MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR VEHICLE DISMANTLING FACILITIES

(If you need assistance filling out this form please small swmfannuaireport@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 – F	FA-	CILI	TY	IN	FO	R	A A	TION
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FACILITY INFORMATION									
FACILITY NAME:									
TRADE AUTO	$-\omega$ r	LECKERS IN		• • • • • • • • • • • • • • • • • • • •					
FACILITY LOCATION ADDRESS:	FACILITY			STATE:	ZIP CODE:				
139 Peconic Ave	m	LEDFORD		NY 11763					
FACILITY TOWN:	FACILITY	COUNTY:	FACILI	CILITY PHONE NUMBER:					
BROOKHAVEN SUFFOLK 6316545172									
FACILITY NYS PLANNING UNIT: (A list of NYS	S <u>Planning Unit</u>	s can be found at the end of th	is report).	1	SDEC GION #: /				
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION TYPE (Vehicle NYS DEC ACTIVITY Dismantler, Mobile Crusher, etc.): 700/6% ひらがみいせき									
FACILITY CONTACT:	🗌 public	CONTACT PHONE	C	DNTACT	FAX NUMBER:				
ARTHUR SCHEFFER	☐ private	NUMBER: 631 654 5172		31 654	15190				
CONTACT EMAIL ADDRESS: tradea	utoura	cts @ ortouline	· wet						
		MEORMATION		·					
ARTHOR SCHEFFER	OWNER P	HONE NUMBER:	OWNE	R FAX NL	IMBER:				
SI LOG RD	OWNER C	Atchaque		8тате: ₩У	ZIP CODE: パフフス				
OWNER CONTACT:	OWNER C	ONTACT EMAIL ADDRES	38:						
	OPERATO	RINFORMATION							
] public] private	<u> </u>				
		TURENCES	· · · · · · · · · · · · · · · · · · ·						
Preferred address to receive correspondence: Z Fedility location address Owner address									
Preferred email address: 🏸 Fecility Contact		mer Contact							
Preferred individual to receive correspondence Cother (provide):	Preferred individual to receive correspondence: Fecility Contect								
	0.0.40								

□ No: Complete and submit Sections 1 and 11.

	SECTION 2 - END-OF-LIFE VEHICLES (ELVs)	PROCESSED
• Pro	vide the number of ELVs received from January 1 to December 31:	101
	vide the number of ELVs crushed and/or removed from the facility n January 1 to December 31:	250
• Pro	vide the number of ELVs stored at the facility as of December 31:	400-
	vide the highest number of ELVs stored at the facility ny one time from January 1 to December 31:	400 -
• Pro	vide the approximate area used for the storage of vehicles (acres):	<u>2.0</u> acres
• Pro	vide the names of scrap metal processors to which you sold or sent (tecommissioned ELVs:
1) _	bershow Recyling MEDFO	RD, NY 11765
2)		
	and the second	
		алаанаанаанаанаанаанаанаанаанаанаанаанаа
3)		
3)		AND stored no more than
3)	If your facility has received 25 or fewer ELVs during the year	AND stored no more than
	If your facility has received 25 or fewer ELVs during the year 50 ELVs at any one time <u>check this box and complete only section</u>	AND stored no more than ons 3. 4. and 11.
3)	If your facility has received 25 or fewer ELVs during the year 50 ELVs at any one time <u>check this box and complete only section</u> If not, leave this box blank.	AND stored no more than ons 3. 4, and 11.
3)	If your facility has received 25 or fewer ELVs during the year 50 ELVs at any one time <u>check this box and complete only sections</u> If not, leave this box blank. → Please, write "Not Applicable" on sections that do not perform If your facility has not processed or stored ANY ELVs during	AND stored no more than ons 3. 4, and 11.
3)	If your facility has received 25 or fewer ELVs during the year 50 ELVs at any one time <u>check this box and complete only sections</u> If not, leave this box blank. → Please, write "Not Applicable" on sections that do not perform If your facility has not processed or stored ANY ELVs during complete only section 9.	AND stored no more than ons 3. 4. and 11. tain to your facility. g the year, check this box and tain to your facility.

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	Destination Name & Address		
Waste Fluid Recoverad	Used on-site (oil heater, etc.)	Stored on-site at year-end	Soid/ Recycled off-site	Disposed off-site*	(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)
Refrigerant (pounds)			25		PLANETEARTHREC.
U sed Oil** (gallons)		58			Planet EARTH Roc
Diesel Fuel (gallons)	45				
Gasoline (gallons)	275				PLANEt GARTH RCC
Engine Coolant/ Antifreeze (gallons)	50				
Window Washing Fluid _(gallons)	5				
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 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.

			Sent Off Site	Destination			
Material Types	Received (tons)	Stored On Site (tons)	(tons)	NYS <u>Planning Unit</u> (or state if other than New York)	ate if To Scrap Metal Processo		
Ferrous Scrap					Yes	No	
Metal	NONE		-				
Aluminum					Yes	No	
Scrap Metal	NONE						
			A		Yes	No	
Lead Weights	NONE						
Non – Ferrous	NONE	and a second		рании на проделения и проделения и полно и полн	Yes	No	
Scrap Metal	NONC			· · · · · · · · · · · · · · · · · · ·			
Other (Yes	No	
Other (specify):							
, il Million (M. 400 , i 100 , additional Million (Maria (Million))	**************************************				Yes	No	

SECTION 5 - MERCURY SWITCHES COLLECTED

Provide the number of mercury-containing devices <u>recovered</u>. Including but not limited to hood & trunk lighting switches (H&TS) and antilock brake assemblies (ABS).

