VEHICLE DISMANTLING FACILITY, MOTOR VEHICLE REPAIR SHOP AND MOBILE VEHICLE

SUBMITED BY
TABS CONSULTING GROUP

CRUSHER ANNUAL REPORT

Submit the Annual Report no later than March 1, 2020. This

annual report is for the year of operation from <u>January 01, 2019</u> to <u>December 31, 2019</u>

SECTION 1 - FACILITY INFORMATION

FACILITY INFORMATION								
FACILITY NAME: DAWNS AUTO SALES INC								
FACILITY LOCATION ADDRESS:	FACILITY CITY:			STATE:	ZIP CODE:			
139-23 QUEENS BLVD	QUEENS			NY	11435			
FACILITY TOWN:	FACILITY COUNTY: FAC			ACILITY PHONE NUMBER:				
CHRISTOPHER BENSON	QUEENS			718-523-5751				
FACILITY NYS PLANNING UNIT: (A list of NYS NEW YORK CITY	t). NY	NYSDEC REGION #: 2						
FACILITY TYPE: Vehicle Dismantler DMV I.D. # 7066492	Motor	Vehicle Repair Shop		Mobile Ve	ehicle Crusher			
FACILITY CONTACT:	public	public CONTACT PHONE		CONTACT FAX NUMBER:				
CHRISTOPHER BENSON	/ private			718-658-7275				
CONTACT EMAIL ADDRESS: WAYSIDEAUTO@NYC.RR.COM								
	OWNER	INFORMATION						
OWNER NAME:				ER FAX NUMBER:				
DAWNS AUTO SALES INC	718-523-	718-523-5751 718-658-7275						
OWNER ADDRESS: 139-23 QUEENS BLVD	OWNER CITY: QUEENS			STATE: NY	ZIP CODE: 11435			
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:							
CHRISTOPHER BENSON WAYSIDEAUTO@NYC.RR.COM								
OPERATOR INFORMATION								
]public]private				
PREFERENCES								
Preferred address to receive correspondence: Facility location address Owner address Owner address								
Preferred email address: Facility Contact Other (provide):	Ov	vner Contact						
Preferred individual to receive correspondence: Facility Contact Owner Contact Other (provide):								
Did you operate in 2019? ☐ 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: 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.

Signature	Date
Christophen Benson Name (Print or Type)	Title (Print or Type)
	ONYC.R.Com
139-23 QUEENS BluD Address	JAMAICA City
NY 11435 State and Zip	718 573-575 / Phone Number

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ATTACHMENTS:	LYES.	LΝΟ