

MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR VEHICLE DISMANTLING FACILITIES

RECEIVED
NYSDEC

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

FEB 15 2018

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
 For Environmental Quality Region 6

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Buter's Auto LLC			
FACILITY LOCATION ADDRESS: 8105 St Hwy 56	FACILITY CITY: Norfolk	STATE: NY	ZIP CODE: 13067
FACILITY TOWN: Norfolk	FACILITY COUNTY: St. Lawrence	FACILITY PHONE NUMBER: 315-384-4230	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). DEVELOPMENT AUTHORITY OF THE NORTH COUNTRY			NYSDEC REGION #: 6
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 7118735	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): Dismantler	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT: JENNIFER TAVERNIA	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 315-842-0675	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: CYNTHIA LABONITA	OWNER PHONE NUMBER: 315-384-4230	OWNER FAX NUMBER:	
OWNER ADDRESS: P.O. Box 163	OWNER CITY: Norfolk	STATE: NY	ZIP CODE: 13067
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: j.tavernia175@gmail.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" 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 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 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.

Anthony J. Scully
Signature

2/12/18
Date

Christina LaParola
Name (Print or Type)

OWNER
Title (Print or Type)

Howenna0675@gmail.com
Email (Print or Type)

P.O. Box 163
Address

NOFFCOK
City

NY 13617
State and Zip

(315) 384-4230
Phone Number

ATTACHMENTS: YES NO