

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: AUTOSALVAGE OF ITHACA, INC.			
FACILITY LOCATION ADDRESS: 129 Hornbrook Road	FACILITY CITY: Ithaca	STATE: NY	ZIP CODE: 14850
FACILITY TOWN: Town of Danby	FACILITY COUNTY: Tompkins	FACILITY PHONE NUMBER: 607-2728061	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Tompkins			NYSDEC REGION #: 7
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 4550047	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): Vehicle Dismantler	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT: Joseph Petricola	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 607-2728061	CONTACT FAX NUMBER: 607-2728061
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Robert Bartholf	OWNER PHONE NUMBER: 607-2728061	OWNER FAX NUMBER: 607-2728061	
OWNER ADDRESS: 129 Hornbrook Road	OWNER CITY: Ithaca	STATE: NY	ZIP CODE: 14850
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
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 type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

RECEIVED

MAR 27 2018

Did you operate in 2017? Yes; Complete this form.
 No; Complete and submit Sections 1 and 11.

SECTION 2 - END-OF-LIFE VEHICLES (ELVs) PROCESSED

- Provide the number of ELVs received from January 1 to December 31: _____
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: _____
- Provide the number of ELVs stored at the facility as of December 31: _____
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: _____
- Provide the approximate area used for the storage of vehicles (acres): _____ acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
 - 1) _____
 - 2) _____
 - 3) _____

- If your facility has **received 25 or fewer ELVs** during the year AND **stored no more than 50 ELVs** at any one time check this box and complete only sections 3, 4, and 11.

If not, leave this box blank.

→ Please, write "Not Applicable" on sections that do not pertain to your facility.

- If your facility has **not processed or stored ANY ELVs** during the year, check this box and complete only section 9.

If not, leave this box blank

→ Please, write "Not Applicable" on sections that do not pertain to your facility.

**IF NEITHER OF THESE DESCRIPTIONS APPLIES TO YOUR FACILITY,
COMPLETE THE ENTIRE FORM BELOW:**

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: SWMAnnualreport@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

22 Mar 2018

Date

Joseph Petricola

Name (Print or Type)

Vice President

Title (Print or Type)

Email (Print or Type)

129 Hornbrook Road

Address

Ithaca

City

New York 14850

State and Zip

(607) 2728061

Phone Number

ATTACHMENTS: YES NO

Division of Materials Management
New York State Department of Environmental Conservation
Albany, New York 12233-7260

Forms for all solid waste management facilities can be found at <http://www.dec.ny.gov/chemical/52706.html> and a brief description of each type of facility can be found at <http://www.dec.ny.gov/chemical/8495.html>.

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Annual Report

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On July 26, 2006, ECL Article 27, Title 23: Vehicle Dismantling Facilities was signed into law. This law expands the solid waste management requirements for facilities that dismantle automobiles and generate used vehicle fluids and other materials such as mercury switches, etc. Facilities with operations involving dismantling, storage, transfer, recycling and disposal of automobiles must complete this Annual Report Form. Compliance with Environmental Conservation Law (ECL) Article 27, Chapter 23 is mandatory. Failure to submit the Annual Report Form is a violation of ECL 71-4003 and may result in a penalty of up to \$500 for each day the Annual Report Form is late.

Reporting of the information indicated on this Mandatory Annual Report including Self-Certification for Vehicle Dismantling Facilities fulfills the reporting requirements pursuant to 6 NYCRR 360-12.1(c).

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

For reference only. Please do not return with submittal.