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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: Chordas			
FACILITY LOCATION ADDRESS: 7 Wayman Rd	FACILITY CITY: Binghamton	STATE: NY	ZIP CODE: 13901
FACILITY TOWN: Chenango	FACILITY COUNTY: Broome	FACILITY PHONE NUMBER: 607 221 5968	
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: Christopher Chordas	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 607 221 5968	CONTACT FAX NUMBER: 607 967 3843
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Christopher Chordas	OWNER PHONE NUMBER: 607 221 5968	OWNER FAX NUMBER:	
OWNER ADDRESS: 1451 Front St	OWNER CITY: Binghamton	STATE: NY	ZIP CODE: 13901
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> same as owner	<input type="checkbox"/> public <input 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 checked="" 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 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.

Christopher Chardas
Signature

2/24/23
Date

Christopher Chardas
Name (Print or Type)

Owner
Title (Print or Type)

kicalabrese@yahoo.com
Email (Print or Type)

1451 Front St
Address

Binghamton NY
City

Ny 13901
State and Zip

(607) 721-5968
Phone Number

ATTACHMENTS: YES NO



DEPARTMENT USE ONLY	
DEC ACTIVITY #	
DATE VALIDATED	
EXPIRATION DATE	

REGISTRATION FORM FOR A SOLID WASTE MANAGEMENT FACILITY

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. REQUEST TYPE (check applicable box)			
<input type="checkbox"/> Initial (new facility)		<input checked="" type="checkbox"/> Renewal	<input type="checkbox"/> Modification
2. FACILITY INFORMATION			
Facility Name <i>Chordas</i>		Facility Address <i>7 Wayman Rd</i>	
City/Town <i>Binghamton ny</i>	Zip Code <i>13901</i>	Phone <i>607 331 5968</i>	DEC Region
NYTM - E Coordinate	NYTM-N Coordinate	DEC Activity Number (for renewal or modification only)	
3. FACILITY OWNER			
Owner Name <i>Christopher Chordas</i>		Owner Address <i>1451 Front St</i>	
City/Town/State/Zip Code <i>Binghamton ny</i>	Owner Phone <i>607 331 5968</i>	Owner Email	
4. FACILITY OPERATOR			
Operator Name <i>same as facility owner</i>		Operator Address	
City/Town/State/Zip Code	Operator Phone	Operator Email	
5. SITE OWNER			
Site Owner Name <i>same as facility owner</i>		Site Owner Address	
City/Town/State/Zip Code	Site Owner Phone	Site Owner Email	
6. PREFERRED CONTACT			
<input checked="" type="checkbox"/> Facility Owner	<input type="checkbox"/> Site Owner		
<input type="checkbox"/> Facility Operator	<input type="checkbox"/> Other (provide):		
7. FACILITY OPERATING DAYS/HOURS			
<i>Private use for me only</i>			
8. SERVICE AREA			
9. SOLID WASTE RECEIVED			
Material	Maximum Throughput		
	Quantity	Units	Frequency (day/month/week/year)
1.			
2.			
3.			
4.			
10. MATERIAL STORAGE & TOTAL STORAGE CAPACITY			

