

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: ANTON JUNICIC ENTERPRISES INC | | | |
| FACILITY LOCATION ADDRESS: 776 3RD AVE | FACILITY CITY: BROOKLYN | STATE: NY | ZIP CODE: 11232 |
| FACILITY TOWN: SUNSET PARK | FACILITY COUNTY: KINGS | FACILITY PHONE NUMBER: 718-768-8884 | |
| FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). R-2 | | | NYSDEC REGION #: 2 |
| NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 7085636 | REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): DISMANTLER | NYS DEC ACTIVITY CODE: | |
| FACILITY CONTACT: BERNARDO JUNICIC | <input type="checkbox"/> public <input checked="" type="checkbox"/> private | CONTACT PHONE NUMBER: 718-768-8884 | CONTACT FAX NUMBER: 347-402-2001 |
| CONTACT EMAIL ADDRESS: | | | |
| OWNER INFORMATION | | | |
| OWNER NAME: BERNARDO JUNICIC | OWNER PHONE NUMBER: 718-768-8884 | OWNER FAX NUMBER: 347-402-2001 | |
| OWNER ADDRESS: 776 3RD AVE | OWNER CITY: BROOKLYN | STATE: NY | ZIP CODE: 11232 |
| OWNER CONTACT: | OWNER CONTACT EMAIL ADDRESS: JUNKMAN024@AOL.COM | | |
| OPERATOR INFORMATION | | | |
| OPERATOR NAME: | <input checked="" type="checkbox"/> same as owner | <input type="checkbox"/> public | <input 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 type="checkbox"/> Facility Contact <input checked="" 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? <input checked="" type="checkbox"/> Yes; Complete this form. <input type="checkbox"/> 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: 220
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 150
- Provide the number of ELVs stored at the facility as of December 31: 60
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 60
- Provide the approximate area used for the storage of vehicles (acres): 1/4 acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
 - 1) PLAKOS SCRAP PROCESSING LLC # 7080976
 - 2) _____
 - 3) _____

- 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 <i>(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)</i> |
|--------------------------------------|---------------------------------|----------------------------|-------------------------|--------------------|--|
| | Used on-site (oil heater, etc.) | Stored on-site at year-end | Sold/ Recycled off-site | Disposed off-site* | |
| Refrigerant (pounds) | 50 | | | | |
| Used Oil** (gallons) | | 90 | | 90 | |
| Diesel Fuel (gallons) | | | | | |
| Gasoline (gallons) | 100 | | | | |
| Engine Coolant/ Antifreeze (gallons) | | 100 | | 100 | |
| 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 6 - LEAD-ACID BATTERIES COLLECTED

Provide the number of lead-acid batteries recovered and their disposition.

Number of Lead-Acid Batteries collected from ELVs

40

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

BENSON SCRAP METAL

543 SMITH ST

BROOKLYN NY 11231

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:

40

as of December 31

Number of used tires available for sale on-site:

40

as of December 31

Number of used tires sold:

75

during operating year

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

5

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

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| Waste Management Compliance Checklist | | | | Date of Return to |
|---|----|-----|----|-------------------|
| | NA | Yes | No | 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). | | ✓ | | |
| 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 batteries covered to protect them from precipitation? | | ✓ | | |
| 26. Are all lead-acid batteries sent for recycling within one-year of receipt? | | ✓ | | |
| 27. Are leaking lead-acid batteries, if any are encountered, stored in leak-proof containers separated from intact batteries? | | ✓ | | |
| 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 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? | ✓ | | | |
| 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 |
| 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). | | ✓ | | |
| 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 batteries covered to protect them from precipitation? | | ✓ | | |
| 26. Are all lead-acid batteries sent for recycling within one-year of receipt? | | ✓ | | |
| 27. Are <u>leaking</u> lead-acid batteries, if any are encountered, stored in leak-proof containers separated from intact batteries? | | ✓ | | |
| 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 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? | ✓ | | | |
| 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? | ✓ | | | |

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

Bernard Junic
Signature

2-11-18
Date

BERNARD JUNIC
Name (Print or Type)

PRESIDENT
Title (Print or Type)

JUNKMAN024@AOL.COM
Email (Print or Type)

776 THIRD AVENUE
Address

BROOKLYN
City

NEW YORK 11232
State and Zip

(718) 768-8884
Phone Number

ATTACHMENTS: YES NO