

**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

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: B&S Auto Parts			
FACILITY LOCATION ADDRESS: 122 Central Ave	FACILITY CITY: Brocton	STATE: NY	ZIP CODE: 14716
FACILITY TOWN: Portland	FACILITY COUNTY: Chautauqua	FACILITY PHONE NUMBER: 761-792-7700	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: R9
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler DMV I.D. # <u>70877575</u>	<input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT: Michael J Bellando	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 716-792-7700	CONTACT FAX NUMBER: 716-792-7700
CONTACT EMAIL ADDRESS: bsentitiesllc@gmail.com			
OWNER INFORMATION			
OWNER NAME: Michael J Bellando	OWNER PHONE NUMBER: 716-792-7700	OWNER FAX NUMBER: 716-792-7700	
OWNER ADDRESS: PO Box 55	OWNER CITY: Brocton	STATE: NY	ZIP CODE: 14716
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: bsentitiesllc@gmail.com		
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 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: SWMFannuaireport@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.

<hr/> <p>Signature</p>	<hr/> <p>3-12-21</p> <p>Date</p>
<hr/> <p>Michael J Bellando</p> <p>Name (Print or Type)</p>	<hr/> <p>Owner</p> <p>Title (Print or Type)</p>
<hr/> <p>bsentitiesllc@gmail.com</p> <p>Email (Print or Type)</p>	
<hr/> <p>122 Central Ave Bx55</p> <p>Address</p>	<hr/> <p>Brocton</p> <p>City</p>
<hr/> <p>New York 14716</p> <p>State and Zip</p>	<hr/> <p>716 792 7700</p> <p>Phone Number</p>

ATTACHMENTS: YES NO