

Clear Form

## MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR VEHICLE DISMANTLING FACILITIES

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

### SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
<b>FACILITY NAME:</b> <b>BRYSON INC</b>			
FACILITY LOCATION ADDRESS: <b>820 CROTON FALLS RD</b>	FACILITY CITY: <b>CARMEL</b> <b>CROTON FALLS NY</b>	STATE: <b>NY</b>	ZIP CODE: <b>10512</b>
FACILITY TOWN: <b>CARMEL</b>	FACILITY COUNTY: <b>PUTNAM</b>	FACILITY PHONE NUMBER: <b>845 277 3201</b>	
FACILITY NYS PLANNING UNIT: <b>REGION 3 PUTNAM COUNTY</b>			NYSDEC REGION #: <b>3</b>
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: <b>2400060</b>	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): <b>DISMANTLER</b>		NYS DEC ACTIVITY CODE:
FACILITY CONTACT: <b>John BRYSON</b>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <b>914 804 7370</b>	CONTACT FAX NUMBER: <b>845 277 3059</b>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <b>John BRYSON</b>	OWNER PHONE NUMBER: <b>845 277 3201</b>		OWNER FAX NUMBER: <b>845 277 3059</b>
OWNER ADDRESS: <b>820 CROTON FALLS RD</b>	OWNER CITY: <b>CARMEL</b>	STATE: <b>NY</b>	ZIP CODE: <b>10512</b>
OWNER CONTACT: <b>914 804 7370</b>	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <b>PO Box 94 CROTON FALLS NY</b>	<input checked="" type="checkbox"/> same as owner	<input type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Other (provide): <b>PO Box 94 CROTON FALLS NY 10519</b>	<input type="checkbox"/> Owner address		
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Other (provide):	<input type="checkbox"/> Owner Contact		
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Other (provide):	<input type="checkbox"/> Owner Contact		

Did you operate in 2017?  Yes; Complete this form.

No; Complete and submit Sections 1 and 11.

**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

165

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

EXIDE TECHNOLOGIES

4-20-17

10-6-17

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: 200 as of December 31

Number of used tires available for sale on-site: 80 as of December 31

Number of used tires sold: 40 during operating year

Number of waste tires shipped off-site for recycling, disposal, other: 45 Foot TIRE OR CANT TIRES  
TRUCK TIRES

Indicate name of facility(ies) accepting waste tires:

EMPIRE TIRE OF EDGEWATER PAUL

1414 NORWICH RD 1800 569 8811

PLAINFIELD CT 06374

**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 10 – COMPLIANCE CERTIFICATION****As of December 31, 2016:**

1. 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?	<input checked="" type="checkbox"/>		
2. Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways?	<input checked="" type="checkbox"/>		
3. Have you recorded the date of receipt for all end-of-life vehicles received?	<input checked="" type="checkbox"/>		
4. Are the end-of-life vehicle records available on-site?	<input checked="" type="checkbox"/>		
5. Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes?	<input checked="" type="checkbox"/>		
6. Have all observed leaks been remedied or contained?	<input checked="" type="checkbox"/>		
7. Does your facility have a written Contingency Plan?	<input checked="" type="checkbox"/>		
8. Are facility personnel trained to implement the Contingency Plan?	<input checked="" type="checkbox"/>		
9. Does your Contingency Plan include actions to be taken in the event of the following?			
9a. Fire.	<input checked="" type="checkbox"/>		
9b. Spill or release of vehicle waste fluids.	<input checked="" type="checkbox"/>		
9c. Unauthorized material received at facility.	<input checked="" type="checkbox"/>		
10. Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection?	<input checked="" type="checkbox"/>		
11. Are all vehicle residues prevented from migrating from or running off your property?	<input checked="" type="checkbox"/>		
12. Is dust controlled to prevent interference with facility operations or from leaving facility site?	<input checked="" type="checkbox"/>		
13. Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations?	<input checked="" type="checkbox"/>		
14. Are waste fluids kept from being discharged onto the ground or into surface waters?	<input checked="" type="checkbox"/>		
15. Is access to your facility controlled by fences, gates, sign and/or natural barriers (not vehicles)?	<input checked="" type="checkbox"/>		
15a. Are the access controls working (i.e. controlling access)?	<input checked="" type="checkbox"/>		
16. Are fluids drained from end-of-life vehicles on a pad constructed of concrete or equivalent material?	<input checked="" type="checkbox"/>		
17. Are you doing the following with your concrete (or equivalent surface) pad that is used for vehicle dismantling, fluid draining, crushing, etc.?			
17a. Cleaning daily.	<input checked="" type="checkbox"/>		
17b. Cleaning spills as they occur.	<input checked="" type="checkbox"/>		
17c. Collecting and properly disposing of absorbent materials.	<input checked="" type="checkbox"/>		

18. Have the following wastes been drained, removed, deployed, collected and/or stored following best management practices, prior to vehicle crushing or shredding?			
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.	✓		
18c. Mercury switches or other mercury containing devices, if any.	✓		
18d. Refrigerants, if any.	✓		
18e. Air bags.	✓		
18f. PCB capacitors, if any.	✓		
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 leaking lead-acid batteries, if any are encountered, stored in leak-proof containers separated from intact batteries?	✓		
27a. Are provisions in place to absorb any acid leakage?	✓		
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?	✓		
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 32a., 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?	✓		

33. Is waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers?	✓		
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?	NA	_____ pounds	
		_____ gallons	

Do you have any other Environmental Conservation Law or regulatory violations?  
(Attach additional sheets as necessary.)

NONE AWARE OF

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  
626 Broadway  
Albany, New York 12233-7260  
Fax 518-402-9041  
Email address: [SWMFannualreport@dec.ny.gov](mailto: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

2-23-18  
Date

John Bryson  
Name (Print or Type)

PRES  
Title (Print or Type)

BRYSON 240 Verrazano.net  
Email (Print or Type)

820 CROTON FALLS RD  
Address

CARMEL  
City

NY 10512  
State and Zip

845 277 3201  
Phone Number

ATTACHMENTS: YES NO