

**W.D. HENSON, INC.**  
**HENSON'S COLLISION SHOP**  
200 F. Florence Ave  
Syracuse, NY 13205  
Phone: (315) 492-9200  
Fax: (315) 492-9311

**W.D. Henson, Inc.**

# Fax

|                          |   |
|--------------------------|---|
| <b>To:</b> NYS DEC       | <b>From:</b> ROGER                        |
| <b>Fax:</b> 518-402-9041 | <b>Pages:</b> 3                           |
| <b>Phone:</b>            | <b>Date:</b> <del>02/03/19</del> 2-4-2019 |
| <b>Re:</b>               | <b>CC:</b>                                |

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

Did you operate in 2018?  Yes; Complete this form.

No; Complete and submit Sections 1 and 12.

**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

315492 9200  
Phone Number

ATTACHMENTS:  YES  NO