



Department of  
Environmental  
Conservation

## 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: <b>Chordas</b>			
FACILITY LOCATION ADDRESS: <b>7 wayman Road</b>		FACILITY CITY: <b>Binghamton</b>	STATE: ZIP CODE: <b>ny 13901</b>
FACILITY TOWN:		FACILITY COUNTY: <b>Broome</b>	FACILITY PHONE NUMBER: <b>607 221 5968</b>
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #:
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler		<input type="checkbox"/> Motor Vehicle Repair Shop	NYS DEC ACTIVITY CODE:
DMV I.D. #		<input type="checkbox"/> Mobile Vehicle Crusher	
FACILITY CONTACT: <b>Christopher Chordas</b>		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <b>607 221 5968</b>
CONTACT EMAIL ADDRESS:		CONTACT FAX NUMBER: <b>607 967 3863</b>	
OWNER INFORMATION			
OWNER NAME: <b>Christopher Chordas</b>		OWNER PHONE NUMBER: <b>607 221 5968</b>	OWNER FAX NUMBER:
OWNER ADDRESS: <b>1451 Front St</b>		OWNER CITY: <b>Binghamton</b>	STATE: ZIP CODE: <b>ny 13901</b>
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 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 checked="" 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 2021?  Yes; Complete this form.

No; Complete and submit Sections 1 and 13

Reprinted (12/21)

only used by owner

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**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.

Christopher Chordas  
Signature

2/28/22  
Date

Christopher Chordas  
Name (Print or Type)

owner  
Title (Print or Type)

Klcalabrese@yahoo.com  
Email (Print or Type)

1451 Front St  
Address

Binghamton  
City

NY 13901  
State and Zip

(607) 221-5968  
Phone Number

ATTACHMENTS:  YES  NO



**Department of  
Environmental  
Conservation**

DIVISION OF MATERIALS MANAGEMENT

DEPARTMENT USE ONLY	
DEC ACTIVITY #	
DATE VALIDATED	
EXPIRATION DATE	

## TRANSITION REGISTRATION APPLICATION FORM FOR VEHICLE DISMANTLING FACILITIES AND SCRAP METAL PROCESSORS

Please read attached instructions (found at the end of this document) before completing this application. This is not a UPA permit. Solid waste management facility operations are not authorized until a registration is validated by the Department. Attach all required information to this form, as described in the instructions.

1. FACILITY INFORMATION			
Facility Name <b>Steyrer</b>		Facility Address <b>Manhattan Street</b>	
City/Town <b>Binghamton, NY</b>	Zip Code <b>13902</b>	Phone	DEC Region <b>7</b>
NYTM-E Coordinate <b>42.222</b>	NYTM-N Coordinate <b>-74.954</b>	DEC Activity Number	
2. FACILITY OWNER			
Owner Name <b>Binghamton Charles</b>		Owner Address <b>1000 100th Street</b>	
City/Town/State/Zip Code <b>Binghamton, NY 13902</b>		Owner Phone <b>(607) 733-1000</b>	Owner Email
3. FACILITY OPERATOR			
Operator Name <i><del>same as facility owner</del></i>		Operator Address	
City/Town/State/Zip Code		Operator Phone	Operator Email
4. SITE OWNER			
Site Owner Name <i><del>same as facility owner</del></i>		Site Owner Address	
City/Town/State/Zip Code		Site Owner Phone	Site Owner Email
5. PREFERRED CONTACT			
<input checked="" type="checkbox"/> Facility Owner <input type="checkbox"/> Facility Operator <input type="checkbox"/> Site Owner <input type="checkbox"/> Other (provide): _____			
6. FACILITY OPERATING HOURS <b>ONLY USED BY OWNER</b>			
7. SERVICE AREA List all municipalities within the service area of the facility			
<b>Broome</b>			
8. REGISTRATION TYPE			
Facility Type (check all applicable)			
<input checked="" type="checkbox"/> Vehicle Dismantling Facility – Receive < 25 ELVs/year and store < 50 ELVs on-site at any time [361-7.3(a)(2)]		<input type="checkbox"/> Vehicle Dismantling Facility - Receive > 25 ELVs/year or store > 50 ELVs on-site at any time [361-7.3(b)(2)]	
<input type="checkbox"/> Motor Vehicle Repair Shop – Store 26-50 ELVs on-site at any time [361-7.3(a)(1)]		<input type="checkbox"/> Motor Vehicle Repair Shop - Store > 50 ELVs on-site at any time [361-7.3(b)(1)]	
<input type="checkbox"/> Scrap Metal Processors [361-7.3(a)(3)]		<input type="checkbox"/> Mobile Vehicle Crusher [361-7.3(b)(3)]	

**9. SOLID WASTE RECEIVED** – Please provide estimates for the following:

Material	What is the maximum amount your facility will receive annually?	What is the maximum that will be stored on-site at any given time?
END OF LIFE VEHICLES (# of ELVs)	unknown	25 or less
SCRAP METAL (tons)		

**10. SITE PLAN** - Please provide a sketch of the site below or on an attached separate sheet.

See attached

**11. CERTIFICATION**

I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits 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 as Accountant (title) of Christopher Chordas (entity) to sign this registration form pursuant to 6 NYCRR Part 360, Section 360.15. By signing this registration form, I affirm that I have read the applicable regulations and will abide by all conditions of the registration requirements under Parts 360, 361, 362, 363, and 365, as applicable. 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.

