

MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR VEHICLE DISMANTLING FACILITIES

(If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-8678.)

Submit the Annual Report no later than March 1, 2018.

This annual report is for the year of operation from January 01, 2017 to December 31, 2017

SECTION 1 - FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <i>Williams Auto Salvage</i>			
FACILITY LOCATION ADDRESS: <i>161 Tinkham Rd.</i>	FACILITY CITY: <i>Waverly</i>	STATE: <i>NY</i>	ZIP CODE: <i>14892</i>
FACILITY TOWN: <i>Waverly</i>	FACILITY COUNTY: <i>Tioga</i>	FACILITY PHONE NUMBER: <i>607-565-4432</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <i>TIOGA</i>			NYSDEC REGION #: <i>7</i>
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: <i>454-0057</i>	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): <i>Vehicle Dismantler</i>	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT: <i>Edward J. Williams Jr.</i>	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <i>607 565 4432</i>	CONTACT FAX NUMBER: <i>—</i>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <i>Edward J. Williams Jr.</i>	OWNER PHONE NUMBER: <i>607 565-4432</i>	OWNER FAX NUMBER: <i>—</i>	
OWNER ADDRESS: <i>161 Tinkham Rd</i>	OWNER CITY: <i>Waverly</i>	STATE: <i>NY</i>	ZIP CODE: <i>14892</i>
OWNER CONTACT: <i>Charlotte Williams</i>	OWNER CONTACT EMAIL ADDRESS: <i>—</i>		
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 checked="" type="checkbox"/> Facility location address <input 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 checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

RECEIVED

Did you operate in 2017? Yes; Complete this form.

No; Complete and submit Sections 1 and 11.

MAR 15 2018

SECTION 11 - SIGNATURE AND DATE BY OWNER, OPERATOR, OR RESPONSIBLE REPRESENTATIVE

Owner or Operator must sign, date and submit the completed form by email or mail to the appropriate Regional Office (See attachment for Regional Office email & mailing addresses and Solid Waste Contacts.)

The Owner, Operator, or Responsible Representative must also submit one copy by email, fax or mail to:

**New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Permitting and Planning
625 Broadway
Albany, New York 12233-7260
Fax 518-402-9041
Email address: SWMFannualreport@dec.ny.gov**

I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this report form pursuant to 6 NYCRR Part 360. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Charlotte Williams 3-12-18
Signature Date

Charlotte Williams owners/wife
Name (Print or Type) Title (Print or Type)

None
Email (Print or Type)

161 Tinkham Rd Waverly
Address City

New York 14892 (607) 565 4432
State and Zip Phone Number

ATTACHMENTS: YES NO