

SUBMITTED BY  
TABS CONSULTING GROUP  
(718) 492-6484

**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**

FACILITY INFORMATION			
FACILITY NAME: McADAM ST. LTD. D/B/A PHOENIX AUTO PARTS			
FACILITY LOCATION ADDRESS: 7 McADAM STREET	FACILITY CITY: BAYSHORE	STATE: NY	ZIP CODE: 11706
FACILITY TOWN: ISLIP	FACILITY COUNTY: SUFFOLK	FACILITY PHONE NUMBER: 631-666-0630	
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: 7023788	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): DISMANTLER	NYS DEC ACTIVITY CODE: 52J49	
FACILITY CONTACT: ANTHONY SPITALIERE	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 631-666- 0630	CONTACT FAX NUMBER: 631-666-0695
CONTACT EMAIL ADDRESS: PHOENIXAUTOPARTS@AOL.COM			
OWNER INFORMATION			
OWNER NAME: ANTHONY SPITALIERE	OWNER PHONE NUMBER: 631-666-0630	OWNER FAX NUMBER: 631-666-0695	
OWNER ADDRESS: 7 McADAM STREET	OWNER CITY: BAYSHORE	STATE: NY	ZIP CODE: 11706
OWNER CONTACT: ANTHONY SPITALIERE	OWNER CONTACT EMAIL ADDRESS: PHOENIXAUTOPARTS@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 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					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 5  
(Number)

ABS 1  
(Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

**END OF LIFE VEHICLE SOLUTIONS**

**PO BOX 3283**

**FARMINGTON HILLS, WI**

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

154/76

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

GERSHOW/SOLD TO PUBLIC

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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:

100

as of December 31

Number of used tires available for sale on-site:

0

as of December 31

Number of used tires sold:

0

during operating year

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

1312

during operating year

Indicate name of facility(ies) accepting waste tires:

ONE STOP TIRE/RONKONKEMA

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## 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
18. Have the following wastes been drained, removed, deployed, collected and/or stored following best management practices, prior to vehicle crushing or shredding?				
18a. Fluids (including engine oil, transmission fluid, transaxle fluid, front and rear axle fluid, brake fluid, power steering fluid, coolant, and fuel).		x x x		
18b. Lead acid batteries.		XXX		
18c. Mercury switches or other mercury containing devices, if any.		XXX		
18d. Refrigerants, if any.		XXX		
18e. Air bags.	XXX			
18f. PCB capacitors, if any.	XXX			
19. Are fluids stored separately & in containers that are compatible with their contents?		x x x		
20. Are fluids stored in closed containers?		XXX		
21. Are containers which contain waste fluids in good condition and not visibly leaking?		x x x		
22. Are containers clearly and legibly labeled to describe their contents?		x x x		
23. Are containers stored on a bermed pad constructed of concrete or equivalent material?		x x x		
24. Are lead-acid batteries stored upright and off the ground?		XXX		
25. Are lead-acid batteries covered to protect them from precipitation?		x x x		
26. Are all lead-acid batteries sent for recycling within one-year of receipt?		x x x		
27. Are <u>leaking</u> lead-acid batteries, if any are encountered, stored in leak-proof containers separated from intact batteries?		x x x		
27a. Are provisions in place to absorb any acid leakage?		XXX		
28. Are mercury switches and other mercury containing devices stored in appropriate, labeled containers and then sent for recycling?		x x x		
29. Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal?	x x x			
30. Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code?		x x x		
31. If sent off-site, is used oil transported via a permitted hauler?		XXX		
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 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 x			
32c. Are combustion gases from used oil space heaters vented to the outside ambient air?	x x x			

**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.

Anthony Spalten  
Signature

2/6/2018  
Date

Anthony Spalten  
Name (Print or Type)

Sales VP  
Title (Print or Type)

Phoenixautohats@Al.com  
Email (Print or Type)

7 McAdams  
Address

Bayshore  
City

NY, 11704  
State and Zip

(631) 666-0630  
Phone Number

ATTACHMENTS:  YES  NO