

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

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SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION

FACILITY NAME:  
Town of Erwin Gravel Pit

FACILITY LOCATION ADDRESS: Addison Road  
FACILITY CITY: Painted Post  
STATE: NY  
ZIP CODE: 14870

FACILITY TOWN: Erwin  
FACILITY COUNTY: Steuben  
FACILITY PHONE NUMBER: 607-962-7021

FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).  
Steuben County  
NYSDEC REGION #: 8

360 REGISTRATION DATE ISSUED: 1/25/2008  
NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 51D04

FACILITY CONTACT: Rita Y McCarthy  
 public  
 private  
CONTACT PHONE NUMBER: 607-962-7021  
CONTACT FAX NUMBER: 607-962-3313

CONTACT EMAIL ADDRESS: townmanager@stny.rr.com

OWNER INFORMATION

OWNER NAME: Town of Erwin  
OWNER PHONE NUMBER: 607-962-7021  
OWNER FAX NUMBER: 607-962-3313

OWNER ADDRESS: 310 Town Center Road  
OWNER CITY: Painted Post  
STATE: NY  
ZIP CODE: 14870

OWNER CONTACT: Rita Y McCarthy  
OWNER CONTACT EMAIL ADDRESS: townmanager@stny.rr.com

OPERATOR INFORMATION

OPERATOR NAME:  same as owner  
 public  
 private

PREFERENCES

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

Preferred email address:  Facility Contact  Owner Contact  
 Other (provide):

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

100 % Estimated

\_\_\_\_ % Truck Count

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

Land Clearing Debris	Weight (tons)
January	3
February	0
March	0
April	5
May	53
June	3
July	3
August	4
September	30
October	4
November	1
December	1
<b>Total Disposed For Year</b>	<b>107</b>
<b>Daily Average (Tons)</b>	<b>.25</b>

### 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) *Direct hauled from the generator of the material.* 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) *Sent to your facility from another 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 \_\_\_\_\_

SERVICE AREA OF MATERIAL RECEIVED					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR <b>“Direct Haul”</b>	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
<b>Land Clearing Debris</b>	woody debris from within 32 miles of Town of Erwin -				
	either dropped off by residents or picked up by				
	Town of Erwin Highway Department	NY	Steuben County ▼	Steuben County ▼	107
<b>Other (specify)</b>					
<b>TOTAL RECEIVED (tons):</b>					<u>107</u>



### SECTION 4 - OPERATIONS

Estimated time remaining before closure <sup>10</sup> \_\_\_\_\_ 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

12/19/17  
\_\_\_\_\_  
Date

**Rita Y McCarthy**  
\_\_\_\_\_  
Name (Print or Type)

**Town Manager**  
\_\_\_\_\_  
Title (Print or Type)

**townmanager@stny.rr.com**  
\_\_\_\_\_  
Email (Print or Type)

**310 Town Center Road**  
\_\_\_\_\_  
Address

**Painted Post**  
\_\_\_\_\_  
City

**NY 14870**  
\_\_\_\_\_  
State and Zip

**607 962 7021**  
\_\_\_\_\_  
Phone Number

ATTACHMENTS:  YES  NO  
(Please check appropriate line)

# NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Materials Management, Bureau of Permitting and Planning  
625 Broadway, 9th Floor, Albany, New York 12233-7260  
P: (518) 402-8678 | F: (518) 402-9041  
www.dec.ny.gov

December 12, 2017

Dear Facility Owner/Operator:

**Re: Annual Reporting for Facilities Regulated Under 6 NYCRR Part 360 and/or ECL 27-2303:**

- **Construction and Demolition Debris Processing Facilities;**
- **Household Hazardous Waste Collection & Storage Facilities;**
- **Landfills;**
- **Municipal Waste Combustion Facilities;**
- **Recyclables Handling and Recovery Facilities;**
- **Regulated Medical Waste Facilities;**
- **Transfer Stations;**
- **Used Cooking Oil Processing Facilities;**
- **Vehicle Dismantler Facilities\*;**
- **Waste Oil Storage, Reprocessing or Rerefining Facilities; and**
- **Waste Tire Storage Facilities.**

This letter is to remind you that your 2017 Annual Report is due no later than March 1, 2018, in accordance with 6 NYCRR Part 360 and/or ECL 27-2303. Submission of the completed form does not relieve you from any additional reporting responsibilities that are identified as special conditions in your 6 NYCRR Part 360 permit or that may be required for inactive or closed facilities, or other types of solid waste management facilities not referenced above.

