



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, 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: <i>Stillworks Auto Parts Inc</i>			
FACILITY LOCATION ADDRESS: <i>9751 State Route 20</i>	FACILITY CITY:	STATE: <i>NY</i>	ZIP CODE: <i>13313</i>
FACILITY TOWN: <i>Bridge Water NY</i>	FACILITY COUNTY: <i>Oneida</i>	FACILITY PHONE NUMBER: <i>315-822-6793</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: <i>6</i>
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler	<input type="checkbox"/> Motor Vehicle Repair Shop	NYS DEC ACTIVITY CODE:	
DMV I.D. # <i>7053134</i>	<input type="checkbox"/> Mobile Vehicle Crusher		
FACILITY CONTACT: <i>Charlie Ostrosky Sr</i>	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <i>315-822-6793</i>	CONTACT FAX NUMBER: <i>315-899-1003</i>
CONTACT EMAIL ADDRESS: <i>NONE</i>			
OWNER INFORMATION			
OWNER NAME: <i>Charles J Ostrosky Sr</i>	OWNER PHONE NUMBER: <i>SAM9</i>	OWNER FAX NUMBER: <i>899-1003</i>	
OWNER ADDRESS: <i>9135 Rt 20</i>	OWNER CITY: <i>SAM9</i>	STATE:	ZIP CODE:
OWNER CONTACT:		OWNER CONTACT EMAIL ADDRESS: <i>NONE</i>	
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 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 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.

Charles J. Ostrosky Sr
Signature

7-27-93
Date

CHARLES J OSTROSKY Sr
Name (Print or Type)

OWNER
Title (Print or Type)

nan
Email (Print or Type)

9151 RT 20
Address

Bridgewater 10
City

NY 13313
State and Zip

315 822 6793
Phone Number

ATTACHMENTS: YES NO



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

FACILITY NAME: <u>STILLWORKS AUTO PARTS INC</u>		
FACILITY ADDRESS: <u>9151 STATE RT 20</u>		
FACILITY CITY: <u>BRIDGEWATER</u>	STATE: <u>NY</u>	ZIP CODE: <u>13313</u>
TYPE OF INACTIVE FACILITY OR ACTIVITY: (Check all applicable boxes)		
<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):	FACILITY COUNTY: <u>ONEIDA</u>	NYSDEC REGION #: <u>6</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.

Charles J Ostrosky, SR owner 315 922-6793
Name (Print or Type) Title (Print or Type) Phone Number
9151 RT 20 BRIDGEWATER NY 13313
Address City State and Zip Code
Charles J Ostrosky 7-27-23
Signature Date