soil or rock)? Yes No					
aspiran paromoni, 21	ment, glass, soll of 100k				
	SECTION 5 -	- UNAUTHORIZE	ED 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.

Earl Me Juli	2/15/18 Date				
Donald MacLachlan	Highway Superintendant				
Name (Print or Type)	Title (Print or Type)				
highway@marcellusny.com Email (Print or Type)					
4262 Slate Hill Rd	Marcellus				
Address	City				
NY 13108	(315-)673 3127				
State and Zip	Phone Number				

ATTACHMENTS:		YES		NO
(Please check app	ropr	iate lin	e)	