

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

(If you need assistance filling out this form please email [swmfannualreport@dec.ny.gov](mailto: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:  
Mini-Van's & SUV's Of WNY

FACILITY LOCATION ADDRESS: 2070 William St  
FACILITY CITY: Buffalo  
STATE: NY  
ZIP CODE: 14206

FACILITY TOWN: Sloan  
FACILITY COUNTY: Erie  
FACILITY PHONE NUMBER: 716-893-0006

FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).  
Northeast Southtowns Solid Waste Management Board (NEST)  
NYSDEC REGION #: 9

NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 7091750  
REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): Dismantler  
NYS DEC ACTIVITY CODE:

FACILITY CONTACT: Martin Marks  
 public  
 private  
CONTACT PHONE NUMBER: 716-896-1616 ext 100  
CONTACT FAX NUMBER: 716-896-3986

CONTACT EMAIL ADDRESS: martin@marksautoparts.com

**OWNER INFORMATION**

OWNER NAME: Martin Marks  
OWNER PHONE NUMBER: 716-896-1616 ext 100  
OWNER FAX NUMBER: 716-896-3986

OWNER ADDRESS: PO Box 147  
OWNER CITY: Buffalo  
STATE: NY  
ZIP CODE: 14240

OWNER CONTACT: Martin Marks  
OWNER CONTACT EMAIL ADDRESS: martin@marksautoparts.com

**OPERATOR INFORMATION**

OPERATOR NAME:  same as owner  
 public  
 private

**PREFERENCES**

Preferred address to receive correspondence:  Facility location address  Owner address  
 Other (provide):

Preferred email address:  Facility Contact  Owner Contact  
 Other (provide):

Preferred individual to receive correspondence:  Facility Contact  Owner Contact  
 Other (provide):

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

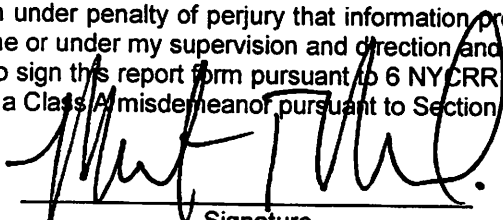
**SECTION 11 - SIGNATURE AND DATE BY OWNER, OPERATOR, OR RESPONSIBLE REPRESENTATIVE**

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

2/26/18  
Date

Martin Marks  
Name (Print or Type)

Vice President  
Title (Print or Type)

martin@marksautoparts.com  
Email (Print or Type)

2070 William ST  
Address

Buffalo  
City

NY, 14206  
State and Zip

(716) 896-1616 ext 100  
Phone Number

ATTACHMENTS:  YES  NO

# Attachment A

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- Dismantling of ELV's is performed at facilities 1 & 2
- Dismantling of ELV's is performed at facilities 1 & 2 for facility 3
- ELV's fluids are drained at facilities 1 & 2 for facility 4
- Light dismantling (ie. Dry parts), is performed at facility 3
- All crushing is performed at facility 4
- Final check for mercury switches performed at facility 4
- Disposal of mercury switches is done thru facility 1, 2, 3, & 4
- All ELV's for facility 3 are purchased by facility 4

