Clear Form

## RECEIVED RECEIVED REPORT INCLUDING SELF-CERTIFICATION FOR RECEIVED VEHICLE DISMANTLING FACILITIES NYS DEGIf you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-8678.)

ne Annual Report no later there	4	
e year of operation from January 24	1, 2018.	
TION 1 - FACILITY INFORMATI	2017 to <u>December 31, 2017</u>	
FACILITY INFORMATION	IUN	
to Salvage		
FACILITY CITY:		
- 1 · · · · · · · · · · · · · · · · · ·	STATE: ZIP CODE:	
	NY 14892	
•	FACILITY PHONE NUMBER:	
Tioqa		
YS Planning Units can be found at the end of	this report) ANODES	
	this report). NYSDEC REGION #: ~	
REGISTRATION TYPE (Vahi		
USINADDEL Mobile Care Land		
Vehendo Dinmont	20	
private NUMBER:	CONTACT FAX NUMBER:	
607565443	2   -	
CONTACT EMAIL ADDRESS:		
OWNER PHONE NUMBER		
	OWNER FAX NUMBER:	
OWNER CITY:		
Waverly	STATE: ZIP CODE: 14892	
OWNER CONTACT EMAIL ADDRES	SS: 179892	
OPERATOR INFORMATION  Same as owner		
	□public	
PREFERENCES	private	
Facility location address	Owner address	
Owner Contact	Office access	
Facility Contact Owner Co	ontact	
: Facility Contact	ontact	
- Owner Co	ontact	
this form.	ontact	
	FACILITY INFORMATION  FACILITY COUNTY:  FACILITY INFORMATION  OWNER INFORMATION  OWNER CONTACT EMAIL ADDRESS  OPERATOR INFORMATION  OPERATOR INFORMATION	

## 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.

Charlatte Williams Signature	3-12-18 Date
Charlotte Williams Name (Print or Type)	Owner / wife Title (Print or Type)
None Email (Prin	t or Type)
161 Tinkham Rd Address	City
New York 14892 State and Zip	(667) 565 4432 Phone Number

ATTACHMENTS: YES NO