

Steuben
14860



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

Submit the Annual Report no later than March 1, 2022

This annual report is for the year of operation from January 01, 2021 to December 31, 2021

SECTION 1 - FACILITY INFORMATION

FACILITY INFORMATION

FACILITY NAME: Zabels Auto Repair			
FACILITY LOCATION ADDRESS: 127 Zabel Hill Rd		FACILITY CITY: FENSA BUSH	STATE: ZIP CODE: NY 12067
FACILITY TOWN: COEYMAN S		FACILITY COUNTY: ALBANY	FACILITY PHONE NUMBER:
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). 4 - COEYMAN S			NYSDEC REGION #: 4
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler		<input checked="" type="checkbox"/> Motor Vehicle Repair Shop	NYS DEC ACTIVITY CODE:
DMV I.D. # 702-8698		<input type="checkbox"/> Mobile Vehicle Crusher	
FACILITY CONTACT: Gilbert Zabel		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 518-391-4603
CONTACT FAX NUMBER:			
CONTACT EMAIL ADDRESS:			

OWNER INFORMATION

OWNER NAME: Gilbert Zabel		OWNER PHONE NUMBER: 518 391 4603	OWNER FAX NUMBER:
OWNER ADDRESS: 131 Zabel Hill Rd		OWNER CITY: FENSA BUSH	STATE: ZIP CODE: NY 12067
OWNER CONTACT: 518 391 4603		OWNER CONTACT EMAIL ADDRESS: ZABELSK PAGES@GMAIL.COM	

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 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 type="checkbox"/> Owner Contact	
<input type="checkbox"/> Other (provide):	

Did you operate in 2021? Yes; Complete this form.
 No; Complete and submit Sections 1 and 13

*This page for reference only.

*This page for reference only. Please do not return with submittal

Steuben
Wayne

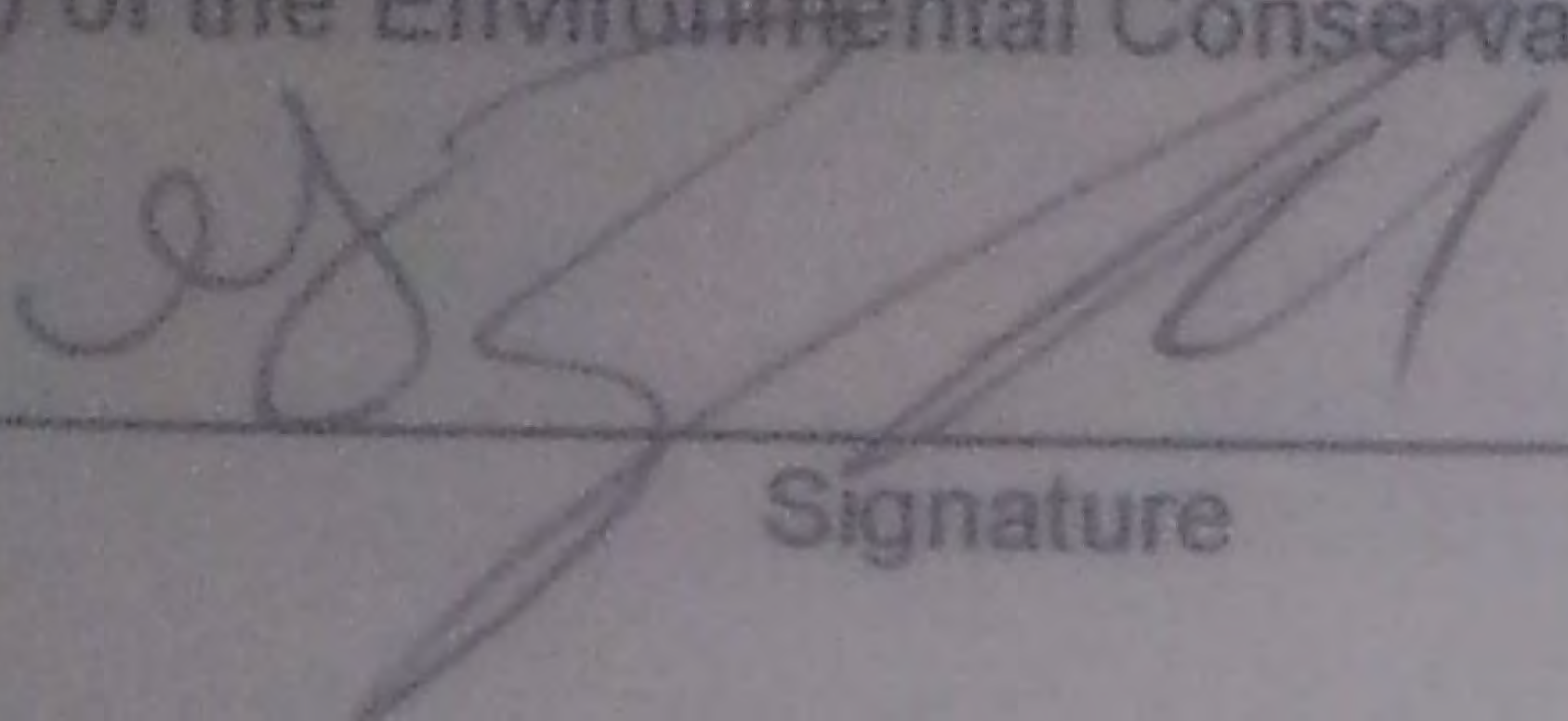
SECTION 13 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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 the 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

8-10-22

Date

Gilbert Zabel

Name (Print or Type)

Owner

Title (Print or Type)

Zabel Gilbert 865+8@qmail.com

Email (Print or Type)

131 Zabel Hill Rd

Address

Feasburg

City

NY 12067

State and Zip

518 591 9603

Phone Number

ATTACHMENTS: YES NO