MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR VEHICLE DISMANTLING FACILITIES

(If you need assistance filling out this form please email 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

	FAC	CILITY	INFORMATION				
FACILITY NAME:							
Incurence Auto P	1004	-, 0 N	4				
FACILITY LOCATION ADDRESS:	FAC	ILITY	CITY:		STATE:	ZIP C	
120 KingaRd	Si	her	county:		NY	19	
FACILITY TOWN:	FAC	ILITY	COUNTY: /	FACIL	LITY PHONE NUM		
Colonie	5	he	neet sly	518	-347-3819		
FACILITY NYS PLANNING UNIT: (A list of NYS	S <u>Planni</u>	ing Uni	ts can be found at the end of th	is report). NY	SDEC	
Schenectaly Cour	+ 7				REG	GION #	
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER:			ISTRATION TYPE (Vehic nantler, Mobile Crusher, o		NYS DE CODE:		
7089500		D	iumentler		70	12986	
FACILITY CONTACT:	⊠pu		CONTACT PHONE	C	ONTACT	AX NU	
Rold Venison	☐ pri	vate	NUMBER: 518-347-3810	5	518-34	6-0	
CONTACT EMAIL ADDRESS:	· · · · · · · · · · · · · · · · · · ·						
	T		INFORMATION				
OWNER NAME:			HONE NUMBER:	OWNE	R FAX NU	MBER	
Insurance Auto Auctions			92-7000	708	- 492-7		
OWNER ADDRESS: Two Weightowk Corporate Center Suite 500	<u> </u>			SIP C			
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:				001		
	OPER	RATO	RINFORMATION				
OPERATOR NAME: Same as owner				1	□ public □ private	-	
		PREF	ERENCES				
Preferred address to receive correspondence: Other (provide):	X Fac	cility loc	ation address	Owi	ner address		
Preferred email address: Facility Contact		□ ow	ner Contact				
Preferred individual to receive correspondence Other (provide):		Facility	Contact Owner (Contact			
Did you operate in 2017? ☐ Yes; Complete	this fo	rm.					
No; Complete and submit Sections 1 and 11.							
Li No; Complete	and St	apinit i	Sections Fand 11.				

SECTION 2 - END-OF-LIFE VEHICLES (ELVs) PROCESSED

ide the number of ELVs received from January 1 to December 31: 8585
de the number of ELVs crushed and/or removed from the facility January 1 to December 31:
ide the number of ELVs stored at the facility as of December 31:
ide the highest number of ELVs stored at the facility y one time from January 1 to December 31: 2400
ide the approximate area used for the storage of vehicles (acres):
ide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
Metro Metals
Yan It Waste
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 <u>volumes</u> of End-of-Life Vehicle (ELV) waste fluids managed at the facility reporting period. <u>Qualitative responses (i.e. \sqrt{s} or X's) are not acceptable</u>. Report only fluids generated from operations (not general car repair, etc.)

		Destination Name & A			
Waste Fluid Recovered	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	(Indicate permitted fact permitted Part 364 trans accepting waste fluids.
Refrigerant (pounds)	Dux	2	ddd	ddd	
Used Oil** (gallons)	UX most	Q	0		
Diesel Fuel (gallons)	ile		riet '	D	
Gasoline (gallons)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u>~) .</u>	Q.	P P)	
Engine Coolant/ Antifreeze (gallons)		(\e	⁸ Ym ⁴	csl	·
Window Washing Fluid (gallons)		Poal	nt/e	de	
Other (specify)					
·			*		·

^{*} Any fluids disposed must undergo a hazardous waste determination and proper handling, storage and hazardous.

^{**} Includes Engine Oil, Transmission Fluid, Axle Fluids, Hydraulic Fluid, Power Steering Fluid, Brake Flui

SECTION 4 - SCRAP METAL

table by reporting the amount of metal received, stored and sent off site, by the facility, during the reporting

to the same of							
	Received	Stored On Site	Sent Off Site	Sent Off Site	Destination Sent Off Site		
es	(tons)	(tons)	(tons)	NYS <u>Planning Unit</u> (or state if other than New York)	Me	Scrap etal essor	
p	D		1)		Yes	No	
	X	Ь	10	V			
	30/		9		Yes	No	
			5,				
		1/	X		Yes	No	
3		7	9				
s		5		3	Yes	No	
				ردی			
		6		(x)	Yes	No	
;		: -		. \			
					Yes	No	
	,						

SECTION 5 - MERCURY SWITCHES COLLECTED

mber of mercury-containing device tilock brake assemblies (ABS).	es <u>recovered</u> . Includ	ding but not limited to hood 8	trunk lighting switches
H&TS(Number)	W,	ABS (Number)	
tted facility or permitted transporter	accepting mercury	containing devices:	
		BA	
	3,	(56/	

ditional 8.5" x 11" sheets as needed.

