



INACTIVE SOLID WASTE MANAGEMENT
FACILITY OR ACTIVITY NOTIFICATION FORM

(401 Allen Falls Rd)

FACILITY NAME: (North End Auto Repair & Salvage)

FACILITY ADDRESS: Allen Falls Road (401)

FACILITY CITY: Parishville STATE: NY ZIP CODE: 13672

TYPE OF INACTIVE FACILITY OR ACTIVITY: (Check all applicable boxes)

- Anaerobic Digestion – permit
- Anaerobic Digestion – registration
- C&D Processing – permit
- C&D Processing – registration
- Composting – Source Separated Organic Waste – permit
- Composting – Source Separated Organic Waste – registration
- Composting – Yard Waste – permit
- Composting – Yard Waste – registration
- Composting/other Processing – Biosolids/other
- Household Hazardous Waste
- Land Application – Biosolids/Septage/other – permit
- Land Application – Nonrecognizable Food Processing Waste – registration
- Land Application – Septage - registration
- Landfill – Construction & Demolition Debris
- Landfill – Industrial/Commercial
- Landfill – Land Clearing Debris
- Landfill – Long Island
- Landfill – Municipal Solid Waste
- Mobile Vehicle Crushers
- Municipal Waste Combustor
- Recyclable Handling & Recovery
- Regulated Medical Waste – Radiopharmacy
- Regulated Medical Waste – Onsite Treatment
- Regulated Medical Waste – Commercial Treatment
- Regulated Medical Waste – Transfer Station
- Storage – Biosolids/Septage – permit
- Storage – Nonrecognizable Food Processing Waste
- Storage – Septage – registration
- Transfer Station – permit
- Transfer Station – registration
- Vehicle Dismantling Facility
- Waste Tire Storage – Dealer
- Waste Tire Storage – New Product Manufacturing
- Waste Tire Storage – Onsite Energy Recovery
- Waste Tire Storage – permitted
- Waste Tire Storage – Retreader
- Other _____

DEC ACTIVITY CODE(S) OR REGISTRATION NUMBER(S): 45V10005/4450025 FACILITY COUNTY: St. Lawrence NYSDEC REGION #: 6

This document certifies that the type of facility or activity identified above is no longer operational. The owner/operator relinquishes their NYSDEC permit/registration and retains no other permit, registrations, or licenses related to the identified activity. It is recognized that in order to resume operation, a new permit application or registration form must be submitted to the Department for processing and approval. This notification does not excuse the facility from any closure, post-closure, or other requirements identified in 6 NYCRR Part 360.

I hereby affirm under penalty of perjury that information provided on this form was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this form pursuant to 6 NYCRR Part 360. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Paula Martin
Name (Print or Type)

Owner/President
Title (Print or Type)

(315) 244-7855
Phone Number

101 River Rd
Address

Potsdam
City

NY 13676
State and Zip Code

Paula Martin
Signature

February 7, 2022
Date

Allen Falls



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

401 Allen Falls Rd

SECTION 1 - FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: (North End Auto Repair & Salvage)			
FACILITY LOCATION ADDRESS: 401 Allen Falls Rd	FACILITY CITY: Parishville	STATE: NY	ZIP CODE: 13672
FACILITY TOWN: Parishville	FACILITY COUNTY: St. Lawrence	FACILITY PHONE NUMBER: N/A out of business	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). DANC - St. Lawrence / Jefferson			NYSDEC REGION #: 6
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler	<input checked="" type="checkbox"/> Motor Vehicle Repair Shop	NYS DEC ACTIVITY CODE:	
DMV I.D. #: 4450025	<input type="checkbox"/> Mobile Vehicle Crusher		
FACILITY CONTACT: Belinda Martin Stone	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 315-244-0822	CONTACT FAX NUMBER: N/A out of business
CONTACT EMAIL ADDRESS: belindamartinstone@gmail.com			
OWNER INFORMATION			
OWNER NAME: Paula Martin	OWNER PHONE NUMBER: N/A	OWNER FAX NUMBER: N/A out of business	
OWNER ADDRESS: 101 River Rd	OWNER CITY: Potsdam	STATE: NY	ZIP CODE: 13676
OWNER CONTACT: N/A	OWNER CONTACT EMAIL ADDRESS: N/A		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner	out of business		<input type="checkbox"/> public <input 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 type="checkbox"/> Owner Contact <input checked="" type="checkbox"/> Other (provide): belindamartinstone@gmail.com POA			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input checked="" type="checkbox"/> Other (provide): POA - Belinda Martin Stone			

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.

