



INCORPORATED VILLAGE OF PORT JEFFERSON

Margot Garant
Mayor

Robert J. Juliano
Administrator/Clerk

January 16, 2018


Mr. Syed Rahman
New York State DEC
SUNY@Stony Brook
50 Circle Road, Bldg 40
Stony Brook, N.Y. 11790

Landfill Permit 1-4722-00571/00003
Annual Report – 2017

Dear Mr. Rahman:

Annual Report for the Port Jefferson Clean Solid Waste Landfill for the calendar year 2017. A FAX copy has been sent to Albany.

Very truly yours,

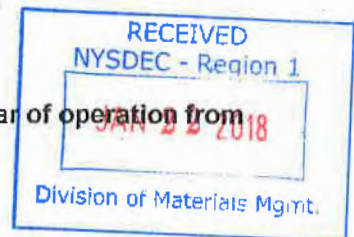

Robert Juliano
Village Admin/Clerk

Attach.

cc: Steve Gallagher

ANNUAL/QUARTERLY REPORT

This Active Construction and Demolition (C&D) Debris Landfill Report is for the year of operation from January 01, 2017 to December 31, 2017.



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

SECTION 1 - FACILITY INFORMATION

FACILITY NAME: <u>PORT JEFFERSON VILLAGE</u> <u>CLEAN SOLID WASTE LANDFILL</u>			
FACILITY LOCATION ADDRESS: <u>PORT JEFFERSON COUNTRY CLUB @ HARBOR HILLS</u>		FACILITY CITY: <u>PORT JEFFERSON</u>	STATE: <u>NY</u> ZIP CODE: <u>11777</u>
FACILITY TOWN: <u>BROOKHAVEN</u>		FACILITY COUNTY: <u>SUFFOLK</u>	FACILITY PHONE NUMBER: <u>631-473-4724</u>
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <u>BROOKHAVEN TOWN</u>			NYSDEC REGION #: <u>I</u>
360 PERMIT #: <u>1-4722-00571/0003</u>	DATE ISSUED: <u>12/12/2012</u>	DATE EXPIRES: <u>12/11/2022</u>	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: <u>52D43</u>
FACILITY CONTACT: <u>ROBERT JULIANO</u>	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <u>631-473-4724</u>	CONTACT FAX NUMBER: <u>631-473-8799</u>
CONTACT EMAIL ADDRESS: <u>CLERK@PORTJEFF.COM</u>			
OWNER NAME: <u>VILLAGE OF PORT JEFFERSON</u>	OWNER PHONE NUMBER: <u>631-473-4724</u>	OWNER FAX NUMBER: <u>631-473-8799</u>	
OWNER ADDRESS: <u>121 W. BROADWAY</u>	OWNER CITY: <u>PORT JEFFERSON</u>	STATE: <u>NY</u>	ZIP CODE: <u>11777</u>
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner	<input type="checkbox"/> public <input type="checkbox"/> private	OPERATOR PHONE NUMBER:	OPERATOR FAX NUMBER:
OPERATOR EMAIL ADDRESS:			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address			
<input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Operator			
<input type="checkbox"/> Other (provide):			

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

No; Complete and submit Sections 1 and 18. 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 - SITE LIFE

1. Landfill Capacity Utilized Last Year (reporting year).

- a. What is the estimated landfill capacity that was utilized during the reporting year?

775 Cubic Yards of Airspace

Please do not report units as pounds per cubic yard.

- b. What is the estimated in-situ waste density for the reporting year?

_____ Tons/Cubic Yard

2. Remaining Constructed Capacity

- a. What is the remaining capacity of the landfill that is already constructed?

_____ Cubic Yards of Airspace

- b. What is the estimated remaining life of the constructed capacity?

13 Years _____ Months
at 650 Tons/Year.*

*Please note that this tonnage rate must include all materials placed in the landfill, i.e., waste, soil, cover, alternative daily covers, etc.

- c. The tonnage rate reported under 2.b. is based on (select one):

_____ The amount of materials placed in the landfill in the reporting year

Estimated future disposal

_____ Permit limit

Other (explain): _____

3. Permitted Capacity Still to be Constructed

- a. What is the remaining but not yet constructed landfill capacity that is authorized by a Part 360 permit?

