

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

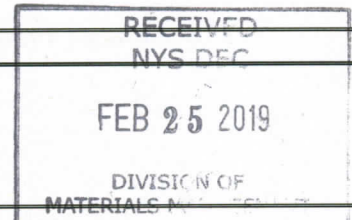
Submit the Annual Report no later than March 1, 2019.

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: <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>Barton</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 County</i>			NYSDEC REGION #: <i>7</i>
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler <input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher			
DMV I.D. # <u><i>454 0057</i></u>			
FACILITY CONTACT: <i>Edward J. Williams Jr.</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <i>607 565 4432</i>	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <i>Edward J. Williams Jr.</i>	OWNER PHONE NUMBER: <i>607 565 4432</i>	OWNER FAX NUMBER:	
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:		
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 type="checkbox"/> Facility location address <input checked="" 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 type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <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.

Edward J. Williams Jr.
Signature

2-22-19
Date

Edward J. Williams Jr.
Name (Print or Type)

owner
Title (Print or Type)

Email (Print or Type)

161 Tinkham Rd
Address

Waverly
City

New York 14892
State and Zip

(607) 565-4432
Phone Number

ATTACHMENTS: YES NO