



# VEHICLE DISMANTLING FACILITY, MOTOR VEHICLE REPAIR SHOP AND MOBILE VEHICLE CRUSHER ANNUAL REPORT

Submit the Annual Report no later than March 1, 2022

APR 20 2022

This annual report is for the year of operation from January 01, 2021 to December 31, 2021

NYS DEC  
Region 9 - Buffalo

## SECTION 1 - FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <u>Tomson Alloys Recycling Inc.</u>			
FACILITY LOCATION ADDRESS: <u>143 Fillmore Ave</u>	FACILITY CITY: <u>Buffalo</u>	STATE: <u>NY</u>	ZIP CODE: <u>14210</u>
FACILITY TOWN:	FACILITY COUNTY: <u>Erie</u>	FACILITY PHONE NUMBER: <u>716-815-4374</u>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <u>not affiliated</u>			NYSDEC REGION #: <u>9</u>
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler	<input type="checkbox"/> Motor Vehicle Repair Shop	NYS DEC ACTIVITY CODE:	
DMV I.D. # <u>7115826</u>	<input type="checkbox"/> Mobile Vehicle Crusher		
FACILITY CONTACT: <u>Dennas Wolcott</u>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <u>716-815-4374</u>	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <u>Lindsey Crill</u>	OWNER PHONE NUMBER: <u>716-294-4801</u>	OWNER FAX NUMBER:	
OWNER ADDRESS: <u>851 Eagle st</u>	OWNER CITY: <u>Buffalo</u>	STATE: <u>NY</u>	ZIP CODE: <u>14210</u>
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: <u>tomsonalloys@yahoo.com</u>		
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 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):			

Did you operate in 2021?  Yes; Complete this form.

No; Complete and submit Sections 1 and 13

*Due to lack of staff from covid 19. Resumed business again in January 2022.*

**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.

<u>Lindsey Crill</u> Signature	<u>3/1/22</u> Date
<u>Lindsey Crill</u> Name (Print or Type)	<u>president</u> Title (Print or Type)
<u>tamsanallay@yahoo.com</u> Email (Print or Type)	
<u>851 Eagle St</u> Address	<u>Buffalo</u> City
<u>NY, 14210</u> State and Zip	<u>(716) 294-4807</u> Phone Number

ATTACHMENTS:  YES  NO