For facilities at which multiple activities or operations occur (e.g., transfer stations that are also authorized for construction and demolition debris processing, recyclables handling & recovery, etc.) please complete the forms for each of these activities. If you have any questions about which forms to use, please contact the DEC Regional Office for the Region in which your facility is located or contact the Central Office at (518) 402-8678.

To complete the annual report submission process:

1. The 2017 annual report forms are available online at <http://www.dec.ny.gov/chemical/52706.html>. A brief description of each type of solid waste management facility can be found at <http://www.dec.ny.gov/chemical/8495.html>.
2. Complete the fillable pdf form(s) applicable to your facility or facilities, OR Download the forms applicable to your facility or facilities, and fill out the form(s) by hand.
3. Print the forms double-sided.
4. Sign the form(s).
5. Make a copy for your records.
6. Fax the completed annual report form(s) to the DEC Central Office at (518) 402-9041 or e-mail it to [SWMFannualreport@dec.ny.gov](mailto:SWMFannualreport@dec.ny.gov) (If you cannot fax or e-mail the form(s) or if there are lengthy attachments to the annual report(s), save the document onto a CD and mail to the Central Office at the address on the top of this letter.)

## MATERIAL MANAGEMENT PROGRAM CONTACTS

### CENTRAL OFFICE

Bureau of Permitting and Planning  
625 Broadway  
Albany, NY 12233-7260  
Phone: (518) 402-8678

For Submission of Annual Reports only:

Fax: (518) 402-9041

Email: For solid waste management facilities - [swmfannualreport@dec.ny.gov](mailto:swmfannualreport@dec.ny.gov)

### REGIONAL OFFICE ADDRESSES & LEAD CONTACT PERSON

#### REGION 1 (Nassau, Suffolk)

Syed Rahman  
SUNY @ Stony Brook 50 Circle Road  
Stony Brook, NY 11790 Phone: (631) 444-0375  
[SWMFAnnualReportR1@dec.ny.gov](mailto:SWMFAnnualReportR1@dec.ny.gov)

#### REGION 2 (Bronx, Kings, New York, Queens, Richmond)

Joseph O'Connell  
47-40 21st Street  
Long Island City, NY 11101-5407 Phone:  
(718) 482-4896  
[SWMFAnnualReportR2@dec.ny.gov](mailto:SWMFAnnualReportR2@dec.ny.gov)

#### REGION 3 (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester)

James Lansing  
21 South Putt Corners Road New Paltz, NY  
12561 Phone: (845) 256-3123  
[SWMFAnnualReportR3@dec.ny.gov](mailto:SWMFAnnualReportR3@dec.ny.gov)

#### REGION 4 (Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady, Schoharie)

Victoria Schmitt  
1130 North Westcott Road Schenectady, NY  
12306 Phone: (518) 357-2243  
[SWMFAnnualReportR4@dec.ny.gov](mailto:SWMFAnnualReportR4@dec.ny.gov)

#### REGION 5 (Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington)

Kevin Wood  
232 Golf Course Road Warrensburg, NY  
12885 Phone: (518) 623-1233  
[SWMFAnnualReportR5@dec.ny.gov](mailto:SWMFAnnualReportR5@dec.ny.gov)

#### REGION 6 (Herkimer, Jefferson, Lewis, Oneida, St. Lawrence)

Yuan Zeng  
317 Washington Street Watertown, NY 13601  
Phone: (315) 785-2584  
[SWMFAnnualReportR6@dec.ny.gov](mailto:SWMFAnnualReportR6@dec.ny.gov)

#### REGION 7 (Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins)

Thomas Annal  
615 Erie Boulevard West Syracuse, NY 13204  
Phone: (315) 426-7419  
[SWMFAnnualReportR7@dec.ny.gov](mailto:SWMFAnnualReportR7@dec.ny.gov)

#### REGION 8 (Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Yates)

Greg MacLean  
6274 East Avon-Lima Road Avon, NY 14414  
Phone: (585) 226-5408  
[SWMFAnnualReportR8@dec.ny.gov](mailto:SWMFAnnualReportR8@dec.ny.gov)

#### REGION 9 (Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Wyoming)

Peter Grasso  
270 Michigan Avenue Buffalo, NY 14203  
Phone: (716) 851-7220  
[SWMFAnnualReportR9@dec.ny.gov](mailto:SWMFAnnualReportR9@dec.ny.gov)