

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: Balmer Motor Co			
FACILITY LOCATION ADDRESS: 2134 Broadway Rt 14	FACILITY CITY: Pine City	STATE: N.Y	ZIP CODE: 14871
FACILITY TOWN: Town of Southport	FACILITY COUNTY: Chemung	FACILITY PHONE NUMBER: 607 73 45915	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Region 8 (Greg Macken) 6274 E Avon - Lina Rd Avon, N.Y. 14414			NYSDEC REGION #: 8
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler <input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher			
DMV I.D. # 4080100			
FACILITY CONTACT: Edward D Balmer	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: (607) 73 45915	CONTACT FAX NUMBER: _____
CONTACT EMAIL ADDRESS: _____			
OWNER INFORMATION			
OWNER NAME: Edward D Balmer	OWNER PHONE NUMBER: 607 73 42100	OWNER FAX NUMBER: _____	
OWNER ADDRESS: 2293 Broadway Rt 14	OWNER CITY: Wellsburg	STATE: N.Y.	ZIP CODE: 14894
OWNER CONTACT: Edward D Balmer	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 checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address			
<input type="checkbox"/> Other (provide): 2134 Broadway Rt 14 Pine City, N.Y. 14871			
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 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.

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DIVISION OF
MATERIALS MANAGEMENT

