

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

MAR 2 8 2023

Submit the Annual Raport no later than March 1, 2023

This annual report is for the year of operation from January 01, 2022 to December 31, 2022

DIV. OF MATERIALS MANAGEMENT SECTIO		N	
	FACILITY INFORMATION	de de la companya del companya de la companya del companya de la c	
	Ado Parts LLC		
FACILITY LOCATION ADDRESS:	FACILITY CITY:	STATE: ZIP CODE:	
FACILITY TOWN:	FACILITY COUNTY:	FACILITY PHONE NUMBER:	
 	Wayne	285-705-2699	
FACILITY NYS PLANNING UNIT: (A list of NY	S Flanding Units can be found at the end of	this report). NYSDEC REGION #:	
FACILITY TYPE: Nehicle Dismantler DMV I.D. # 7100236	☐ Motor Vehicle Repair Shop N☐ Mobile Vehicle Crusher	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT: John Plain CONTACT EMAIL ADDRESS:	public CONTACT PHONE NUMBER:		
CONTACT LIMAL ADDICESS.	OWNED INCOMATION	entretariones, entretariones de la composition della composition d	
OWNER NAME:	OWNER INFORMATION		
John Plain	S&S-705-S&CC	OWNER FAX NUMBER:	
OWNER ADDRESS: 5984 BITCHED LANCE	OWNER CITY: Soul us	STATE: ZIP CODE:	
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRI	ESS:	
OPERATOR INFORMATION			
OPERATOR NAME: Same as owner		□public X private	
PREFERENCES			
Preferred address to receive correspondence Other (provide):	: Facility location address	Owner address	
Preferred email address: Facility Contact Other (provide):	Owner Contact		
Preferred individual to receive correspondent Other (provide):	Ce: Facility Contact Own	er Contact	
Did you operate in 2022? Yes; Complet	e 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: 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.

Somplei	3-41-63		
Signature	Date		
John Plain	owher		
Name (Print or Type)	Title (Print or Type)		
Email (Print o	ail (Print or Type)		
5984 Brichwad Lake	Sodis		
Address	City		
Ny 14551	(58) 702 5600		
State and Zip	Phone Number		

ATTACHMENTS: YES NO