



**NOTICE OF FILING**

**To: Abutters to Tax Map 1, Lot 10-2**  
**From: SVE Associates on behalf of Ruggiero Processing Facility, LLC**  
**Date: February 24, 2015**

**Re: Permit Modification Application to Permit # DES-SW-SP-12-001**  
**Ruggiero Processing Facility, LLC, 32 Industrial Park Road, Walpole**

This letter is to let you know that Ruggiero Processing Facility, LLC has filed a request with the New Hampshire Department of Environmental Services, NHDES, to modify their permit, allowing them to expand their operation in terms of volume and scope.

Since Wheelabrator Claremont Company closed this past year, trucking and disposal costs have increased due to the increased travel distance between Walpole and approved landfills. In an effort to control cost, Ruggiero Processing Facility is requesting approval to transfer municipal solid waste, MSW, from their collection trucks into larger dumpsters for ultimate disposal at State approved landfills.

Simultaneously, Ruggiero Processing is requesting permission to increase the average weekly volume of waste and recyclables they manage from 200 ton to 400 ton.

There is no request in this application to expand the size or number of buildings on the site.

A copy of the application has been provided to the Town of Walpole and you are welcome to review that application at the Town Hall. Please contact the Town Hall to determine times available to review the application.

Once the application has been deemed complete by the NHDES, you will again be notified by certified mail, of a public hearing to be held at the Walpole Town Hall, date and time to be determined.

Should you have questions before the public hearing you may contact any of the following:

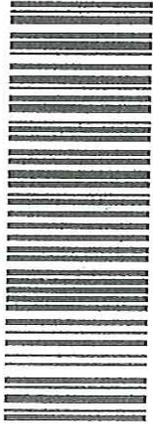
Ruggiero Processing Facility, attn.: Joseph Ruggiero  
PO Box 434, Saxtons River, VT 05154, 802/869-2235

NHDES Solid Waste Bureau, attn.: Paul Gildersleeve, P.E.  
PO Box 95, Concord, NH 03302-0095, 603/271-2935

SVE Associates, attn.: Rob Hitchcock, P.E.  
47 Marlboro Street, Keene, NH 03431, 603/355-1532

# SVE Associates

47 MARLBORO ST., KEENE, NEW HAMPS



7008 3230 0002 1331 4919

Gary & Michelle McRae  
39 Old Route 12N  
Westmoreland, NH 03467

1st NOTICE

NIXIE 015 EE 1009 7204/04/15

RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
UNABLE TO FORWARD

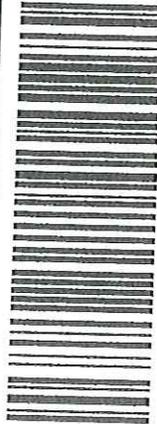
0345704702 2901  
03451041481

BC: 03431414847 \*1184-09551-25-41

CERTIFIED MAIL™

# SVE Associates

47 MARLBORO ST., KEENE, NEW HAMPS



7008 3230 0002 1331 4223

Christopher S. Ricci  
88 March Hill Road  
Walpole, NH

NIXIE 015 CE 1009 7203/25/15

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

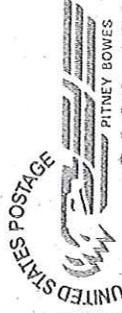
0345704702 1330

BC: 03431414847 \*1184-09562-25-41



02 1P \$006.480  
0001069998 FEB 25 2015  
MAILED FROM ZIP CODE 03431

*2/11/15*

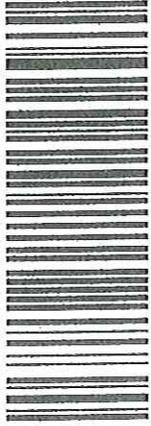


02 1P \$006.480  
0001069998 FEB 25 2015  
MAILED FROM ZIP CODE 03431

*1000*  
*27-27-15*

# SVE Associates

47 MARLBORO ST., KEENE, NEW HAMPS



7008 3230 0002 1331 4230



02 1P \$006.48  
0001069998 FEB 25 2015  
MAILED FROM ZIP CODE 03431

3-2-17  
3-3-17

Lanbro Inc.  
c/o William Lantz

55 Hor NIXIE 015 CE 1009 7203/21/15  
Richm

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

5C: 03431414847 \*1184-09560-25-41



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Emicor, LLC  
 c/o Benson Woodworking  
 6 Blackjack Crossing  
 Walpole, NH 03608

