

**MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR VEHICLE DISMANTLING FACILITIES**

(If you need assistance filling out this form please email [swmfannualreport@dec.ny.gov](mailto: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>NASH Auto Parts</i>			
FACILITY LOCATION ADDRESS: <i>8649 Pump Rd</i>	FACILITY CITY: <i>Jordan</i>	STATE: <i>NY</i>	ZIP CODE: <i>13080</i>
FACILITY TOWN: <i>Brautau</i>	FACILITY COUNTY: <i>Cayuga</i>	FACILITY PHONE NUMBER: <i>NOT APPL contact 315-704-8052 315-277-0621</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <i>Cayuga County</i>			NYSDEC REGION #: <i>7</i>
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: <i>NY 7049771</i>	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): <i>Dismantler</i>	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT: <i>Joseph NASH Dell HUNTON</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <i>315-704-8052 315-277-0621</i>	CONTACT FAX NUMBER: <i>None</i>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <i>Joseph NASH</i>	OWNER PHONE NUMBER: <i>315-704-8052</i>	OWNER FAX NUMBER: <i>None</i>	
OWNER ADDRESS: <i>6955 Chenney St</i>	OWNER CITY: <i>Auburn</i>	STATE: <i>NY</i>	ZIP CODE: <i>13021</i>
OWNER CONTACT: <i>315-704-8052</i>	OWNER CONTACT EMAIL ADDRESS: <i>None</i>		
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 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 type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

RECEIVED

Did you operate in 2017?  Yes; Complete this form.

No; Complete and submit Sections 1 and 11.

APR 24 2018

**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.

Joseph Nash  
Signature

4/10/18  
Date

Joseph NASH  
Name (Print or Type)

Owner  
Title (Print or Type)

None  
Email (Print or Type)

6955 chenny ST  
Address

Auburn  
City

NY 13021  
State and Zip

(315) 704-8052  
Phone Number

ATTACHMENTS:  YES  NO