

**Division of Materials Management
New York State Department of Environmental Conservation
Albany, New York 12233-7260**

Forms for all solid waste management facilities can be found at <http://www.dec.ny.gov/chemical/52706.html> and a brief description of each type of facility can be found at <http://www.dec.ny.gov/chemical/8495.html>.

MANDATORY ANNUAL REPORT including SELF-CERTIFICATION for VEHICLE DISMANTLING FACILITIES .

Annual Report

Submit the Annual Report no later than March 1, 2018.

On July 26, 2006, ECL Article 27, Title 23: Vehicle Dismantling Facilities was signed into law. This law expands the solid waste management requirements for facilities that dismantle automobiles and generate used vehicle fluids and other materials such as mercury switches, etc. Facilities with operations involving dismantling, storage, transfer, recycling and disposal of automobiles must complete this Annual Report Form. Compliance with Environmental Conservation Law (ECL) Article 27, Chapter 23 is mandatory. Failure to submit the Annual Report Form is a violation of ECL 71-4003 and may result in a penalty of up to \$500 for each day the Annual Report Form is late.

Reporting of the information indicated on this Mandatory Annual Report including Self-Certification for Vehicle Dismantling Facilities fulfills the reporting requirements pursuant to 6 NYCRR 360-12.1(c).

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

For reference only. Please do not return with submittal.

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: KAOTIC CYCLES Inc DBA KAOTIC AUTO PARTS & MOTOR CYCLE REPAIR			
FACILITY LOCATION ADDRESS: 1934 PITKIN AVE	FACILITY CITY: BROOKLYN	STATE: NY	ZIP CODE: 11207
FACILITY TOWN: BROWNSVILLE	FACILITY COUNTY: KINGS	FACILITY PHONE NUMBER: 718-495-1781	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: 2
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 7121067	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): DISMANTLER	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT: KEVIN ROSS	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER:	CONTACT FAX NUMBER: 718-495-1783
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Kevin Ross	OWNER PHONE NUMBER: 718-495-1781	OWNER FAX NUMBER: 718-495-1781	
OWNER ADDRESS: 1934 PITKIN AVE	OWNER CITY: BROOKLYN	STATE: NY	ZIP CODE: 11207
OWNER CONTACT:		OWNER CONTACT EMAIL ADDRESS:	
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 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? <input checked="" type="checkbox"/> Yes; Complete this form. <input type="checkbox"/> No; Complete and submit Sections 1 and 11.			

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SECTION 2 - END-OF-LIFE VEHICLES (ELVs) PROCESSED

• Provide the number of ELVs received from January 1 to December 31: 60

• Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 50

• 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) GERSHOW RECYCLING

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)	20 LBS				
Used Oil** (gallons)		250 GALLONS		250 GALLONS	TRI-CITY WASTE OIL CORP. P.O. BOX 604377 CATSKILL, NY 13360
Diesel Fuel (gallons)					
Gasoline (gallons)	200	200	200		
Engine Coolant/ Antifreeze (gallons)	125	125		125	HI TECH ANTI FREEZE RECYCLERS INC. P.O. BOX 20971
Window Washing Fluid (gallons)		10		10	SAME HI TECH ANTI-FREEZE
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.

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	N/A				Yes <input type="checkbox"/> No <input type="checkbox"/>
Aluminum Scrap Metal	1/4		1/4	ALPHA RECYCLING INC 4198 BOSTON ROAD BRONX, NY 10466	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lead Weights	N/A				Yes <input type="checkbox"/> No <input type="checkbox"/>
Non – Ferrous Scrap Metal	N/A				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 6
(Number)

ABS 6
(Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

END OF LIFE VEHICLE SOLUTIONS
P.O. Box 3282
FARMINGTON HILL

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 40

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

GERSHOW RECYCLING

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: 50 as of December 31

Number of used tires available for sale on-site: 50 as of December 31

Number of used tires sold: 30 during operating year

Number of waste tires shipped off-site for recycling, disposal, other: _____ 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 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: SWMAnnualreport@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.



Signature

2-1-18
Date

KEVIN ROSS
Name (Print or Type)

Title (Print or Type)

KEVIN KAOTIC 1959 @GMAIL.COM
Email (Print or Type)

 1934 PITKIN AVE
Address

BROOKLYN
City

NEW YORK 11207
State and Zip

(718) 495-1781
Phone Number

ATTACHMENTS: YES NO