

**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

RECEIVED  
NYS DEC  
MAR 01 2021  
DIVISION OF  
MATERIALS MANAGEMENT

**SECTION 1 – FACILITY INFORMATION**

FACILITY INFORMATION			
FACILITY NAME: <i>Williams Auto Salvage</i>			
FACILITY LOCATION ADDRESS: <i>161 Tinkham Rd</i>	FACILITY CITY: <i>Waverly</i>	STATE: <i>N.Y.</i>	ZIP CODE: <i>14892</i>
FACILITY TOWN: <i>Barton</i>	FACILITY COUNTY: <i>Tioga</i>	FACILITY PHONE NUMBER: <i>607 565 4432</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: <i>7</i>
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler	<input type="checkbox"/> Motor Vehicle Repair Shop	NYS DEC ACTIVITY CODE:	
DMV I.D. # <i>4540057</i>	<input type="checkbox"/> Mobile Vehicle Crusher	<i>54V20017</i>	
FACILITY CONTACT: <i>Edward Williams Jr</i> <i>Charlotte Williams</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <i>607 565 4432</i>	CONTACT FAX NUMBER: —
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <i>Edward J. Williams Jr.</i>	OWNER PHONE NUMBER: <i>607 565 4432</i>	OWNER FAX NUMBER: —	
OWNER ADDRESS: <i>161 Tinkham Rd</i>	OWNER CITY: <i>Waverly</i>	STATE: <i>NY</i>	ZIP CODE: <i>14892</i>
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: —		
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 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.



New York State Department of Environmental Conservation  
**INACTIVE SOLID WASTE MANAGEMENT  
 FACILITY OR ACTIVITY NOTIFICATION FORM**