11. REGISTRATION TYPE * Indicates Addendum required – see instructions for additional details	
Facility Type (check all applicable)	
<input type="checkbox"/> Research, Development, and Demonstration Project [360.18(a)]	<input type="checkbox"/> Waste Tire Collection and Storage [361-6.3(a)(1)]
<input type="checkbox"/> Recyclables Handling and Recovery \leq 5 tons/day [361-1.3(a)(1)]	<input type="checkbox"/> Waste Tire Sellers [361-6.3(a)(2)]
<input type="checkbox"/> Recyclables Handling and Recovery $>$ 5 tons/day [361-1.3(a)(2)]	<input type="checkbox"/> Waste Tire Retreaders [361-6.3(a)(3)]
<input type="checkbox"/> Land Application and Associated Storage – Storage of Recognizable Food Processing Waste [361-2.3(a)] *	<input type="checkbox"/> Motor Vehicle Repair Shop – Store 26-50 ELVs on-site at any time [361-7.3(a)(1)]
<input type="checkbox"/> Land Application and Associated Storage – Storage of Manure [361-2.3(b)] *	<input type="checkbox"/> Vehicle Dismantling Facility – Receive \leq 25 ELVs/year and store \leq 50 ELVs on-site at any time [361-7.3(a)(2)]
<input type="checkbox"/> Land Application and Associated Storage – Land Application of Unrecognizable Food Processing Waste or Papermill Residuals [361-2.3(c)] *	<input type="checkbox"/> Scrap Metal Processors [361-7.3(a)(3)]
<input type="checkbox"/> Land Application and Associated Storage – Land Application of Septage [361-2.3(d)] *	<input type="checkbox"/> Motor Vehicle Repair Shop - Store $>$ 50 ELVs on-site at any time [361-7.3(b)(1)]
<input type="checkbox"/> Land Application and Associated Storage – Storage of Septage [361-2.3(e)] *	<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"/> Composting – Yard Trimmings [361-3.2(b)(1)] *	<input type="checkbox"/> Mobile Vehicle Crusher [361-7.3(b)(3)]
<input type="checkbox"/> Composting – Source-separated Organics [361-3.2(b)(2)] *	<input type="checkbox"/> Used Cooking Oil and Yellow Grease Processing [361-8.3]
<input type="checkbox"/> Composting – Road-killed Animals or Routine Animal Mortalities [361-3.2(b)(3)] *	<input type="checkbox"/> Navigational Dredged Material Handling and Recovery [361-9.2]
<input type="checkbox"/> Composting – Digestate [361-3.2(b)(4)] *	<input type="checkbox"/> Combustion and Thermal Treatment – Waste Tires [362-1.3(a)]
<input type="checkbox"/> Anaerobic Digestion [361-3.3(b)(1)] *	<input type="checkbox"/> Combustion and Thermal Treatment – Uncontaminated, Unadulterated Wood [362-1.3(b)]
<input type="checkbox"/> Fermentation for Source-separated Organics [361-3.4(b)(1)] *	<input type="checkbox"/> Combustion and Thermal Treatment – Used Cooking Oil or Yellow Grease [362-1.3(c)]
<input type="checkbox"/> Animal Feed Production [361-3.5(b)(1)] *	<input type="checkbox"/> Combustion and Thermal Treatment – Alternative Fuel Storage [362-1.3(d)]
<input type="checkbox"/> Other Organics Recycling [361-3.6(b)(1)] *	<input type="checkbox"/> Transfer Facility [362-3.3]
<input type="checkbox"/> Mulch Processing [361-4.3] *	<input type="checkbox"/> Landfill Reclamation [363-11.2]
<input type="checkbox"/> CDDHRF – Concrete, Brick, Rock [361-5.2(a)(1)]	<input type="checkbox"/> RMW Treatment, Storage, and Transfer – Storage of Radiological RMW [365-2.3(a)] *
<input type="checkbox"/> CDDHRF – Asphalt Pavement or Millings [361-5.2(a)(2)]	<input type="checkbox"/> RMW Treatment, Storage, and Transfer – Treatment of less than 500 lbs/month at the Site of RMW Generation [365-2.3(b)] *
<input type="checkbox"/> CDDHRF – Asphalt Roofing Shingles [361-5.2(a)(3)]	<input type="checkbox"/> RMW Treatment, Storage, and Transfer – Healthcare Facilities that Treat, Store or Dispose of RMW from Other Generators (except Part 364 Transporters) [365-2.3(c)] *
<input type="checkbox"/> CDDHRF – Gypsum Wallboard [361-5.2(a)(4)]	<input type="checkbox"/> Infectious Waste Management – Storage at the Site of Waste Generation [365-3.3(a)] *
<input type="checkbox"/> CDDHRF – Uncontaminated, Unadulterated Wood [361-5.2(a)(5)]	<input type="checkbox"/> Infectious Waste Management – Storage/Transfer Locations Other than the Site of Generation [365-3.3(b)] *
<input type="checkbox"/> CDDHRF – Soil/Sand/Gravel/Rock without contamination [361-5.2(a)(6)] Cannot be combined with 361-5.2(a)(7)	<input type="checkbox"/> Infectious Waste Management – Temporary Treatment Devices at the Site of Waste Generation [365-3.3(c)] *
<input type="checkbox"/> CDDHRF – Restricted Use Fill, Limited-Use Fill [361-5.2(a)(7)] Cannot be combined with 361-5.2(a)(6)	<input type="checkbox"/> Used oil collection centers [374-2.10(a)]
<input type="checkbox"/> CDDHRF – Other CDD with Case-Specific BUD [361-5.2(a)(8)]	<input type="checkbox"/> Facility that holds a Federal Select Agent Program registration and inactivates BSL and ABSL 3 waste on-site* [9/19/19 EDL Para. VIII and 365-2.3(b)]

12. 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 owner (title) of 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 <u>Christopher Chordas</u>	Signature <u>Christopher Chordas</u>	Date <u>2/24/23</u>
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