

New York State Department of Environmental Conservation

Division of Solid and Hazardous Materials

Bureau of Solid Waste, Reduction and Recycling, 9th Floor

625 Broadway, Albany, New York 12233-7253

Phone: (518) 402-8705 • Fax: (518) 402-9041

Website: www.dec.ny.gov



Alexander B. Grannis
Commissioner

January 12, 2009

Dear Facility Owner/Operator:

Re: Annual/Quarterly Reporting by Landfills, Waste-To-Energy Facilities, Regulated Medical Waste Facilities, and Annual Reporting by Construction and Demolition Debris Processing Facilities, Transfer Stations, and Recyclables Handling and Recovery Facilities Regulated Under Revised 6 NYCRR Part 360, March 10, 2003

This letter is to remind you that your 2008 Annual Report is due no later than March 3, 2009, in accordance with 6 NYCRR Part 360. Copies of the 2008 Annual Reports forms are available online at <http://www.dec.ny.gov/pubs/4763.html>. Please download the forms applicable to your facility or facilities. Please note that several of the reports have changed this year, requesting information that is different or in a different format than previous years. Do not use previous years' forms! You are responsible for completing and submitting the appropriate forms for all of your permitted and registered solid waste management facilities.


The 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.

To complete the annual report submission process:

1. Fill out the Annual Report Form(s) completely and sign the form(s).
2. Make a copy for your records.
3. Fax the completed Annual Report Form(s) to the New York State Department of Environmental Conservation's Central Office at (518) 402-9041 or email it to bwrrfann@gw.dec.state.ny.us. This fax number and email address have been set up for the annual reports referenced above. If you cannot fax or email the form(s) or if there are lengthy attachments to the annual report(s), make a second copy and submit to the Central Office at the address in the letterhead above.
4. Mail the original completed form(s) to the New York State Department of Environmental Conservation (NYSDEC) Regional Office that has jurisdiction over your facility. Contact information can be found on the last page of the forms.

Further instructions can be found attached to the Annual Report Forms. Should you have any questions regarding the use of the forms, or would like a hard copy or an electronic copy of the forms, please contact Gerard Wagner at (518) 402-8705, or via e-mail at gjwagner@gw.dec.state.ny.us. Other questions regarding your reporting responsibilities should be directed to your respective Regional Office.

Thank you for your cooperation in this matter.

Sincerely,

Jeffrey C. Schmitt, P.E.
Director
Bureau of Solid Waste, Reduction & Recycling

New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials
Albany, New York 12233-7253

ACTIVE LAND CLEARING DEBRIS LANDFILL

A Land Clearing Debris Landfill is a landfill that is three acres or less used for the disposal of only vegetative matter, soil and rock resulting from activities such as land clearing and grubbing, utility line maintenance or seasonal or storm-related cleanup such as trees, stumps, brush and leaves and including wood chips generated from these materials. Further information and a listing of the land clearing debris landfills are available online at <http://www.dec.ny.gov/chemical/23700.html>.

Note: If you are a construction and demolition debris processing facility or a construction and demolition debris landfill, DO NOT use this form. Forms for those facilities can be found at <http://www.dec.ny.gov/pubs/4763.html>.

Annual Report

The Annual Report form is to be used to meet annual reporting requirements. Submit the Annual Report no later than March 3, 2009.

Reporting of the information indicated on this Active Land Clearing Debris Landfill Annual/Quarterly Report form is required pursuant to 6 NYCRR 360-1.4(c); 360-1.8(e)(1)(ii),(h)(8); 360-1.14(e)(2), (i)(1); 360-7.2(c). Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual/Quarterly Report requirements of 6 NYCRR Part 360.

Where the Annual Report requirements have been modified, appropriate Sections (as necessary to reflect the modification) must be completed and submitted with a copy of the Department's written notification which allows the modification.

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

For purposes of estimating tonnage where only the volume is known, assume each cubic yard of construction and demolition debris is equivalent to 0.50 tons of solid waste.

This form may be reproduced locally as required.

Annual/Quarterly Report

A. This Land Clearing Debris Landfill Annual Report is for the year of operation from _____, 20____ to _____, 20____.

B. Quarterly Report for: ___Quarter 1 ___Quarter 2 ___Quarter 3 ___Quarter 4

SECTION 1 - Owner/Facility Information

Facility Name _____ Town _____ County _____ NYSDEC Region # _____

Facility Location _____ State _____ Zip _____

Facility Contact _____ Phone # (____)____-_____

Contact e-mail address _____ Fax # (____)____-_____

NYSDEC Activity Code or Registration # _ _ _ _ _

360 Permit # _ - _ - _ - _ / _ - _ - _ Issued _ / _ / _ Expires _ / _ / _

Owner Name _____ Phone # (____)____-_____

Mailing Address _____ State _____ Zip _____

SECTION 2 - Quantity of Solid Waste Disposed

Provide the tonnages of solid waste disposed. Exclude Materials Recovered amounts reported in Section 5.

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

_____ % Scale Weight

_____ % Estimated

_____ % Truck Count

_____ % Other (Specify: _____)

Construction and Demolition (C&D) Debris	Weight (tons)	Daily Average (Tons)
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
Total For Year		

Facility's Service Area

Identify the facility's service area by indicating the type of solid waste received, the Solid Waste Management facility (SWMF) from which it was received (or Direct Haul), and the county & state or province & country from which waste was received. Note: "Direct Haul" means waste hauled directly to your Solid Waste Management Facility (SWMF) which did not go through another SWMF. Only County/Province and State/County are required for direct haul.