FACILITY NAME: <u>Williams Auto Salvage</u>				
FACILITY ADDRESS: <u>161 Tinkham Rd.</u>				
FACILITY CITY: <u>Waverly</u>	STATE: <u>NY</u>	ZIP CODE: <u>14892</u>		
TYPE OF INACTIVE FACILITY OR ACTIVITY: (Check all applicable boxes)				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Anaerobic Digestion – permit  <input type="checkbox"/> Anaerobic Digestion – registration  <input type="checkbox"/> C&amp;D Processing – permit  <input type="checkbox"/> C&amp;D Processing – registration  <input type="checkbox"/> Composting – Source Separated Organic Waste – permit  <input type="checkbox"/> Composting – Source Separated Organic Waste – registration  <input type="checkbox"/> Composting – Yard Waste – permit  <input type="checkbox"/> Composting – Yard Waste – registration  <input type="checkbox"/> Composting/other Processing – Biosolids/other   <input type="checkbox"/> Household Hazardous Waste  <input type="checkbox"/> Land Application – Biosolids/Septage/other – permit  <input type="checkbox"/> Land Application – Nonrecognizable Food Processing Waste – registration  <input type="checkbox"/> Land Application – Septage - registration  <input type="checkbox"/> Landfill – Construction &amp; Demolition Debris  <input type="checkbox"/> Landfill – Industrial/Commercial  <input type="checkbox"/> Landfill – Land Clearing Debris         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Landfill – Long Island  <input type="checkbox"/> Landfill – Municipal Solid Waste  <input type="checkbox"/> Mobile Vehicle Crushers  <input type="checkbox"/> Municipal Waste Combustor  <input type="checkbox"/> Recyclable Handling &amp; Recovery  <input type="checkbox"/> Regulated Medical Waste – Radiopharmacy  <input type="checkbox"/> Regulated Medical Waste – Onsite Treatment  <input type="checkbox"/> Regulated Medical Waste – Commercial Treatment  <input type="checkbox"/> Regulated Medical Waste – Transfer Station  <input type="checkbox"/> Storage – Biosolids/Septage – permit  <input type="checkbox"/> Storage – Nonrecognizable Food Processing Waste  <input type="checkbox"/> Storage – Septage – registration  <input type="checkbox"/> Transfer Station – permit  <input type="checkbox"/> Transfer Station – registration  <input checked="" type="checkbox"/> Vehicle Dismantling Facility  <input type="checkbox"/> Waste Tire Storage – Dealer  <input type="checkbox"/> Waste Tire Storage – New Product Manufacturing  <input type="checkbox"/> Waste Tire Storage – Onsite Energy Recovery  <input type="checkbox"/> Waste Tire Storage – permitted  <input type="checkbox"/> Waste Tire Storage – Retreader  <input type="checkbox"/> Other _____         </td> </tr> </table>			<input type="checkbox"/> Anaerobic Digestion – permit <input type="checkbox"/> Anaerobic Digestion – registration <input type="checkbox"/> C&D Processing – permit <input type="checkbox"/> C&D Processing – registration <input type="checkbox"/> Composting – Source Separated Organic Waste – permit <input type="checkbox"/> Composting – Source Separated Organic Waste – registration <input type="checkbox"/> Composting – Yard Waste – permit <input type="checkbox"/> Composting – Yard Waste – registration <input type="checkbox"/> Composting/other Processing – Biosolids/other  <input type="checkbox"/> Household Hazardous Waste <input type="checkbox"/> Land Application – Biosolids/Septage/other – permit <input type="checkbox"/> Land Application – Nonrecognizable Food Processing Waste – registration <input type="checkbox"/> Land Application – Septage - registration <input type="checkbox"/> Landfill – Construction & Demolition Debris <input type="checkbox"/> Landfill – Industrial/Commercial <input type="checkbox"/> Landfill – Land Clearing Debris	<input type="checkbox"/> Landfill – Long Island <input type="checkbox"/> Landfill – Municipal Solid Waste <input type="checkbox"/> Mobile Vehicle Crushers <input type="checkbox"/> Municipal Waste Combustor <input type="checkbox"/> Recyclable Handling & Recovery <input type="checkbox"/> Regulated Medical Waste – Radiopharmacy <input type="checkbox"/> Regulated Medical Waste – Onsite Treatment <input type="checkbox"/> Regulated Medical Waste – Commercial Treatment <input type="checkbox"/> Regulated Medical Waste – Transfer Station <input type="checkbox"/> Storage – Biosolids/Septage – permit <input type="checkbox"/> Storage – Nonrecognizable Food Processing Waste <input type="checkbox"/> Storage – Septage – registration <input type="checkbox"/> Transfer Station – permit <input type="checkbox"/> Transfer Station – registration <input checked="" type="checkbox"/> Vehicle Dismantling Facility <input type="checkbox"/> Waste Tire Storage – Dealer <input type="checkbox"/> Waste Tire Storage – New Product Manufacturing <input type="checkbox"/> Waste Tire Storage – Onsite Energy Recovery <input type="checkbox"/> Waste Tire Storage – permitted <input type="checkbox"/> Waste Tire Storage – Retreader <input type="checkbox"/> Other _____
<input type="checkbox"/> Anaerobic Digestion – permit <input type="checkbox"/> Anaerobic Digestion – registration <input type="checkbox"/> C&D Processing – permit <input type="checkbox"/> C&D Processing – registration <input type="checkbox"/> Composting – Source Separated Organic Waste – permit <input type="checkbox"/> Composting – Source Separated Organic Waste – registration <input type="checkbox"/> Composting – Yard Waste – permit <input type="checkbox"/> Composting – Yard Waste – registration <input type="checkbox"/> Composting/other Processing – Biosolids/other  <input type="checkbox"/> Household Hazardous Waste <input type="checkbox"/> Land Application – Biosolids/Septage/other – permit <input type="checkbox"/> Land Application – Nonrecognizable Food Processing Waste – registration <input type="checkbox"/> Land Application – Septage - registration <input type="checkbox"/> Landfill – Construction & Demolition Debris <input type="checkbox"/> Landfill – Industrial/Commercial <input type="checkbox"/> Landfill – Land Clearing Debris	<input type="checkbox"/> Landfill – Long Island <input type="checkbox"/> Landfill – Municipal Solid Waste <input type="checkbox"/> Mobile Vehicle Crushers <input type="checkbox"/> Municipal Waste Combustor <input type="checkbox"/> Recyclable Handling & Recovery <input type="checkbox"/> Regulated Medical Waste – Radiopharmacy <input type="checkbox"/> Regulated Medical Waste – Onsite Treatment <input type="checkbox"/> Regulated Medical Waste – Commercial Treatment <input type="checkbox"/> Regulated Medical Waste – Transfer Station <input type="checkbox"/> Storage – Biosolids/Septage – permit <input type="checkbox"/> Storage – Nonrecognizable Food Processing Waste <input type="checkbox"/> Storage – Septage – registration <input type="checkbox"/> Transfer Station – permit <input type="checkbox"/> Transfer Station – registration <input checked="" type="checkbox"/> Vehicle Dismantling Facility <input type="checkbox"/> Waste Tire Storage – Dealer <input type="checkbox"/> Waste Tire Storage – New Product Manufacturing <input type="checkbox"/> Waste Tire Storage – Onsite Energy Recovery <input type="checkbox"/> Waste Tire Storage – permitted <input type="checkbox"/> Waste Tire Storage – Retreader <input type="checkbox"/> Other _____			
DEC ACTIVITY CODE(S) OR REGISTRATION NUMBER(S): <u>54V20017</u>	FACILITY COUNTY: <u>Tioga</u>	NYSDEC REGION #: <u>7</u>		

This document certifies that the type of facility or activity identified above is no longer operational. The owner/operator relinquishes their NYSDEC permit/registration and retains no other permit, registrations, or licenses related to the identified activity. It is recognized that in order to resume operation, a new permit application or registration form must be submitted to the Department for processing and approval. This notification does not excuse the facility from any closure, post-closure, or other requirements identified in 6 NYCRR Part 360.

I hereby affirm under penalty of perjury that information provided on this form was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this form pursuant to 6 NYCRR Part 360. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

<u>Edward J. Williams Jr.</u> Name (Print or Type)	<u>owner</u> Title (Print or Type)	<u>(607) 565-4432</u> Phone Number
<u>161 Tinkham Rd.</u> Address	<u>Waverly</u> City	<u>New York 14892</u> State and Zip
<u>Edward J. Williams Jr.</u> Signature	<u>2-26-2021</u> Date	