



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

Submit the Annual Report no later than March 1, 2022

This annual report is for the year of operation from January 01, 2021 to December 31, 2021

SECTION 1 - FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Reginald Palmer			
FACILITY LOCATION ADDRESS: 3215 Ruby Road	FACILITY CITY: 	STATE: NY	ZIP CODE: 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 #: 7
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 type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 315-484-3331	CONTACT FAX NUMBER: NA
CONTACT EMAIL ADDRESS: 			
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: NY	ZIP CODE: 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 2021? Yes; Complete this form.
 No; Complete and submit Sections 1 and 13

RECEIVED

FEB 25 2022

SECTION 2A VDF/REPAIR SHOPS- END-OF-LIFE VEHICLES (ELVs) PROCESSED

- Provide the number of ELVs received from January 1 to December 31: _____

- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: _____

- Provide the number of ELVs stored at the facility as of December 31: _____

- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: _____

- Provide the approximate area used for the storage of vehicles (acres): _____ acres

- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
 - 1) _____
 - 2) _____
 - 3) _____

SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLES (ELVs) PROCESSED

- Provide the number of ELVs crushed from January 1 to December 31: _____

- Provide the names of each facility where you crushed decommissioned ELVs:
 - 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____
 - 6) _____

SECTION 13 - 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

* This page for reference only. Please do not return with submittal. *

**Division of Materials Management
New York State Department of Environmental Conservation
Albany, New York 12233-7260**

Forms for all solid waste management facilities can be found at <http://www.dec.ny.gov/chemical/52706.html> and a brief description of each type of facility can be found at <http://www.dec.ny.gov/chemical/8495.html>.

VEHICLE DISMANTLING FACILITIES, MOTOR VEHICLE REPAIR SHOPS AND MOBILE VEHICLE CRUSHERS

Annual Report

Submit the Annual Report no later than March 1, 2022.

Reporting of the information indicated on this Vehicle Dismantling, Motor Vehicle Repair Shop and Mobile Vehicle Crusher Annual Report form is required pursuant to 6 NYCRR 360-12.1(c) and 360.19(k)(12). Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual Report requirements of 6 NYCRR Part 360.

Reporting of the information indicated on this Mandatory Annual Report including Self-Certification for Vehicle Dismantling Facilities fulfills the reporting requirements pursuant to 6 NYCRR 360-12.1(c).

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.