

Clear Form

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 516-402-8678.)

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: CFS Stone Rd Corp			
FACILITY LOCATION ADDRESS: 620 Stone Rd	FACILITY CITY: Lindenhurst	STATE: NY	ZIP CODE: 11757
FACILITY TOWN: Babylon	FACILITY COUNTY: Suffolk	FACILITY PHONE NUMBER: 631 957 0366	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: 1
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 7043151	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): Dismantler	NYS DEC ACTIVITY CODE: 52J18	
FACILITY CONTACT: MARY Smith	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 631-957-0366	CONTACT FAX NUMBER: 631-957-0745
CONTACT EMAIL ADDRESS: cfsmmc42@outlook.com			
OWNER INFORMATION			
OWNER NAME: RP Smith	OWNER PHONE NUMBER: 631-957-0366	OWNER FAX NUMBER: 631 957 0745	
OWNER ADDRESS: 620 Stone Rd	OWNER CITY: Lindenhurst	STATE: NY	ZIP CODE: 11757
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 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: 19
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 11
- Provide the number of ELVs stored at the facility as of December 31: 7
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 19
- Provide the approximate area used for the storage of vehicles (acres): 50 x 100 acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
 - 1) Monsters Recycling
 - 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. y'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)	0	0			
Used Oil** (gallons)	Burned on site	1100			
Diesel Fuel (gallons)	0	0			
Gasoline (gallons)	0	0			
Engine Coolant/ Antifreeze (gallons)		3			
Window Washing Fluid (gallons)		3			
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 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 380. 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.

R P Smith
Signature

3 10 18
Date

R P Smith
Name (Print or Type)

Pres
Title (Print or Type)

cfs.mms.43@outlook.com
Email (Print or Type)

620 Shore Rd
Address

Lindenhurst
City

NY 11757
State and Zip

(631) 957-0366
Phone Number

ATTACHMENTS: YES NO