

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

Submit the Annual Report no later than March 1, 2021. This annual report is for the year of operation from January 01, 2020 to December 31, 2020

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DIVISION OF
MATERIALS MANAGEMENT

SECTION 1 - FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Reginald Palmer			
FACILITY LOCATION ADDRESS: 3215 Ruby Road		FACILITY CITY: Warners	STATE: ZIP CODE: NY 13164
FACILITY TOWN: Warners	FACILITY COUNTY: Onondaga	FACILITY PHONE NUMBER:	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Onondaga County			NYSDEC REGION #: 9
FACILITY TYPE: <input type="checkbox"/> Vehicle Dismantler	<input type="checkbox"/> Motor Vehicle Repair Shop	NYS DEC ACTIVITY CODE:	
DMV I.D. # 70714549 IVC	<input type="checkbox"/> Mobile Vehicle Crusher	5015	
FACILITY CONTACT: Reginald Palmer	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 315-484-3331	CONTACT FAX NUMBER: NA
CONTACT EMAIL ADDRESS: NA			
OWNER INFORMATION			
OWNER NAME: Reginald Palmer	OWNER PHONE NUMBER: 315-484-3331	OWNER FAX NUMBER: NA	
OWNER ADDRESS: 3203 Ruby Road Warners	OWNER CITY:	STATE: ZIP CODE: NY 13164	
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: NA		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input checked="" 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 type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide): NA			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2020 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

2-24-2021
Date

Reginald Palmer
Name (Print or Type)

OWNER
Title (Print or Type)

NA
Email (Print or Type)

3203 Ruby Road Warners
Address City

New York 13164
State and Zip

(315) 484-3331
Phone Number

ATTACHMENTS: YES NO