

**MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR
VEHICLE DISMANTLING FACILITIES**

(If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-8678.)

Submit the Annual Report no later than March 1, 2018.

This annual report is for the year of operation from January 01, 2017 to December 31, 2017

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: AABLE AUTO SALVAGE INC			
FACILITY LOCATION ADDRESS: 34-42 MOFFITT BLVD	FACILITY CITY: BAYSHORE	STATE: NY	ZIP CODE: 11706
FACILITY TOWN: ISLIP	FACILITY COUNTY: SUFFOLK	FACILITY PHONE NUMBER: 631-665-5266	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). ISLIP RESOURCE RECOVERY AGENCY			NYSDEC REGION #: 1
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 7084876	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): DISMANTLER	NYS DEC ACTIVITY CODE: 52JO4	
FACILITY CONTACT: ANTHONY SIMEONE	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 631-665-5266	CONTACT FAX NUMBER: 631-665-5266
CONTACT EMAIL ADDRESS: METRORTK@AOL.COM			
OWNER INFORMATION			
OWNER NAME: AABLE AUTO SALVAGE INC	OWNER PHONE NUMBER: 631-665-5266	OWNER FAX NUMBER: 631-665-5419	
OWNER ADDRESS: 34-42 MOFFITT BLVD	OWNER CITY: BAYSHORE	STATE: NY	ZIP CODE: 11706
OWNER CONTACT: ANTHONY SIMEONE	OWNER CONTACT EMAIL ADDRESS: METRORTK@AOL.COM		
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 checked="" type="checkbox"/> Facility location address <input 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 2017? Yes; Complete this form.

No; Complete and submit Sections 1 and 11.

SECTION 2 - END-OF-LIFE VEHICLES (ELVs) PROCESSED

- Provide the number of ELVs received from January 1 to December 31: 171
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 174
- Provide the number of ELVs stored at the facility as of December 31: 150
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 160
- Provide the approximate area used for the storage of vehicles (acres): 1/2 acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
 - 1) GERSHOW
 - 2) _____
 - 3) _____

- If your facility has **received 25 or fewer ELVs** during the year AND **stored no more than 50 ELVs** at any one time check this box and complete only sections 3, 4, and 11.

If not, leave this box blank.

→ Please, write "Not Applicable" on sections that do not pertain to your facility.

- If your facility has **not processed or stored ANY ELVs** during the year, check this box and complete only section 9.

If not, leave this box blank

→ Please, write "Not Applicable" on sections that do not pertain to your facility.

**IF NEITHER OF THESE DESCRIPTIONS APPLIES TO YOUR FACILITY,
COMPLETE THE ENTIRE FORM BELOW:**

SECTION 3 - WASTE FLUIDS RECOVERED

Complete this table by reporting volumes of End-of-Life Vehicle (ELV) waste fluids managed at the facility during the reporting period. Qualitative responses (i.e. √'s or X's) are not acceptable. Report only fluids generated from dismantling operations (not general car repair, etc.)

Waste Fluid Recovered	Fluid Volume				Destination Name & Address <i>(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)</i>
	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	
Refrigerant (pounds)					
Used Oil** (gallons)		40		135	COBRA OIL, DEER PARK, NYPLANET EARTH,
Diesel Fuel (gallons)					
Gasoline (gallons)	320				
Engine Coolant/ Antifreeze (gallons)		30	220		PLANET EARTH
Window Washing Fluid (gallons)					
Other (specify)					

* Any fluids disposed must undergo a hazardous waste determination and proper handling, storage and disposal if hazardous.

** Includes Engine Oil, Transmission Fluid, Axle Fluids, Hydraulic Fluid, Power Steering Fluid, Brake Fluid, etc.

SECTION 4 – SCRAP METAL

Complete this table by reporting the amount of metal received, stored and sent off site, by the facility, during the reporting period.

Material Types	Received (tons)	Stored On Site (tons)	Sent Off Site (tons)	Destination		
				NYS Planning Unit (or state if other than New York)	To Scrap Metal Processor	
Ferrous Scrap Metal					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Aluminum Scrap Metal					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lead Weights					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Non – Ferrous Scrap Metal		N/A			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (specify):					Yes <input type="checkbox"/>	No <input type="checkbox"/>
					Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION 5 – MERCURY SWITCHES COLLECTED

Provide the number of mercury-containing devices recovered. Including but not limited to hood & trunk lighting switches (H&TS) and antilock brake assemblies (ABS).

H&TS 2
(Number)

ABS 1
(Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

END OF LIFE VEHICLE SOLUTIONS

PO BOX 3283

FARMINGTON HILLS, MI

Note: Use additional 8.5" x 11" sheets as needed.

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SECTION 6 - LEAD-ACID BATTERIES COLLECTED

Provide the number of lead-acid batteries recovered and their disposition.

