



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

AUG 19 2022

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

DIV. OF MATERIALS MANAGEMENT

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION

FACILITY NAME: <i>Clark's Auto Salvage</i>			
FACILITY LOCATION ADDRESS: <i>197 Geyser Rd</i>	FACILITY CITY: <i>Saratoga Springs</i>	STATE: <i>NY</i>	ZIP CODE: <i>12866</i>
FACILITY TOWN: <i>Saratoga Springs</i>	FACILITY COUNTY: <i>Saratoga</i>	FACILITY PHONE NUMBER: <i>518-584-5376</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: <i>5</i>

FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler	<input checked="" type="checkbox"/> Motor Vehicle Repair Shop	NYS DEC ACTIVITY CODE:
DMV I.D. # <i>7110317</i>	<input type="checkbox"/> Mobile Vehicle Crusher	

FACILITY CONTACT: <i>Thomas Clark</i>	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <i>518-584-5376</i>	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: <i>clarkhs auto@yahoo.com</i>			

OWNER INFORMATION

OWNER NAME: <i>Thomas Clark</i>	OWNER PHONE NUMBER: <i>518-584-5176</i>	OWNER FAX NUMBER:	
OWNER ADDRESS: <i>197 Geyser Rd</i>	OWNER CITY: <i>Saratoga Springs</i>	STATE: <i>NY</i>	ZIP CODE: <i>12866</i>
OWNER CONTACT: <i>Thomas Clark</i>	OWNER CONTACT EMAIL ADDRESS: <i>clarkhs auto@yahoo.com</i>		

OPERATOR INFORMATION

OPERATOR NAME: <input checked="" type="checkbox"/> same as owner	<input checked="" type="checkbox"/> public <input type="checkbox"/> private
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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 checked="" 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? <input type="checkbox"/> Yes; Complete this form. <input checked="" type="checkbox"/> No; Complete and submit Sections 1 and 13
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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.

Thomas N Clark

Signature

8/15/22

Date

Thomas N Clark

Name (Print or Type)

owner

Title (Print or Type)

Clarkies Auto @ Yahoo . Com

Email (Print or Type)

Clarkies Auto Salvage

Address

**191 Geyser Rd.
Saratoga Springs, NY 12866
(518) 584-5378
DMV #7110317**

City

State and Zip

() -

Phone Number

ATTACHMENTS: YES NO