

**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: 2150 Automotive Recycling Ctr			
FACILITY LOCATION ADDRESS: 2150 William St	FACILITY CITY: Buffalo	STATE: NY	ZIP CODE: 14206
FACILITY TOWN:	FACILITY COUNTY: Erie	FACILITY PHONE NUMBER:	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: 9
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER:	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.):	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT: Michael Serwacki	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 716-893-4676	CONTACT FAX NUMBER: 716-895-0547
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Michael Serwacki	OWNER PHONE NUMBER: 716-861-0919	OWNER FAX NUMBER:	
OWNER ADDRESS: 100 Townline Rd,	OWNER CITY: Elma	STATE: NY	ZIP CODE: 14059
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
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 type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide): 2060autoparts@gmail.com			
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.

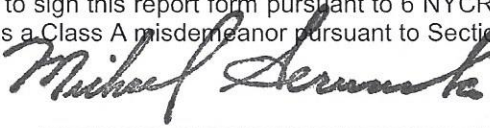
SECTION 11 - SIGNATURE AND DATE BY OWNER, OPERATOR, OR RESPONSIBLE REPRESENTATIVE

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 518-402-9041
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.



02/09/2018

Signature

Date

Michael Serwacki

V. President

Name (Print or Type)

Title (Print or Type)

2060autoparts@gmail.com

Email (Print or Type)

100 Townline Rd

Address

Elma

City

NY 14059

State and Zip

(716) 861-0919

Phone Number

ATTACHMENTS: YES NO