



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

### SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <b>Summer Hill Auto Salvage</b>			
FACILITY LOCATION ADDRESS: <b>RD2 956 Salt Rd</b>	FACILITY CITY: <b>Groton</b>	STATE: <b>NY</b>	ZIP CODE: <b>13073</b>
FACILITY TOWN: <b>Groton</b>	FACILITY COUNTY: <b>Tompkins</b>	FACILITY PHONE NUMBER: <b>607 898 5292</b>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Tompkins County			NYSDEC REGION #: <b>7</b>
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler DMV I.D. # <b>4550098</b>		<input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher	NYS DEC ACTIVITY CODE:
FACILITY CONTACT: <b>Floyd Kyes</b>	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <b>607 898 5292</b>	CONTACT FAX NUMBER: <b>607 898 3373</b>
CONTACT EMAIL ADDRESS: <b>fwkyestrans@gmail.com</b>			
OWNER INFORMATION			
OWNER NAME: <b>Floyd Kyes</b>	OWNER PHONE NUMBER: <b>315 496 2110</b>	OWNER FAX NUMBER: <b>N/A</b>	
OWNER ADDRESS: <b>456 Salt Rd</b>	OWNER CITY: <b>Locke</b>	STATE: <b>NY</b>	ZIP CODE: <b>13092</b>
OWNER CONTACT: <b>Floyd Kyes</b>	OWNER CONTACT EMAIL ADDRESS: <b>fwkyestrans@gmail.com</b>		
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 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):			

<p>Did you operate in 2021? <input type="checkbox"/> Yes; Complete this form.</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> No; Complete and submit Sections 1 and 13</p>
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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.

  
Signature

2-18-2022  
Date

Floyd Kyes  
Name (Print or Type)

Owner  
Title (Print or Type)

fwkyestrans@gmail.com  
Email (Print or Type)

456 Salt Rd  
Address

Locke  
City

NY 13092  
State and Zip

607 898 5292  
60,898,5292  
Phone Number

ATTACHMENTS:  YES  NO