

Fax Cover Sheet

To: NYS Dec 518-402-9041

From: Both Relation

Re: Rustic Auto Body

Fax#: _____

Pages: 5

Phn No: _____

Dates: 8/4/23



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: <u>Rustic Auto Body</u>			
FACILITY LOCATION ADDRESS: <u>85 Connors Rd</u>	FACILITY CITY: <u>Peru</u>	STATE: <u>NY</u>	ZIP CODE: <u>12972</u>
FACILITY TOWN: <u>Peru</u>	FACILITY COUNTY: <u>Clinton</u>	FACILITY PHONE NUMBER: <u>518-643-8839</u>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <u>Clinton County</u>			NYSDEC REGION #: <u>5</u>
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler		<input type="checkbox"/> Motor Vehicle Repair Shop	NYS DEC ACTIVITY CODE:
DMV I.D. # <u>3100142</u>		<input type="checkbox"/> Mobile Vehicle Crusher	
FACILITY CONTACT: <u>Roth Relation</u>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <u>518-643-8839</u>	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <u>Michael E. Relation (deceased)</u>	OWNER PHONE NUMBER: <u>518-643-8839</u>	OWNER FAX NUMBER:	
OWNER ADDRESS: <u>85 Connors Rd</u>	OWNER CITY: <u>Peru</u>	STATE: <u>NY</u>	ZIP CODE: <u>12972</u>
OWNER CONTACT: <u>Roth Relation (spouse)</u>	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner			<input type="checkbox"/> public <input 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 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 checked="" type="checkbox"/> Other (provide): <u>Roth Relation (spouse)</u>			
Did you operate in 2022? <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: _____

- 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: _____

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

- Provide the approximate area used for the storage of vehicles (acres): _____ 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: all

- Provide the names of each facility where you crushed decommissioned ELVs:
 - 1) Moore Recycling
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____
 - 6) _____

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.

Ruth Relation
Signature

1/5/23
Date

Ruth Relation
Name (Print or Type)

spouse
Title (Print or Type)

Email (Print or Type)

85 Connors Rd
Address

Pearu
City

ny 12972
State and Zip

(518) 643 8839
Phone Number

ATTACHMENTS: YES NO

1/5/23

Owner Michael E. Relation (deceased) 12-13-21

Business discontinued as of above date.

All vehicles were removed by Moore Recycling,
Keeseville, NY
