Clear Form

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

(If you need assistance filling out this form please small 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**

	FACILIE	UNECEMATION.		20000			
FACILITY NAME:							
Performance Auto		•					
FACILITY LOCATION ADDRESS:	FACILITY	ÇITY:		STATE:	ZIP CODE:		
22456 RT 22	Eagle	Bridge		NY	12057		
FACILITY TOWN:	FACILITY	COUNTY:	FACIL	ITY PHONE NUMBER:			
	Rens		518	36864	268		
FACILITY NYS PLANNING UNIT: (A list of NYS	Planning Un	its can be found at the end of th	noger si	RE	'SDEC :GION #:		
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 7044694	Dist	BISTRATION TYPE (Vehic mantier, Mobile Crusher, c cle Dismantier			EC ACTIVITY		
FACILITY CONTACT:	□ public	CONTACT PHONE	Ç	CONTACT	FAX NUMBER:		
Monty Wolfrum	☐ private	NUMBER: 5186864268	5	1868	65382		
CONTACT EMAIL ADDRESS:	***************************************		***************************************	***************************************			
	<b>OWNER</b>	INISOTAMATION BUILDING					
OWNER NAME:		PHONE NUMBER:		ER FAX N			
Monty Wolfrum	518686		5186	86538			
OWNER ADDRESS: 22456 RT 22	<b>OWNER</b> (  Eagle Bi			STATE: NY	<b>ZIP CODE:</b> 12057		
OWNER CONTACT:	<del></del>	CONTACT EMAIL ADDRES	SS:	I			
Monty Wolfrum	perfab	86@gmail.com					
	Anteles:425 (e	nek indrejempadarokskýmbreg					
OPERATOR NAME:     same as owner				□ public			
				□ private			
Preferred address to receive correspondence: Facility location address							
Preferred email address:  Facility Contact							
Preferred individual to receive correspondence:							
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:	1
<ul> <li>Provide the number of EUVs crushed and/or removed from the facility from January 1 to December 31:</li> </ul>	2
Provide the number of ELVs stored at the facility as of December 31:	2
<ul> <li>Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31:</li> </ul>	4
Provide the approximate area used for the storage of vehicles (acres):	.5 acres
2)	
3)	
	AND stored no more than
If your facility has received 25 or fewer ELVs during the year 50 ELVs at any one time check this box and complete only sect if not, leave this box blank.	AND stored no more than ions 3, 4, and 11.
If your facility has <b>received 25 or fewer ELVs</b> during the year <b>50 ELVs</b> at any one time check this box and complete only sect	AND stored no more than ions 3, 4, and 11.
If your facility has received 25 or fewer ELVs during the year 50 ELVs at any one time check this box and complete only sect If not, leave this box blank.	AND stored no more than ions 3, 4, and 11.
If your facility has received 25 or fewer ELVs during the year 50 ELVs at any one time check this box and complete only sect If not, leave this box blank.   Please, write "Not Applicable" on sections that do not pe	AND stored no more than ions 3, 4, and 11.
If your facility has received 25 or fewer ELVs during the year 50 ELVs at any one time check this box and complete only sect If not, leave this box blank.  → Please, write "Not Applicable" on sections that do not pe If your facility has not processed or stored ANY ELVs during complete only section 9.	AND stored no more than ions 3, 4, and 11.  Itain to your facility.  Ing the year, check this box and

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

		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)	5		ddd	ddd	
Used Oil** (gallons)	15				
Diesel Fuel (gallons)	0		****		
Gasoline (gallons)	5				
Engine Coolent/ Antifreeze (gallons)	5				
Window Washing Fluid (gallons)	1				
Other (specify)					
			_,,		

Any fluids disposed must undergo a hazardous waste determination and proper handling, storage and disposal if hazardous.

