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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: <i>Price Scrap & Salvage</i> | | | |
| FACILITY LOCATION ADDRESS: <i>St. Rt. 8</i> | FACILITY CITY: <i>W. Edmeston</i> | STATE: <i>N.Y.</i> | ZIP CODE: <i>13485</i> |
| FACILITY TOWN: <i>Brookfield</i> | FACILITY COUNTY: <i>Madison</i> | FACILITY PHONE NUMBER: <i>315-855-4452</i> | |
| FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <i>Madison County</i> | | | NYSDEC REGION #: <i>7</i> |
| FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler | | NYS DEC ACTIVITY CODE: | |
| DMV I.D. # _____ | | <input type="checkbox"/> Motor Vehicle Repair Shop | |
| | | <input type="checkbox"/> Mobile Vehicle Crusher | |
| FACILITY CONTACT: <i>Thomas R Price</i> | <input type="checkbox"/> public <input checked="" type="checkbox"/> private | CONTACT PHONE NUMBER: <i>315-855-4452</i> | CONTACT FAX NUMBER: |
| CONTACT EMAIL ADDRESS: | | | |
| OWNER INFORMATION | | | |
| OWNER NAME: <i>Thomas R. Price</i> | OWNER PHONE NUMBER: <i>315-855-4452</i> | OWNER FAX NUMBER: | |
| OWNER ADDRESS: <i>P.O. Box 38</i> | OWNER CITY: <i>W. Edmeston</i> | STATE: <i>N.Y.</i> | ZIP CODE: <i>13485</i> |
| OWNER CONTACT: <i>Same</i> | 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 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 checked="" type="checkbox"/> Owner Contact | |
| <input type="checkbox"/> Other (provide): | | | |
| Did you operate in 2022? <input type="checkbox"/> Yes; Complete this form. <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.

[Handwritten Signature]
Signature

3-13-23
Date

Thomas B Price
Name (Print or Type)

Owner
Title (Print or Type)

Email (Print or Type)

P.O. Box 30
Address

W. Edmeston
City

New York 13405
State and Zip

(518) 255-4452
Phone Number

ATTACHMENTS: YES NO