

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:
Maple Road Brush Dump

FACILITY LOCATION ADDRESS: Maple Road	FACILITY CITY: Marcellus	STATE: NY	ZIP CODE: 13108
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FACILITY TOWN: Marcellus	FACILITY COUNTY: Onondaga	FACILITY PHONE NUMBER:
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FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).	NYSDEC REGION #:
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360 REGISTRATION DATE ISSUED:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:
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FACILITY CONTACT: Donald MacLachlan	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 315-673-3127	CONTACT FAX NUMBER: 315-494-1057
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CONTACT EMAIL ADDRESS:

OWNER INFORMATION

OWNER NAME: Bill Masters	OWNER PHONE NUMBER: 315-673-3415	OWNER FAX NUMBER:
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OWNER ADDRESS: 3357 Maple Road	OWNER CITY: Marcellus	STATE: NY	ZIP CODE: 13108
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OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:
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OPERATOR INFORMATION

OPERATOR NAME: <input type="checkbox"/> same as owner	<input checked="" type="checkbox"/> public <input type="checkbox"/> private
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PREFERENCES

Preferred address to receive correspondence: Facility location address Owner address
 Other (provide):

Preferred email address: Facility Contact Owner Contact
 Other (provide): highway@marcellusny.com

Preferred individual to receive correspondence: Facility Contact Owner Contact
 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

_____ % Other (Specify: _____)

Land Clearing Debris	Weight (tons)
January	Ø
February	Ø
March	15 tons
April	10 tons
May	Ø
June	Ø
July	Ø
August	8 tons
September	36 tons
October	57 tons
November	13 tons
December	Ø
Total Disposed For Year	139 tons
Daily Average (Tons)	

SECTION 4 - OPERATIONS

Estimated time remaining before closure 3 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.

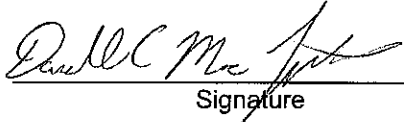
SECTION 7 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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: SWMAnnualreport@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.


Signature

2/15/18
Date

Donald MacLachlan
Name (Print or Type)

Highway Superintendant
Title (Print or Type)

highway@marcellusny.com
Email (Print or Type)

4262 Slate Hill Rd
Address

Marcellus
City

NY 13108
State and Zip

(315) 673 3127
Phone Number

ATTACHMENTS: YES NO
(Please check appropriate line)