



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

Submit the Annual Report no later than March 1, 2023

JAN 17 2023

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

NYSDEC - Region 5
Environmental Quality

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <i>Clarke's Auto Salvage</i>			
FACILITY LOCATION ADDRESS: <i>191 Geysers Rd</i>	FACILITY CITY: <i>Saratoga Springs</i>	STATE: <i>NY</i>	ZIP CODE: <i>12866</i>
FACILITY TOWN: <i>Saratoga Springs</i>	FACILITY COUNTY: <i>Saratoga</i>	FACILITY PHONE NUMBER: <i>518-584-9376</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: <i>5</i>
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler		NYS DEC ACTIVITY CODE:	
DMV I.D. # <i>2110317</i>		<input checked="" type="checkbox"/> Motor Vehicle Repair Shop	
		<input type="checkbox"/> Mobile Vehicle Crusher	
FACILITY CONTACT: <i>Thomas Clark</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <i>518-584-9376</i>	CONTACT FAX NUMBER: <i>NA</i>
CONTACT EMAIL ADDRESS: <i>Clarke's Auto @ Yahoo .com</i>			
OWNER INFORMATION			
OWNER NAME: <i>Thomas Clark</i>	OWNER PHONE NUMBER: <i>518-587-5172</i>	OWNER FAX NUMBER: <i>NA</i>	
OWNER ADDRESS: <i>191 Geysers Rd</i>	OWNER CITY: <i>Saratoga Springs</i>	STATE: <i>NY</i>	ZIP CODE: <i>12866</i>
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
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 checked="" 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 checked="" type="checkbox"/> Owner Contact			
<input type="checkbox"/> Other (provide):			

Did you operate in 2021? <input type="checkbox"/> Yes; Complete this form. <i>2022</i> <input checked="" type="checkbox"/> No; Complete and submit Sections 1 and 13
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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.

Thomas R Clark
Signature

1/2/23
Date

Thomas R Clark
Name (Print or Type)

owner
Title (Print or Type)

clarkies Auto @ Yahoo.com
Email (Print or Type)

191 Geyser Rd
Address

Saratoga Springs
City

NY
State and Zip

(518) 584-5376
Phone Number

ATTACHMENTS: YES NO