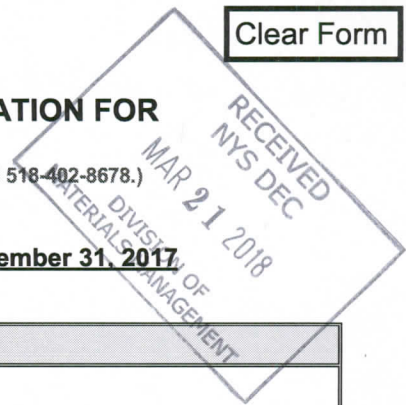


MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR VEHICLE DISMANTLING FACILITIES

(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>Tomson Alloys Recycling</u> | | | |
| FACILITY LOCATION ADDRESS: <u>143 Fillmore Ave</u> | FACILITY CITY: <u>Buffalo</u> | STATE: <u>NY</u> | ZIP CODE: <u>14210</u> |
| FACILITY TOWN: | FACILITY COUNTY: <u>Erie</u> | FACILITY PHONE NUMBER: <u>716-294-4807</u> | |
| FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <u>not associated w/ planning unit</u> | | | NYSDEC REGION #: <u>9</u> |
| NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: <u>7115826</u> | REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): <u>Dismantler, scrap processor</u> | NYS DEC ACTIVITY CODE: | |
| FACILITY CONTACT: <u>Lindsey Cnill</u> | <input checked="" type="checkbox"/> public <input type="checkbox"/> private | CONTACT PHONE NUMBER: <u>716-294-4807</u> | CONTACT FAX NUMBER: |
| CONTACT EMAIL ADDRESS: | | | |
| OWNER INFORMATION | | | |
| OWNER NAME: <u>Lindsey Cnill</u> | OWNER PHONE NUMBER: <u>716-294-4807</u> | OWNER FAX NUMBER: | |
| OWNER ADDRESS: <u>851 Eagle St</u> | OWNER CITY: <u>Buffalo</u> | STATE: <u>NY</u> | ZIP CODE: <u>14210</u> |
| OWNER CONTACT: <u>Lindsey Cnill</u> | OWNER CONTACT EMAIL ADDRESS: <u>tomsonalloys@yahoo.com</u> | | |
| OPERATOR INFORMATION | | | |
| OPERATOR NAME: | <input checked="" type="checkbox"/> same as owner | <input checked="" 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): | | | |
| 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.

Lindsey Cull
Signature

2/23/18
Date

Lindsey Cull
Name (Print or Type)

President
Title (Print or Type)

tomsonallays@yahoo.com
Email (Print or Type)

851 Eagle St
Address

Buffalo
City

NY, 14210
State and Zip

(716) 294 - 4801
Phone Number

ATTACHMENTS: YES NO