

PERMITTED C&D DEBRIS HANDLING AND RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email svr/fannualreport@dec.ny.gov or call 518-402-8678.)

Complete and submit this form by March 1, 2020.

This annual report is for the year of operation from January 01, 2019 to December 31, 2019

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <u>Suburban Sanitation Inc</u>			
FACILITY LOCATION ADDRESS: <u>92 Clay Pt Rd</u>	FACILITY CITY: <u>Sag Harbor</u>	STATE: <u>NY</u>	ZIP CODE: <u>11963</u>
FACILITY TOWN: <u></u>	FACILITY COUNTY: <u>Suffolk</u>	FACILITY PHONE NUMBER: <u></u>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <u>Suffolk</u>			NYSDEC REGION #: <u>1</u>
360 PERMIT #: (Refer to DEC Permit)	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)
FACILITY CONTACT: <u>Ralph Ficorelli</u>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <u>516-523-6748</u>	CONTACT FAX NUMBER: <u>631-725-5048</u>
CONTACT EMAIL ADDRESS: <u></u>			
OWNER INFORMATION			
OWNER NAME: <u>Ralph Ficorelli</u>	OWNER PHONE NUMBER: <u>516-523-6748</u>	OWNER FAX NUMBER: <u></u>	
OWNER ADDRESS: <u>60 JOELS LANE</u>	OWNER CITY: <u>SAG HARBOR</u>	STATE: <u>NY</u>	ZIP CODE: <u>11963</u>
OWNER CONTACT: <u></u>	OWNER CONTACT EMAIL ADDRESS: <u>RUNNINGRAPHIA@HOTMAIL.COM</u>		
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 checked="" type="checkbox"/> Facility location address <input 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):			
<p>Did you operate in 2019? <input checked="" type="checkbox"/> Yes; Complete this form.</p> <p><input type="checkbox"/> No; Complete and submit Sections 1 and 11. 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.</p>			

SECTION 2 - SOLID WASTE RECEIVED

Please provide the tonnages of waste received. This includes all wastes received at your facility regardless of their destination after processing.
DO NOT REPORT IN CUBIC YARDS!

Specify the methods used to measure the quantities received and the percentages measured by each method:

100 % Scale Weight % Estimated
 % Truck Count % Other (Specify: _____)

Type of Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Asphalt Millings							
Asphalt Pavement							
Asphalt Roofing Shingles							
Brick							
Concrete							
Construction & Demolition (C&D) Debris	-	-	-	359	400	351	344
Gravel							
Gypsum Wallboard							
Limited-Use Fill							
Other Masonry Materials							
Restricted-Use Fill							
Rock							
Roofing Paper							
Sand							
Soil							
Unadulterated Wood							
Other (specify)							
Total Tons Received				359	400	351	344

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

SECTION 2 – SOLID WASTE RECEIVED (continued)

Type of Waste	Tip Fee (\$/Ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Asphalt Millings								
Asphalt Pavement								
Asphalt Roofing Shingles								
Brick								
Concrete								
Construction & Demolition (C&D) Debris		238	244	264	410	286	2896	11
Gravel								
Gypsum Wallboard								
Limited-Use Fill								
Other Masonry Materials								
Restricted-Use Fill								
Rock								
Roofing Paper								
Sand								
Soil								
Unadulterated Wood								
Other (specify)								
Total Tons Received		238	244	264	410	286	2896	11

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

SECTION 3 – SERVICE AREA OF SOLID WASTE RECEIVED

Please identify where the material is coming from. The total tons received reported below should equal the total tons received in Section 2 (Solid Waste Received). **DO NOT REPORT IN CUBIC YARDS!**

- If the waste **WAS** received from another solid waste management facility, please write in the name *and* address of the facility along with the appropriate state, county and planning unit/municipality.
- If the waste **WAS NOT** received from another solid waste management facility, please write in "*Direct Haul*" along with the appropriate state, county, and planning unit/municipality where the waste was generated.

Specify transport method, list type of material(s) and percentages of total material transported by each:

100 % Road: Waste Type(s): _____ % Rail: Waste Type(s): _____
 _____ % Water: Waste Type(s): _____ % Other (specify: _____): Waste Type(s): _____

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF 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	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Asphalt Millings					
Asphalt Pavement					
Asphalt Roofing Shingles					
Brick					

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)

TYPE OF 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	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Concrete					
Construction & Demolition (C&D) Debris	Direct Haul	New York	Suffolk	Southampton (Ton)	2896
Gravel					
Gypsum Wallboard					
Limited-Use Fill					
Other Masonry Materials					
Restricted-Use Fill					
Rock					

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)

TYPE OF 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	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Roofing Paper					
Sand					
Soil					
Unadulterated Wood					
Other (specify)					
TOTAL RECEIVED (tons):	2896 ^w				

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

SECTION 4 - TRANSFER OR DISPOSAL DESTINATION

Please identify destination of waste. Please only include waste sent off-site for disposal or further transfer prior to disposal. Exclude Recyclable Material amounts reported in Section 5. DO NOT REPORT IN CUBIC YARDS!

