



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

608 French Hill Rd

SECTION 1 - FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: North End Auto Repair & Salvage, Inc			
FACILITY LOCATION ADDRESS: 608 French Hill Rd.	FACILITY CITY: Parishville	STATE: NY	ZIP CODE: 13672
FACILITY TOWN: Parishville	FACILITY COUNTY: St. Lawrence	FACILITY PHONE NUMBER: N/A	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). DANC - St. Law, Jefferson			NYSDEC REGION #: 6
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler DMV I.D. # 4450025	<input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT:	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER:	CONTACT FAX NUMBER: N/A
CONTACT EMAIL ADDRESS: belinda.martin.stone@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 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 type="checkbox"/> Owner Contact <input checked="" type="checkbox"/> Other (provide): belinda.martin.stone@gmail.com			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input checked="" type="checkbox"/> Other (provide): Belinda Martin Stone - POA			

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)

owner/operator / closed it down
president
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



Division of Materials Management
 New York State Department of Environmental Conservation
INACTIVE SOLID WASTE MANAGEMENT
FACILITY OR ACTIVITY NOTIFICATION FORM

FACILITY NAME: 608 FRENCH HILL ROAD		
FACILITY ADDRESS: 608 FRENCH HILL ROAD		
FACILITY CITY: Parisville		STATE: NY ZIP CODE: 13672
TYPE OF INACTIVE FACILITY OR ACTIVITY: (Check all applicable boxes)		
<input type="checkbox"/> Anaerobic Digestion – permit <input type="checkbox"/> Anaerobic Digestion – registration <input type="checkbox"/> C&D Processing – permit <input type="checkbox"/> C&D Processing – registration <input type="checkbox"/> Composting – Source Separated Organic Waste – permit <input type="checkbox"/> Composting – Source Separated Organic Waste – registration <input type="checkbox"/> Composting – Yard Waste – permit <input type="checkbox"/> Composting – Yard Waste – registration <input type="checkbox"/> Composting/other Processing – Biosolids/other <input type="checkbox"/> Household Hazardous Waste <input type="checkbox"/> Land Application – Biosolids/Septage/other – permit <input type="checkbox"/> Land Application – Nonrecognizable Food Processing Waste – registration <input type="checkbox"/> Land Application – Septage - registration <input type="checkbox"/> Landfill – Construction & Demolition Debris <input type="checkbox"/> Landfill – Industrial/Commercial <input type="checkbox"/> Landfill – Land Clearing Debris	<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 _____	
DEC ACTIVITY CODE(S) OR REGISTRATION NUMBER(S): 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.

<u>Paula Martin</u>	<u>Owner/President</u>	<u>(315) 244-0822</u>
Name (Print or Type)	Title (Print or Type)	Phone Number
<u>101 River Rd</u>	<u>Potsdam</u>	<u>NY 13676</u>
Address	City	State and Zip Code
<u>Paula Martin</u>	<u>2-7-22</u>	
Signature	Date	

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belindamartinstone@gmail.com
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101 River Rd
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Potsdam
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ATTACHMENTS: YES NO