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REGION IV HEADQUARTERS
SCHENECTADY, NY 12302

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: <i>Bancroft Enterprise</i>			
FACILITY LOCATION ADDRESS: <i>2647 county Hwy 16</i>	FACILITY CITY: <i>Burlington Plats</i>	STATE: <i>NY</i>	ZIP CODE: <i>13315</i>
FACILITY TOWN: <i>Burlington</i>	FACILITY COUNTY: <i>Orsago</i>	FACILITY PHONE NUMBER: <i>518-706-0879</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <i>4</i>			NYSDEC REGION #: <i>4</i>
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: <i>7114113</i>	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): <i>Dismantler/Processor/Collector</i>	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT:	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <i>518-706-0879</i>	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <i>Jason Bancroft</i>	OWNER PHONE NUMBER: <i>518-706-0879</i>	OWNER FAX NUMBER:	
OWNER ADDRESS: <i>2647 county Hwy 16</i>	OWNER CITY: <i>Burlington Plats</i>	STATE: <i>NY</i>	ZIP CODE: <i>13315</i>
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: <i>JBancroft@ADL.com</i>		
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 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 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)		18 lbs			
Used Oil** (gallons)		160 gal			
Diesel Fuel (gallons)	140 gal				
Gasoline (gallons)	225 gal				
Engine Coolant/ Antifreeze (gallons)		130 gal			
Window Washing Fluid (gallons)		15 gal			
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 6 - LEAD-ACID BATTERIES COLLECTED

Provide the number of lead-acid batteries recovered and their disposition.

Number of Lead-Acid Batteries collected from ELVs

25

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

Sims Metal Utica NY

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:

150

as of December 31

Number of used tires available for sale on-site:

100

as of December 31

Number of used tires sold:

40-50

during operating year

Number of waste tires shipped off-site for recycling, disposal, other:

226

during operating year

Indicate name of facility(ies) accepting waste tires:

Casella - Cooperstown and Oneonta Transfer Station

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.

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).		/		
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?		/		
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 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?				

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.

Jason Bancroft
Signature

2/21/13
Date

Jason Bancroft
Name (Print or Type)

Owner
Title (Print or Type)

Email (Print or Type)

2647 County Hwy 16
Address

Burlington 1765
City

NY 13315
State and Zip

(518) 766-0879
Phone Number

ATTACHMENTS: YES NO