

VEHICLE DISMANTLING FACILITY, MOTOR VEHICLE REPAIR SHOP AND MOBILE VEHICLE CRUSHER ANNUAL REPORT

Submit Annual Report no later than March 1, 2019.

This annual report is for the year of operation from January 01, 2018 to December 31, 2018

SECTION 1 - FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Bobs Salvage Yard			
FACILITY LOCATION ADDRESS: 418 Irish settlement	FACILITY CITY: Plattsburgh	STATE: Ny.	ZIP CODE: 12901
FACILITY TOWN: Plattsburgh	FACILITY COUNTY: Clinton	FACILITY PHONE NUMBER: 518 5616810	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: 5
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler <input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher			
DMV I.D. # 700 5003			
FACILITY CONTACT: Robert Patinka	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 518 3358946	CONTACT FAX NUMBER: N/A
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Barbara Patinka	OWNER PHONE NUMBER: 518 561-6810	OWNER FAX NUMBER: N/A	
OWNER ADDRESS: 418 Irish settlement ro.	OWNER CITY: Plattsburgh	STATE: Ny.	ZIP CODE: 12901
OWNER CONTACT:		OWNER CONTACT EMAIL ADDRESS:	
OPERATOR INFORMATION			
OPERATOR NAME: Robert Patinka	<input 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 checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide): ram6069@gmail.com			
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 2018? <input type="checkbox"/> Yes; Complete this form. <input checked="" type="checkbox"/> No; Complete and submit Sections 1 and 12.			

SECTION 12 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management 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 Solid Waste Management
125 Broadway
Albany, New York 12233-7260
Fax 518-402-9041
Email address: SWMFannualreport@dec.ny.gov**

I certify, under penalty of law, that the data and other information identified in this report have been prepared under my direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuant to section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.

Barbara Patinka
Signature

2/18/2019
Date

Barbara Patinka
Name (Print or Type)

Owner
Title (Print or Type)

Email (Print or Type)

418 Irish settlement road
Address

Plattsburgh
City

New York 12901
State and Zip

518, 561-6810
Phone Number

ATTACHMENTS: YES NO