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

Submit the Annual Report no later than March 1, 2020. This annual report is for the year of operation from January 01, 2019 to December 31, 2019

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION

FACILITY NAME: Costas used Cars Inc

FACILITY LOCATION ADDRESS:	FACILITY CITY:	STATE:	ZIP CODE:
790 gahbear rd	Mellenville	NY	12544

FACILITY TOWN:	FACILITY COUNTY:	FACILITY PHONE NUMBER:
Claverack	Columbia	5186724020

FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). **NYSDEC REGION #:** 4

FACILITY TYPE: ☒ Vehicle Dismantler ☐ Motor Vehicle Repair Shop ☐ Mobile Vehicle Crusher

DMV I.D. # 766160T2

NYS DEC ACTIVITY CODE:

FACILITY CONTACT:	☐ public ☐ private	CONTACT PHONE NUMBER:	CONTACT FAX NUMBER:
Thomas Costa			

CONTACT EMAIL ADDRESS:

OWNER INFORMATION

OWNER NAME:	OWNER PHONE NUMBER:	OWNER FAX NUMBER:
Mario Costa	5186724020	

OWNER ADDRESS:	OWNER CITY:	STATE:	ZIP CODE:
63 gahbear rd	Ancram	NY	12534

OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:
Mario Costa	

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 2019? ☐ Yes; Complete this form

☒ No; Complete and submit Sections 1 and 12.

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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

3/1/2020
Date

Thomas Costa
Name (Print or Type)

Manager
Title (Print or Type)

Email (Print or Type)

790 Gahbauer rd
Address

~~Hudson~~ Melleville
City

NY 12544
State and Zip

518 672-4070
Phone Number

Please Call if I need to Do
Something else
518 672 4070
Tom Costa

ATTACHMENTS: ☐ YES ☐ NO

Reprinted (12/19)

SECTION 2A VDF/REPAIR SHOPS- END-O[illegible]-LIFE VEHICLES (ELVs) PROCESSED

- Provide the number of ELVs received from January 1 to December 31: 50
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 0
- Provide the number of ELVs stored at the facility as of December 31: 150
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 150
- Provide the approximate area used for the storage of vehicles (acres): 5 acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:

1) Weismans Port of Albany
2) John Berezi Malone NY
3) Family tire Recovery Ravena NY

SECTION 2B MOBILE CRUSHERS - END-O[illegible]-LIFE VEHICLES (ELVs) PROCESSED

- Provide the number of ELVs crushed from January 1 to December 3: 0
- Provide the names of each facility where you crushed decommissioned ELVs:

1) _____
2) _____
3) _____
4) _____
5) _____
6) _____