



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: Tucker's Auto Salvage			
FACILITY LOCATION ADDRESS: 5125 State Route 11	FACILITY CITY: Burke	STATE: NY	ZIP CODE: 12917
FACILITY TOWN: Burke	FACILITY COUNTY: Franklin	FACILITY PHONE NUMBER: 518 812 8724	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Jessie Sangster			NYSDEC REGION #: 5
FACILITY TYPE: <input type="checkbox"/> Vehicle Dismantler DMV I.D. # 4170067		<input checked="" type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher	NYS DEC ACTIVITY CODE:
FACILITY CONTACT: Raymond Tucker	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 518 812 8724	CONTACT FAX NUMBER: N/A
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Raymond Tucker	OWNER PHONE NUMBER:	OWNER FAX NUMBER: None	
OWNER ADDRESS: 5125 State Route 11	OWNER CITY: Burke	STATE: NY	ZIP CODE: 12917
OWNER CONTACT: Raymond Tucker	OWNER CONTACT EMAIL ADDRESS: None		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input 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 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: SWMAnnualreport@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.

Raymond Tucker
Signature

2 18 2023
Date

Raymond Tucker
Name (Print or Type)

Owner/Operator
Title (Print or Type)

Email (Print or Type)

5125 State Route 11
Address

Burke
City

New York 12917
State and Zip

518 812 8724
Phone Number

ATTACHMENTS: YES NO