Clear Form

MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR VEHICLE DISMANTLING FACILITIES

(If you need assistance filling out this form please email swmfannualreport@dec.nv.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 1 - FACILITY INFORMATION

| | FAGILITY | INFORMATION A. | and the second | in was a sign | era ant at | ale all and all all all all all all all all all al | |
|--|---|--|----------------|---|---|--|--|
| FACILITY NAME: | | | | _ | | | |
| TMP OF MIDDLETOWN INC | C. d/b/a | Teplitz Recyclir | ng C | ente | r · | | |
| FACILITY LOCATION ADDRESS: | FACILITY CITY: | | | STAT | E: Z | IP CODE: | |
| 75 Church Street | Middletown | | | NY | | 0940 | |
| FACILITY TOWN: | FACILITY COUNTY: FACILITY PHO | | | | IONE NUMBER: | | |
| Middletown | Orange (845) 342-2 | | | | | 2233 | |
| FACILITY NYS PLANNING UNIT: (A list of NYS <u>Planning Units</u> can be found at the end of this report). NYSDEC REGION #: | | | | | | | |
| NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 7120920 | Dism | ISTRATION TYPE (Vehicl iantler, Mobile Crusher, e e Dismantler | | NYS COE | | ACTIVITY | |
| FACILITY CONTACT: | □ public | CONTACT PHONE | C | ONTA | CT FAX | X NUMBER: | |
| Tony Teplitz | ■ private | NUMBER: (845) 406-8762 | (| 845) | 627 | 7-2112 | |
| CONTACT EMAIL ADDRESS: tmpofny@aol. | com | | 4 | , | // | | |
| | | NEORMATION | | | 100 | | |
| OWNER NAME: | 1 | HONE NUMBER: | | ER FAX | _ | | |
| TMP of Middletown, Inc. | (845) 34 | <u> </u> | (845 |) 627 | -211 | 2 | |
| OWNER ADDRESS: 75 Church Street | OWNER C Middletov | | | STATI | | IP CODE: | |
| OWNER CONTACT: | | ONTACT EMAIL ADDRES | | NY | | 0940 | |
| Tony Teplitz | f : | @aol.com | J.J. | | | | |
| · Ony TOPIC | in this common service | RINEORMATION | | | | | |
| OPERATOR NAME: same as owner | V. Zan est ze iz za | A WILL THE CONTROL OF | | ⊒ publi ⊒ priva | | <u> </u> | |
| THE COLUMN TWO IS NOT THE WAY OF THE COLUMN TWO IS NOT THE COLUMN TO THE COLUMN TWO IS NOT THE COLUMN TWO IS N | PRE | erences | | | ge we f | THE ENGLANCE WHEN THE | |
| Preferred address to receive correspondence: ☐ Other (provide): | Facility loc | ation address . | □ Ow | ner addre | 988 | | |
| Preferred email address; | L ow | ner Contact | | *************************************** | *************************************** | | |
| Preferred individual to receive correspondence □ Other (provide): | : 🖸 Facility | Contact 🔲 Owner C | ontact | | | | |
| Did you operate in 2017? Yes; Complete | this form. | | | ************************************** | | NTZ-MES-178 | |
| ☐ 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: | 1038 |
| | vide the number of ELVs crushed and/or removed from the facility and January 1 to December 31: | 1005 |
| • Prov | vide the number of ELVs stored at the facility as of December 31: | 33 |
| | vide the highest number of ELVs stored at the facility ny one time from January 1 to December 31: | 50 |
| • Prov | vide the approximate area used for the storage of vehicles (acres): | 5 acres |
| • Prov | vide the names of scrap metal processors to which you sold or sent d Jpstate Shredding | ecommissioned ELVs: |
| | Renssalear Iron & Steel | |
| 3) | | |
| | | |
| W | | • |
| ■ | If your facility has received 25 or fewer ELVs during the year A 50 ELVs at any one time check this box and complete only section | |
| | 50 ELVs at any one time check this box and complete only section of the section o | ns 3, 4, and 11. |
| | 50 ELVs at any one time check this box and complete only section | ns 3, 4, and 11. |
| | 50 ELVs at any one time check this box and complete only section of the section | ns 3, 4, and 11. |
| | 50 ELVs at any one time check this box and complete only section of the processed of stored and complete only section of the processed of stored and ELVs during complete only section 9. | ns 3, 4, and 11. ain to your facility. the year, check this box and |

