

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

FACILITY INFORMATION

| | | | |
|--|--|---|----------------------------------|
| FACILITY NAME: B + B SALVAGE | | | |
| FACILITY LOCATION ADDRESS: 5079 NY 67 | FACILITY CITY: HOSIACK FALLS | STATE: NY | ZIP CODE: 12090 |
| FACILITY TOWN: HOSIACK | FACILITY COUNTY: RENN | FACILITY PHONE NUMBER: 518-686-7716 | |
| FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). | | | NYSDEC REGION #: 4 |
| NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 7100908 | REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): DISMANTLER | NYS DEC ACTIVITY CODE: 4 | |
| FACILITY CONTACT: ROBERT O. BRENNENSTHAL SR | <input type="checkbox"/> public <input checked="" type="checkbox"/> private | CONTACT PHONE NUMBER: 518-686-7716 | CONTACT FAX NUMBER: NA |
| CONTACT EMAIL ADDRESS: | | | |

OWNER INFORMATION

| | | | |
|---|--|--------------------------------|---------------------------|
| OWNER NAME: ROBERT O. BRENNENSTHAL SR | OWNER PHONE NUMBER: 518-686-7716 | OWNER FAX NUMBER: NA | |
| OWNER ADDRESS: 5079 NY 67 | OWNER CITY: HOSIACK FALLS | STATE: NY | ZIP CODE: 12090 |
| OWNER CONTACT: 518-686-7716 | OWNER CONTACT EMAIL ADDRESS: JUNKMAN7@ROADRUNNER.COM | | |

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 type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input checked="" type="checkbox"/> Other (provide): |
| Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input checked="" type="checkbox"/> Other (provide): |
| Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input checked="" 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: 10
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 2
- Provide the number of ELVs stored at the facility as of December 31: 54
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 56
- Provide the approximate area used for the storage of vehicles (acres): 2 acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
 - 1) KEZ MANS
 - 2) BROWN BELLS
 - 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) | NA | | | | |
| Used Oil** (gallons) | 0 | | | | |
| Diesel Fuel (gallons) | NA | | | | |
| Gasoline (gallons) | 0 | | | | |
| Engine Coolant/ Antifreeze (gallons) | 5 | | | | |
| Window Washing Fluid (gallons) | 0 | | | | |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> |
| Aluminum Scrap Metal | | | | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Lead Weights | | | | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Non – Ferrous Scrap Metal | | | | | Yes <input checked="" 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 _____
(Number)

ABS _____
(Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

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

Reprinted (12/17)

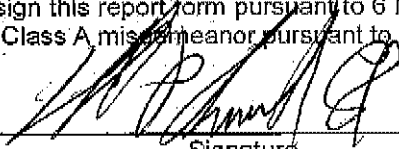
SECTION 11 - SIGNATURE AND DATE BY OWNER, OPERATOR, OR RESPONSIBLE REPRESENTATIVE

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

3-23-18

Date

ROBERTO BREWENSTUZA

Name (Print or Type)

OWNER

Title (Print or Type)

JUNKMAN @ ROADRUNNER.COM

Email (Print or Type)

5079 NY 67

Address

HOSICK FALLS

City

NY 12090

State and Zip

518 686-7716

Phone Number

ATTACHMENTS: YES NO



| DEPARTMENT USE ONLY | |
|---------------------|--|
| DEC ACTIVITY # | |
| DATE VALIDATED | |
| EXPIRATION DATE | |

REGISTRATION FORM FOR A SOLID WASTE MANAGEMENT FACILITY

Please read attached instructions (found at the end of this document) before completing this application. This is not a UPA permit. Solid waste management facility operations are not authorized until a registration is validated by the Department. Attach all required information to this form, as described in the instructions.

| | | | |
|---|---|---|---|
| 1. REQUEST TYPE (check applicable box): | | | |
| <input type="checkbox"/> Initial (new facility) | <input checked="" type="checkbox"/> Renewal | <input type="checkbox"/> Modification | <input type="checkbox"/> HHW Event |
| 2. FACILITY INFORMATION | | | |
| Facility Name <i>B+B SALVAGE</i> | | Facility Address <i>5079 NY 67</i> | |
| City/Town <i>HORSICK FALLS / HOORSICK</i> | Zip Code <i>13090</i> | Phone <i>518-686-7716</i> | DEC Region <i>H</i> |
| 3. FACILITY OWNER | | | |
| Owner Name <i>ROBERT A BRENENSTWAZ</i> | | Owner Address <i>5079 NY 67</i> | |
| City/Town <i>HORSICK FALLS</i> | State <i>NY</i> | Zip Code <i>13090</i> | |
| Owner Phone <i>518-686-7716</i> | Owner Email <i>JUNKMAN7@ROADRUNNER.COM</i> | | |
| 4. FACILITY OPERATOR | | | |
| Operator Name <input checked="" type="checkbox"/> same as facility owner | Operator Address | | |
| City/Town | State | Zip Code | |
| Operator Phone | Operator Email | | |
| 5. SITE OWNER | | | |
| Site Owner Name <input checked="" type="checkbox"/> same as facility owner | Site Owner Address | | |
| City/Town | State | Zip Code | |
| Site Owner Phone | Site Owner Email | | |
| 6. PREFERRED CONTACT | | | |
| <input checked="" type="checkbox"/> Facility Owner | <input type="checkbox"/> Facility Operator | <input type="checkbox"/> Site Owner | <input type="checkbox"/> Other (provide): _____ |
| 7. FACILITY OPERATING HOURS | | 8. SERVICE AREA | |
| | | List all municipalities within the service area of the facility | |
| | | | |

