Clear Form

MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR VEHICLE DISMANTLING FACILITIES

 $(If you need \ assistance \ filling \ out \ this \ form \ please \ email \ \underline{swmfannualreport@dec.ny.gov} \ or \ call \ 518-402-8678)$

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

This annual report is for the year of operation from <u>January 01, 2017</u> to <u>December 31, 2017</u>

SECTION	<u> </u>	·FA	CILITY INFORMATION	N		CEIVED		
FACILITY NAME:	МД	R - 1 2018						
Baroni Recycling Inc.	""	, 1 5010						
FACILITY LOCATION ADDRESS:	FACI	LITY	CITY:		STATES	#3 ZIPEGODE E MENTAL QUALITY		
1913 Route 44	Pleasa	nt Vall	ey		NY 12569			
FACILITY TOWN:	FACI	LITY	COUNTY:	FAC	ILITY PHONE NUMBER:			
Pleasant Valley	Dutche	ess		845-7	23-4151			
	<u></u>			,	NV	SDEC		
FACILITY NYS PLANNING UNIT: (A list of NYS Dutchess County	5 Piannin	iq unit	s can be found at the end of th	is repo	RE	GION #: 3		
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 7111653	REGISTRATION NUMBER: Dismantler, Mobile Crusher, etc.): CODE:							
FACILITY CONTACT:	□ pub	olic	CONTACT PHONE		CONTACT	FAX NUMBER:		
Courtney Baroni	□ pri\	/ate	NUMBER: 845-723-4151		845-723-4269			
CONTACT EMAIL ADDRESS: courtney@barc	nirecyc	ling.co	om					
	OW	NER	INFORMATION					
OWNER NAME:	OWN	ER P	HONE NUMBER:	OWI	NER FAX N	UMBER:		
Michael Baroni	845-72	21-17	38	845-7	23-4269			
OWNER ADDRESS: 50 Carney Rd	OWN Ulster		ITY:		STATE:	ZIP CODE: 12487		
OWNER CONTACT:	OWN	ER C	ONTACT EMAIL ADDRES	SS:				
Courtney Baroni	courtn	ey@t	paronire cycling.com					
	OPER	ATO	RINFORMATION					
OPERATOR NAME: same as owner					□ public □ private			
PREFERENCES								
Preferred address to receive correspondence: Facility location 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)	PROCESS	ED
• Prov	ride the number of ELVs received from January 1 to December 31:	166	_
	ride the number of ELVs crushed and/or removed from the facility January 1 to December 31:	210	_
• Prov	ride the number of ELVs stored at the facility as of December 31:	24	_
	ride the highest number of ELVs stored at the facility by one time from January 1 to December 31:	74	
• Prov	ride the approximate area used for the storage of vehicles (acres):	1.5	_ acres
1) B	vide the names of scrap metal processors to which you sold or sent of the manual processors to which you sold or sent of the work of the manual processors to which you sold or sent of the manual processors to which you sold or sent of the manual processors to which you sold or sent of the manual processors to which you sold or sent of the manual processors to which you sold or sent of the manual processors to which you sold or sent of the manual processors to which you sold or sent of the manual processors to which you sold or sent of the manual processors to which you sold or sent of the manual processors to which you sold or sent of the manual processors to which you sold or sent of the manual processors to which you sold or sent of the manual processors to which you sold or sent of the manual processors to which you sold or sent of the manual processors to which you sold or sent of the manual processors to the manual processor to the manual processo	decommissior	ned ELVs:
- 1	aroni Scrap Metal LLC		
	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.		
	→ Please, write "Not Applicable" on sections that do not perf	tain to your fa	cility.
	If your facility has not processed or stored ANY ELVs during complete only section 9. If not, leave this box blank	g the year, ch	eck this box and
	Please, write "Not Applicable" on sections that do not perform IF NEITHER OF THESE DESCRIPTIONS APPLIES TO YOUR F	-	cility.

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 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)			-		
Used Oil** (gal.cns)		35	3375		Advanced Oil Recovery Milford, PA 18337
Diesel Fuel (gallons)	4300	400			
Gasoline	100				
Engine Coolant/ Antifreeze (galtons)		5	1275		Advanced Oil Recovery
Window Washing Fluid :gallons:	12	1			
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.