- If the waste is being sent to another facility for transfer or processing prior to disposal (e.g. Transfer station or C&D debris processing facility), please identify name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the transfer destination and the amount of waste transferred in the "Amount to Transfer Destination" column.
- If the waste is being sent to a landfill or combustor, please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the disposal destination and the amount of waste being sent for disposal in the "Amount to Disposal Destination" column.
- If the waste is being sent to a landfill to be utilized as Alternative Operating Cover (AOC), please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the landfill and the amount of waste being sent for use as AOC in the "Amount Used as AOC" column.

Specify transport method, list type of material(s) and percentages of total material transported by each:

100 % Road: Waste Type(s): _____ % Rail: Waste Type(s): _____
 _____ % Water: Waste Type(s): _____ % Other (specify: _____): Waste Type (s): _____

TRANSFER OR DISPOSAL DESTINATION								
TYPE OF WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	AMOUNT USED AS AOC (TONS)	TOTAL YEAR (TONS)
Construction & Demolition (C&D) Debris	<i>Peronic Recycling & Transfer</i>	<i>NY</i>	<i>Suffolk</i>	<i>Southold Town</i>	<i>2896</i>	-	-	-
Residue								
Other (specify)								
TOTAL SENT (tons):								<i>2896</i>

If the waste type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other waste name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other waste name.

SECTION 5 - MATERIAL RECOVERED FOR REUSE/RECYCLING

Please identify destination of recovered materials. Indicate the location of use/name of the destination, address, corresponding State/Country, County/Province, Destination Planning Unit/Municipality and the amount of material recovered. DO NOT REPORT IN CUBIC YARDS!

Specify transport method, list type of material(s) and percentages of total material transported by each:

_____ % Road: Material(s): _____
 _____ % Rail: Material(s): _____
 _____ % Water: Material(s): _____
 _____ % Other (specify: _____): Material(s): _____

Loads of material that are to be used under a pre-determined or case-specific BUD do not need to be reported. The only exception is for specific material types (RCA, asphalt millings, etc.) distributed in excess of 10,000 tons (360.12(c)(5)). In this case, the total tonnage should be reported, but not the individual destinations.

MATERIAL RECOVERED FOR REUSE/RECYCLING					
MATERIAL RECOVERED	LOCATION OF USE/DESTINATION <small>(Name & Address) Please note that "direct haul", "various", and "various locations" are not acceptable responses for the address of the location of use.</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
Asphalt Millings					
Asphalt Pavement					
Asphalt Roofing Shingles					
Brick					
Bulk Metal (from C&D Debris)					

MATERIAL RECOVERED FOR REUSE/RECYCLING

MATERIAL RECOVERED	LOCATION OF USE/DESTINATION (Name & Address) Please note that "direct haul", "various", and "various locations" are not acceptable responses for the address of the location of use.	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Concrete					
Gravel					
Gypsum Wallboard					
Limited-Use Fill					
Other Masonry Materials					
Restricted-Use Fill					
Rock					
Roofing Paper					

MATERIAL RECOVERED FOR REUSE/RECYCLING					
MATERIAL RECOVERED	LOCATION OF USE/DESTINATION (Name & Address) Please note that "direct haul", "various", and "various locations" are not acceptable responses for the address of the location of use.	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Sand					
Soil					
Unadulterated Wood					
Other (specify)					
TOTAL RECOVERED (tons):					_____

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

SECTION 6 – 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 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Are there required cost estimates and financial assurance documents for closure?

Yes No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

SECTION 8 – 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 9 – CHANGES

Were there any changes from approved reports, plans, specifications, and permit conditions?

Yes No If yes, attach additional sheets identifying changes with a justification for each change.

SECTION 10 - 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 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management 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 Solid Waste Management
625 Broadway
Albany, New York 12233-7260
Fax 518-402-9041
Email address: SWMFannualreport@dec.ny.gov**

I certify, under penalty of law, that the data and other information identified in this report have been prepared under my direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuant to section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.

Ralph Ficorelli
Signature

10/3/20
Date

Ralph Ficorelli
Name (Print or Type)

OWNER
Title (Print or Type)

RUMVINDRALPH119(A)HOTMAIL.COM
Email (Print or Type)

60 JUEL LANE
Address

SAG HARBOR
City

NY 11963
State and Zip

(516) 583 6748
Phone Number

ATTACHMENTS: YES NO
(Please check appropriate line)