



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: Young's Rescue & Recovery			
FACILITY LOCATION ADDRESS: 8957 Van Dusen RD	FACILITY CITY: Houghton	STATE: NY	ZIP CODE: 14744
FACILITY TOWN: Rushford	FACILITY COUNTY: Allegany	FACILITY PHONE NUMBER: 585-437-5438	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Allegany County			NYSDEC 9 REGION #:
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler DMV I.D. # 7105405		<input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher	NYS DEC ACTIVITY CODE: N/A
FACILITY CONTACT: Jeff Young	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 585-437-5438	CONTACT FAX NUMBER: N/A
CONTACT EMAIL ADDRESS: youngdbb@aol.com			
OWNER INFORMATION			
OWNER NAME: Jeffrey R Young Single Member LLC	OWNER PHONE NUMBER: 585-437-5438	OWNER FAX NUMBER: N/A	
OWNER ADDRESS: 8989 Van Dusen Rd	OWNER CITY: Houghton	STATE: NY	ZIP CODE: 14744
OWNER CONTACT: 585-437-5438		OWNER CONTACT EMAIL ADDRESS: youngdbb@aol.com	
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input 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="margin-left: 100px;"><input checked="" type="checkbox"/> No; Complete and submit Sections 1 and 13</p>

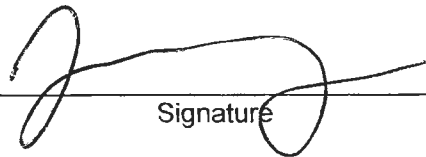
SECTION 13 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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: SWMAnnualreport@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

2/25/2022

Date

Jeffrey R Young

Single Member LLC

Name (Print or Type)

Title (Print or Type)

youngdbb@aol.com

Email (Print or Type)

8957 Van Dusen Rd

Houghton

Address

City

New York 14744

585 437 5438

State and Zip

() -

Phone Number

ATTACHMENTS: YES NO