

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

(If you need assistance filling out this form please email [swmfannualreport@dec.ny.gov](mailto: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**

RECEIVED  
NYSDEC Region 1  
MAR 1 2018  
Division of Motor Vehicle Mgmt.

<b>FACILITY INFORMATION</b>			
FACILITY NAME: OUTPOST Automotive Inc			
FACILITY LOCATION ADDRESS: 33 HIGH ST. P.O. BOX 191		FACILITY CITY: SPEONK	
FACILITY TOWN: Southampton		FACILITY COUNTY: Suffolk	FACILITY PHONE NUMBER: 631-325-0011
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #:
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 7046615		REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.):	NYS DEC ACTIVITY CODE:
FACILITY CONTACT: C. Anthony Abbuzzese	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 631-325-0011	CONTACT FAX NUMBER: 631-325-7769
CONTACT EMAIL ADDRESS:			
<b>OWNER INFORMATION</b>			
OWNER NAME: C. Anthony Abbuzzese	OWNER PHONE NUMBER: 631-325-0011		OWNER FAX NUMBER: 631-325-7769
OWNER ADDRESS: 33 HIGH ST - Box 191	OWNER CITY: SPEONK		STATE: NY ZIP CODE: 11972
OWNER CONTACT: SAME	OWNER CONTACT EMAIL ADDRESS: NONE		
<b>OPERATOR INFORMATION</b>			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input type="checkbox"/> private	
<b>PREFERENCES</b>			
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 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 checked="" 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: 50
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 60
- Provide the number of ELVs stored at the facility as of December 31: 120
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 125
- Provide the approximate area used for the storage of vehicles (acres): 3 acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
  - 1) GER show Recycling Peconic Ave Medford NY
  - 2) SIMS METAL MANAGEMENT  
LINDEN AVE EAST JERSEY CITY NJ.
  - 3) PISCAP Co INC 4250 Boston Post Rd  
BRONX. NY. 10475

- 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  (Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)
	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	
Refrigerant (pounds)			ddd	ddd	
Used Oil** (gallons)	15gal	20gal	50gal		Planet Earth Recycling + Recovery
Diesel Fuel (gallons)	40g	5g	NONE		4 EPA-NY, 0000 88906
Gasoline (gallons)	50g	5g	NONE		
Engine Coolant/ Antifreeze (gallons)	25gal	10g	20g		Reused or Given FREE
Window Washing Fluid (gallons)	10g	5g	10g		LI
Mixed Other (specify) Petro Fluid	2g	2g	2g		Planet Earth Re + Re

\* 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	30T	100	50T	Gershow. Recycling.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Aluminum Scrap Metal	2500Lbs	4000Lbs	1500Lbs	GERSHOW. RECYCLING	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lead Weights	20Lbs	20Lbs	NONE		Yes <input type="checkbox"/> No <input type="checkbox"/>
Non – Ferrous Scrap Metal	2000Lbs	2000Lbs	NONE		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 35  
(Number)

ABS \_\_\_\_\_  
(Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

E Q INDUSTRIAL SERVICES  
2701 N I95 SERVI DR.  
YPSILANTI MI 48198

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

100

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

INTERSTATE BATTERY SYSTEMS OF SUTHERLAND CO.

85 ORVILLE DR.

BOHEMIA N.Y. 11716

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:

150

as of December 31

Number of used tires available for sale on-site:

100

as of December 31

Number of used tires sold:

50

during operating year

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

100

during operating year

Indicate name of facility(ies) accepting waste tires:

GREYSHOW RECYCLING  
MEDFORD N.Y.

**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		
2. Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways?				
3. Have you recorded the date of receipt for all end-of-life vehicles received?		X		
4. Are the end-of-life vehicle records available on-site?		X		
5. Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes?		X		
6. Have all observed leaks been remedied or contained?		X		
7. Does your facility have a written Contingency Plan?		X		
8. Are facility personnel trained to implement the Contingency Plan?				
9. Does your Contingency Plan include actions to be taken in the event of the following?				
9a. Fire.		X		
9b. Spill or release of vehicle waste fluids.		X		
9c. Unauthorized material received at facility.		X		
10. Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection?		X		
11. Are all vehicle residues prevented from migrating from or running off your property?		X		
12. Is dust controlled to prevent interference with facility operations or from leaving facility site?		X		
13. Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations?		X		
14. Are waste fluids kept from being discharged onto the ground or into surface waters?		X		
15. Is access to your facility controlled by: fences, gates, sign and/or natural barriers (not vehicles)?		X		
15a. Are the access controls working (i.e. controlling access)?		X		
16. Are fluids drained from end-of-life vehicles on a pad constructed of concrete or equivalent material?		X		
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.		X		
17b. Cleaning spills as they occur.		X		
17c. Collecting and properly disposing of absorbent materials.		X		

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

Waste Management Compliance Checklist	NA	Yes	No	Date of Return for Compliance
33. Is waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers?		X		
34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?		X		
35. Are sludges properly recycled or disposed?		X		
36. Are used oil filters properly drained, crushed or dismantled?		X		
37. Are drained oil filters properly recycled or disposed?		X		
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			
38a. If required by the SPDES MSGP, has a Stormwater Pollution Prevention Plan been prepared for this facility?		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			
38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?	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 style="text-align: right;">_____ pounds</p> <p style="text-align: right;"><u>5</u> gallons</p>			

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

NO

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.

C. Anthony Abbruzzese                      2-21-18  
Signature    Date

C. Anthony Abbruzzese                      Pres  
Name (Print or Type)                              Title (Print or Type)

NONE  
Email (Print or Type)

P.O. Box 191  
33 HIGH ST                                      SPEONK  
Address    City

New York 11972                      (631) 325-0011  
State and Zip                                      Phone Number

~~FAX~~ - 631 325-7769

ATTACHMENTS:  YES  NO

