

Filed 2-26-18

for 2017

Albany Fax 402 0601, 1471

Ray Brook 518 897 1245

Clear Form

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>Bob's Salvage Yard</i>			
FACILITY LOCATION ADDRESS: <i>418 Irish Settlement Road</i>	FACILITY CITY: <i>Plattsburgh</i>	STATE: <i>NY</i>	ZIP CODE: <i>12901</i>
FACILITY TOWN: <i>Schuyler Falls</i>	FACILITY COUNTY: <i>Clinton</i>	FACILITY PHONE NUMBER: <i>518-5616810</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <i>Ray Brook N.Y. 518-8971241</i>			NYSDEC REGION #: <i>5</i>
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: <i>7005003</i>	REGISTRATION TYPE (Vehicle Dismanter, Mobile Crusher, etc.): <i>Dismanter</i>	NYS DEC ACTIVITY CODE: <i>VD</i>	
FACILITY CONTACT: <i>Robert Patinka</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <i>518 3358946</i>	CONTACT FAX NUMBER: <i>N/A</i>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <i>Barbara Patinka</i>	OWNER PHONE NUMBER: <i>518 561 6810</i>	OWNER FAX NUMBER: <i>N/A</i>	
OWNER ADDRESS: <i>418 Irish Settlement Road</i>	OWNER CITY: <i>Plattsburgh</i>	STATE: <i>NY</i>	ZIP CODE: <i>12901</i>
OWNER CONTACT: <i>Same as Above</i>	OWNER CONTACT EMAIL ADDRESS: <i>N/A</i>		
OPERATOR INFORMATION			
OPERATOR NAME: <i>Robert Patinka</i>	<input type="checkbox"/> same as owner		<input type="checkbox"/> public <input checked="" type="checkbox"/> private
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address			
<input checked="" type="checkbox"/> Other (provide): <i>rpm6069@gmail.com</i>			
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 11.

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.

Barbara Patinkin

Signature

2-26-18

Date

Barbara Patinkin

Name (Print or Type)

Owner

Title (Print or Type)

Email (Print or Type)

418 Irish Settlement road

Address

Plattsburgh

City

NY 12901

State and Zip

518-564-6810

Phone Number

ATTACHMENTS: ☐ YES ☒ NO