

**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: Nathan H Kelman			
FACILITY LOCATION ADDRESS: 41 Euclid St	FACILITY CITY: Cohoes	STATE: NY	ZIP CODE: 12047
FACILITY TOWN: Cohoes	FACILITY COUNTY: Albany	FACILITY PHONE NUMBER: 518 237 5133	
FACILITY NYS PLANNING UNIT: <i>(A list of NYS Planning Units can be found at the end of this report).</i> Capital Region Solid Waste Management Partnership (CRSWMP)			NYSDEC REGION #: 4
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 7067818	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): Scrap Processpr	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT: Lawrence Schillinger	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 518459 0600	CONTACT FAX NUMBER: 518 677 1053
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Nathan H Kelman Inc	OWNER PHONE NUMBER: 518 237 5133	OWNER FAX NUMBER:	
OWNER ADDRESS: 41 Euclid St	OWNER CITY: Cohoes	STATE: NY	ZIP CODE: 12047
OWNER CONTACT: Nathan Kelman	OWNER CONTACT EMAIL ADDRESS: natekelman@nhkelman.com		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> same as owner	<input type="checkbox"/> public <input 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: 936
- Provide the number of ELVs **crushed and/or removed** from the facility from January 1 to December 31: 936
- 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: 12
- Provide the approximate area used for the storage of vehicles (acres): 0.25 acres
- **Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:**
  - 1) Rensselaer Iron and Metal
  - 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
	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)					
Used Oil** (gallons)				5870	Mac-Son 4A-579
Diesel Fuel (gallons)					
Gasoline (gallons)				497	Mac-Son 4A-579
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 <b>Planning Unit</b> (or state if other than New York)	To Scrap Metal Processor	
Ferrous Scrap Metal	250,000	25,000	250,000	N/A	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Aluminum Scrap Metal	80,000	12,000	80,000	N/A	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lead Weights					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Non – Ferrous Scrap Metal	25,000	5,000	25,000	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

2,500

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

---

8005 Dorsey Run Rd

---

Jessup, MD 20794

---

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:	<u>900</u>	as of December 31
Number of used tires available for sale on-site:	<u>0</u>	as of December 31
Number of used tires sold:	<u>0</u>	during operating year
Number of waste tires shipped off-site for recycling, disposal, other:	<u>40,000</u>	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, 2017:

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			
2. Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways?		X		
3. Have you recorded the date of receipt for all end-of-life vehicles received?		X		
4. Are the end-of-life vehicle records available on-site?		X		
5. Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes?		X		
6. Have all observed leaks been remedied or contained?		X		
7. Does your facility have a written Contingency Plan?		X		
8. 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?				
9a. Fire.		X		
9b. Spill or release of vehicle waste fluids.		X		
9c. Unauthorized material received at facility.		X		
10. Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection?		X		
11. Are all vehicle residues prevented from migrating from or running off your property?		X		
12. Is dust controlled to prevent interference with facility operations or from leaving facility site?		X		
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		
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?		X		
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.		X		
17b. Cleaning spills as they occur.		X		
17c. Collecting and properly disposing of absorbent materials.		X		

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		
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?		X		
22. Are containers clearly and legibly labeled to describe their contents?		X		
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 leaking 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?		X		
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 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?				

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		
34. Are sludges 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		
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?	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			
38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?	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?  NA	<p style="text-align: right;">_____ pounds</p> <p style="text-align: right;">_____ gallons</p>			

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 Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

*Lawrence Schillinger*

02/26/2018

Signature

Date

Lawrence Schillinger

EHS Counsel

Name (Print or Type)

Title (Print or Type)

Email (Print or Type)

Address

City

State and Zip

( ) - Phone Number

ATTACHMENTS:  YES  NO