



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, 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: Zabels Auto Repair			
FACILITY LOCATION ADDRESS: 127 Zabel Hill RD	FACILITY CITY: Feusa Bush	STATE: NY	ZIP CODE: 12067
FACILITY TOWN: Coeymans	FACILITY COUNTY: ALBANY	FACILITY PHONE NUMBER:	
FACILITY NYS PLANNING UNIT: <small>(A list of NYS Planning Units can be found at the end of this report).</small> 4 - Coeymans			NYSDEC REGION #: 4
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler		NYS DEC ACTIVITY CODE:	
DMV I.D. # 702 8698		<input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher	
FACILITY CONTACT: Gilbert Zabel	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 518-391-9603	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Gilbert Zabel	OWNER PHONE NUMBER: 518-391-9603	OWNER FAX NUMBER:	
OWNER ADDRESS: 131 Zabel Hill RD	OWNER CITY: Feusa Bush	STATE: NY	ZIP CODE: 12067
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: ZabHuckParts@6mi91.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 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):			

Did you operate in 2022? Yes; Complete this form.

No; Complete and submit Sections 1 and 13

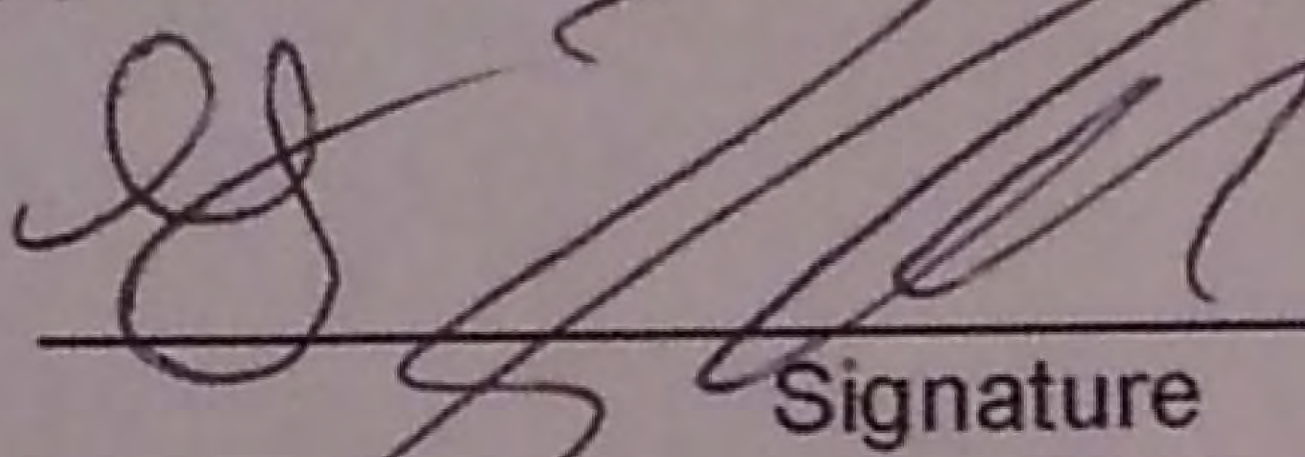
SECTION 13 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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.


Signature

3-10-23
Date

Gilbert Zabel
Name (Print or Type)

Owner
Title (Print or Type)

Zab Truck Parts @ gmail.com
Email (Print or Type)

131 Zabel Hill Rd
Address

Feara Bush
City

NY 12067
State and Zip

518-391-9603
Phone Number

ATTACHMENTS: YES NO