Printed/Typed Name

Signature

Date

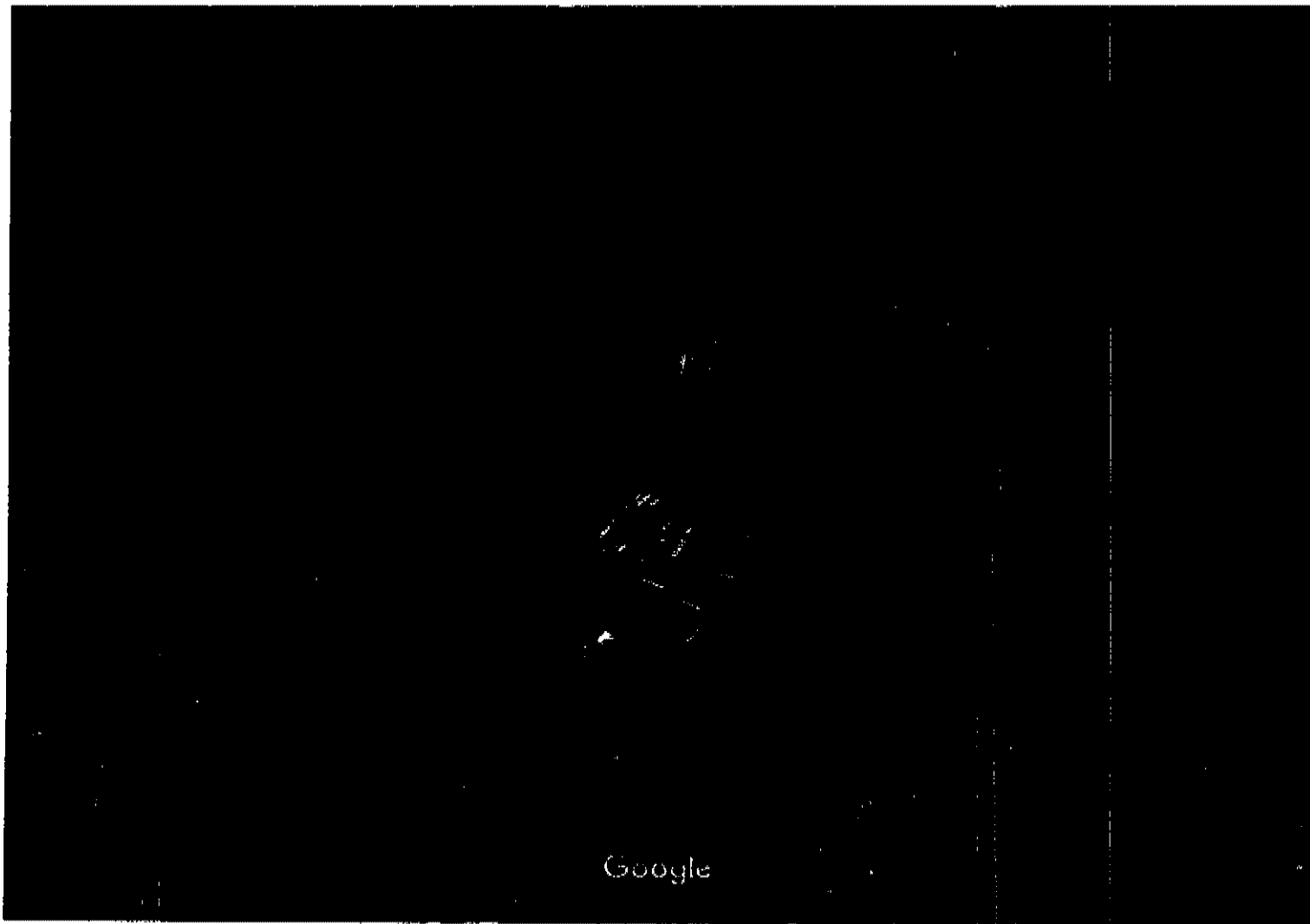
Kathy L Calabrese Paugh

Kathy L Calabrese Paugh

9/12/2019

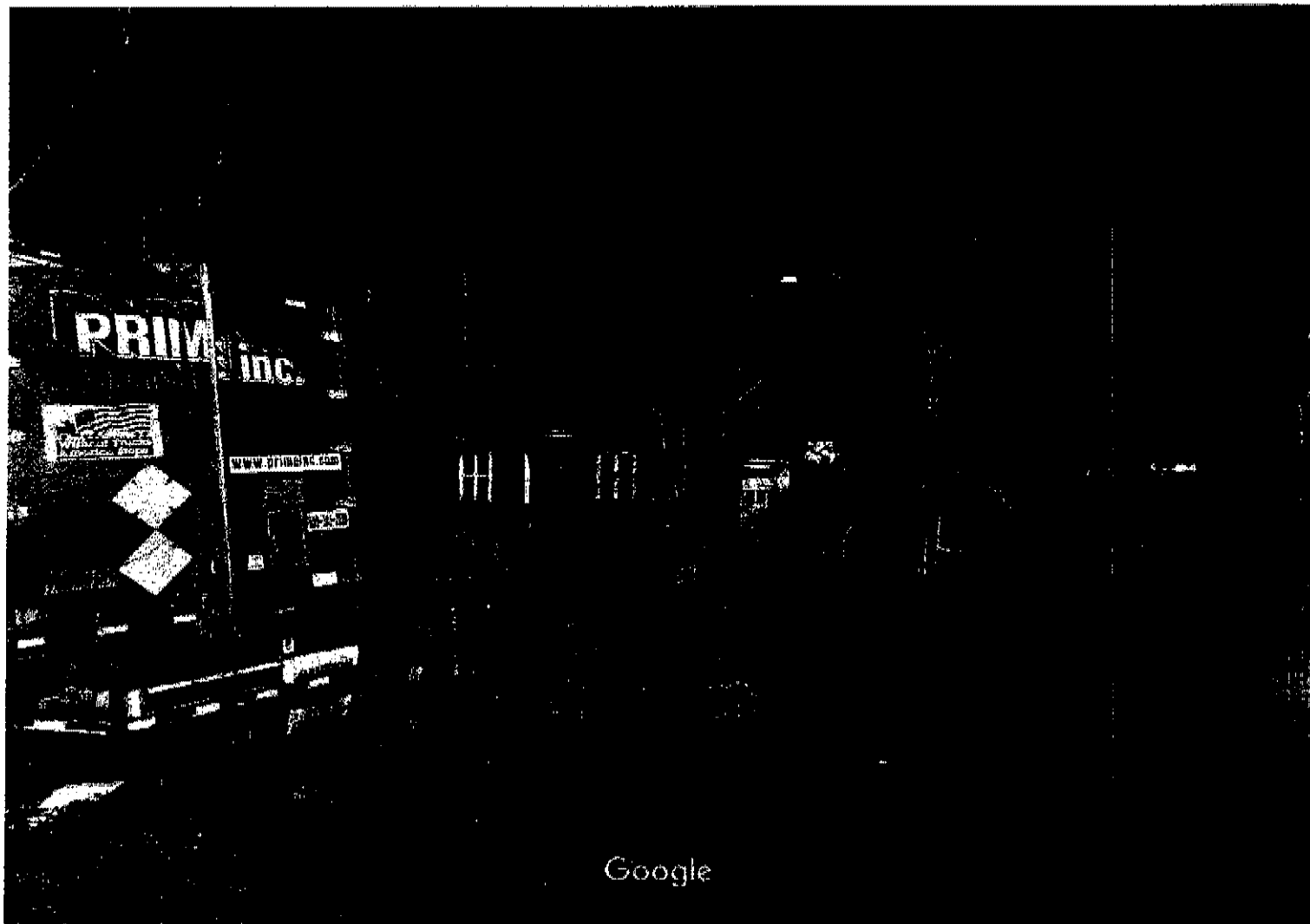
7 Wayman Rd - Google Maps

# Google Maps 7 Wayman Rd



Imagery ©2019 Maxar Technologies, New York GIS, USDA Farm Service Agency, Map data ©2019 100 ft

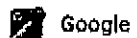
# Google Maps 7 Wayman Rd



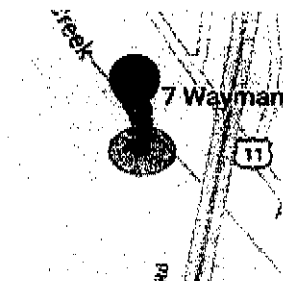
Google

Image capture: Apr 2012 © 2019 Google

Binghamton, New York



Street View - Apr 2012





**Department of Environmental Conservation**

DIVISION OF MATERIALS MANAGEMENT

DEPARTMENT USE ONLY	
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DATE VALIDATED	
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**FACILITY INFORMATION**

Facility Name <u>Chordas</u>		Facility Address <u>7 Wayman Road</u>	
City/Town <u>Wesley, NY</u>		Zip Code <u>13901</u>	DEC Region <u>13</u>
YTM-E Coordinate <u>5812</u>	NYTM-N Coordinate <u>4668452</u>	DEC Activity Number	

**FACILITY OWNER**

Owner Name <u>Christopher Chordas</u>		Owner Address <u>145 Front Street</u>	
City/Town/State/Zip Code <u>Wesley, NY 13901</u>		Owner Phone <u>(607) 231-5968</u>	Owner Email

**FACILITY OPERATOR**

Operator Name <input checked="" type="checkbox"/> same as facility owner		Operator Address	
City/Town/State/Zip Code		Operator Phone	Operator Email

**SITE OWNER**

Site Owner Name <input checked="" type="checkbox"/> same as facility owner		Site Owner Address	
City/Town/State/Zip Code		Site Owner Phone	Site Owner Email

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\*\*\* TX REPORT \*\*\*  
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