17)

SECTION 6 - LEAD-ACID BATTERIES COLLECTED

☐ Yes ☐ No ☐ If yes, attach additional sheets identifying changes with a justi	
SECTION 9 – CHANGES Were there any changes from approved reports, plans, specifications, and permit	conditions?
☐ Yes ♥ No If yes, attach additional sheets identifying each problem and to problem.	he methods for resolution of
Were any problems encountered during the reporting period (e.g., specific occurr facility procedures)?	
SECTION 8 - PROBLEMS	
Avanubile Silvege Poul	
We do not dismintle	
Microse flame of facility (les) accepting waste tires.	
Number of waste tires shipped off-site for recycling, disposal, other: Indicate name of facility(ies) accepting waste tires:	during open
Number of used tires sold:	during open
Number of used tires available for sale on-site:	as of Dec
Number of waste tires stored on-site:	as of Dec
SECTION 7 – WASTE TIRES COLLEC	CTED
hazardous.	
Any materials disposed must undergo a hazardous waste determination and prop	er handling, storage and disp
	•
Indicate permitted facility or permitted transporter accepting lead-acid batteries:	
Number of Lead-Acid Batteries collected from ELVs	
Provide the number of lead-acid batteries <u>recovered</u> and their disposition.	

SECTION 10 – COMPLIANCE CERTIFICATION

As of December 31, 2016:

Waste Management Compliance Checklist	NA	Yes	No	Date of Return to Compliance
ty stores LESS THAN 1,000 tires, check NA. If your facility stores 300 tires, do you have a PART 360 permit for tire storage?		X		
in place to control vegetation and prevent it from encroaching onto lanes or driveways?		X		
ecorded the date of receipt for all end-of-life vehicles received?	٠	X		
-of-life vehicle records available on-site?		Q	÷	
d-of-life vehicles been inspected, upon arrival, for leaking fluids and ed wastes?		9		
served leaks been remedied or contained?		X		
acility have a written Contingency Plan?		7		
personnel trained to implement the Contingency Plan?		8		
Contingency Plan include actions to be taken in the event of the follow	ing?	He 44.7		
		X		
release of vehicle waste fluids.		7		
norized material received at facility.		Х		
waste fluids, if any occur, reported to the NYSDEC ine within two hours of detection?		×		
cle residues prevented from migrating from or running off your		X		
rolled to prevent interference with facility operations or from leaving ?		X		
(mosquitoes, rats, mice, etc.) controlled to prevent interference with rations?		4		
luids kept from being discharged onto the ground or into surface		V		
your facility controlled by: fences, gates, sign and/or natural barriers es)?		V	:	
e access controls working (i.e. controlling access)?		거		
rained from end-of-life vehicles on a pad constructed of concrete or :material?	X			
ng the following with your concrete (or equivalent surface) pad that is usual ing, etc.?	used fo	r vehicle	disma	intling, fluid
ng daily.	χ			
ng spills as they occur.	Х			
ting and properly disposing of absorbent materials.	γ			-
17)	1			

					Da
	Waste Management Compliance Checklist	NA	Yes	No	
18	. Have the following wastes been drained, removed, deployed, collected and/or s practices, prior to vehicle crushing or shredding?	tored foll	owing b	est ma	ınage
	18a. Fluids (including engine oil, transmission fluid, transaxle fluid, front and rea axle fluid, brake fluid, power steering fluid, coolant, and fuel).	r 🗶			
	18b. Lead acid batteries.	X			
	18c. Mercury switches or other mercury containing devices, if any.	X			
	18d. Refrigerants, if any.	人			
	18e. Air bags.	X			
	18f. PCB capacitors, if any.	\ <u>\</u>			
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?		Х		
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?	X	·		
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?		X		
	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?	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?	α			
32.	If you do not burn used oil onsite check NA for 32a., 32b., 32c. If you do, then an	swer 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			
	32b. Do on-site space heaters burn only used oil that is generated on-site or received from household do-it-yourself generators?	X			
	32c. Are combustion gases from used oil space heaters vented to the outside ambient air?	$ \propto$			*****

Waste Management Compliance Checklist	NA	Yes	No	Date of Return to Compliance
kept from being mixed with brake cleaner, carb cleaner, antifreeze, asoline, or degreasers?	X			
from sumps and oil/water separators stored in covered, closed and stainers?	X			
properly recycled or disposed?	×			
filters properly drained, crushed or dismantled?	Y			
oil filters properly recycled or disposed?	2			
y does not require an SPDES Multi-Sector General Permit (MSGP) ater Discharge, check NA for 38a, 38b, 38c. If your facility requires MSGP answer 38a, 38b, 38c:	<			
ired by the SPDES MSGP, has a Stormwater Pollution Prevention een prepared for this facility?	8			
information provided in the facility's original Notice of Intent or nation submission for the SPDES MSGP still accurate and up to	×			
ne facility's Annual Certification Report for the SPDES MSGP been itted within the previous year?	8			
/ does not handles cleaning solvents, degreasers, battery acids or tes write NA. If these materials are handled at your facility, what is nount of this material that your facility generates in any calendar	NA	_ f		pounds gallons
iny other Environmental Conservation Law or regulatory violations? inal sheets as necessary.)				

' (Attach additional sheets if necessary)				
a Automobile Schrige Poul, we do n	b +0	lism	intle	
auction vehicles oft				

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

Owner or Operator must sign, date and submit the completed form by email or mail to the appropriate Regional (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 prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and the authority to sign this report form pursuant to 6 NYCRR Part 360. I am aware that any false statement me punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Roph Daniel Signature	2/8/18 Date
Reph Denius Name (Print or Type)	Brench Mensger Title (Print or Type)
RDenison @ 1491, com Email (Prin	t or Type)
Address	Schenecacly No
NY 12303 State and Zip	5)8)347 - 3810 Phone Number