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Company: JaV Alo Salvege Inc.

TO: NYS. DEC Central office

Name: Syed Rahmon Fax Number: (518) 402-9041

Date: 2-28-18

# of Pages: (including cover sheet)

FROM: JAV Asto Salvege Inc

Name: John Saladino

Contact Number: (631) 288- 2620

Subject:		_		Urgent	Please Reply
Mandatory	Annal	Report	Region 1		Flease Reply

Message: Hi, hope all is well

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

(if you need assistance filling out this form please small <u>swmfannualreport@dec.nv.gov</u> 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:	FACILITY INFORMATION						
J+V Auto Salvoge Inc. LLC							
FACILITY LOCATION ADDRESS: FACILITY CITY: STATE: ZIP CODE:							
104 South Country Rd Westhamster Beach WY 11978							
FACILITY TOWN:	Westlawster Beach FACILITY COUNTY:	FACILITY PHONE NUMBER:					
Z 11 .							
Southampton	5JE61K	631-238-2620					
FACILITY NYS PLANNING UNIT: (A list of NYS	Plauning Units can be found at the end of th	is report). NYSDEC					
South amptan		REGION #:					
NYS DEPARTMENT OF MOTOR VEHICLE	REGISTRATION TYPE (Vehici	e NYS DEC ACTIVITY					
REGISTRATION NUMBER:	Dismantler, Mobile Crusher, e	etc.): CODE:					
	Vehicle Disnanti	er (V)					
Page   Page	public CONTACT PHONE	CONTACT FAX NUMBER:					
Kaum Hash	Private NUMBER:	20 631-288-6155					
CONTACT EMAIL ADDRESS: SIGNOVI	WS-DDGMeil com						
	OWNER INFORMATION						
OWNER NAME:	OWNER PHONE NUMBER:	OWNER FAX NUMBER:					
John Saladino	631-402-0151	NA					
OWNER ADDRESS:	OWNER CITY:	STATE: ZIP CODE:					
70 Rayror Koad	Southampton	N.Y. 11968					
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRES	SS:					
John Saladino	JUANOSaluge @ Yo	ha.com					
	OPERATOR INFORMATION						
OPERATOR NAME: Same as owner		public					
		☐ private					
Professed address to receive assessment	PREFERENCES						
Preferred address to receive correspondence: Other (provide):	Facility location address	Owner address					
Preferred email address: Facility Contact							
Preferred individual to receive correspondence: Facility Contact							
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
• Provi	ide the number of ELVs received from January 1 to December 31:	490
	ide the number of ELVs crushed and/or removed from the facility January 1 to December 31:	281
• Provi	ide the number of ELVs stored at the facility as of December 31:	150
	ide the highest number of ELVs stored at the facility one time from January 1 to December 31:	254
• Prov	ide the approximate area used for the storage of vehicles (acres):	acres
• Prov	ride the names of scrap metal processors to which you sold or sent o	decommissioned ELVs:
1)	Gershaw Rocycling.	
2)		
-, <u>-</u> .		
3) _		
	į.	
	If your facility has <b>received 25 or fewer ELVs</b> during the year <b>50 ELVs</b> at any one time <u>check this box and complete only section</u>	
	If not, leave this box blank.	
	→ Please, write "Not Applicable" on sections that do not per	tain to your facility.
	If your facility has <b>not processed or stored ANY ELVs</b> during complete only section 9.	g the year, check this box and
	If not, leave this box blank	
	→ Please, write "Not Applicable" on sections that do not per	tain to your facility.
	IF NEITHER OF THESE DESCRIPTIONS APPLIES TO YOUR F	ACILITY,

#### **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</u>. Report only fluids generated from dismantling operations (not general car repair, etc.)

	Fluid Volume			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)	301bs	20/bs	40 Lbs	NIA	Give away to citizeness and Local Shops also use on premise
Used Oil** (gallons)	NA	100001	650	NA	weste oil solutions EPAIO: NYD980762843
Diesel Fuel (gallons)	223gd	NA	NA	A N	used in machines on site
Gasoline (gallons)	310991	NA	NIA	NA	used for Yard cons and delivery trucks
Engine Coolant/ Antifreeze (gallons)	55gal	38941	184921	Aln	weste oil Solutions EPA IO: NY0980762843
Window Washing Fluid (gallons)	50 94	20921	42901*	NA	give at to yard grys
Other (specify)					

<sup>\*</sup> Any fluids disposed must undergo a hazardous waste determination and proper handling, storage and disposal if hazardous.

<sup>\*\*</sup> 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.