Number of Lead-Acid Batteries collected from ELVs

84

Indicate permitted facility or permitted transporter accepting lead-acid batteries:

GERSHOW

Any materials disposed must undergo a hazardous waste determination and proper handling, storage and disposal if hazardous.

SECTION 7 - WASTE TIRES COLLECTED

Number of waste tires stored on-site:

50

as of December 31

Number of used tires available for sale on-site:

100

as of December 31

Number of used tires sold:

150

during operating year

Number of waste tires shipped off-site for recycling, disposal, other:

484

during operating year

Indicate name of facility(ies) accepting waste tires:

GERSHOW

SECTION 8 - PROBLEMS

Were any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures)?

Yes No If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.

SECTION 9 - CHANGES

Were there any changes from approved reports, plans, specifications, and permit conditions?

Yes No If yes, attach additional sheets identifying changes with a justification for each change.

SECTION 10 – COMPLIANCE CERTIFICATION

As of December 31, 2016:

Waste Management Compliance Checklist	NA	Yes	No	Date of Return to Compliance
1. If your facility stores LESS THAN 1,000 tires, check NA. If your facility stores MORE THAN 1,000 tires, do you have a PART 360 permit for tire storage?	x x x			
2. Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways?	XXX			
3. Have you recorded the date of receipt for all end-of-life vehicles received?		XXX		
4. Are the end-of-life vehicle records available on-site?		XXX		
5. Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes?		XXX		
6. Have all observed leaks been remedied or contained?		XXX		
7. Does your facility have a written Contingency Plan?		XXX		
8. Are facility personnel trained to implement the Contingency Plan?		XXX		
9. Does your Contingency Plan include actions to be taken in the event of the following?				
9a. Fire.		XXX		
9b. Spill or release of vehicle waste fluids.		XXX		
9c. Unauthorized material received at facility.		XXX		
10. Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection?		XXX		
11. Are all vehicle residues prevented from migrating from or running off your property?		XXX		
12. Is dust controlled to prevent interference with facility operations or from leaving facility site?		XXX		
13. Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations?		XXX		
14. Are waste fluids kept from being discharged onto the ground or into surface waters?		XXX		
15. Is access to your facility controlled by: fences, gates, sign and/or natural barriers (not vehicles)?		XXX		
15a. Are the access controls working (i.e. controlling access)?		XXX		
16. Are fluids drained from end-of-life vehicles on a pad constructed of concrete or equivalent material?		XXX		
17. Are you doing the following with your concrete (or equivalent surface) pad that is used for vehicle dismantling, fluid draining, crushing, etc.?				
17a. Cleaning daily.		XXX		
17b. Cleaning spills as they occur.		XXX		
17c. Collecting and properly disposing of absorbent materials.		XXX		

Waste Management Compliance Checklist	NA	Yes	No	Date of Return to Compliance
33. Is waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers?		x x x		
34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?	x x x			
35. Are sludges properly recycled or disposed?	XXX			
36. Are used oil filters properly drained, crushed or dismantled?		XXX		
37. Are drained oil filters properly recycled or disposed?		XXX		
38. If your facility does not require an SPDES Multi-Sector General Permit (MSGP) for Stormwater Discharge, check NA for 38a, 38b, 38c. If your facility requires an SPDES MSGP answer 38a, 38b, 38c:		x x x		
38a. If required by the SPDES MSGP, has a Stormwater Pollution Prevention Plan been prepared for this facility?		x x x		
38b. Is the information provided in the facility's original Notice of Intent or Termination submission for the SPDES MSGP still accurate and up to date?		x x x		
38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?		x x x		
39. If your facility does not handles cleaning solvents, degreasers, battery acids or non-vehicle wastes write NA. If these materials are handled at your facility, what is the maximum amount of this material that your facility generates in any calendar month?				<p>0 _____ pounds</p> <p>0 _____ gallons</p>

Do you have any other Environmental Conservation Law or regulatory violations?
 (Attach additional sheets as necessary.)

NONE THAT FACILITY MANAGEMENT IS AWARE OF

COMMENTS? (Attach additional sheets if necessary)

SECTION 11 - SIGNATURE AND DATE BY OWNER, OPERATOR, OR RESPONSIBLE REPRESENTATIVE

Owner or Operator must sign, date and submit the completed form by email or mail to the appropriate Regional Office (See attachment for Regional Office email & mailing addresses and Solid Waste Contacts.)

The Owner, Operator, or Responsible Representative must also submit one copy by email, fax or mail to:

**New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Permitting and Planning
625 Broadway
Albany, New York 12233-7260
Fax 518-402-9041**

Email address: SWMFannualreport@dec.ny.gov

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 to sign this report 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.



Signature

2/27/18

Date

Anthony J. Sweeney

Name (Print or Type)

Pres

Title (Print or Type)

SPINPARTS@AOL.COM

Email (Print or Type)

34-42 MERRITT BLVD

Address

Bayshore

City

NY, 11706

State and Zip

631 665-5266

Phone Number

ATTACHMENTS: YES NO