

**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: <u>Young's Rescue & Recovery LLC</u>			
FACILITY LOCATION ADDRESS: <u>8957 Van Dusen Rd.</u>	FACILITY CITY: <u>Houghton</u>	STATE: <u>N.Y.</u>	ZIP CODE: <u>14744</u>
FACILITY TOWN: <u>Rushford</u>	FACILITY COUNTY: <u>Allegany</u>	FACILITY PHONE NUMBER: <u>585-437-5438</u>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <u>8</u>			NYSDEC REGION #: <u>9</u>
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: <u>7105405</u>	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): <u>Dismantler</u>	NYS DEC ACTIVITY CODE: <u>N/A</u>	
FACILITY CONTACT: <u>Jeff Young</u>	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <u>585-437-5438</u>	CONTACT FAX NUMBER: <u>N/A</u>
CONTACT EMAIL ADDRESS: <u>youngdbb@aol.com</u>			
OWNER INFORMATION			
OWNER NAME: <u>Jeffrey R. Young Single Member LLC</u>	OWNER PHONE NUMBER: <u>585-437-5438</u>	OWNER FAX NUMBER: <u>N/A</u>	
OWNER ADDRESS: <u>8989 Van Dusen Rd.</u>	OWNER CITY: <u>Houghton</u>	STATE: <u>N.Y.</u>	ZIP CODE: <u>14744</u>
OWNER CONTACT: <u>585-437-5438</u>	OWNER CONTACT EMAIL ADDRESS: <u>youngdbb@aol.com</u>		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input 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.


Signature

2-26-2018
Date

Jeffrey R. Young
Name (Print or Type)

Single Member LLC
Title (Print or Type)

youngdbb@aol.com
Email (Print or Type)

8957 Van Dusen Rd.
Address

Houghton
City

New York 14744
State and Zip

585,437-5438
Phone Number

ATTACHMENTS: YES NO

WASTE TIRE STORAGE FACILITY ANNUAL REPORT

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: Young's Rescue & Recovery LLC			
FACILITY LOCATION ADDRESS: 8957 Van Dusen Rd.	FACILITY CITY: Houghton	STATE: N.Y.	ZIP CODE: 14744
FACILITY TOWN: Rushford	FACILITY COUNTY: Allegany	FACILITY PHONE NUMBER: 585-437-5438	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). 8			NYSDEC REGION #: 9
360 PERMIT #:	DATE ISSUED: 3-7-08	DATE EXPIRES: —————>	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 02K17
FACILITY CONTACT: Jeff Young	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 585-437-5438	CONTACT FAX NUMBER: N/A
CONTACT EMAIL ADDRESS: youngdbb@aol.com			
OWNER INFORMATION			
OWNER NAME: Jeffrey R. Young Single member LLC	OWNER PHONE NUMBER: 585-437-5438	OWNER FAX NUMBER: N/A	
OWNER ADDRESS: 8989 Van Dusen Rd.	OWNER CITY: Houghton	STATE: N.Y.	ZIP CODE: 14744
OWNER CONTACT: 585-437-5438	OWNER CONTACT EMAIL ADDRESS: youngdbb@aol.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input 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. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at: <http://www.dec.ny.gov/chemical/52706.html>.

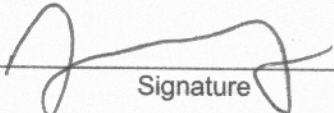
SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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 or Operator 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.


Signature

2-26-2018
Date

Jeffrey R. Young
Name (Print or Type)

Single Member LLC.
Title (Print or Type)

youngdbb@aol.com
Email (Print or Type)

8957 Van Dusen Rd.
Address

Houghton
City

New York 14744
State and Zip

585,437-5438
Phone Number

ATTACHMENTS: YES NO

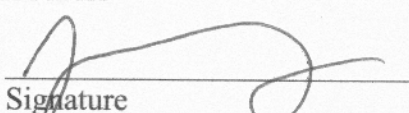
Activity Notification Form
relinquish permit/Regis.

**INACTIVE SOLID WASTE MANAGEMENT
FACILITY OR ACTIVITY NOTIFICATION FORM**

FACILITY NAME: <u>Young's Rescue & Recovery LLC.</u>		
FACILITY ADDRESS: <u>8957 Van Dusen Rd.</u>		
FACILITY CITY: <u>Houghton</u>	STATE: <u>N.Y.</u>	ZIP CODE: <u>14744</u>
TYPE OF INACTIVE FACILITY OR ACTIVITY: (Check all applicable boxes)		
<input type="checkbox"/> C&D processing – permit <input type="checkbox"/> C&D processing – registration <input type="checkbox"/> Household Hazardous Waste <input type="checkbox"/> Landfill – Construction & Demolition Debris <input type="checkbox"/> Landfill – Industrial/Commercial <input type="checkbox"/> Landfill – Land Clearing Debris <input type="checkbox"/> Landfill – Long Island <input type="checkbox"/> Landfill – Municipal Solid Waste <input type="checkbox"/> Municipal Waste Combustor <input type="checkbox"/> Recyclable Handling & Recovery <input type="checkbox"/> Regulated Medical Waste – Radiopharmacy <input type="checkbox"/> Regulated Medical Waste – Onsite Treatment <input type="checkbox"/> Regulated Medical Waste – Commercial Treatment <input type="checkbox"/> Regulated Medical Waste – Transfer Station <input type="checkbox"/> Transfer Station – permit <input type="checkbox"/> Transfer Station – registration <input checked="" type="checkbox"/> Waste Tire Storage – Dealer <input type="checkbox"/> Waste Tire Storage – New Product Manufacturing <input type="checkbox"/> Waste Tire Storage – Onsite Energy Recovery <input type="checkbox"/> Waste Tire Storage – permitted <input type="checkbox"/> Waste Tire Storage – Retreader <input type="checkbox"/> Other _____		
DEC ACTIVITY CODE(S) OR REGISTRATION NUMBER(S): <u>02K17</u>	FACILITY COUNTY: <u>Allegany</u>	NYSDEC REGION #: <u>9</u>

This document certifies that the type of facility or activity identified above is no longer operational. The owner/operator relinquishes their NYSDEC permit/registration and retains no other permit, registrations, or licenses related to the identified activity. It is recognized that in order to resume operation, a new permit application or registration form must be submitted to the Department for processing and approval. This notification does not excuse the facility from any closure, post-closure, or other requirements identified in 6 NYCRR Part 360.

I hereby affirm under penalty of perjury that information provided on this form 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 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.

<u>Jeffrey R. Young</u> Name (Print or Type)	<u>Single member LLC</u> Title (Print or Type)	<u>(585) 439-5438</u> Phone Number
<u>8989 Van Dusen Rd</u> Address	<u>Houghton</u> City	<u>N.Y. 14744</u> State and Zip
 Signature	<u>2-26-2018</u> Date	