

LAND CLEARING DEBRIS LANDFILL ANNUAL REPORT

RECEIVED
NYSDEC

Submit the Annual Report no later than March 1, 2018. This

JAN 18 2018

annual report is for the year of operation from January 01, 2017 to December 31, 2017

Environmental Quality
Region 6

SECTION 1 - FACILITY INFORMATION

FACILITY INFORMATION

FACILITY NAME:

Vespa Sand & Stone

FACILITY LOCATION ADDRESS:

Cemetery Rd

FACILITY CITY:

Felts Mills

STATE:

NY

ZIP CODE:

13638

FACILITY TOWN:

Rutland

FACILITY COUNTY:

Jefferson

FACILITY PHONE NUMBER:

FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).

360-7.2A

NYSDEC

REGION #: 6

360 REGISTRATION DATE ISSUED:

August 2008

NYS DEC ACTIVITY CODE OR REGISTRATION

NUMBER:

23D31

FACILITY CONTACT:

John Vespa

public

private

CONTACT PHONE

NUMBER:

315-788-6330

CONTACT FAX NUMBER:

315-788-7360

CONTACT EMAIL ADDRESS: jvi@nymail.com

OWNER INFORMATION

OWNER NAME:

John Vespa Inc

OWNER PHONE NUMBER:

3157886330

OWNER FAX NUMBER:

3157887360

OWNER ADDRESS:

19626 Overlook Drive

OWNER CITY:

Watertown

STATE:

NY

ZIP CODE:

13601

OWNER CONTACT:

John Vespa

OWNER CONTACT EMAIL ADDRESS:

jvi@nnymail.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>.

MAILED 1-16-18
WATN



FAXED

1-16-18
ALBANY DEC

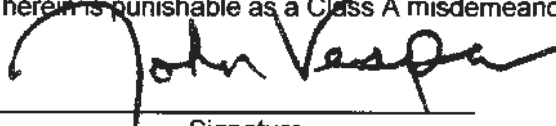
SECTION 7 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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**

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

1/16/17

Date

John Vespa

Name (Print or Type)

Pres

Title (Print or Type)

jvi@nnymail.com

Email (Print or Type)

19626 Overlook Dr

Address

Watertown

City

NY

State and Zip

(315) 788 6330

Phone Number

ATTACHMENTS: YES NO
(Please check appropriate line)