VEHICLE DISMANTLING FACILITY, MOTOR VEHICLE REPAIR SHOP AND MOBILE VEHICLE

CRUSHER ANNUAL REPORT

Submit the Annual Report no later than March 1, 2020. This

RECEIVED NYS DEC

annual report is for the year of operation from <u>January 01, 2019</u> to <u>December 31, 2019</u>

FEB 1 2 2020

SECTION 1 - FACILITY INFORMATION **DIVISION OF** MATERIALS MANAGEMENT **FACILITY INFORMATION FACILITY NAME:** BALMER MOTOR GO **FACILITY LOCATION ADDRESS: FACILITY CITY:** STATE: | ZIP CODE: 14871 PINE CITY
FACILITY COUNTY: 2134 BROADWAY RT 14
FACILITY TOWN: **FACILITY PHONE NUMBER:** Town of Southport 607 73 45915 FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). **NYSDEC REGION #:** FACILITY TYPE: Vehicle Dismantler Mobile Vehicle Crusher 4080100 DMV I.D. # **FACILITY CONTACT:** CONTACT PHONE public **CONTACT FAX NUMBER:** NUMBER: **□**private EdwAND D BAIMER 607 73-45915 **CONTACT EMAIL ADDRESS: OWNER INFORMATION** OWNER NAME: OWNER PHONE NUMBER: **OWNER FAX NUMBER:** Edward D BALMER 607 73-42100 OWNER ADDRESS: OWNER CITY: ZIP CODE: STATE: Wells Bun 6-2293 BROADWAY
OWNER CONTACT: 14894 **OWNER CONTACT EMAIL ADDRESS:** Edward D BAMER **OPERATOR INFORMATION OPERATOR NAME:** eame as owner public **□**private **PREFERENCES** Preferred address to receive correspondence: Facility location address Owner address 2134 Broadway Other (provide): Owner Contact Preferred individual to receive correspondence: Facility Contact Other,(provide):

No; Complete and submit Sections 1 and 12. (Closed 2016)

Did you operate in 2019? Tyes; Complete this form.

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.

Elward D. Balonen Signature	2/1/20 Date
Edwand o Balmon Name (Print or Type)	OWNER Title (Print or Type)
	Title (1 Title of Type)
Email (Print or Type)	
2134 BRUTHEWAY Rt14 Address	Pine City, N.y.
New York 1487/	(607) 73-45-915-

ATTACHMENTS: YES NO