

# Fax

**To:** NYS Dept. of Conservation      **From:** Sara Altmire  
**Fax:** (518) 402-9041      **Pages:** 5 including cover  
**Phone:**      **Date:** 8/4/2023  
**Re:**

Urgent     For Review     Please Comment     Please Reply     Please Recycle

Please find attached, Vehicle Dismantling Facility Annual report.

Should you have any questions or concerns, feel free to contact me at your convenience.

Thank you.

Sara Altmire



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: <b>Altmire's Used Auto Parts</b>			
FACILITY LOCATION ADDRESS: <b>31178 NYS Rt#3</b>	FACILITY CITY: <b>FELTS Mills</b>	STATE: <b>NY</b>	ZIP CODE: <b>13638</b>
FACILITY TOWN: <b>Rutland</b>	FACILITY COUNTY: <b>Jefferson</b>	FACILITY PHONE NUMBER: <b>NA</b>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: <b>Six</b>
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler	<input type="checkbox"/> Motor Vehicle Repair Shop	NYS DEC ACTIVITY CODE:	
DMV I.D. # <b>7003438</b>	<input type="checkbox"/> Mobile Vehicle Crusher		
FACILITY CONTACT: <b>SARA Altmire</b>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <b>315-405-8154</b>	CONTACT FAX NUMBER: <b>NA</b>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <b>SARA Altmire</b>	OWNER PHONE NUMBER: <b>315-405-8154</b>	OWNER FAX NUMBER: <b>NA</b>	
OWNER ADDRESS: <b>24221 Lester Rd</b>	OWNER CITY: <b>Felts Mills</b>	STATE: <b>NY</b>	ZIP CODE: <b>13638</b>
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: <b>daltmire@yahoo.com</b>		
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 checked="" type="checkbox"/> Owner address
<input type="checkbox"/> Other (provide):			
Preferred email address:		<input type="checkbox"/> Facility Contact	<input type="checkbox"/> Owner Contact
<input checked="" 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

**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 31: \_\_\_\_\_
- Provide the names of each facility where you crushed decommissioned ELVs:
  - 1) \_\_\_\_\_
  - 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.

Sara J. Altmire  
Signature

August 1, 2023  
Date

SARA J. Altmire  
Name (Print or Type)

Owner/OWNER  
Title (Print or Type)

daltmire@yahoo.com  
Email (Print or Type)

24221 Lester Rd  
Address

Felts Mills  
City

NY 13638  
State and Zip

315.405.8654  
Phone Number

ATTACHMENTS:  YES  NO

\* This page for reference only. Please do not return with submittal. \*

**Division of Materials Management  
New York State Department of Environmental Conservation  
Albany, New York 12233-7260**

Forms for all solid waste management facilities can be found at <http://www.dec.ny.gov/chemical/52706.html> and a brief description of each type of facility can be found at <http://www.dec.ny.gov/chemical/8495.html>.

**VEHICLE DISMANTLING FACILITIES, MOTOR VEHICLE REPAIR SHOPS AND MOBILE VEHICLE CRUSHERS**

**Annual Report**

**Submit the Annual Report no later than March 1, 2022.**

Reporting of the information indicated on this Vehicle Dismantling, Motor Vehicle Repair Shop and Mobile Vehicle Crusher Annual Report form is required pursuant to 6 NYCRR 360-12.1(c) and 360.19(k)(12). Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual Report requirements of 6 NYCRR Part 360.

Reporting of the information indicated on this Mandatory Annual Report Including Self-Certification for Vehicle Dismantling Facilities fulfills the reporting requirements pursuant to 6 NYCRR 360-12.1(c).

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.