



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: <i>Robert H Watkins</i>			
FACILITY LOCATION ADDRESS: <i>7214 Rt 242 W</i>	FACILITY CITY: <i>Ellicottville</i>	STATE: <i>NY</i>	ZIP CODE: <i>14731</i>
FACILITY TOWN: <i>Mansfield</i>	FACILITY COUNTY: <i>Catt</i>	FACILITY PHONE NUMBER: <i>716-699 2587</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: <i>9</i>
FACILITY TYPE: <input type="checkbox"/> Vehicle Dismantler <input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher		NYS DEC ACTIVITY CODE:	
DMV I.D. #			
FACILITY CONTACT: <i>Robert H Watkins</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <i>716-699-2587</i>	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <i>Robert H Watkins</i>	OWNER PHONE NUMBER: <i>716-699-2587</i>	OWNER FAX NUMBER:	
OWNER ADDRESS: <i>7214 Rt 242 W</i>	OWNER CITY: <i>Ellicottville</i>	STATE: <i>NY</i>	ZIP CODE: <i>14731</i>
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
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 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 type="checkbox"/> Owner Contact		<input type="checkbox"/> Other (provide):	
			RECEIVED NYS DEC  FEB 28 2022  DIVISION OF MATERIALS WASTE MGMT
Did you operate in 2021? <input type="checkbox"/> Yes; Complete this form. <input checked="" type="checkbox"/> No; Complete and submit Sections 1 and 13			

**SECTION 2A VDF/REPAIR SHOPS- END-OF-LIFE VEHICLES (ELVs) PROCESSED**

• Provide the number of ELVs received from January 1 to December 31:

0

• Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31:

0

• Provide the number of ELVs stored at the facility as of December 31:

31

• Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31:

31

• Provide the approximate area used for the storage of vehicles (acres):

3.8 acres

• Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLES (ELVs) PROCESSED**

• Provide the number of ELVs crushed from January 1 to December 3:

\_\_\_\_\_

• Provide the names of each facility where you crushed decommissioned ELVs:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

