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DIV. OF MATERIALS MANAGEMENT
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: DAVIS Auto SALVAGE			
FACILITY LOCATION ADDRESS: 7594 Tilton Rd	FACILITY CITY: Bloomfield	STATE: NY	ZIP CODE: 14469
FACILITY TOWN: BRISTOL	FACILITY COUNTY: ONTARIO	FACILITY PHONE NUMBER: 585-355-5478	
FACILITY NYS PLANNING UNIT:			NYSDEC REGION #: 8
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler DMV I.D. # _____		<input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher	NYS DEC ACTIVITY CODE:
FACILITY CONTACT: ROBERT DAVIS	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 585-355-5478	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: FAI1707@YAHOO.COM			
OWNER INFORMATION			
OWNER NAME: ROBERT DAVIS	OWNER PHONE NUMBER: 585-355-5478	OWNER FAX NUMBER:	
OWNER ADDRESS: 7594 Tilton Rd	OWNER CITY: Bloomfield	STATE: NY	ZIP CODE: 14469
OWNER CONTACT: ROBERT DAVIS	OWNER CONTACT EMAIL ADDRESS: FAI1707@YAHOO.COM		
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 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

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.

Robert Davis
Signature

2-27-23
Date

ROBERT DAVIS
Name (Print or Type)

OWNER
Title (Print or Type)

FA11707@Yahoo.com
Email (Print or Type)

7534 Tilton Rd
Address

Bloomfield
City

NEW YORK 14469
State and Zip

585 355-5478
Phone Number

ATTACHMENTS: YES NO