

**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: <b>B&amp;S Auto Parts</b>			
FACILITY LOCATION ADDRESS: <b>122 Central Ave Bx 55</b>	FACILITY CITY: <b>Brocton</b>	STATE: <b>NY</b>	ZIP CODE: <b>14716</b>
FACILITY TOWN: <b>Portland</b>	FACILITY COUNTY: <b>Chautauqua</b>	FACILITY PHONE NUMBER: <b>716-792-7700</b>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Chautauqua County			NYSDEC REGION #: <b>R9</b>
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>70877575</u>			
FACILITY CONTACT: <b>Michael J Bellando</b>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <b>716-792-7700</b>	CONTACT FAX NUMBER: <b>716-792-7700</b>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <b>Michael J Bellando</b>	OWNER PHONE NUMBER: <b>716-792-7700</b>	OWNER FAX NUMBER: <b>716-792-7700</b>	
OWNER ADDRESS: <b>PO Box 55</b>	OWNER CITY: <b>Brocton</b>	STATE: <b>NY</b>	ZIP CODE: <b>14716</b>
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: <b>buzzard77m@yahoo.com</b>		
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 checked="" 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):			
Did you operate in 2018? <input type="checkbox"/> Yes; Complete this form. <input checked="" type="checkbox"/> 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: SWMAnnualreport@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.

  
Signature

3-1-19  
Date

Michael J Bellando  
Name (Print or Type)

Owner  
Title (Print or Type)

buzzard77m@yahoo.com  
Email (Print or Type)

122 Central Ave Bx 55  
Address

Brocton  
City

NY 14716  
State and Zip

716 792 7700  
Phone Number

ATTACHMENTS:  YES  NO