N/A Cubic Yards of Airspace

- b. What is the projected life of capacity reported in 3a.?

_____ Years _____ Months
at _____ Tons/Year.*

*Please note that this tonnage rate must include all materials disposed in the landfill, i.e., waste, and soil and alternative daily covers.

- c. The tonnage rate reported under 3.b. is based on (select one):

_____ The amount of materials placed in the landfill in the reporting year

_____ Estimated future disposal

_____ Permit limit

Other (explain): _____

4. Capacity Proposed in a Part 360 Permit Application

What is the capacity of any expansion proposed in a Part 360 permit application that has been submitted to the Department but not authorized by a permit as of the end of the reporting period?

N/A Cubic Yards of Airspace

5. Estimated Potential Future Capacity Not Permitted or in an Application (optional)

What is the estimated capacity of any potential future expansion at the facility that is not yet authorized by a permit or proposed in a Part 360 permit application that has been submitted to the Department?

N/A Cubic Yards of Airspace

SECTION 3 - PRIMARY LEACHATE

Name of off-site leachate treatment facility(s) utilized: NO LEACHATE COLLECTED

Does the landfill have a constructed liner and a leachate collection system? ___ Yes No

Enter the quantity of primary leachate that was collected, removed for on-site and off-site treatment, and recirculated each month, and the corresponding **Acreage, by Cell**:

(Note: For double-lined landfills this should not include the volume of leachate collected from secondary leachate collection and removal systems.

For each cell, please report the acreage and the primary leachate amount.

	Cell 1 Acres	Cell 2 Acres	Cell 3 Acres	Cell 4 Acres	Cell 5 Acres	Cell 6 Acres	Cell 1 Acres	Cell 2 Acres	Cell 3 Acres	Cell 4 Acres	Cell 5 Acres	Cell 6 Acres
January												
February												
March												
April												
May												
June												
July												
August												
September												
October												
November												
December												
ANNUAL												

N/A

	PRIMARY LEACHATE RECIRCULATED (GALLONS)						PRIMARY LEACHATE TREATED ON SITE (GALLONS)					
	Cell 1 Acres	Cell 2 Acres	Cell 3 Acres	Cell 4 Acres	Cell 5 Acres	Cell 6 Acres	Cell 1 Acres	Cell 2 Acres	Cell 3 Acres	Cell 4 Acres	Cell 5 Acres	Cell 6 Acres
January												
February												
March												
April												
May												
June												
July												
August												
September												
October												
November												
December												
ANNUAL												

N/A

Submit (attached to this form) a copy of the maintenance logs which document compliance with the Operation and Maintenance Manual's schedule for the routine annual flushing and inspection of the primary leachate collection and removal system. List required submissions that have been attached to this form or the reason for not attaching a required piece of information:

N/A

Submit (attached to this form) a tabulated compilation of the semi-annual primary leachate quality data collected throughout the year including a summary comparing this year's data with the previous year's data and a summary discussion of results. This list should identify sample location(s) and method of analysis. List required submissions that have been attached to this form or the reason for not attaching a required piece of information:

N/A

Please report total cost for the year, not cost/gal.

Leachate Cost: (including transportation if appropriate) during the calendar year for leachate treatment: \$ _____

Total quantity treated: _____ gal

SECTION 4 – BENEFICIAL USE DETERMINATION MATERIALS

For each type of waste material that the Department has approved for use as alternative daily cover, intermediate cover, or other landfill material, provide the annual weight in tons, use (i.e., daily cover, intermediate cover, etc.), and source of material. (If material is from a solid waste facility also provide facility name, address, NYS Planning Unit, County/ Province, and State/Country.) Refer to the list of NYS Planning Units that can be found at the end of this report.