	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)	To Scrap Metal Processor				
Ferrous Scrap Metal		5	1754	Capital Region Solid Waste	Yes	No □			
Aluminum Scrap Metal			22	Capital Region Solid Waste	Yes	No L			
Lead Weights					Yes	No			
Non – Ferrous Scrap Metal		1	12	Dutchess County	Yes	No L			
Other (specify)					Yes	No 			
					Yes	No L			

SECTION 5 - MERCURY SWITCHES COLLECTED pla

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	ABS	
(Number)	(Number)	
Indicate permitted facility or permitted transporter acc	cepting mercury 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 <u>recovered</u> and their disposition	n.	
Number of Lead-Acid Batteries collected from ELVs	236	_
Indicate permitted facility or permitted transporter accepting lead-acid b Revere Smelting & Refining Co.	atteries:	
Any materials disposed must undergo a hazardous waste determination hazardous.	n and proper handling	g, storage and disposal if
SECTION 7 - WASTE TIRES	COLLECTED	
Number of waste tires stored on-site:	673	as of December 31
Number of used tires available for sale on-site:	0	as of December 31
Number of used tires sold:	519 	during operating year
Number of waste tires shipped off-site for recycling, disposal, other:	251	during operating year
Indicate name of facility(ies) accepting waste tires: Bob's Tire Co.		
Mattapoisett, MA		
SECTION 8 - PROBL	EMS	
Were any problems encountered during the reporting period (e.g., spe facility procedures)?	cific occurrences wh	ich have led to changes in
☐ Yes ■ No If yes, attach additional sheets identifying each proprediction of the problem.	blem and the method	ds for resolution of the
SECTION 9 - CHANG	GES	
Were there any changes from approved reports, plans, specifications,	and permit condition	s?
☐ Yes ■ No If yes, attach additional sheets identifying changes	with a justification fo	r each change.

SECTION 10 – COMPLIANCE CERTIFICATION

As of December 31, 2017:

				•	Date of Return to
	Waste Management Compliance Checklist	NA	Yes	No	Compliance
1. MO	If your facility stores LESS THAN 1,000 tires, check NA. If your facility stores RE THAN 1,000 tires, do you have a PART 360 permit for tire storage?	1			
2.	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?		✓		
4.	Are the end-of-life vehicle records available on-site?		/		
5.	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 following	ng?			
	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?		1		
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?		1		
17.	Are you doing the following with your concrete (or equivalent surface) pad that is udraining, 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.		1		

					Date of Return to
	Waste Management Compliance Checklist	NA	Yes	No	Compliance
18.	Have the following wastes been drained, removed, deployed, collected and/or stor practices, prior to vehicle crushing or shredding?	ed follo	wing b	est mar	nagement
	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.		1		
	18c. Mercury switches or other mercury containing devices, if any.	✓			
	18d. Refrigerants, if any.	1			
	18e. Air bags.	✓			
	18f. PCB capacitors, if any.	7			
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?		1		
	27a. Are provisions in place to absorb any acid leakage?		<u> </u>		
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?	1			
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	wer 32a	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
33. Is waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers?		<u> </u>		
34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?	/			
35. Are sludges properly recycled or disposed?				
36. Are used oil filters properly drained, crushed or dismantled?		/		
37. Are drained oil filters properly recycled or disposed?		/		
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:		/		
38a. If required by the SPDES MSGP, has a Stormwater Pollution Prevention Plan been prepared for this facility?		/		
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?		/		
38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?		/		
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
A/A		_		gallons
Do you have any other Environmental Conservation Law or regulatory violations? (Attach additional sheets as necessary.) No				
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.

(July France)	2/28/18
Signature	Date
Courtney Baroni	Operations Manager
Name (Print or Type)	Title (Print or Type)
courtney@baronirecycling.com	
Email	(Print or Type)
1913 Route 44	Pleasant Valley
Address	City
NY 12569	845 723 4151
State and Zip	Phone Number

ATTACHMENTS: YES NO