<sup>\*\*</sup> 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	Stored On Site	Sent Off Site	Destination	To Scrap Metai Processor		
Material Types	(tons)	(tons)	(tons)	NYS <u>Planning Unit</u> (or state if other than New York)			
Ferrous Scrap		***************************************			Yes	No	
Metal							
Aluminum					Yes	No	
Sçrap Metal							
Land Marinhan					Yes	No	
Lead Weights							
Non - Ferrous					Yes	No	
Scrap Metal							
Other (specify):					Yes	No	
Complete Vehicles							
Complete Vehicles Only to Brownells Auto					Yes	No	
Salvage							
	SEC	TION 5 - MERC	CURY SWITC	HES COLLECTED			
Provide the number (H&TS) and antilock	of mercury-cor	ntaining devices <u>red</u> lies (ABS).	covered. Includi	ng but not limited to hood & trunk li	ghting sv	vitches	
A real at a minimum	натs <u>1</u>			ABS 1			
	(Number)			(Number)			
Indicate permitted fo Brownells Au			epting mercury o	containing devices:			
	14 <b>8</b> 11 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14	uuuvuuuuvuuuuvuuuvuluvulu elikkii elektiin kastiin kastiin kastiin kastiin kastiin kastiin kastiin kastiin kast			<b></b>		

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

# SECTION 6 - LEAD-ACID BATTERIES COLLECTED

Provide the number of lead-acid batteries <u>recovered</u> 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 hazardous.	l if						
SECTION 7 WASTE TIRES COLLECTED							
Number of waste tires stored on-site: as of Decemb	oer 31						
Number of used tires available for sale on-site:  as of December 1.	er 31						
Number of used tires sold: during operating	perating year						
Number of waste tires shipped off-site for recycling, disposal, other:	j year						
Indicate name of facility(ies) accepting waste tires:							
	neanneachthris (No. 1996)						
SECTION 8 - PROBLEMS							
Were any problems encountered during the reporting period (e.g., specific occurrences which have led to change facility procedures)?	s in						
☐ 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:

			i i			Date of Return to
		Waste Management Compliance Checklist	NA	Yes	No	Compliance
1. <b>MO</b>		ur facility stores LESS THAN 1,000 tires, check NA. If your facility stores HAN 1,000 tires, do you have a PART 360 permit for tire storage?				
2.	ls a	system in place to control vegetation and prevent it from encroaching onto access lanes or driveways?				
3.	Hav	e you recorded the date of receipt for all end-of-life vehicles received?				
4.		the end-of-life vehicle records available on-site?				
5.	Hav un	e all end-of-life vehicles been inspected, upon arrival, for leaking fluids and authorized wastes?				
6.	Hav	e all observed leaks been remedied or contained?				
7.	Doe	s your facility have a written Contingency Plan?				
8.	Аге	facility personnel trained to implement the Contingency Plan?				
9.	Dos	s your Contingency Plan include actions to be taken in the event of the follow	ng?			
	9a.	Fire.				
	9b.	Spill or release of vehicle waste fluids.				
	9c.	Unauthorized material received at facility.				
10.		spills of waste fluids, if any occur, reported to the NYSDEC ills Hotline within two hours of detection?				
11.		all vehicle residues prevented from migrating from or running off your operty?				
12.	ls d	ust controlled to prevent interference with facility operations or from leaving ility site?		***************************************		
13.	Are	vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with ility operations?				
14.	Are	waste fluids kept from being discharged onto the ground or into surface ters?				
15.	ls a	ccess to your facility controlled by: fences, gates, sign and/or natural barriers of vehicles)?				
	15a	Are the access controls working (i.e. controlling access)?				
16.		fluids drained from end-of-life vehicles on a pad constructed of concrete or uivalent material?				
17.	Are	you doing the following with your concrete (or equivalent surface) pad that is aining, crushing, etc.?	used fo	r vehici	e dism	antling, fluid
		Cleaning daily.				I continue to the
	17b	Cleaning spills as they occur.				
	17c	Collecting and properly disposing of absorbent materials.				

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					Date of Return to
	Waste Management Compliance Checklist	NA	Yes	No	Compliance
18.	Have the following wastes been drained, removed, deployed, collected and/or stor practices, prior to vehicle crushing or shredding?	ed follo	wing b	st mar	agement
	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 <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?				Middle M. Aco M Bhilliad direbenda beneral beneral beneral beneral beneral beneral beneral beneral beneral ben
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	ver 32£	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?				**************************************

				Date of Return t
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?				
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?				
<ol> <li>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:</li> </ol>				
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
·			V 43.5.1/10 - V 10.5.1	gallons
Do you have any other Environmental Conservation Law or regulatory violations? (Attach additional sheets as necessary.)				
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 Clase A misdemeanor pursuant to Section 210.45 of the Penal Law.

ATTACHMENTS: YES NO