

Clear Form

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

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

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 518-402-8041
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 cherry ST
Address

Auburn
City

NY 13021
State and Zip

(315) 704-8052
Phone Number

ATTACHMENTS: YES NO