

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

Submit the Annual Report no later than March 1, 2023

This annual report is for the year of operation from January 01, 2022 to December 31, 2022

SECTION 1 - FACILITY INFORMATION

FACILITY INFORMATION

FACILITY NAME: <u>Bills Auto Parts Inc</u>			
FACILITY LOCATION ADDRESS: <u>522 St Hwy 67</u>	FACILITY CITY: <u>Amsterdam</u>	STATE: <u>Ny</u>	ZIP CODE: <u>12010</u>
FACILITY TOWN: <u>Amsterdam</u>	FACILITY COUNTY: <u>Montgomery</u>	FACILITY PHONE NUMBER: <u>518-573-4536</u>	
FACILITY NYS PLANNING UNIT: (A 204 of NYS Planning units may be found at the end of this report)			NYS DEC REGION #:

FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler	<input checked="" type="checkbox"/> Motor Vehicle Repair Shop	NYS DEC ACTIVITY CODE:
DMV I.D. # <u>3290084</u>	<input type="checkbox"/> Mobile Vehicle Crusher	

FACILITY CONTACT: <u>Steven Miller</u>	<input type="checkbox"/> public	CONTACT PHONE NUMBER: <u>518-573-4536</u>	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: <u>Stevensondistributing@gmail.com</u>			

OWNER INFORMATION

OWNER NAME: <u>Steven Miller</u>	OWNER PHONE NUMBER: <u>518-573-4536</u>	OWNER FAX NUMBER:	
OWNER ADDRESS: <u>600 Waterman Sr, 732</u>	OWNER CITY: <u>Daniel Island</u>	STATE: <u>SC</u>	ZIP CODE: <u>29492</u>
OWNER CONTACT: <u>Steven Miller</u>	OWNER CONTACT EMAIL ADDRESS: <u>Stevensondistributing@gmail.com</u>		

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"/> Other (provide)	<input type="checkbox"/> Facility business address	<input checked="" type="checkbox"/> Owner address
Preferred email address: <input type="checkbox"/> Other (provide)	<input type="checkbox"/> Facility Contact	<input checked="" type="checkbox"/> Owner Contact
Preferred individual to receive correspondence: <input type="checkbox"/> Other (provide)	<input type="checkbox"/> Facility Contact	<input checked="" type="checkbox"/> Owner Contact

Did you operate in 2022? Yes, Complete this form
 No, Complete and submit Sections 1 and 13

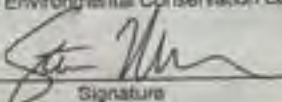
SECTION 13 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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: SWMAnnualreport@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.


Signature

2-8-23
Date

Steven Miller
Name (Print or Type)

President
Title (Print or Type)

Stevensadistributing@gmail.com
Email (Print or Type)

600 Waterman St, 732
Address

Daniel Island
City

SC 29492
State and Zip

518-573-4536
Phone Number

ATTACHMENTS: YES NO