



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

Submit the Annual Report no later than March 1, 2023

This annual report is for the year of operation from January 01, 2022 to December 31, 2022

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: VP AUTO PARTS, INC.			
FACILITY LOCATION ADDRESS: 7256 Route 9W	FACILITY CITY: 	STATE: NY	ZIP CODE: 12414
FACILITY TOWN: Catskill	FACILITY COUNTY: Greene	FACILITY PHONE NUMBER: 518.943.4848	
FACILITY NYS PLANNING UNIT: <i>(A list of NYS Planning Units can be found at the end of this report).</i> GREENE COUNTY			NYSDEC REGION #: 4
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler DMV I.D. # 7002877	<input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT: Leslie Post	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 518.943.4848	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Leslie Post	OWNER PHONE NUMBER: 518.943.4848	OWNER FAX NUMBER:	
OWNER ADDRESS: 7256 Route 9W	OWNER CITY: Catskill	STATE: NY	ZIP CODE: 12414
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: curlgirl1@gmail.com		
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 checked="" 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):			

Did you operate in 2022? 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.

Leslie Post
Signature

2/15/2023
Date

Leslie Post
Name (Print or Type)

Owner - Secretary
Title (Print or Type)

curlgirl1@gmail.com
Email (Print or Type)

7256 Route 9W
Address

Catskill
City

NY, 12414
State and Zip

518 943 4848
Phone Number

ATTACHMENTS: YES NO