

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

Submit the Annual Report no later than March 1, 2020. This  
annual report is for the year of operation from January 01, 2019 to December 31, 2019

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**SECTION 1 – FACILITY INFORMATION**

FACILITY INFORMATION			DIV. OF MATERIALS MANAGEMENT	
FACILITY NAME: <i>Reginald Palmer</i>				
FACILITY LOCATION ADDRESS: <i>3215 Ruby Road</i>		FACILITY CITY: <i>Onondaga</i>		STATE: ZIP CODE: <i>NY 13164</i>
FACILITY TOWN: <i>Warners</i>		FACILITY COUNTY: <i>Onondaga</i>		FACILITY PHONE NUMBER: <i>315-484-3331</i>
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <i>Onondaga County</i>				NYSDEC REGION #: <i>7</i>
FACILITY TYPE: <input type="checkbox"/> Vehicle Dismantler		<input type="checkbox"/> Motor Vehicle Repair Shop		NYS DEC ACTIVITY CODE:
DMV I.D. # <i>70714549 lrc</i>		<input type="checkbox"/> Mobile Vehicle Crusher		<i>5015</i>
FACILITY CONTACT: <i>Reginald Palmer</i>		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <i>315-484-3331</i>	CONTACT FAX NUMBER: <i>NA</i>
CONTACT EMAIL ADDRESS:				
OWNER INFORMATION				
OWNER NAME: <i>Reginald Palmer</i>		OWNER PHONE NUMBER: <i>315-484-3331</i>		OWNER FAX NUMBER: <i>NA</i>
OWNER ADDRESS: <i>3203 Ruby Road Warners</i>		OWNER CITY: <i>Onondaga</i>		STATE: ZIP CODE: <i>NY 13164</i>
OWNER CONTACT: <i>Reginald Palmer</i>		OWNER CONTACT EMAIL ADDRESS: <i>NA</i>		
OPERATOR INFORMATION				
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner			<input type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES				
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Other (provide):			<input checked="" type="checkbox"/> Owner address	
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Other (provide): <i>NA</i>			<input type="checkbox"/> Owner Contact	
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Other (provide):			<input checked="" type="checkbox"/> Owner Contact	

Did you operate in 2019?  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.

Reginald Palmer  
Signature

2-25-2020  
Date

Reginald Palmer  
Name (Print or Type)

OWNER  
Title (Print or Type)

NA  
Email (Print or Type)

3203 Ruby Road Warners  
Address

\_\_\_\_\_  
City

NY 13164  
State and Zip

(315) 484-3331  
Phone Number

ATTACHMENTS:  YES  NO