

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

(If you need assistance filling out this form please email [swmfannualreport@dec.ny.gov](mailto: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: <b>SIMON AUTO WRECKERS INC</b>			
FACILITY LOCATION ADDRESS: <b>22 TILLY FOSTER RD</b>	FACILITY CITY: <b>BREWSTER</b>	STATE: <b>NY</b>	ZIP CODE: <b>10509</b>
FACILITY TOWN: <b>BREWSTER</b>	FACILITY COUNTY: <b>PUTNAM</b>	FACILITY PHONE NUMBER: <b>845-279-2988</b>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <b>PUTNAM COUNTY</b>			NYSDEC REGION #: <b>3</b>
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: <b>7003270</b>	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): <b>DISMANTLER</b>	NYS DEC ACTIVITY CODE: <b>40J03</b>	
FACILITY CONTACT: <b>DAVID SIMON</b>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <b>845-279-2988</b>	CONTACT FAX NUMBER: <b>N/A</b>
CONTACT EMAIL ADDRESS: <b>DSYARD1@YAHOO.COM</b>			
OWNER INFORMATION			
OWNER NAME: <b>SIMON AUTO WRECKING INC</b>	OWNER PHONE NUMBER: <b>845-279-2988</b>	OWNER FAX NUMBER: <b>N/A</b>	
OWNER ADDRESS: <b>22 TILLY FOSTER RD</b>	OWNER CITY: <b>BREWSTER</b>	STATE: <b>NY</b>	ZIP CODE: <b>10509</b>
OWNER CONTACT: <b>MAURICE SIMON</b>	OWNER CONTACT EMAIL ADDRESS: <b>DSYARD1@YAHOO.COM</b>		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> same as owner	<input type="checkbox"/> public <input checked="" 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?  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: 0
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 0
- Provide the number of ELVs stored at the facility as of December 31: 0
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 0
- Provide the approximate area used for the storage of vehicles (acres): \_\_\_\_\_ acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
  - 1) \_\_\_\_\_
  - 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)					
Used Oil** (gallons)					
Diesel Fuel (gallons)					
Gasoline (gallons)			N/A		
Engine Coolant/ Antifreeze (gallons)					
Window Washing Fluid (gallons)					
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					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Aluminum Scrap Metal					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lead Weights					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 0  
(Number)

ABS 0  
(Number)

Indicate permitted facility or permitted transporter accepting 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 recovered and their disposition.

Number of Lead-Acid Batteries collected from ELVs \_\_\_\_\_

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

---

---

---

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: \_\_\_\_\_ as of December 31

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

Number of used tires sold: \_\_\_\_\_ 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 10 – COMPLIANCE CERTIFICATION

As of December 31, 2016:

Waste Management Compliance Checklist	NA	Yes	No	Date of Return to Compliance
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?	x x x			
2. Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways?	XXX			
3. Have you recorded the date of receipt for all end-of-life vehicles received?	XXXX			
4. Are the end-of-life vehicle records available on-site?	XXX			
5. Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes?	XXX			
6. Have all observed leaks been remedied or contained?	XXX			
7. Does your facility have a written Contingency Plan?	XXX			
8. Are facility personnel trained to implement the Contingency Plan?	XXX			
9. Does your Contingency Plan include actions to be taken in the event of the following?				
9a. Fire.	XXX			
9b. Spill or release of vehicle waste fluids.	XXX			
9c. Unauthorized material received at facility.	XXX			
10. Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection?	XXX			
11. Are all vehicle residues prevented from migrating from or running off your property?	XXX			
12. Is dust controlled to prevent interference with facility operations or from leaving facility site?	XXX			
13. Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations?	XXX			
14. Are waste fluids kept from being discharged onto the ground or into surface waters?	XXX			
15. Is access to your facility controlled by: fences, gates, sign and/or natural barriers (not vehicles)?	XXX			
15a. Are the access controls working (i.e. controlling access)?	XXX			
16. Are fluids drained from end-of-life vehicles on a pad constructed of concrete or equivalent material?	XXX			
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.	XXX			
17b. Cleaning spills as they occur.	XXX			
17c. Collecting and properly disposing of absorbent materials.	XXX			

