



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: Young's Rescue & Recovery LLC			
FACILITY LOCATION ADDRESS: 8957 Van Dusen Rd.	FACILITY CITY: Houghton	STATE: N.Y.	ZIP CODE: 14744
FACILITY TOWN: Rushford	FACILITY COUNTY: Allegany	FACILITY PHONE NUMBER: 716-307-0011	
FACILITY NYS PLANNING UNIT: 9 <small>(A list of NYS Planning Units can be found at the end of this report).</small>			NYSDEC REGION #: 9
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler DMV I.D. # 7105405	<input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT: Jeff Young	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 716-307-0011	CONTACT FAX NUMBER: N/A
CONTACT EMAIL ADDRESS: youngdbb@aol.com			
OWNER INFORMATION			
OWNER NAME: Jeffrey R. Young Single Member LLC	OWNER PHONE NUMBER: 716-307-0011	OWNER FAX NUMBER: N/A	
OWNER ADDRESS: 8989 Van Dusen Rd.	OWNER CITY: Houghton	STATE: N.Y.	ZIP CODE: 14744
OWNER CONTACT: 716-307-0011	OWNER CONTACT EMAIL ADDRESS: youngdbb@aol.com		
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 checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Other (provide):		<input type="checkbox"/> Owner address	
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Other (provide):		<input type="checkbox"/> Owner Contact	
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Other (provide):		<input type="checkbox"/> Owner Contact	

Did you operate in 2022? Yes; Complete this form.
 No; Complete and submit Sections 1 and 13

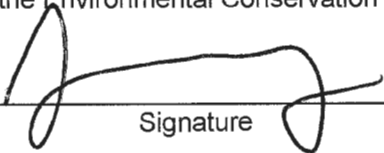
SECTION 13 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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.


Signature

2-27-2023
Date

Jeffrey R. Young
Name (Print or Type)

Single Member LLC
Title (Print or Type)

youngd&bb@aol.com
Email (Print or Type)

8957 Van Dusen Rd.
Address

Houghton
City

N.Y. 14744
State and Zip

(716) 307-0011
Phone Number

ATTACHMENTS: YES NO