# SUBMITED GROUP TABS CONSULTING GROUP (718) 49 MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR VEHICLE DISMANTLING FACILITIES

(If you need assistance filling out this form please email <a href="mailto:swmfannualreport@dec.ny.gov">swmfannualreport@dec.ny.gov</a> 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:							
RICHMOND AUTO LLC							
FACILITY LOCATION ADDRESS:	FACILITY	CITY:		STATE:	ZIP CODE:		
87-71 130TH STREET	QUE	ENS		NY	11418		
FACILITY TOWN:	FACILITY	COUNTY:	FACIL	ITY PHON	E NUMBER:		
RICHMOND HILL	QUE	ENS	718	3-805-	6136		
FACILITY NYS PLANNING UNIT: (A list of NYS NEW YORK CITY	Planning Uni	ts can be found at the end of th	is report		SDEC GION #: 2		
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 7116413	Disn	ISTRATION TYPE (Vehicl nantler, Mobile Crusher, e ANTLER		NYS DE CODE: 7116413	C ACTIVITY		
FACILITY CONTACT:	☐ public	CONTACT PHONE	C	ONTACT	AX NUMBER:		
SALVATORE LEVA	■ private	<b>NUMBER:</b> 718-805-6136	7	18-80	5-6056		
CONTACT EMAIL ADDRESS: SAL@RICHM	ONDAUTO	WRECKERSANDPARTS	.COM				
		INFORMATION					
OWNER NAME:					R FAX NUMBER:		
RICHMOND AUTO LLC			718-	805-605			
OWNER ADDRESS: 17-71 130TH STREET	OWNER C			STATE: NY	ZIP CODE: 11418		
OWNER CONTACT:		ONTACT EMAIL ADDRES					
DOMINICK LEVA	SAL@R	ICHMONDAUTOW	RECK	ERSAN	DPARTS.COM		
	<b>OPERATO</b>	RINFORMATION					
OPERATOR NAME: ☐ same as owner SALVATORE LEVA				⊒ public ■ private			
	PREI	ERENCES		- private			
Preferred address to receive correspondence:  Facility location address  Owner address							
Preferred email address: Facility Contact							
Preferred individual to receive correspondence:							
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
• Prov	vide the number of ELVs received from January 1 to December 31:	175
	vide the number of ELVs crushed and/or removed from the facility a January 1 to December 31:	174
• Prov	vide the number of ELVs stored at the facility as of December 31:	27
	vide the highest number of ELVs stored at the facility ny one time from January 1 to December 31:	35
• Prov	vide the approximate area used for the storage of vehicles (acres):	.33 acres
2) _	ATLANTIC RECYCLING/PREVETE BR	
2) _		
2) _	If your facility has <b>received 25 or fewer ELVs</b> during the year	
2) _		
2) _	If your facility has <b>received 25 or fewer ELVs</b> during the year 50 ELVs at any one time check this box and complete only section	ons 3, 4, and 11.
2) _ 3) _	If your facility has <b>received 25 or fewer ELVs</b> during the year <b>50 ELVs</b> at any one time check this box and complete only section of the position of the pos	ons 3, 4, and 11.
2) _ 3) _	If your facility has <b>received 25 or fewer ELVs</b> during the year <b>50 ELVs</b> at any one time check this box and complete only section of the processed of sections that do not perform the following the year of the processed of stored and complete only section of the processed of stored and the processed of stored and the year of the processed of stored and the year of the year	ons 3, 4, and 11.
2) _	If your facility has <b>received 25 or fewer ELVs</b> during the year 50 <b>ELVs</b> at any one time check this box and complete only section of the s	ons 3, 4, and 11. tain to your facility. g the year, check this box and

#### **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. \( \frac{1}{2} \)'s or \( \text{X's} \)) are not acceptable. Report only fluids generated from dismantling operations (not general car repair, etc.)</u>

		Fluid	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)		20		30	LOCAL AUTOMOTIVE REPAIR FACILITY
Used Oil** (gallons)		40		135	COBRA OIL, DEER PARK, NY
Diesel Fuel (gallons)					
Gasoline (gallons)	350				
Engine Coolant/ Antifreeze (gallons)		25		120	COBRA OIL, DEER PARK, N
Window Washing Fluid (gallons)					
Other (specify)					

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.

