



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				NYS DEC
FACILITY INFORMATION				MAR 07 2022
FACILITY NAME: <i>Plain Truck & Auto Parts LLC</i>			DIVISION OF MATERIALS MANAGEMENT	
FACILITY LOCATION ADDRESS: <i>6138 Boyd Rd</i>	FACILITY CITY: <i>Sodus</i>	STATE: <i>NY</i>	ZIP CODE: <i>14551</i>	
FACILITY TOWN: <i>Sodus</i>	FACILITY COUNTY: <i>Wayne</i>	FACILITY PHONE NUMBER: <i>585-705-5600</i>		
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: <i>8</i>	
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler DMV I.D. # <i>7100236</i>	<input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher	NYS DEC ACTIVITY CODE:		
FACILITY CONTACT: <i>John Platin</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <i>585-705-5600</i>	CONTACT FAX NUMBER:	
CONTACT EMAIL ADDRESS:				
OWNER INFORMATION				
OWNER NAME: <i>John Platin</i>	OWNER PHONE NUMBER: <i>585-705-5600</i>	OWNER FAX NUMBER:		
OWNER ADDRESS: <i>5984 Birchwood Lane</i>	OWNER CITY: <i>Sodus</i>	STATE: <i>NY</i>	ZIP CODE: <i>14551</i>	
OWNER CONTACT: <i>John Platin</i>	OWNER CONTACT EMAIL ADDRESS: <i>platinwreck123@gmail.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 checked="" 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 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 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.

John Platin
Signature

2/2/22
Date

John Platin
Name (Print or Type)

owner
Title (Print or Type)

platinwreck123@gmail.com
Email (Print or Type)

5984 Birchwood Lane
Address

Sodus
City

NY 14551
State and Zip

(585) 728-5622
Phone Number

ATTACHMENTS: YES NO