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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. \(\sigma \) s or \(X \) s are not acceptable. Report only fluids generated from dismantling operations (not general car repair, etc.)</u>

| | | Fluid | Destination Name & Addre | | |
|---|--|----------------------------------|---|-----------------------|---|
| 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) | | | 0 | | |
| Used Oil** (gallons) | | 50 | 3050 | | Lorco Petroleum |
| Diesel Fuel (gallons) | | | 0 | | |
| Gasoline (gallons) | | 100 | 117 1167 | 1976 | EMPLOYEES REUSED CUSTOMERS |
| Engine Coolant/ Antifreeze (gallons) | | | Transition of the state of the | | |
| Window Washing Fluid (gallons) | | | 15 | | |
| 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 | eceived Stored On Site Sent Off Site | | Destination | 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 | 5994.29 NT | 40 | 5954.29 | New Jersey | Yes | No | | | |
| Aluminum Scrap Metal | 141.44 | 10 | 131.44 | Penn., New Jersey | Yes | No | | | |
| Lead Weights | | | | | Yes | No | | | |
| Non – Ferrous Scrap Metal | 133 NT | 3 | 130 | Penn, New Jersey | Yes | No. | | | |
| Other (specify): | | | | | Yes | No | | | |
| | | | | | Yes | No | | | |
| | | | | | | | | | |

SECTION 5 - MERCURY SWITCHES COLLECTED

| Provide the num (H&TS) and antil | ber of mercury-containing lock brake assemblies (AE | i devices <u>recovered</u> . 3S) | Including but not limited to hood & trun | k lighting switches |
|----------------------------------|--|-------------------------------------|--|---------------------|
| | H&TS 100 (Number) | | ABS (Number) | |
| Indicate permitte | d facility or permitted tran | sporter accepting m | ercury containing devices: | |
| | | • | • | |
| | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | n) () |
| | _ | 7.4104.1004 | | 1941. |

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 <u>recovered</u> and their dispos | | | | | |
|---|--|---|--|---------------------------------------|--|
| Number of Lead-Acid Batteries collected from ELVs | ************************************** | 800 lbs. | * | <u> </u> | |
| | <i>'</i> | FROM | AUTOS | & PURCHASE | |
| Indicate permitted facility or permitted transporter accepting lead-act RSR Corp., Middletown, NY | id batteries: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Any materials disposed must undergo a hazardous waste determina hazardous. | ation and proper h | andling, | storage an | d disposal if | |
| SECTION 7 - WASTE TIRE | S COLLECTE | :D | | | |
| Number of waste tires stored on-site: | <u>10</u> | 0 | aso | of December 31 | |
| Number of used tires available for sale on-site: | <u>o</u> | | _ as 0 | of December 31 | |
| Number of used tires sold: | 50 | Ó | during | operating year | |
| Number of waste tires shipped off-site for recycling, disposal, other: | _{er} 926 | | | operating year | |
| Indicate name of facility(ies) accepting waste tires: | · · · | | | -p-: | |
| | | • | | · · | |
| | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | |
| SECTION 8 - PRO | BLEMS | | | | |
| Were any problems encountered during the reporting period (e.g., facility procedures)? | specific occurrent | es which | n have led t | o changes in | |
| ☐ Yes ☐ No If yes, attach additional sheets identifying each problem. | problem and the i | nethods | for resolut | on of the | |
| SECTION 9 - CHA | NGES | *************************************** | imbhan Adéada Anashannasannasanni ! | | |
| Were there any changes from approved reports, plans, specificatio | ns, and permit co | nditions? | , | 1 | |
| ☐ Yes ☐ No If yes, attach additional sheets identifying chang | ges with a justifica | tion for e | each chang | e. | |
| | | | | | |

SECTION 10 - COMPLIANCE CERTIFICATION

As of December 31, 2017:

| | | | | Date of Return to |
|---|----------------------------|------------|--------------------|---|
| Waste Management Compliance Checklist | NA | Yes | No | Compliance |
| 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 | |
| Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways? | | х | | |
| Have you recorded the date of receipt for all end-of-life vehicles received? | | x | | · |
| Are the end-of-life vehicle records available on-site? | | х | | |
| Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes? | | X | | |
| Have all observed leaks been remedied or contained? | | X | | |
| 7. Does your facility have a written Contingency Plan? | | Х | | |
| Are facility personnel trained to implement the Contingency Plan? | | X | | |
| 9. Does your Contingency Plan include actions to be taken in the event of the following | g2 | | | |
| 9a. Fire. | | x . | | |
| 9b. Spill or release of vehicle waste fluids. | | x | | |
| 9c. Unauthorized material received at facility. | | x | | |
| Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection? | | х | | |
| Are all vehicle residues prevented from migrating from or running off your property? | | Х | | |
| 12. Is dust controlled to prevent interference with facility operations or from leaving facility site? | | х | | |
| 13. Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations? | | X | | |
| 14. Are waste fluids kept from being discharged onto the ground or into surface waters? | | x | | |
| 15. Is access to your facility controlled by: fences, gates, sign and/or natural barriers (not vehicles)? | | x X | | |
| 15a. Are the access controls working (i.e. controlling access)? | | X | | |
| 16. Are fluids drained from end-of-life vehicles on a pad constructed of concrete or equivalent material? | | х | | |
| 17. Are you doing the following with your concrete (or equivalent surface) pad that is use draining, crushing retc.? | ed for | | | antling fluid |
| 17a. Cleaning daily. | market (Maria Maria Maria) | X | nor g nyii 1882(i) | School School Co. School School School Services and Contact (COLD SCHOOL S |
| 17b. Cleaning spills as they occur. | | х | | |
| 17c. Collecting and properly disposing of absorbent materials. | | x | | |