Paula Martin
Signature

February 7, 2022
Date

Paula Martin
Name (Print or Type)

President
owner/operator/closed it
down
Title (Print or Type)

belindamartinstone@gmail.com
Email (Print or Type)

101 River Rd
Address

Potsdam
City

NY 13676
State and Zip

35244 0822
Phone Number

ATTACHMENTS: YES NO

401 Allen Falls Rd FACILITY OR ACTIVITY NOTIFICATION FORM

FACILITY NAME: North End Auto Repair & Salvage		
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FACILITY CITY: Parishville	STATE: NY	ZIP CODE: 13672
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<input type="checkbox"/> Landfill – Long Island <input type="checkbox"/> Landfill – Municipal Solid Waste <input type="checkbox"/> Mobile Vehicle Crushers <input type="checkbox"/> Municipal Waste Combustor <input type="checkbox"/> Recyclable Handling & Recovery <input type="checkbox"/> Regulated Medical Waste – Radiopharmacy <input type="checkbox"/> Regulated Medical Waste – Onsite Treatment <input type="checkbox"/> Regulated Medical Waste – Commercial Treatment <input type="checkbox"/> Regulated Medical Waste – Transfer Station <input type="checkbox"/> Storage – Biosolids/Septage – permit <input type="checkbox"/> Storage – Nonrecognizable Food Processing Waste <input type="checkbox"/> Storage – Septage – registration <input type="checkbox"/> Transfer Station – permit <input type="checkbox"/> Transfer Station – registration <input checked="" type="checkbox"/> Vehicle Dismantling Facility <input type="checkbox"/> Waste Tire Storage – Dealer <input type="checkbox"/> Waste Tire Storage – New Product Manufacturing <input type="checkbox"/> Waste Tire Storage – Onsite Energy Recovery <input type="checkbox"/> Waste Tire Storage – permitted <input type="checkbox"/> Waste Tire Storage – Retreader <input type="checkbox"/> Other _____		
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Paula Martin
Name (Print or Type)

Owner/President
Title (Print or Type)

(315) 244-7855
Phone Number

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FACILITY TOWN: Parishville FACILITY COUNTY: St. Lawrence FACILITY PHONE NUMBER: N/A out of business

FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). DANC - St. Lawrence / Jefferson NYSDEC REGION #: 6

FACILITY TYPE: [X] Vehicle Dismantler [X] Motor Vehicle Repair Shop [] Mobile Vehicle Crusher DMV I.D. #: 4450025 NYS DEC ACTIVITY CODE:

FACILITY CONTACT: Belinda Martin Stone [] public [X] private CONTACT PHONE NUMBER: 315-244-0822 CONTACT FAX NUMBER: N/A out of business

CONTACT EMAIL ADDRESS: belindamartinstone@gmail.com

OWNER INFORMATION

OWNER NAME: Paula Martin OWNER PHONE NUMBER: N/A OWNER FAX NUMBER: N/A out of business

OWNER ADDRESS: 101 River Rd OWNER CITY: Potsdam STATE: NY ZIP CODE: 13676

OWNER CONTACT: N/A OWNER CONTACT EMAIL ADDRESS: N/A

OPERATOR INFORMATION

OPERATOR NAME: [X] same as owner out of business [] public [] private

PREFERENCES

Preferred address to receive correspondence: [] Facility location address [X] Owner address [] Other (provide):

Preferred email address: [] Facility Contact [] Owner Contact POA [X] Other (provide): belindamartinstone@gmail.com

Preferred individual to receive correspondence: [] Facility Contact [] Owner Contact [X] Other (provide): POA - Belinda Martin Stone

Did you operate in 2021? [] Yes; Complete this form.

[X] No; Complete and submit Sections 1 and 13

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Paula Martin
Signature

February 7, 2022
Date

Paula Martin
Name (Print or Type)

President
owner/operator/closed it
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Title (Print or Type)

belindamartinstone@gmail.com
Email (Print or Type)

101 River Rd
Address

Potsdam
City

NY 13676
State and Zip

315.244.0822
Phone Number

ATTACHMENTS: YES NO