

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

Submit the 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: <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: <u>8</u> <small>(A list of NYS Planning Units can be found at the end of this report).</small>			NYSDEC REGION #: <u>9</u>
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler <input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher			
DMV I.D. # <u>7105405</u>			
FACILITY CONTACT: <u>Jeff Young</u>	<input type="checkbox"/> public <input checked="" 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</u> <u>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 2018? Yes; Complete this form.

No; Complete and submit Sections 1 and 12.

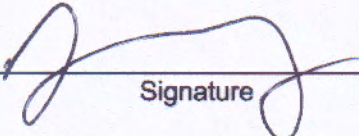
SECTION 12 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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
625 Broadway
Albany, New York 12233-7260
Fax 518-402-9041
Email address: SWMAnnualreport@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.


Signature

2-27-2019
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

N.Y. 14744
State and Zip

585,437-5438
Phone Number

ATTACHMENTS: YES NO