

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.

Phillip N. Heitmann
Signature

1/3/23
Date

Phillip N. Heitmann
Name (Print or Type)

President
Title (Print or Type)

Ph.N@lake Auto Parts.com
Email (Print or Type)

P.O. Box 1040
Address

~~State~~ Ballston Lake
City

NY 12019
State and Zip

(518) 858-1302
Phone Number

ATTACHMENTS: YES NO



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: <u>Olde Saratoga V-Poll-it Inc.</u>			
FACILITY LOCATION ADDRESS: <u>297 Hayes Rd</u>	FACILITY CITY: <u>Schoylenville</u>	STATE: <u>NY</u>	ZIP CODE: <u>12871</u>
FACILITY TOWN: <u>Saratoga</u>	FACILITY COUNTY: <u>Saratoga</u>	FACILITY PHONE NUMBER: <u>518-695-4676</u>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <u>A-5</u>			NYSDEC REGION #: <u>5</u>
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler DMV I.D. # <u>7108752</u>	<input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT: <u>Phillip Heitmann</u>	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <u>518 695 4676</u>	CONTACT FAX NUMBER: <u>518-399-9876</u>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <u>Phil Heitmann</u>	OWNER PHONE NUMBER: <u>518 858 1302</u>	OWNER FAX NUMBER: <u>518-399-9876</u>	
OWNER ADDRESS: <u>35 Blizard Rd</u>	OWNER CITY: <u>Stallwater</u>	STATE: <u>NY</u>	ZIP CODE: <u>12170</u>
OWNER CONTACT:		OWNER CONTACT EMAIL ADDRESS:	
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" 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 type="checkbox"/> Owner address			
<input checked="" type="checkbox"/> Other (provide): <u>PO Box 1040 Ballston Lake NY 12019</u>			
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 type="checkbox"/> Facility Contact <input checked="" 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