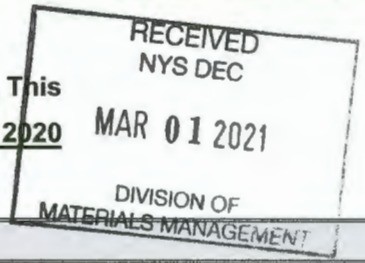


**VEHICLE DISMANTLING FACILITY, MOTOR VEHICLE REPAIR SHOP AND MOBILE VEHICLE
CRUSHER ANNUAL REPORT**

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

FACILITY NAME: Robert H Watkins Towing			
FACILITY LOCATION ADDRESS: 7214 Rt 242 W	FACILITY CITY: Ellicottville	STATE: NY	ZIP CODE: 14731
FACILITY TOWN: MANSFIELD	FACILITY COUNTY: CATT	FACILITY PHONE NUMBER: 716-378-5272	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: 9
FACILITY TYPE: <input type="checkbox"/> Vehicle Dismantler <input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher		NYS DEC ACTIVITY CODE:	
DMV I.D. # _____			
FACILITY CONTACT: Robert H Watkins	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 716 699 2587	CONTACT FAX NUMBER: NONE
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Robert H Watkins	OWNER PHONE NUMBER: 716 378 5272	OWNER FAX NUMBER: NONE	
OWNER ADDRESS: 7214 Rt 242 W	OWNER CITY: Ellicottville	STATE: NY	ZIP CODE: 14731
OWNER CONTACT: Robert Watkins	OWNER CONTACT EMAIL ADDRESS: NONE		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input checked="" 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 type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact		<input type="checkbox"/> Other (provide):	
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" 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 2A VDF/REPAIR SHOPS- END-OF-LIFE VEHICLES (ELVs) PROCESSED

- Provide the number of ELVs received from January 1 to December 31: 0

- 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: 31

- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 31

- Provide the approximate area used for the storage of vehicles (acres): 3.8 acres

- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
 - 1) _____
 - 2) _____
 - 3) _____

SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLES (ELVs) PROCESSED

- Provide the number of ELVs crushed from January 1 to December 31: _____

- Provide the names of each facility where you crushed decommissioned ELVs:
 - 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____
 - 6) _____

SECTION 3 - WASTE FLUIDS RECOVERED

Complete this table by reporting volumes of End-of-Life Vehicle (ELV) waste fluids managed at the facility during the reporting period. Qualitative responses (i.e. √'s or X's) are not acceptable. Report only fluids generated from dismantling operations (not general car repair, etc.).

Waste Fluid Recovered	Fluid Volume				Destination Name & Address <i>(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)</i>
	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	
Refrigerant (pounds)	∅	∅	∅	∅	
Used Oil** (gallons)	∅	8	∅	∅	
Diesel Fuel (gallons)	∅	∅	∅	∅	
Gasoline (gallons)	∅	2	∅	∅	
Engine Coolant/ Antifreeze (gallons)	∅	∅	∅	∅	
Window Washing Fluid (gallons)	∅	∅	∅	∅	
Other (specify)					

* Any fluids disposed must undergo a hazardous waste determination and proper handling, storage, and disposal, if hazardous.

** Includes Engine Oil, Transmission Fluid, Axle Fluids, Hydraulic Fluid, Power Steering Fluid, Brake Fluid, etc.

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.

Robert Watkins
Signature

2/23/21
Date

Robert H Watkins
Name (Print or Type)

OWNER
Title (Print or Type)

N/A
Email (Print or Type)

7214 RT 242 W
Address

Ellicottville
City

NY 14731
State and Zip

(716) 378-5272
Phone Number

ATTACHMENTS: YES NO