



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: <i>Altmire's Used Auto Parts</i>			
FACILITY LOCATION ADDRESS: <i>31178 NYS Rt. 3</i>	FACILITY CITY: <i>Felts Mills</i>	STATE: <i>NY</i>	ZIP CODE: <i>13638</i>
FACILITY TOWN: <i>Rutland</i>	FACILITY COUNTY: <i>Jefferson</i>	FACILITY PHONE NUMBER: <i>NA</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <i>Six</i>			NYSDEC REGION #: <i>Six</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>700 3438</i>	<input type="checkbox"/> Mobile Vehicle Crusher		
FACILITY CONTACT: <i>Sara Altmire</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <i>(315) 528-5650</i>	CONTACT FAX NUMBER: <i>NA</i>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <i>Sara Altmire</i>	OWNER PHONE NUMBER: <i>(315) 528-5650</i>	OWNER FAX NUMBER: <i>NA</i>	
OWNER ADDRESS: <i>24221 Lester Rd</i>	OWNER CITY: <i>Felts Mills</i>	STATE: <i>NY</i>	ZIP CODE: <i>13638</i>
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: <i>daltmire@yahoo.com</i>		
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 checked="" type="checkbox"/> Owner address	
<input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact		<input checked="" 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 2021? Yes; Complete this form.
 No; Complete and submit Sections 1 and 13

SECTION 2A VDF/REPAIR SHOPS- END-OF-LIFE VEHICLES (ELVs) PROCESSED

- Provide the number of ELVs received from January 1 to December 31: _____
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: _____
- Provide the number of ELVs stored at the facility as of December 31: _____
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: _____

• Provide the approximate area used for the storage of vehicles (acres): _____ 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 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.

Sara J. Altmire
Signature

2-22-2012
Date

Sara J Altmire
Name (Print or Type)

OWNER
Title (Print or Type)

daltmire@yahoo.com
Email (Print or Type)

24221 Lester Rd
Address

Felts Mills
City

New York 13638
State and Zip

315.528.5650
Phone Number

ATTACHMENTS: YES NO

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

**Division of Materials Management
New York State Department of Environmental Conservation
Albany, New York 12233-7260**

Forms for all solid waste management facilities can be found at <http://www.dec.ny.gov/chemical/52706.html> and a brief description of each type of facility can be found at <http://www.dec.ny.gov/chemical/8495.html>.

VEHICLE DISMANTLING FACILITIES, MOTOR VEHICLE REPAIR SHOPS AND MOBILE VEHICLE CRUSHERS

Annual Report

Submit the Annual Report no later than March 1, 2022.

Reporting of the information indicated on this Vehicle Dismantling, Motor Vehicle Repair Shop and Mobile Vehicle Crusher Annual Report form is required pursuant to 6 NYCRR 360-12.1(c) and 360.19(k)(12). Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual Report requirements of 6 NYCRR Part 360.

Reporting of the information indicated on this Mandatory Annual Report including Self-Certification for Vehicle Dismantling Facilities fulfills the reporting requirements pursuant to 6 NYCRR 360-12.1(c).

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.