Research Town	Received	Stored On Site	Sent Off Site	Destination				
Material Types	(tons)	(tons)	(tons)	NYS <u>Planning Unit</u> (or state if other than New York)	To Scrap Metal Processor			
Ferrous Scrap Metal	3 k	1/2	3		Yes	No		
Aluminum Scrap Metal	7		5½		Yes	No		
Lead Weights	2016s	NA	used to reke Sinkers		Yes	No		
Non – Ferrous Scrap Metal	1/2	300165	<b>\</b>		Yes	No		
Other (specify):			÷		Yes	No		
					Yes	No		
						<u> </u>		

#### SECTION 5 - MERCURY SWITCHES COLLECTED

SECTION 5	- MIERCURY SWITCHES COLLECTED
Provide the number of mercury-containing de (H&TS) and antilock brake assemblies (ABS	devices <u>recovered</u> . Including but not limited to hood & trunk lighting switches S).
H&TS(Number)	ABS O
Indicate permitted facility or permitted transp	porter accepting mercury containing devices:
Waste Management	Lamp Tracker

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 <u>recovered</u> and their disposition.	200	
Number of Lead-Acid Batteries collected from ELVs	341	
Indicate permitted facility or permitted transporter accepting lead-acid batteries:  Laterstate Batteries  Cores Galore		
Any materials disposed must undergo a hazardous waste determination and prhazardous.	oper handling, st	orage and disposal if
SECTION 7 - WASTE TIRES COLL	ECTED	
Number of waste tires stored on-site:	20	as of December 31
Number of used tires available for sale on-site:	60	as of December 31
Number of used tires sold:	695	during operating year
Number of waste tires shipped off-site for recycling, disposal, other:	450	during operating year
Indicate name of facility(ies) accepting waste tires:		
SECTION 8 - PROBLEMS		
Were any problems encountered during the reporting period (e.g., specific octation facility procedures)?	currences which	have led to changes in
☐ Yes ☐ No If yes, attach additional sheets identifying each problem a problem.	nd the methods fo	or resolution of the
SECTION 9 - CHANGES		
Were there any changes from approved reports, plans, specifications, and pe	rmit conditions?	
☐ Yes ☑ No If yes, attach additional sheets identifying changes with a	justification for ea	ach change.

# **SECTION 10 - COMPLIANCE CERTIFICATION**

# As of December 31, 2016:

The state of the s	Waste Management Compliance Checklist			N.	Date of Return to Compliance
1. MC	If your facility stores LESS THAN 1,000 tires, check NA. If your facility stores DRE THAN 1,000 tires, do you have a PART 360 permit for tire storage?				
2.	Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways?		<b>\</b>		
3.	Have you recorded the date of receipt for all end-of-life vehicles received?		$\sqrt{}$		
4.	Are the end-of-life vehicle records available on-site?				
5.	Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes?		V		
6.	Have all observed leaks been remedied or contained?				
7.	Does your facility have a written Contingency Plan?			,	
8.	Are facility personnel trained to implement the Contingency Plan?		$\checkmark$		
9.	Does your Contingency Plan include actions to be taken in the event of the follow	ving?			
	9a. Fire.		$\checkmark$		
	9b. Spill or release of vehicle waste fluids.		V		
	9c. Unauthorized material received at facility.		$\checkmark$		
	Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection?				
	Are all vehicle residues prevented from migrating from or running off your property?				
	Is dust controlled to prevent interference with facility operations or from leaving facility site?				
13.	Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations?		$\sqrt{}$		
	Are waste fluids kept from being discharged onto the ground or into surface waters?				
15.	Is access to your facility controlled by: fences, gates, sign and/or natural barriers (not vehicles)?		1		
	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?		<b>V</b>		<del></del>
17.	Are you doing the following with your concrete (or equivalent surface) pad that is draining, crushing, etc.?	used for	vehicl	e disma	antling, fluid
	17a. Cleaning daily.			-	
	17b. Cleaning spills as they occur.		1		
	17c. Collecting and properly disposing of absorbent materials.		$\overline{\ }$		, _

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

Wäste Management Compliance Checklist		Yes		Date of Return Compliance
33. Is waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers?				
34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?	<b>\</b>	<u> </u>		
35. Are sludges properly recycled or disposed?	1			
36. Are used oil filters properly drained, crushed or dismantled?		<b>V</b>		
37. Are drained oil filters properly recycled or disposed?				
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:	/		:	
38a. If required by the SPDES MSGP, has a Stormwater Pollution Prevention Plan been prepared for this facility?				
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?				
38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?		.,		
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	1	JA	7	pounds
month?		• –		gallons
Do you have any other Environmental Conservation Law or regulatory violations? (Attach additional sheets as necessary.)				
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

Ton Sala dino

Name (Print or Type)

Toy South Curry Rd

Address

Toy South Curry Rd

Name (Print or Type)

Toy South Curry Rd

Address

Toy State and Zip

Prone Number

ATTACHMENTS: YES NO