	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)	Me	crap etal essor
Ferrous Scrap Metal					Yes	No
ivietai						
Aluminum					Yes	No
Scrap Metal						
					Yes	No
Lead Weights						
Non – Ferrous		N/A	**	111	Yes	No
Scrap Metal						
Other (anality)					Yes	No
Other (specify):						
					Yes	No

## SECTION 5 - MERCURY SWITCHES COLLECTED

Provide the number of mercury-containing devices recovered (H&TS) and antilock brake assemblies (ABS).	Including but not limited to hood & trunk lighting switches
H&TS 0 (Number)	ABS 0 (Number)
Indicate permitted facility or permitted transporter accepting n	nercury containing devices:
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 $\underline{\text{recovered}}$ and their disposition.					
Number of Lead-Acid Batteries collected from ELVs					
Indicate permitted facility or permitted transporter accepting lead-acid batt ATLANTIC RECYCLING/PREVETE BROS, QUE					
Any materials disposed must undergo a hazardous waste determination a hazardous.	nd proper handling, storage and disposal if				
SECTION 7 - WASTE TIRES CO	OLLECTED				
Number of waste tires stored on-site:  Number of used tires available for sale on-site:  Number of used tires sold:  Number of waste tires shipped off-site for recycling, disposal, other:  Indicate name of facility(ies) accepting waste tires:  ATLANTIC RECYCLING	as of December 31  as of December 31  ouring operating year during operating year				
SECTION 8 – PROBLEM  Were any problems encountered during the reporting period (e.g., specific facility procedures)?   Yes No If yes, attach additional sheets identifying each problem.	c occurrences which have led to changes in				
SECTION 9 CHANGE  Were there any changes from approved reports, plans, specifications, and  Yes No If yes, attach additional sheets identifying changes with	d permit conditions?				

## SECTION 10 - COMPLIANCE CERTIFICATION

## As of December 31, 2016:

Waste Management Compliance Checklist	NA NA	Yes	No	Date of Return to
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			
<ol><li>Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways?</li></ol>	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 follow	/ing?			
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 draining, crushing, etc.?	used for	vehicle	disma	antling, fluid
17a. Cleaning daily.		XXX		
17b. Cleaning spills as they occur.		XXX		
17c. Collecting and properly disposing of absorbent materials.		xxx		

					Date of Return to
	Waste Management Compliance Checklist	NA	Yes	No	Compliance
18.	Have the following wastes been drained, removed, deployed, collected and/or sto practices, prior to vehicle crushing or shredding?	red follo	owing be	est ma	nagement
	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?		ххх		
20.	Are fluids stored in closed containers?		XXX		
21.	Are containers which contain waste fluids in good condition and not visibly leaking?		ххх		
22.	Are containers clearly and legibly labeled to describe their contents?		ххх		
23.	Are containers stored on a bermed pad constructed of concrete or equivalent material?		ххх		
24.	Are lead-acid batteries stored upright and off the ground?		XXX		
25.	Are lead-acid batteries covered to protect them from precipitation?		ххх		
26.	Are all lead-acid batteries sent for recycling within one-year of receipt?		ххх		
27.	Are <u>leaking</u> lead-acid batteries, if any are encountered, stored in leak-proof containers separated from intact batteries?		ххх		
	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?		ххх		
29.	Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal?	ххх			
30.	Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code?		ххх		
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 ans	wer 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?	ххх			
	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?	ххх			

	Waste Management Compliance Checklist	NA	Yes	No	Date of Return to
33.	Is waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers?		ххх	Particular of Commence	The state of the s
34.	Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?	ххх			
35.	Are sludges properly recycled or disposed?	XXX			
36.	Are used oil filters properly drained, crushed or dismantled?		XXX		
37.	Are drained oil filters properly recycled or disposed?		XXX		
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:		ххх		
	38a. If required by the SPDES MSGP, has a Stormwater Pollution Prevention Plan been prepared for this facility?		ххх		
	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?		ххх		
	38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?		x x 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			0		pounds
	nth?		0		gallons

Do you have any other Environmental Conservation Law or regulatory violation (Attach additional sheets as necessary.)  NONE THAT FACILITY MANAGEMENT IS AWARE	
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

ation provided on this form and attached statements and exhibits was I hereby at have prepared b rein is the author punishable

ffirm under penalty of perjury that information provid by me or under my supervision and direction and is to ity to sign this report form pursuant to 6 NYCRR Par e as a Class A misdemeanor pursuant to Section 210	the to the best of my knowledge and belief, and that I also as a same and exhibit 360. I am aware that any false statement made here 45 of the Penal Law.
Doublou Lun Signature	2 / \\ Zo\ \\ Date
Salvatire Leve Name (Print or Type)	General Manager Title (Print or Type)
Sal@ richmond Auto L Email (Print	or Type) and pANS. Com
67-71 130 Th Street Address	Rollmond Hill,
State and Zip	714,405,6136 Phone Number
ATTACHMENTS: YES NO	