

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

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: STEPHENS AUTO INC			
FACILITY LOCATION ADDRESS: 7450 SENECA RD N		FACILITY CITY: HORNELL	
		STATE: NY	ZIP CODE: 14843
FACILITY TOWN: HORNELLSVILLE		FACILITY COUNTY: STEUBEN	
			FACILITY PHONE NUMBER: 607-382-3038
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			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. # 7051134			
FACILITY CONTACT: LARRY STEPHENS		<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 607-382-3038
CONTACT FAX NUMBER:			
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: LARRY STEPHENS		OWNER PHONE NUMBER: 607-382-3038	
		OWNER FAX NUMBER:	
OWNER ADDRESS: 5287 state rt 248		OWNER CITY: CANISTEO	
		STATE: NY	ZIP CODE: 14823
OWNER CONTACT: ABOVE		OWNER CONTACT EMAIL ADDRESS: CANISTEOHOTDOG@HOTMAIL.COM	
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 checked="" 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 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: 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

3-12-2020
Date

LARRY STEPHENS
Name (Print or Type)

OWNER
Title (Print or Type)

CANISTEOHOTDOG@HOTMAIL.COM
Email (Print or Type)

7450 SENECA RD N
Address

HORNELL
City

NY 14843
State and Zip

607 382-3038
Phone Number

ATTACHMENTS: YES NO