

## 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

RECEIVED

FEB 20 2018

NYSDEC REGION 6

## SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Williamson Services			
FACILITY LOCATION ADDRESS: 12988 N Croghan Rd	FACILITY CITY: Natural Bridge	STATE: NY	ZIP CODE: 13665
FACILITY TOWN: Wilna	FACILITY COUNTY: Jefferson	FACILITY PHONE NUMBER: 315-644-4000	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report) Development Authority Of The North Country			NYSDEC REGION #: 6
360 REGISTRATION DATE ISSUED: 8/26/08		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 23D32	
FACILITY CONTACT: Stephen Clarke	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 315-644-4000	CONTACT FAX NUMBER: 315-644-4000
CONTACT EMAIL ADDRESS: williamson11@verizon.net			
OWNER INFORMATION			
OWNER NAME: Williamson Services LLC	OWNER PHONE NUMBER: 315-644-4000	OWNER FAX NUMBER: 315-644-4000	
OWNER ADDRESS: 12988 N Croghan Rd	OWNER CITY: Natural Bridge	STATE: NY	ZIP CODE: 13665
OWNER CONTACT: Stephen Clarke	OWNER CONTACT EMAIL ADDRESS: williamson11@verizon.net		
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 checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> 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 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.

Stephen A. Clarke  
Signature

2/12/18  
Date

Stephen Clarke  
Name (Print or Type)

co-owner  
Title (Print or Type)

williamson11@verizon.net  
Email (Print or Type)

12988 N Croghan Rd  
Address

Natural Bridge  
City

NY, 13665  
State and Zip

(315) 644 4000  
Phone Number

ATTACHMENTS:  YES  NO  
(Please check appropriate line)