REGION IV HEADQUARTERS

# MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR

(If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call \$18 102-8678

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 SCHENECTADY NY 12306 **FACILITY INFORMATION FACILITY NAME:** ZIP CODE: **FACILITY LOCATION ADDRESS: FACILITY CITY:** STATE: MANG **FACILITY PHONE NUMBER:** NYSDEC FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). **REGION #: REGISTRATION TYPE (Vehicle** NYS DEC ACTIVITY NYS DEPARTMENT OF MOTOR VEHICLE Dismantler, Mobile Crusher, etc.): CODE: REGISTRATION NUMBER: public public CONTACT FAX NUMBER: CONTACT PHONE FACILITY CONTACT: NUMBER: private CONTACT EMAIL ADDRESS: OWNER INFORMATION OWNER PHONE NUMBER: OWNER FAX NUMBER: OWNER NAME: ZIP CODE: STATE: OWNER CITY: OWNER CONTACT EMAIL ADDRESS: OWNER CONTACT: **OPERATOR INFORMATION** same as owner □ public OPERATOR NAME: private **PREFERENCES S**Owner address Preferred address to receive correspondence: 

Facility location address Other (provide): Facility Contact Owner Contact Preferred email address: Other (provide): ☐ Facility Contact X Owner Contact Preferred individual to receive correspondence: Other (provide):

☐ No; Complete and submit Sections 1 and 11.

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

	SECTION 2 - END-OF-LIFE VEHICLES (ELVs)	PROCESSED
• Prov	vide the number of ELVs received from January 1 to December 31:	20_
	vide the number of ELVs crushed and/or removed from the facility January 1 to December 31:	_4_
• Prov	vide the number of ELVs stored at the facility as of December 31:	205
	vide the highest number of ELVs stored at the facility ny one time from January 1 to December 31:	<u>225</u>
• Prov	vide the approximate area used for the storage of vehicles (acres):	acres
2) _		
, –		ions 3, 4, and 11.

#### 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. \( \frac{1}{2} \) or \( X' \) are not acceptable. Report only fluids generated from dismantling operations (not general car repair, etc.)</u>

		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)		0			
Used Qil** (gallons)		20			
Diesel Fuel (gallons)		0			
Gasoline (gallons)	30	6D			
Engine Coolant/ Antifreeze (gallons)	15	40			
Window Washing Fluid (gallons)	<b>\$</b> 2	_			
Other (specify)	/ _				

<sup>\*</sup> Any fluids disposed must undergo a hazardous waste determination and proper handling, storage and disposal if hazardous.

<sup>\*\*</sup> Includes Engine Qil, 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	Stand On Site	Sent Off Site	Destination						
Material Types	(tons)	Stored On Site (tons)	(tons)	NYS <u>Planning Unit</u> (or state if other than New York)	To Scrap Metal Processo					
Ferrous Scrap Metal					Yes	No				
		_			Yes	No				
Aluminum Scrap Metal										
Lead Weights					Yes	No				
Non – Ferrous Scrap					Yes	No _				
Metal										
Other (specify):					Yes	No				
					Yes	No				
i										

Provide the number of mercury-containing devices <u>recovered</u> . (H&TS) and antilock brake assemblies (ABS).	Including but not limited to hood & trunk lighting switches
H&TS 3 (Number)	ABS (Number)
Indicate permitted facility or permitted transporter accepting me	ercury containing devices:
<del></del>	

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	<u> 15</u> _	
Indicate permitted facility or permitted transporter accepting lead-acid batteries:  BENCUEISING CUDAIG HY.		
Any materials disposed must undergo a hazardous waste determination and prohazardous.	oper handling, sto	orage and disposal if
SECTION 7 - WASTE TIRES COLLE	ECTED	
Number of waste tires stored on-site:	735	as of December 31
Number of used tires available for sale on-site:	30	
Number of used tires sold:	_ <u>50</u> _	during operating year
Number of waste tires shipped off-site for recycling, disposal, other:	<del>-45</del> -	during operating year
Indicate name of facility(ies) accepting waste tires:  BC, BS In C		
SECTION 8 – PROBLEMS		
Were any problems encountered during the reporting period (e.g., specific occ facility procedures)?	currences which h	nave led to changes in
Yes No If yes, attach additional sheets identifying each problem are problem.	nd the methods fo	or resolution of the
SECTION 9 - CHANGES		
Were there any changes from approved reports, plans, specifications, and pe	rmit conditions?	
Yes No If yes, attach additional sheets identifying changes with a j	ustification for ea	ach change.

## **SECTION 10 – COMPLIANCE CERTIFICATION**

### As of December 31, 2017:

4	Waste Management Compliance Checklist	NA	Yes	No	Date of Return to
1. MC	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?	->40			
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 followi	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?				
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?				
	Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations?			<del>_</del> _	
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?				
17.	Are you doing the following with your concrete (or equivalent surface) pad that is udraining, crushing, etc.?	ised for	vehicle	e disma	antling, fluid
	17a. Cleaning daily.				
	17b. Cleaning spills as they occur.				
	17c. Collecting and properly disposing of absorbent materials.				
	<del></del>				

Waste Management Compliance Checklist	NA	Yes	No	Date of Return to Compliance
18. Have the following wastes been drained, removed, deployed, collected and/or storpractices, prior to vehicle crushing or shredding?	ed folic	wing b	est ma	nagement
18a. Fluids (including engine oil, transmission fluid, transaxle fluid, front and rear axle fluid, brake fluid, power steering fluid, coolant, and fue!).		1		
18b. Lead acid batteries.				
18c. Mercury switches or other mercury containing devices, if any				
18d. Refrigerants, if any.		1		
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 <u>leaking</u> 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 ans	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?		[		
34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?				
35. Are sludges properly recycled or disposed?		11_		
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?		i		
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?		_	<u>-(</u>	pounds gallons
Do you have any other Environmental Conservation Law or regulatory violations?  (Attach additional sheets as necessary.)  — NO-				
COMMENTS? (Attach additional sheets if necessary)  RJFD was Here inspected okid 4	Let	4	Rive	ectoding

#### 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 purishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

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Signature

Part August Dunce

Name (Print or Type)

Email (Print or Type)

Title (Print or Type)

Email (Print or Type)

Schere and Zip

State and Zip

Phone Number

ATTACHMENTS: YES NO