Waste Management Compliance Checklist	NA	Yes	No	Date of Return to Compliance
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).	x x x			
18b. Lead acid batteries.	XXX			
18c. Mercury switches or other mercury containing devices, if any.	XXX			
18d. Refrigerants, if any.	XXX			
18e. Air bags.	XXX			
18f. PCB capacitors, if any.	XXX			
19. Are fluids stored separately & in containers that are compatible with their contents?	x x x			
20. Are fluids stored in closed containers?	XXXX			
21. Are containers which contain waste fluids in good condition and not visibly leaking?	x x x			
22. Are containers clearly and legibly labeled to describe their contents?	x x x			
23. Are containers stored on a bermed pad constructed of concrete or equivalent material?	x x x			
24. Are lead-acid batteries stored upright and off the ground?	XXX			
25. Are lead-acid batteries covered to protect them from precipitation?	x x x			
26. Are all lead-acid batteries sent for recycling within one-year of receipt?	x x x			
27. Are <u>leaking</u> lead-acid batteries, if any are encountered, stored in leak-proof containers <u>separated</u> from intact batteries?	x x x			
27a. Are provisions in place to absorb any acid leakage?	XXXX			
28. Are mercury switches and other mercury containing devices stored in appropriate, labeled containers and then sent for recycling?	x x x			
29. Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal?	x x x			
30. Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code?	x x x			
31. If sent off-site, is used oil transported via a permitted hauler?	XXXX			
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?	x x 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 x x			
32c. Are combustion gases from used oil space heaters vented to the outside ambient air?	x x x			

Waste Management Compliance Checklist	NA	Yes	No	Date of Return to Compliance
33. Is waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers?	x x x			
34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?	x x x			
35. Are sludges properly recycled or disposed?	XXXX			
36. Are used oil filters properly drained, crushed or dismantled?	XXXX			
37. Are drained oil filters properly recycled or disposed?	xxxxx			
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:	x x x			
38a. If required by the SPDES MSGP, has a Stormwater Pollution Prevention Plan been prepared for this facility?	x x x			
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?	x x x			
38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?	x x x			
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?	<p style="text-align: right;">0 _____ pounds</p> <p style="text-align: right;">0 _____ gallons</p>			

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

**NONE THAT FACILITY MANAGEMENT IS AWARE OF**

---

COMMENTS? (Attach additional sheets if necessary)

---



---



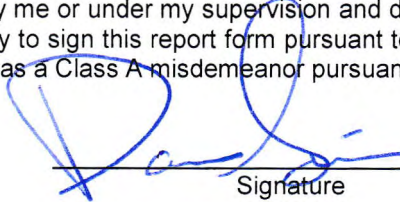
**SECTION 11 - SIGNATURE AND DATE BY OWNER, OPERATOR, OR RESPONSIBLE REPRESENTATIVE**

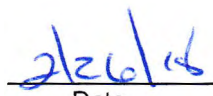
Owner or Operator must sign, date and submit the completed form by email or mail to the appropriate Regional Office (See attachment for Regional Office email & mailing addresses and Solid Waste Contacts.)

The Owner, Operator, or Responsible Representative must also submit one copy by email, fax or mail to:

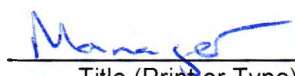
**New York State Department of Environmental Conservation  
Division of Materials Management  
Bureau of Permitting and Planning  
625 Broadway  
Albany, New York 12233-7260  
Fax 518-402-9041  
Email address: SWMFannualreport@dec.ny.gov**

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

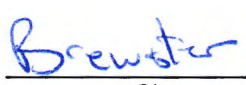
  
\_\_\_\_\_  
Date

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

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

  
\_\_\_\_\_  
Email (Print or Type)

  
\_\_\_\_\_  
Address

  
\_\_\_\_\_  
City

  
\_\_\_\_\_  
State and Zip

  
\_\_\_\_\_  
Phone Number

ATTACHMENTS:  YES  NO