

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

Submit the Annual Report no later than March 1, 2019.

This annual report is for the year of operation from January 01, 2018 to December 31, 2018

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: W.D HENSON INC			
FACILITY LOCATION ADDRESS: 210 E FLORENCE AVE		FACILITY CITY: SYRACUSE	STATE: NY
		ZIP CODE: 13205	
FACILITY TOWN: SYRACUSE		FACILITY COUNTY: ONONDAGA	FACILITY PHONE NUMBER: 315-492-9200
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). 7			NYSDEC REGION #: 7
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler <input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher			
DMV I.D. # 4340442			
FACILITY CONTACT: ROGER HENSON		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 315-4929200
			CONTACT FAX NUMBER: 315-492-9200
CONTACT EMAIL ADDRESS: rogerh62@yahoo.com			
OWNER INFORMATION			
OWNER NAME: ROGER D HENSON		OWNER PHONE NUMBER: 315-492-9200	OWNER FAX NUMBER: 315-492-9311
OWNER ADDRESS: 210 E FLORENCE AVE		OWNER CITY: SYRACUSE	STATE: NY
			ZIP CODE: 13205
OWNER CONTACT: 315-492-9200		OWNER CONTACT EMAIL ADDRESS: rogerh62@ yahoo.com	
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner			<input checked="" type="checkbox"/> public <input 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 checked="" 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):			

Did you operate in 2018? <input type="checkbox"/> Yes; Complete this form. <input checked="" type="checkbox"/> No; Complete and submit Sections 1 and 12.	
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SECTION 2A VDF/REPAIR SHOPS- END-OF-LIFE VEHICLES (ELVs) PROCESSED

- Provide the number of ELVs received from January 1 to December 31: _____

- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: _____

- Provide the number of ELVs stored at the facility as of December 31: _____

- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: _____

- Provide the approximate area used for the storage of vehicles (acres): _____ acres

- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
 - 1) _____
 - 2) _____
 - 3) _____

SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLES (ELVs) PROCESSED

- Provide the number of ELVs crushed from January 1 to December 31: _____

- Provide the names of each facility where you crushed decommissioned ELVs:
 - 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____
 - 6) _____

SECTION 12 - 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.

RDH

Signature

2/4/2019

Date

ROGER HENSON

Name (Print or Type)

OWNER

Title (Print or Type)

ROGERH62@YAHOO.COM

Email (Print or Type)

210 E Florence ave

Address

SYRACUSE

City

NY 13205

State and Zip

(315) 492 9200

Phone Number

ATTACHMENTS: YES NO

**Division of Materials Management
New York State Department of Environmental Conservation
Albany, New York 12233-7260**

Forms for all solid waste management facilities can be found at <http://www.dec.ny.gov/chemical/52706.html> and a brief description of each type of facility can be found at <http://www.dec.ny.gov/chemical/8495.html>.

VEHICLE DISMANTLING FACILITIES, MOTOR VEHICLE REPAIR SHOPS AND MOBILE VEHICLE CRUSHERS

Annual Report

Submit the Annual Report no later than March 1, 2019.

Reporting of the information indicated on this Vehicle Dismantling, Motor Vehicle Repair Shop and Mobile Vehicle Crusher Annual Report form is required pursuant to 6 NYCRR 360-12.1(c) and 360.19(k)(12). Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual Report requirements of 6 NYCRR Part 360.

Reporting of the information indicated on this Mandatory Annual Report including Self-Certification for Vehicle Dismantling Facilities fulfills the reporting requirements pursuant to 6 NYCRR 360-12.1(c).

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

For reference only. Please do not return with submittal.