HATS	5
(Number)	

ABS <u>10</u> (Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

MEDFORD, NY. mac, GERSHOW

Note: Use additional 8.5" x 11" sheets as needed. Reprinted (12/17)

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

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

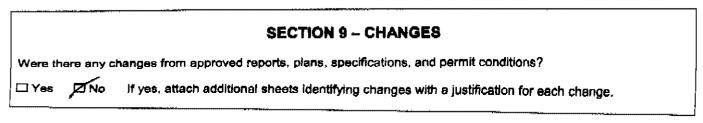
Any materials disposed must undergo a hazardous waste determination and proper handling, storage and disposal if hazardous. SECTION 7 - WASTE TIRES COLLECTED as of December 31 Number of waste tires stored on-site: as of December 31 Number of used tires available for sale on-site: during operating year Number of used tires sold: 600 Number of waste tires shipped off-site for recycling, disposal, other: during operating year EFT ON vehicles (ELVS) 3400 Recyclice Indicate name of facility(ies) accepting waste tires:

SECTION 8 – PROBLEMS

Were any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures)?



If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.



SECTION 10 - COMPLIANCE CERTIFICATION

As of December 31, 2017:

				Date of Return to
Waste Management Compliance Checklist	NA	Yes	No	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?				
 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?				an a
4. Are the end-of-life vehicle records available on-site?				
 Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes? 				
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?				
9. Does your Contingency Plan include actions to be taken in the event of the follow	ring?			
9a. Fire.				
9b. Spill or release of vehicle waste fluids.				·
9c. Unauthorized material received at facility.				
10. Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection?			-	
11. Are all vehicle residues prevented from migrating from or running off your property?				
12. 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?				
14. 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)?				
15a. Are the access controls working (i.e. controlling access)?				
16. 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 disma	antling, fluid
17a. Cleaning daily.				*****
17b. Cleaning spills as they occur.				
17c. Collecting and properly disposing of absorbent materials.				

	- -			Date of Return to
Waste Management Compliance Checklist	NA	Yes	No	Compliance
18. Have the following wastes been drained, removed, deployed, collected and/or si practices, prior to vehicle crushing or shredding?	tored folk	owing be	est ma	nagement
18a. Fluids (including engine oil, transmission fluid, transaxle fluid, front and rea axle fluid, brake fluid, power steering fluid, coolant, and fuel).	r			
18b. Lead acid batteries.				
18c. Mercury switches or other mercury containing devices, if any.				
18d. Refrigerants, if any.				
18e. Air bags.				
18f. PCB capacitors, if any.				
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 condition and not visibly leaking?				
22. Are containers clearly and legibly labeled to describe their contents?				
23. Are containers stored on a bermed pad constructed of concrete or equivalent material?		/		
24. Are lead-acid batteries stored upright and off the ground?				
25. Are lead-acid betteries covered to protect them from precipitation?			ſ	
26. Are all lead-acid batteries sent for recycling within one-year of receipt?				
27. Are <u>leaking</u> lead-acid batterles, if any are encountered, stored in leak-proof containers separated from intact batterles?				
27a. Are provisions in place to absorb any acid leakage?				
28. Are mercury switches and other mercury containing devices stored in appropriate, labeled containers and then sent for recycling?				
29. Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal?				
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?				
32. If you do not burn used oil onsite check NA for 32a., 32b., 32c. If you do, then a	nswer 32	a., 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?				
			_	

	Waste Management Compliance Checklist	NA	Yes	No	Date of Return to Compliance
	s waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers?		/		
	re sludges from sumps and oil/water separators stored in covered, closed and abeled containers?		/		
35. A	re sludges property recycled or disposed?				
36. A	re used oil filters properly drained, crushed or dismantled?				
37. A	re drained oil filters properly recycled or disposed?				
f f	your facility does not require an SPDES Multi-Sector General Permit (MSGP) for Stormwater Discharge, check NA for 38a, 36b, 38c. If your facility requires an SPDES MSGP answer 38a, 38b, 38c:				
3	i8a. If required by the SPDES MSGP, has a Stormwater Pollution Prevention Plan been prepared for this facility?				
3	8b. 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?				μημη ή β ^χ .
3	8c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?				
non-ve the ma	the maximum amount of this material that your facility generates in any calendar month?			pounds gallons	

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

NO

COMMENTS? (Attach additional sheets if necessary)

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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: SWMFannuaireport@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.

2-22-18-Date

<u>ARTHUR SCHEFFER</u> Name (Print or Type)

Pres Title (Print or Type)

Fradeautowrecks@ often/five-wet Email (Print or Type)

39 Pecasical Medicard

NEW York 11763 (631,654 5172 State and Zip Phone Number

ATTACHMENTS: YES NO