



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: Roadway of Oneonta LLC			
FACILITY LOCATION ADDRESS: 139 Timer Rd	FACILITY CITY: Oneonta	STATE: NY	ZIP CODE: 13820
FACILITY TOWN: Laurens	FACILITY COUNTY: Otsego	FACILITY PHONE NUMBER: 607-432-0014	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). R4			NYSDEC REGION #: 4
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler DMV I.D. # 7036563	<input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT: Gwen Stage	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 607-432-0014	CONTACT FAX NUMBER: none
CONTACT EMAIL ADDRESS: partsgal14@yahoo.com			
OWNER INFORMATION			
OWNER NAME: Gwen Stage	OWNER PHONE NUMBER: 607-432-0014	OWNER FAX NUMBER: none	
OWNER ADDRESS: 139 Timer Rd	OWNER CITY: Oneonta	STATE: NY	ZIP CODE: 13820
OWNER CONTACT: mail/email	OWNER CONTACT EMAIL ADDRESS: partsgal14@yahoo.com		
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 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 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 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: 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.



Signature

01/24/2023

Date

Gwen Stage

Name (Print or Type)

CEO

Title (Print or Type)

partsgal14@yahoo.com

Email (Print or Type)

139 Timer Rd

Address

Oneonta

City

NY 13820

State and Zip

607 432 0014
(_____)_____-_____
Phone Number

ATTACHMENTS: YES NO