

MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR VEHICLE DISMANTLING FACILITIES

(If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-8678.)

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

SECTION 1 - FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <i>Costas Used Cars Inc</i>			
FACILITY LOCATION ADDRESS: <i>790 Gabbauer Rd</i>	FACILITY CITY: <i>Mellen, NY</i>	STATE: <i>NY</i>	ZIP CODE: <i>12544</i>
FACILITY TOWN: <i>Claverack</i>	FACILITY COUNTY: <i>Columbia</i>	FACILITY PHONE NUMBER: <i>518 672 4070</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #:
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: <i>7001652</i>	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): <i>(Vehicle Dismantler)</i>	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT: <i>Thomas Costa</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <i>518 985 4211</i>	CONTACT FAX NUMBER: <i>518 672 4070</i>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <i>Mario Costa</i>	OWNER PHONE NUMBER: <i>518 672 4070</i>	OWNER FAX NUMBER: <i>518 672 4070</i>	
OWNER ADDRESS: <i>790 Gabbauer Road</i>	OWNER CITY: <i>Mellen, NY</i>	STATE: <i>NY</i>	ZIP CODE: <i>12544</i>
OWNER CONTACT: <i>518 672 4070</i>	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <i>Thomas Costa</i>	<input 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 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 11.

No dismantling


SECTION 11 - SIGNATURE AND DATE BY OWNER, OPERATOR, OR RESPONSIBLE REPRESENTATIVE

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, Operator, or Responsible Representative 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

2/20/18 _____
Date

Thomas Costa _____
Name (Print or Type)

Operator _____
Title (Print or Type)

Email (Print or Type)

203 Graham Ave _____
Address

Hoboken NJ _____
City

Hoboken NJ 07030 _____
State and Zip

518 672 4070 _____
Phone Number

ATTACHMENTS: YES NO