Type of Solid Waste	Weight (tons/year)	Use	NYS Planning Unit (See Attached List of NYS Planning Units)	County or Province	State or Country	Source (Facility and Address)
Aggregate/Concrete						N/A
Processed C&D						
Other (specify)						
Total ADC						
Total Beneficial Use Determination Materials						

SECTION 5 – CONSTRUCTION & DEMOLITION (CD) DEBRIS DISPOSED

Provide the tonnages of CD debris disposed. Exclude Beneficial Use Determination Material amounts reported in Section 4. 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: _____)

Construction & Demolition (CD) Debris	Weight (tons) YDS ³
January	
February	150
March	
April	
May	175
June	
July	
August	200
September	
October	
November	250
December	
Total Disposed For Year	775
Daily Average (Tons)	

Has the landfill received pulverized C&D debris? Yes No

If yes, what is the percentage of waste received that is pulverized C&D debris? _____ %

Tipping Fee

Tipping Fee: NONE \$/ton

SECTION 6 – SERVICE AREA

Identify the facility's service area by indicating the type of CD debris received, the Solid Waste Management facility (SWMF) from which it was received by your facility (or Direct Haul), the corresponding State/Country, the County/Province, and the NYS Planning Unit and the amount received. **Refer to the list of NYS Planning Units that can be found at the end of this report.** The total amount reported here should equal the total amount reported in Section 5 (Construction & Demolition (CD) Debris Disposed). **DO NOT REPORT IN CUBIC YARDS!**

Note: This is not the facility identified in Section 1. Please report the facility from which you received the CD debris.

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

_____ % Road _____ % Rail
 _____ % Water 100 % Other (specify: TRUCK)

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

SERVICE AREA					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
Construction & Demolition Debris (mixed) <i>SELECT TYPES OF CONSTRUCTION MATERIAL SUCH AS DIRT BRANCHES,</i>					
			SUFFOLK COUNTY	NY	
			PORT JEFFERSON	VILLAGE	
Other (specify)					
<i>LEAVES, STUMPS</i>					
<i>LOGS</i>					
YDS³ TOTAL RECEIVED (tons):					775

SECTION 7 – 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 8 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

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

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

SECTION 9 – 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 10 – 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 11 - ANALYTICAL RESULTS

Submit (attached to this form) tables showing the sample collection date, the analytical results [including all peaks even if below the Method Detection Limits (MDL)], designation of upgradient wells and location number for each environmental monitoring point sampled, applicable water quality standards, and groundwater protection standards if established, MDL's, and Chemical Abstracts Service (CAS) numbers on all parameters. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

N/A

SECTION 12 - COMPARING DATA

Submit (attached to this form) tables or graphical representations comparing current water quality with existing water quality and with upgradient water quality. These comparisons may include Piper diagrams, Stiff diagrams, tables, or other analyses. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

N/A

SECTION 13 - DISCUSSION OF RESULTS

Submit (attached to this form) a summary of any contraventions of State water quality standards, significant increases in concentrations above existing water quality, any exceedances of groundwater protection standards, and discussion of results, and any proposed modifications to the sampling and analysis schedule necessary to meet the Existing, Operational and Contingency water quality monitoring requirements. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

N/A

SECTION 14 - DATA QUALITY ASSESSMENT

Submit (attached to this form) any required data quality assessment reports. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

NONE REQUIRED

SECTION 15 - SUMMARIES OF MONITORING DATA

Submit (attached to this form) a summary of the water quality information presented in Sections 12 and 13 for the year of operation for which the Annual Report is made, noting any changes in water quality which have occurred throughout the year. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

N/A

SECTION 16 - SURFACE IMPOUNDMENTS

Does this landfill have a surface impoundment?

Yes No If yes, repeat Sections 11 through 14 above for Quarterly Reports and Section 15 above for Annual report. Attach additional submissions required by this section.

SECTION 17 - 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 18 - 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 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

JANUARY 16, 2018
Date

ROBERT J JULIANO
Name (Print or Type)

VILLAGE ADMIN/CLERK
Title (Print or Type)

CLERK @ PORTJEFF.COM
Email (Print or Type)

121 W. BROADWAY
Address

PORT JEFFERSON
City

N.Y. 11777
State and Zip

(631) 473-4724
Phone Number

ATTACHMENTS: YES NO