Specify transport method and percentages of total waste transported by each:

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

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

<u>Facility's Service Area</u>				
Type of Solid Waste	County or Province	State or Country	Solid Waste Management Facility	Total Year (tons)
Construction and Demolition (C&D) Debris	<i>(Example)</i> <i>(Onondaga)</i>	<i>(NY)</i>	<i>(Ley Creek Transfer Station, Liverpool)</i>	<i>(100)</i>
	<i>(Yates)</i>	<i>(NY)</i>	<i>(Appleton Transfer Station, Penn Yan)</i>	<i>(1,000)</i>
	<i>(Yates)</i>	<i>(NY)</i>	<i>(Direct Haul)</i>	<i>(300)</i>
Total Tons Disposed				

SECTION 3 - Operations

Estimated time of years remaining before closure _____ years

Will the landfill stay within the 3 acre footprint with a minimum of 4:1 side slopes? _____ Yes _____ No

How is access controlled? _____

SECTION 4 - Unauthorized Solid Waste

Has unauthorized solid waste been received at the Landfill 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 5 - Problems

Identify any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures) and methods for resolution of the problems. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information: _____

SECTION 6 - Changes

Identify any changes from approved reports, plans, specifications, permit conditions and fill progression plan with a justification for each change. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

SECTION 7 - Material Recovered

For each type of solid waste recovered for recycling or composting, fill in the weight (tons) or volume (cubic yards), AND indicate the main destination facility where it was sent. Please write the NAME of the destination facility.

Note: Your facility may not be authorized to take all of the solid waste types on this form. If your facility is a registered Recyclables Handling & Recovery Facility please complete "Recyclables Handling & Recovery Facility Report Form" instead of completing this page.

NO RECYCLING AT THIS FACILITY. If your facility recovered zero materials for recycling or composting during report period, check the box.

IF THERE WERE RECYCLED MATERIALS AT YOUR FACILITY, COMPLETE THIS CHART

Tons or cubic yards were obtained by:

_____ Scale Weight

_____ Truck Count

_____ Estimated

_____ Other (Specify: _____)

Type of Solid Waste Recovered for Recycling	Weight or Volume (Indicate tons/year or cubic yards/year)	Name of Destination Facility and Location
Paper		
Glass		
Plastic		
Metal Containers		
Bulk Metal		
Aluminum		
Asphalt		
Aggregate & Concrete		
Wood & Wood Chips		
Electronics		
Yard Waste		
Other (Specify: _____ _____)		
Total Recovered		If you have BOTH tons and cubic yards of materials, skip the "Total Recovered" box.

For "Other" categories, please specify the material. Add additional sheets, if necessary.

SECTION 8 - Signature and Date By Owner or Operator

Owner or Operator must sign, date and submit one completed form with an original signature to the appropriate Regional Office (See attachment for Regional Office 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 Solid & Hazardous Materials
Bureau of Solid Waste, Reduction & Recycling
625 Broadway, 9th Floor
Albany, New York 12233-7253
Fax 518-402-9041
Email address: bwrrfann@gw.dec.state.ny.us**

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	_____ Date
_____ Name (Print or Type)	_____ Title (Print or Type)
_____ Address	_____ City
_____ State and Zip	(____)____-_____ Phone Number

ATTACHMENTS: ____ YES ____ NO
(Please check appropriate line)

New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials
Bureau of Solid Waste, Reduction & Recycling

SOLID WASTE CONTACTS

CENTRAL OFFICE

Bureau of Solid Waste, Reduction & Recycling
625 Broadway, 9th floor
Albany, NY 12233-7253
Phone: (518) 402-8705

For Submission of Annual Reports only:
Fax: (518) 402-9041
Email : bwrrfann@gw.dec.state.ny.us

REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON

REGION 1 (Nassau, Suffolk)

Syed Rahman
SUNY Campus
Building 40
Stony Brook, NY 11790
Phone: (631) 444-0375

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

Ken Brezner
47-40 21st Street
Long Island City, NY 11101-5407
Phone: (718) 482-4896

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

Steve Parisio
21 South Putt Corners Road
New Paltz, NY 12561
Phone: (845) 256-3136

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

Richard Forgea
1150 North Westcott Road
Schenectady, NY 12306
Phone: (518) 357-2243

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

**Main Office (Clinton, Essex,
Franklin, Hamilton)**

Dan Steenberge
Route 86, P.O. Box 296
Ray Brook, NY 12977
Phone: (518) 897-1241

**Sub-office (Fulton, Saratoga, Warren,
Washington)**

David Mt. Pleasant
232 Hudson Street
Warrensburg, NY 12885
Phone: (518) 623-1230

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

**Main Office (Jefferson, Lewis,
St. Lawrence)**

Ed Blackmer
State Office Building
317 Washington Street
Watertown, NY 13601
Phone: (315) 785-2522

Sub-office (Herkimer, Oneida)

Robert Senior
State Office Building
207 Genesee Street
Utica, NY 13501
Phone: (315) 793-2745

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

Tim DiGiulio
615 Erie Boulevard West
Syracuse, NY 13204
Phone: (315) 426-7419

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

Scott Foti
6274 East Avon-Lima Road
Avon, NY 14414
Phone: (585) 226-5408

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

Mark Hans
270 Michigan Avenue
Buffalo, NY 14203
Phone: (716) 851-7220