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 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:								
D+D USED Truck PARTS INC								
FACILITY LOCATION ADDRESS: FACILITY CITY; STATE: ZIP CODE:								
32 SHAWAVE Bellfort NY 11713								
FACILITY TOWN: FACILITY COUNTY: FACILITY PHONE NUMBER:								
Bell part / Brookchaun	Suffolic		184-1616					
FACILITY NYS PLANNING UNIT: (A list of NYS	Planning Units can be found at the end of thi	s report).	NYSDEC REGION #:					
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 701172	REGISTRATION TYPE (Vehicl Dismantler, Mobile Crusher, e		S DEC ACTIVITY					
REGISTRATION NUMBER: 702173	1 DISMANTLES							
FACILITY CONTACT:	public CONTACT PHONE	CONT	ACT FAX NUMBER:					
DANIEL, MCKASTY	NUMBER: USI-284-16	16	NA					
CONTACT EMAIL ADDRESS: DNDT	NOKPARTS BGMAI	1. CON	1					
	OWNER INFORMATION							
OWNER NAME:	OWNER PHONE NUMBER:	OWNER FA	AX NUMBER:					
DANIEL MCKETY	UB1-514-5834		181					
OWNER ADDRESS:	OWNER CITY: Greal CHALLEN	STA	TE: ZIP CODE: 1/7/9					
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRES	SS:	,					
Daniel Melsasty	DNDTruckPar	TS Q	GMAil (com					
	OPERATOR INFORMATION							
OPERATOR NAME: Same as owner		□pul						
	PREFERENCES	- K Paragraph						
Preferred address to receive correspondence: ☐ Facility location address ☐ Owner address ☐ Owner address								
Preferred email address: Facility Contact								
Preferred individual to receive correspondence:								
Did you operate in 2017? Yes; Complete	this form.							
☐ No; Complete and submit Sections 1 and 11.								

SECTION 3 - WASTE FLUIDS RECOVERED

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

		Fluid	Destination Name & Address		
Waste Fluid Recovered	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)
Refrigerant (pounds)	V				
Used Oil** (gallons)	850		850		Planet Earth Recyclary 3280 schn Selfery, Wantag
Diesel Fuel (gallons)					
Gasoline (gallons)					
Engine Coolant/ Antifreeze (gallons)			290		Blance Earth Recycling 3280 SUNBUHLAY, WANTAGEN
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 10 – COMPLIANCE CERTIFICATION

As of December 31, 2017:

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

			- 1		Date of Return to
	Waste Management Compliance Checklist	NA	Yes	No	Compliance
18.	Have the following wastes been drained, removed, deployed, collected and/or storpractices, prior to vehicle crushing or shredding?	ed follo	wing be	est ma	nagement
	18a. Fluids (including engine oil, transmission fluid, transaxle fluid, front and rear axle fluid, brake fluid, power steering fluid, coolant, and fuel).		1		
	18b. Lead acid batteries.		1/		
	18c. Mercury switches or other mercury containing devices, if any.		V		
	18d. Refrigerants, if any.		1		
	18e. Air bags.		1/		
	18f. PCB capacitors, if any.		V		
19.	Are fluids stored separately & in containers that are compatible with their contents?		1/		
20.	Are fluids stored in closed containers?		V		
21.	Are containers which contain waste fluids in good condition and not visibly leaking?		V		
22.	Are containers clearly and legibly labeled to describe their contents?		V		
23.	Are containers stored on a bermed pad constructed of concrete or equivalent material?		V		
24.	Are lead-acid batteries stored upright and off the ground?		V/		
25.	Are lead-acid batteries covered to protect them from precipitation?		V		
26.	Are all lead-acid batteries sent for recycling within one-year of receipt?		V		
27.	Are <u>leaking</u> lead-acid batteries, if any are encountered, stored in leak-proof containers separated from intact batteries?		V		
	27a. Are provisions in place to absorb any acid leakage?		V		
28.	Are mercury switches and other mercury containing devices stored in appropriate, labeled containers and then sent for recycling?		1		
29.	Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal?		V		
30.	Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code?		1		
31.	If sent off-site, is used oil transported via a permitted hauler?		V		
32.	If you do not burn used oil onsite check NA for 32a., 32b., 32c. If you do, then ans	wer 32	a., 32b.	, 32c:	
	3:2a. Is used oil burned in a used oil space heating unit, with a maximum capacity of 0.5 million BTU's per hour or less?	V	^		
	32b. Do on-site space heaters burn only used oil that is generated on-site or received from household do-it-yourself generators?	1	/		
	32c. Are combustion gases from used oil space heaters vented to the outside ambient air?	V			

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

DAVICE PARTS OF COMPETER STATE Address

State and Zip

Possible Penal Law.

10.45 of the Penal Law.

