

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

the librarian and the libraria	FACILITY INFORMATION	
FACILITY NAME:		The state of the s
	Watkins	
FACILITY LOCATION ADDRESS:	FACILITY CITY:	STATE: ZIP CODE:
7214 Rf 242 W	Ellicoffville	Ny 14731
FACILITY TOWN:	FACILITY COUNTY:	FACILITY PHONE NUMBER:
Mansfield		714-699 2587
FACILITY NYS PLANNING UNIT: (A list of NY	S Planning Units can be found at the end of	this report). NYSDEC REGION #: 9
FACILITY TYPE: Vehicle Dismantler	Motor Vehicle Repair Shop	NYS DEC ACTIVITY CODE:
DMV I.D. #	Mobile Vehicle Crusher	
FACILITY CONTACT:	public CONTACT PHONE	CONTACT FAX NUMBER:
Robert It Watkins	☐ private NUMBER: 7/6-699-2587	
CONTACT EMAIL ADDRESS:	,	
	OWNER INFORMATION	
OWNER NAME: Robert It Watkins	OWNER PHONE NUMBER: 7/6-699-2587	OWNER FAX NUMBER:
OWNER ADDRESS:		STATE: ZIP CODE:
7214 Rt 242 W	OWNER CITY: Ellicoffville	NY 14734
OWNER CONTACT:	OWNER CONTACT EMAIL ADDR	ESS:
	OPERATOR INFORMATION	
OPERATOR NAME: □ same as owner		□public
7		[∑private
	PREFERENCES	
Preferred address to receive correspondence	: Facility location address	Owner address
Other (provide):		RECEIVED NYS DEC
Preferred email address: Facility Contact Other (provide):	Owner Contact	FEB 2 8 2022
Preferred individual to receive correspondence Other (provide):	e; Facility Contact Own	er Contact DiVISION OF
		MATERIALS MANAL PARAT
Did you operate in 2021? Yes; Complet	e this form.	
⊠No; Complete	and submit Sections 1 and 13	

Provide the number of ELVs received from January 1 to December 31:	
• Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31:	
• Provide the number of ELVs stored at the facility as of December 31:	_3/_
 Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 	3/
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 VEHICE	LES (ELVs) PROCESSED
SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICE Provide the number of ELVs crushed from January 1 to December 3:	
• Provide the names of each facility where you crushed decommissioned	
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• Provide the number of ELVs crushed from January 1 to December 3: • Provide the names of each facility where you crushed decommissioned 1)	ELVs:
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• Provide the number of ELVs crushed from January 1 to December 3: • Provide the names of each facility where you crushed decommissioned 1)	ELVs:

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

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.

Email address: SWMFannualreport@dec.ny.gov

ATTACHMENTS: YES NO