

LAND CLEARING DEBRIS LANDFILL ANNUAL REPORT

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NYSDEC

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

JAN 22 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: Village of Morristown			
FACILITY LOCATION ADDRESS: 137 High Street	FACILITY CITY: Morristown	STATE: NY	ZIP CODE: 13664
FACILITY TOWN: Morristown	FACILITY COUNTY: St. Lawrence	FACILITY PHONE NUMBER: 315-375-4400	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). St. Lawrence County			NYSDEC REGION #: 6
360 REGISTRATION DATE ISSUED: MAY 20, 2015		NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 45D17	
FACILITY CONTACT: Kevin J. Crosby	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 315-322-1424	CONTACT FAX NUMBER: 315-375-4400
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Village of Morristown	OWNER PHONE NUMBER: 315-375-4400	OWNER FAX NUMBER: 315-375-4400	
OWNER ADDRESS: 402 Gouverneur Street	OWNER CITY: Morristown	STATE: NY	ZIP CODE: 13664
OWNER CONTACT: Kevin J. Crosby	OWNER CONTACT EMAIL ADDRESS: morristowndpw@hotmail.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
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 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):			

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.


Signature

01/17/2018
Date

Kevin J. Crosby
Name (Print or Type)

Supt. of DPW
Title (Print or Type)

morristowndpw@hotmail.com
Email (Print or Type)

402 Gouverneur St.
Address

Morristown
City

New York 13664
State and Zip

315-375-4400
Phone Number

ATTACHMENTS: YES NO
(Please check appropriate line)