| 9. REGISTRATION TYPE | |
|---|--------------------------------------|
| Facility Type (check all applicable) | Addendum Required |
| <input type="checkbox"/> Research, Development, and Demonstration Project [360.18(a)] | None |
| <input type="checkbox"/> Recyclables Handling and Recovery [361-1.3] | None |
| <input type="checkbox"/> Land Application and Associated Storage [361-2.3] | Organics Recycling addendum |
| <input type="checkbox"/> Composting and Other Organics Recycling [361-3.2(b), 3.3(b), 3.4(b), 3.5(b), 3.6(b)] | Organics Recycling addendum |
| <input type="checkbox"/> Mulch Processing [361-4.3] | Organics Recycling addendum |
| <input type="checkbox"/> Construction and Demolition Debris Handling and Recovery [361-5.2] | None |
| <input type="checkbox"/> Waste Tire Collection and Storage [361-6.3(a)(1)] | None |
| <input type="checkbox"/> Waste Tire Sellers [361-6.3(a)(2)] | None |
| <input type="checkbox"/> Waste Tire Retreaders [361-6.3(a)(3)] | None |
| <input type="checkbox"/> Motor Vehicle Repair Shop [361-7.3(a)(1), (b)(1)] | None |
| <input checked="" type="checkbox"/> Vehicle Dismantling Facility [361-7.3(a)(2), (b)(2)] | None |
| <input type="checkbox"/> Scrap Metal Processor [361-7.3(a)(3)] | None |
| <input type="checkbox"/> Mobile Vehicle Crusher [361-7.3(b)(3)] | None |
| <input type="checkbox"/> Used Cooking Oil and Yellow Grease Processing [361-8.3] | None |
| <input type="checkbox"/> Navigational Dredged Material Handling and Recovery [361-9.2] | None |
| <input type="checkbox"/> Combustion and Thermal Treatment [362-1.3] | None |
| <input type="checkbox"/> Transfer Facility [362-3.3] | None |
| <input type="checkbox"/> HHW Collection Event [362-4.2] | HHW Event addendum |
| <input type="checkbox"/> Landfill Reclamation [363-11.2] | Landfill Reclamation addendum |
| <input type="checkbox"/> Regulated Medical Waste Treatment, Storage, and Transfer [365-2.3] | Regulated Medical Waste addendum |
| <input type="checkbox"/> Infectious Waste Management [365-3.3] | Infectious Waste Management addendum |

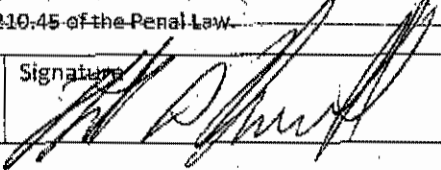
10. SOLID WASTE HANDLED – List all wastes and/or materials to be accepted

| Material | Maximum Throughput | | |
|----------|--------------------|-------|---------------------------|
| | Quantity | Units | Frequency (circle one) |
| 1. | | | Day / Week / Month / Year |
| 2. | | | Day / Week / Month / Year |
| 3. | | | Day / Week / Month / Year |
| 4. | | | Day / Week / Month / Year |

11. TOTAL STORAGE CAPACITY
Describe storage on-site and list total capacity

12. CERTIFICATION

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 as OWNER (title) of PRO SURFACE (entity) to sign this registration form pursuant to 6 NYCRR Part 360, Section 360.15. By signing this registration form, I affirm that I have read the applicable regulations and will abide by all conditions of the registration requirements under Parts 360, 361, 362, 363, and 365, as applicable. 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.

| | | |
|---|---|------------------------|
| Printed/Typed Name <u>ROBERT D BRENNENSTUJAZ</u> | Signature  | Date <u>3-23-16</u> |
|---|---|------------------------|