3.2 18

Date

ATTACHMENTS: ____ YES ____ NO

	SECTION 2 - END-OF-LIFE VEHICLES (ELVs) PROCESSED	
• Prov	de the number of ELVs received from January 1 to December 31: 128	
	de the number of ELVs crushed and/or removed from the facility January 1 to December 31:	
• Prov	ide the number of ELVs stored at the facility as of December 31:	
	ide the highest number of ELVs stored at the facility y one time from January 1 to December 31:	
• Prov	ide the approximate area used for the storage of vehicles (acres):	
• Prov	ide the names of scrap metal processors to which you sold or sent decommissioned ELVs: Cers How Recycling, 71 Peconie Aug, Medford, MY 1	170
2) _		
2) _ 3) _		
,		
3) _	If your facility has received 25 or fewer ELVs during the year AND stored no more that	an
,	If your facility has received 25 or fewer ELVs during the year AND stored no more the 50 ELVs at any one time check this box and complete only sections 3, 4, and 11.	an
3) _	If your facility has received 25 or fewer ELVs during the year AND stored no more the 50 ELVs at any one time check this box and complete only sections 3, 4, and 11. If not, leave this box blank.	an
3) _	If your facility has received 25 or fewer ELVs during the year AND stored no more the 50 ELVs at any one time check this box and complete only sections 3, 4, and 11.	an
3) _	If your facility has received 25 or fewer ELVs during the year AND stored no more the 50 ELVs at any one time check this box and complete only sections 3, 4, and 11. If not, leave this box blank.	
3) _	If your facility has received 25 or fewer ELVs during the year AND stored no more the 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 as	
3) _	If your facility has received 25 or fewer ELVs during the year AND stored no more that 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 a complete only section 9.	

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.

ob. A to 1865				Destination					
Material Types	Received (tons)	Stored On Site (tons)	Sent Off Site (tons)	NYS <u>Planning Unit</u> (or state if other than New York)	To Scrap Metal Processor				
Ferrous Scrap Metal	11,879(1)			19120-27-2	Yes	No			
Aluminum Scrap Metal					Yes	No			
Lead Weights					Yes	No			
Non – Ferrous Scrap Metal					Yes	No			
Other (specify):					Yes	No			
					Yes	No			

SECTION 5 - MERCURY SWITCHES COLLECTED

(H&TS) and antilock brake assemblies (ABS).	vered. Including but not limited to hood & trunk lighting switches
H&TS(Number)	ABS (Number)
(Matriber)	(Mulliber)
Indicate permitted facility or permitted transporter accept	ting mercury containing devices:

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

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 128
Indicate permitted facility or permitted transporter accepting lead-acid batteries:
Goston Recycling. 71 pecari Ane, Medford, NY, 11763
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: ### 135 as of December 31
Number of used tires available for sale on-site:
Number of used tires sold:
Number of waste tires shipped off-site for recycling, disposal, other: 597 during operating year
Indicate name of facility(ies) accepting waste tires:
CASING INC
1811 Harrison Aue
BAYSHONE, NY
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.

Waste Management Compliance Checklist	NA	Yes	No	Date of Return t
33. Is waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers?		V	1	4
34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?		1	/	
35. Are sludges properly recycled or disposed?		V	1	
36. Are used oil filters properly drained, crushed or dismantled?		V		
37. Are drained oil filters properly recycled or disposed?	1	V		
 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: 	V			
38a. If required by the SPDES MSGP, has a Stormwater Pollution Prevention Plan been prepared for this facility?	V			
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?	V	/		
38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?	1			
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?	N	A		pounds gallons
Do you have any other Environmental Conservation Law or regulatory violations? (Attach additional sheets as necessary.)				
COMMENTS? (Attach additional sheets if necessary)				
			-	

Division of Materials Management New York State Department of Environmental Conservation Albany, New York 12233-7260

Forms for all solid waste management facilities can be found at http://www.dec.ny.gov/chemical/52706.html and a brief description of each type of facility can be found at http://www.dec.ny.gov/chemical/8495.html.

MANDATORY ANNUAL REPORT including SELF-CERTIFICATION for VEHICLE DISMANTLING FACILITIES.

Annual Report

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

On July 26, 2006, ECL Article 27, Title 23: Vehicle Dismantling Facilities was signed into law. This law expands the solid waste management requirements for facilities that dismantle automobiles and generate used vehicle fluids and other materials such as mercury switches, etc. Facilities with operations involving dismantling, storage, transfer, recycling and disposal of automobiles must complete this Annual Report Form. Compliance with Environmental Conservation Law (ECL) Article 27, Chapter 23 is mandatory. Failure to submit the Annual Report Form is a violation of ECL 71-4003 and may result in a penalty of up to \$500 for each day the Annual Report Form is late.

Reporting of the information indicated on this Mandatory Annual Report including Self-Certification for Vehicle Dismantling Facilities fulfills the reporting requirements pursuant to 6 NYCRR 360-12.1(c).

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

For reference only. Please do n