

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:				
Robert H.	Watkins			
	FACILITY CITY: STATE		E: ZIP CODE:	
7214 Rt. 242 W	Ellicottrille NY		14231	
FACILITY TOWN:			ONE NUMBER:	
marsfield	Catt. 716-69		9-2587	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). NYSDEC				
REGION #: 9				
FACILITY TYPE: Vehicle Dismantler	Motor Vehicle Repair Shop N	IYS DEC ACTIV	/ITY CODE:	
DMV I.D. # Mobile Vehicle Crusher				
FACILITY CONTACT:	public CONTACT PHONE	CONTAC	CT FAX NUMBER:	
	Private NUMBER: 7/6-699-258		ZI I AA NUMBEN.	
Robert H. Watkins CONTACT EMAIL ADDRESS:	716-699-208	7		
OWNER INFORMATION OWNER NAME: OWNER PHONE NUMBER: OWNER FAX NUMBER:				
Robert H Watkins	7/6-699-2587	OWNERTAX	NOMBER.	
OWNER ADDRESS:	OWNER CITY:	STATI	: ZIP CODE:	
7214 Rt 242 W	Ellico H ville		14731	
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRE	ESS:		
OPERATOR INFORMATION				
OPERATOR NAME: Same as owner pub				
PREFERENCES PREFERENCES				
Preferred address to receive correspondence: Facility location address Owner address Owner address				
Preferred email address: Facility Contact Owner Contact Other (provide):				
Preferred individual to receive correspondence: Facility Contact Owner Contact Other (provide): RECEIVED				
			NYS DEC	
Did you operate in 2022? Yes; Complete this form.		MAR 06 2023		
No; Complete and submit Sections 1 and 13		DIVISION OF		

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

 ${\bf Email\,address: SWMF} annual report@dec.ny.gov$

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.

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Robert Walkins	2/28/23
Signature	Date
Robert H Watkins Name (Print or Type)	OWNER
Name (Print or Type)	Title (Print or Type)
\sim	A
Email (Prin	nt or Type)
7214 Rt 242 W	Ellicoffville City
Address	City
<u> </u>	(7/6) 699- 2587 Phone Number

ATTACHMENTS: YES NO