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| | | | | Date of Return to |
|---|-----------|---------------------|---------|---|
| Waste Management Compliance Checklist | NA | Yes | No | Compliance |
| 1/8 Have the following wastes been drained; removed, deployed collected and/or sto practices prior/to vehicle crushing or shredding? | red follo | d gniwe | est mai | nagement |
| 18a. Fluids (including engine oil, transmission fluid, transaxle fluid, front and rear axle fluid, brake fluid, power steering fluid, coolant, and fuel). | | x | | |
| 18b. Lead acid batteries. | | x | | |
| 18c. Mercury switches or other mercury containing devices, if any. | | x | | |
| 18d. Refrigerants, if any. | | x | | |
| 18e. Air bags. | | X | | |
| 18f. PCB capacitors, if any. | | x | | |
| 19. Are fluids stored separately & in containers that are compatible with their contents? | | x | | |
| 20. Are fluids stored in closed containers? | | x | | |
| 21. Are containers which contain waste fluids in good condition and not visibly leaking? | | х | | |
| 22. Are containers clearly and legibly labeled to describe their contents? | | х | | |
| 23. Are containers stored on a bermed pad constructed of concrete or equivalent material? | | x | | |
| 24. Are lead-acid batteries stored upright and off the ground? | | x | | |
| 25. Are lead-acid batteries covered to protect them from precipitation? | | x | | |
| 26. Are all lead-acid batteries sent for recycling within one-year of receipt? | | x | | |
| 27. Are <u>leaking</u> lead-acid batteries, if any are encountered, stored in leak-proof containers separated from intact batteries? | | x | | |
| 27a. Are provisions in place to absorb any acid leakage? | | х | | |
| 28. Are mercury switches and other mercury containing devices stored in appropriate, labeled containers and then sent for recycling? | | x | | |
| 29. Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal? | | x | | |
| 30. Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code? | | x | | |
| 31. If sent off-site, is used oil transported via a permitted hauler? | | x | | ' |
| 32; If you do not burn used oil onsite check NA for 32ar, 32b., 32c. If you do then and | wer 32 | a _o 326, | 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? | x | | | |
| 32b. Do on-site space heaters burn only used oil that is generated on-site or received from household do-it-yourself generators? | x | | | |
| 32c. Are combustion gases from used oil space heaters vented to the outside ambient air? | x | | | *************************************** |
| | | | | |

| | | 4 1 5 | | Date of Return to |
|---|----------|-------|----|--|
| Waste Management Compliance Checklist | NA | Yes | No | Compliance |
| 33. Is waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers? | | х | | ng pengunakan dan kacamatan kecamatan kecamatan kecamatan kecamatan kecamatan kecamatan kecamatan kecamatan ke |
| 34. Are studges from sumps and oil/water separators stored in covered, closed and labeled containers? | | x | | |
| 35. Are sludges properly recycled or disposed? | | X | | |
| 36. Are used oil filters properly drained, crushed or dismantled? | | x | | |
| 37. Are drained oil filters properly recycled or disposed? | | x | | |
| 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. | x | | | |
| 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 |
| | | | | gallons |
| Do you have any other Environmental Conservation Law or regulatory violations? (Attach additional sheets as necessary.) | | | | |
| | | | | |
| | | 7 | | |
| COMMENTS? (Attach additional sheets if necessary) | | | | |
| | <u>.</u> | | | |

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.

| | 3/1/2018 |
|----------------------|-----------------------|
| Signature | Date |
| Anthony Teplitz | G.M. |
| Name (Print or Type) | Title (Print or Type) |
| tteplitz@aol.com | |
| Email (| Print or Type) |
| 75 Church Street | Middletown |
| Address | City |
| NY 10940 | 845 342 2233 |
| State and Zip | Phone Number |

| ATTACHMENTS: 🛴 | YES | NC |
|----------------|-----|----|