

MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR VEHICLE DISMANTLING FACILITIES

(If you need assistance filling out this form please email svmfannualreport@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: KB Performance Inc.

FACILITY LOCATION ADDRESS: 4196 Rt 22 FACILITY CITY: Wassaic STATE: NY ZIP CODE: 12592

FACILITY TOWN: Amenia FACILITY COUNTY: Dutchess FACILITY PHONE NUMBER: 845 789 1319

FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). NYSDEC REGION #: 3

NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 7105201 REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): Collector NYS DEC ACTIVITY CODE:

FACILITY CONTACT: Ed Bishop CONTACT PHONE NUMBER: 845 742 2519 CONTACT FAX NUMBER: 845 789 1411

CONTACT EMAIL ADDRESS:

OWNER INFORMATION

OWNER NAME: Ed Bishop OWNER PHONE NUMBER: 845 789 1319 OWNER FAX NUMBER:

OWNER ADDRESS: 230 Bear River Rd OWNER CITY: One Plains STATE: NY ZIP CODE: 12567

OWNER CONTACT: OWNER CONTACT EMAIL ADDRESS:

OPERATOR INFORMATION

OPERATOR NAME: same as owner public/private

PREFERENCES

Preferred address to receive correspondence: Facility location address Owner address Other (provide):

Preferred email address: Facility Contact Owner Contact Other (provide):

Preferred individual to receive correspondence: Facility Contact Owner Contact Other (provide):

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

- Provide the number of ELVs received from January 1 to December 31: 10
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 10 Removed
- Provide the number of ELVs stored at the facility as of December 31: 6
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 18
- Provide the approximate area used for the storage of vehicles (acres): 1.5 acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
  - 1) South East Auto Recycle
  - 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)		0	0	0	
Used Oil** (gallons)	500	150	0	0	
Diesel Fuel (gallons)		0	0	0	
Gasoline (gallons)	20	0	0	0	
Engine Coolant/ Antifreeze (gallons)		50	<del>100</del> 100	0	
Window Washing Fluid (gallons)	50	2	0	0	
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	1	0	1		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Aluminum Scrap Metal	1/2	0	1/2		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lead Weights	0	0	0		Yes <input type="checkbox"/> No <input type="checkbox"/>
Non – Ferrous Scrap Metal	1	0	1		Yes <input checked="" 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 0  
(Number)

ABS 0  
(Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

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Note: Use additional 8.5" x 11" sheets as needed.

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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: 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.

  
\_\_\_\_\_  
Signature

4/28/18  
\_\_\_\_\_  
Date

Edward Bishop  
\_\_\_\_\_  
Name (Print or Type)

Owner  
\_\_\_\_\_  
Title (Print or Type)

Kb\_performance04@yahoo.com  
\_\_\_\_\_  
Email (Print or Type)

4196 RT 22  
\_\_\_\_\_  
Address

Wassaic  
\_\_\_\_\_  
City

NY 12592  
\_\_\_\_\_  
State and Zip

(845) 789-1319  
\_\_\_\_\_  
Phone Number

ATTACHMENTS:  YES  NO