2. Article Number  
 (Transfer from service label)

7008 3230 0002 1331 4254

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Virginia Smith  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/27/14

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Richard F. & Karen O'Brien  
 20 Seward Drive  
 Walpole, NH 03608

2. Article Number  
 (Transfer from service label)

7008 3230 0002 1331 4247

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Karen R. O'Brien  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

Karen R. O'Brien 3-3-15

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Georg E. Kay  
 c/o Rose Scadova  
 78 Blackjack Crossing  
 Walpole, NH 03608

2. Article Number  
 (Transfer from service label)

7008 3230 0002 1331 4261

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X R. Parkhurst  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

Per Carl Leg 3/4/14

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Tracie Adrian</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>TRACIE ADRIAN</i>	C. Date of Delivery <i>2-28-15</i>
1. Article Addressed to:  John & Frances Hansel 760 Wentworth Road Walpole, NH 03608	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) <u>7008 3230 0002 1331 4278</u>		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1541

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Andrew K. Lewis</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery <i>2/27/15</i>
1. Article Addressed to:  Andrew Lewis 102 Blackjack Crossing Walpole, NH 03608	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) <u>7008 3230 0002 1331 4285</u>		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Gretchen G. Fowler</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery <i>2/27/15</i>
1. Article Addressed to:  Gretchen G. Fowler 831 Wentworth Road Walpole, NH 03608	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) <u>7008 3230 0002 1331 4292</u>		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>M. Truitt</i>
1. Article Addressed to:  State of NH Dept. of Transportation PO Box 483 Concord, NH 03302	B. Received by (Printed Name) _____ Date of Delivery _____ <i>M. Truitt</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>FEB 27 2015</i>
	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) <u>7008 3230 0002 1331 4896</u>	
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Roger Hodgkins</i>
1. Article Addressed to:  Hodgkins & Sons inc. PO Box 268 Bellows Falls, VT 05101	B. Received by (Printed Name) _____ C. Date of Delivery _____ <i>Roger Hodgkins</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) <u>7008 3230 0002 1331 4902</u>	
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>John Corduff</i>
1. Article Addressed to:  Patricia Rodrigues & John Corduff PO Box 52 Westmoreland, NH 03467	B. Received by (Printed Name) _____ C. Date of Delivery _____ <i>JOHN CORDUFF</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) <u>7008 3230 0002 1331 4926</u>	
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Town of Walpole  
 Board of Selectmen  
 PO Box 729  
 Walpole, NH 03608

2. Article Number

(Transfer from service label)

7008 3230 0002 1331 4933

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Linda Edkins*  Agent  
 Addressee

B. Received by (Printed Name)

Linda Edkins

C. Date of Delivery

3/2/15

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ruggiero Processing Facility  
 PO Box 434  
 Saxtons River, VT 05154

2. Article Number

(Transfer from service label)

7008 3230 0002 1331 4940

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Judy Ruggiero*  Agent  
 Addressee

B. Received by (Printed Name)

Judy Ruggiero

C. Date of Delivery

2/27/15

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SVE Associates  
 47 Marlboro Street  
 Keene, NH 03431

2. Article Number

(Transfer from service label)

7008 3230 0002 1331 4957

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Trana Goodrich*  Agent  
 Addressee

B. Received by (Printed Name)

Trana Goodrich

C. Date of Delivery

2/27/15

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NA Dept. of Justice  
33 Capitol Street  
Concord, NH 03301

2. Article Number  
(Transfer from service label)

7012 3050 0001 2925 0027

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Melanie Barkas*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-2

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail®  Priority Mail Express™
- Registered  Return Receipt for Merchandise
- Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

Domestic Return Receipt