

**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**

<b>FACILITY NAME:</b> Angelo Sand and Gravel, Inc.		
<b>FACILITY LOCATION ADDRESS:</b> 310 Hillview Rd.	<b>FACILITY CITY:</b> Spencer	<b>STATE:</b> NY
<b>FACILITY TOWN:</b> Spencer	<b>FACILITY COUNTY:</b> Tioga	<b>FACILITY PHONE:</b> 607-273-8139
<b>FACILITY NYS PLANNING UNIT:</b> (A list of NYS Planning Units can be found at the end of this report). R7		

<b>360 REGISTRATION DATE ISSUED:</b>	<b>NYS DEC ACTIVITY CODE OR NUMBER:</b> 54001
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<b>FACILITY CONTACT:</b> Francis J. Paolangeli	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	<b>CONTACT PHONE NUMBER:</b> 607-273-8139	<b>CONTACT:</b> 607-273-8139
<b>CONTACT EMAIL ADDRESS:</b> pogo_office@hotmail.com and/or pogo@lightlink.com			

**OWNER INFORMATION**

<b>OWNER NAME:</b> Landstrom Gravel, Co., Inc.	<b>OWNER PHONE NUMBER:</b> 607-273-8139	<b>OWNER FAX:</b> 607-273-8139
<b>OWNER ADDRESS:</b> P.O. Box 359	<b>OWNER CITY:</b> Newfield	<b>STATE:</b> NY
<b>OWNER CONTACT:</b> Karen Landstrom	<b>OWNER CONTACT EMAIL ADDRESS:</b> none	

**OPERATOR INFORMATION**

<b>OPERATOR NAME:</b> Angelo Sand and Gravel, Inc.	<input type="checkbox"/> same as owner	<input type="checkbox"/> public <input checked="" type="checkbox"/> private
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**PREFERENCES**

<b>Preferred address to receive correspondence:</b> <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address	
<input checked="" type="checkbox"/> Other (provide): 226 Cecil A. Malone Dr., Suite 1, Ithaca, NY 14850	
<b>Preferred email address:</b> <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact	
<input checked="" type="checkbox"/> Other (provide): pogo_office@hotmail.com	
<b>Preferred individual to receive correspondence:</b> <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact	
<input type="checkbox"/> Other (provide): Francis J. Paolangeli	

Did you operate in 2017? ☒ Yes; Complete this form.

☐ No; Complete and submit Sections 1 and 7. If you no longer plan to operate, you must also submit a "Solid Waste Management Facility or Activity Notification Form" located at: <http://www.dec.ny.gov/chemical>

**SECTION 2 – LAND CLEARING DEBRIS (LCD) DISPOSE**

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.

100 % Scale Weight

\_\_\_\_ % Estimated

\_\_\_\_ % Truck Count

\_\_\_\_ % Other (Specify: \_\_\_\_\_)

Land Clearing Debris	Weight (tons)
January	
February	
March	
April	1.75
May	
June	
July	
August	
September	
October	
November	
December	
Total Disposed For Year	1.75
Daily Average (Tons)	.00479452054

### 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 reported in Section 2. **LAND CLEARING DEBRIS (LCD) DISPOSED BY DIRECT HAUL REPORT IN COLUMN 2**

1) Direct hauled from the source of the material. In cases where the material is hauled to your facility from the generator's site, job sites, commercial establishments, etc., "Direct Haul" is the appropriate response in Column 2 under "Service Area." Please report the material type and identify the state or planning unit where it was generated or

2) Sent to your facility from a solid waste management facility. 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 and percentages of total waste transported by each:

100 % Road \_\_\_\_\_ % Rail  
 \_\_\_\_\_ % Water \_\_\_\_\_ % Other (specify: \_\_\_\_\_)

Explain which waste types and service areas below are included in these transport methods All

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
Land Clearing Debris	Direct Haul	NY	Tioga County	Tioga County	1.75
Other (specify)					
TOTAL RECEIVED (tons):					1.75

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**SECTION 4 - OPERATIONS**Estimated time remaining before closure NA yearsDoes 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

**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](mailto: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.



Signature

1/18/18

Date

Michelle Ellis

Name (Print or Type)

Bookkeeper

Title (Print or Type)

[pogo\\_office@hotmail.com](mailto:pogo_office@hotmail.com)

Email (Print or Type)

226 Cecil A. Malone Dr. Suite 1

Address

Ithaca

City

NY 14850

State and Zip

(607) 273 8139

Phone Number

ATTACHMENTS: ☐ YES ☒ NO  
(Please check appropriate line)

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