



Department of
Environmental
Conservation

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

RECEIVED

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Tucker's Auto Salvage			
<small>NYSDEC - Region 5 Environmental Quality</small>			
FACILITY LOCATION ADDRESS: 5125 State Route 11	FACILITY CITY: Burke	STATE: NY	ZIP CODE: 12917
FACILITY TOWN: Burke	FACILITY COUNTY: Franklin	FACILITY PHONE NUMBER: 518-812-8724	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Jessie Sangster			<input checked="" type="checkbox"/> NYSDEC REGION #: 5
FACILITY TYPE: <input type="checkbox"/> Vehicle Dismantler		<input checked="" type="checkbox"/> Motor Vehicle Repair Shop	
DMV I.D. # _____		<input type="checkbox"/> Mobile Vehicle Crusher	
FACILITY CONTACT: Raymond Tucker		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 518 812 8724
CONTACT FAX NUMBER: N/A			
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Raymond Tucker		OWNER PHONE NUMBER: 518 812 8724	
OWNER FAX NUMBER:			
OWNER ADDRESS: 5125 State Route 11		OWNER CITY: Burke	
OWNER CONTACT: Raymond Tucker		STATE: NY	
OWNER CONTACT EMAIL ADDRESS: N/A		ZIP CODE: 12917	
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner			<input checked="" type="checkbox"/> public <input 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 checked="" 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

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 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.

Raymond Tucker
Signature

02/26/2022
Date

Raymond A. Tucker
Name (Print or Type)

Owner/Operator
Title (Print or Type)

None N/A
Email (Print or Type)

5125 State Route 11
Address

Burke
City

New York 12917
State and Zip

518 812 8724
Phone Number

ATTACHMENTS: YES NO