

ANNUAL REPORT

This Regulated Medical Waste Facility Annual Report is for the year of operation from January 01, 2019 to December 31, 2019

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: US Veterans Medical Center			
FACILITY LOCATION ADDRESS: 3495 Bailey Ave.	FACILITY CITY: Buffalo	STATE: NY	ZIP CODE: 14215
FACILITY TOWN: N/A	FACILITY COUNTY: Erie	FACILITY PHONE NUMBER: (716) 834-9200	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Not Affiliated - Buffalo (City)			NYSDEC REGION #: 9
360 PERMIT #: 9-1402-00520/00006	DATE ISSUED: 6/4/15	DATE EXPIRES: 6/3/2025	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 15H06
FACILITY CONTACT: Donald A. Johnson	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: (716) 862-6018	CONTACT FAX NUMBER: (716) 862-8618
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: US Dept. of Veterans Affairs	OWNER PHONE NUMBER: (716) 862-6397	OWNER FAX NUMBER: (716) 862-8618	
OWNER ADDRESS: 810 Vermont Ave., NW	OWNER CITY: Washington, DC	STATE: N/A	ZIP CODE: 20420
OWNER CONTACT: Raymond Vasile	OWNER CONTACT EMAIL ADDRESS: raymond.vasile@va.gov		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> <i>same as owner</i>		<input checked="" type="checkbox"/> public <input 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 2019? Yes; Complete this form.

No; Complete and submit Sections 1 and 10. 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 9 - 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.

Donald A. Johnson
Signature

2/28/2020
Date

Donald A. Johnson
Name (Print or Type)

Environmental Engineer
Title (Print or Type)

donald.johnson@va.gov
Email (Print or Type)

3495 Bailey Ave.
Address

Buffalo
City

New York 14215
State and Zip

(716) 862-6018
Phone Number

ATTACHMENTS: YES NO