

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

Submit the Annual Report no later than March 1, 2021. This  
annual report is for the year of operation from January 01, 2020 to December 31, 2020

## SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
<b>FACILITY NAME:</b> B+B SALVAGE			
<b>FACILITY LOCATION ADDRESS:</b> 5079NY67	<b>FACILITY CITY:</b> HOOSICK FALLS	<b>STATE:</b> NY12090	<b>ZIP CODE:</b>
<b>FACILITY TOWN:</b> HOOSICK	<b>FACILITY COUNTY:</b> RENN	<b>FACILITY PHONE NUMBER:</b> 5186867716	
<b>FACILITY NYS PLANNING UNIT:</b> (A list of NYS Planning Units can be found at the end of this report).			<b>NYSDEC REGION #:</b>
<b>FACILITY TYPE:</b> <input checked="" type="checkbox"/> Vehicle Dismantler DMV I.D. # 7100908	<input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher	<b>NYS DEC ACTIVITY CODE:</b> 4	
<b>FACILITY CONTACT:</b> ROBERT BRENNSTUHL	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	<b>CONTACT PHONE NUMBER:</b> 5186867716	<b>CONTACT FAX NUMBER:</b> NA
<b>CONTACT EMAIL ADDRESS:</b>			
OWNER INFORMATION			
<b>OWNER NAME:</b> ROBERT BRENNSTUHL	<b>OWNER PHONE NUMBER:</b> 5186867716	<b>OWNER FAX NUMBER:</b> NA	
<b>OWNER ADDRESS:</b> 5079NY67	<b>OWNER CITY:</b> HOOSICK FALLS	<b>STATE:</b> NY	<b>ZIP CODE:</b>
<b>OWNER CONTACT:</b> 5186867716	<b>OWNER CONTACT EMAIL ADDRESS:</b> junkman7@roadrunner.com		
OPERATOR INFORMATION			
<b>OPERATOR NAME:</b> <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
<b>Preferred address to receive correspondence:</b> <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
<b>Preferred email address:</b> <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
<b>Preferred individual to receive correspondence:</b> <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2020  Yes; Complete this form.  
 No; Complete and submit Sections 1 and 12.

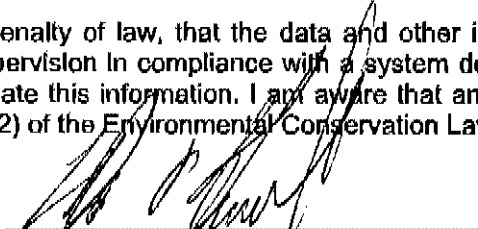
**SECTION 12 - SIGNATURE AND DATE BY OWNER OR OPERATOR**

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

3-26-20  
Date

robert brenenstuhl  
Name (Print or Type)

owner  
Title (Print or Type)

junkman7@roadrunner.com  
Email (Print or Type)

5079ny67  
Address

hoosick falls  
City

ny12090  
State and Zip

518 686 7716  
Phone Number

ATTACHMENTS:  YES  NO