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ELECTRICITY, NY 12309

To: Suzan Ihnes From: Phil Skow for
Fax: 518 357 2398 Date: 2-28-18
Phone: Phone: Pages: 9 ~~10~~ + Cover
Re: CC: 518 827 7972

Urgent For Review Please Comment Please Reply Please Recycle

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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>Philip R Skowfoe JR</i>		Facility Address <i>136 Chapman Rd Fulton NY</i>	
City/Town <i>Fulton</i>	Zip Code <i>13071</i>	Phone <i>518 927 4896</i>	DEC Region
3. FACILITY OWNER			
Owner Name <i>Philip R Skowfoe JR</i>		Owner Address <i>136 Chapman Rd Fulton NY</i>	
City/Town <i>Fulton</i>	State <i>NY</i>	Zip Code <i>13071</i>	
Owner Phone <i>518 927 4896</i>		Owner Email	
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 type="checkbox"/> same as facility owner <i>Philip & Rebecca Skowfoe</i>		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	
<i>when we are here.</i>		List all municipalities within the service area of the facility <i>Town of Fulton</i>	

Rev: Nov2017

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 Philip R Skowfoe, JR (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>Philip R Skowfoe, JR</u>	Signature <u>Philip R Skowfoe, JR</u>	Date <u>2-28-15</u>
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MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR VEHICLE DISMANTLING FACILITIES

If you need an alternate language form please email swmfannualreport@dec.ny.gov or call 616-462-6511

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>Philip R Skow fac JR + SONS</i>			
FACILITY LOCATION ADDRESS: <i>126 Chapman Rd</i>	FACILITY CITY: <i>Fultonham</i>	STATE: <i>NY</i>	ZIP CODE: <i>12071</i>
FACILITY TOWN: <i>Fulton</i>	FACILITY COUNTY: <i>Schoharie</i>	FACILITY PHONE NUMBER: <i>518 827 4896</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #:
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: <i>711 820</i>	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): <i>Dismantler</i>	NYS DEC ACTIVITY CODE: <i>711 820</i>	
FACILITY CONTACT: <i>Philip R Skow fac JR</i>	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER:	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS:			

OWNER INFORMATION			
OWNER NAME: <i>Phil R Skow fac JR</i>	OWNER PHONE NUMBER: <i>518 827 4896</i>	OWNER FAX NUMBER: <i>518 827 7972</i>	
OWNER ADDRESS: <i>126 Chapman Rd</i>	OWNER CITY: <i>Fultonham</i>	STATE: <i>NY</i>	ZIP CODE: <i>12071</i>
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		

OPERATOR INFORMATION	
OPERATOR NAME: <input type="checkbox"/> same as owner	<input type="checkbox"/> public <input type="checkbox"/> private

PREFERENCES		
Preferred address to receive correspondence: <input 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 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.

Reprinted (12/17)

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

- Provide the number of ELVs received from January 1 to December 31: _____
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 50
- Provide the number of ELVs stored at the facility as of December 31: 100 +
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 100 +
- Provide the approximate area used for the storage of vehicles (acres): 5 acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
 - 1) J + B Auto Crushers
 - 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 6 - LEAD-ACID BATTERIES COLLECTED

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

Number of Lead-Acid Batteries collected from ELVs _____

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

None Generated

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:

less than 1000

as of December 31

Number of used tires available for sale on-site:

0

as of December 31

Number of used tires sold:

0

during operating year

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

0

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.

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SECTION 10 – COMPLIANCE CERTIFICATION

As of December 31, 2016:

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?	✓			
2. Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways?		✓		
3. Have you recorded the date of receipt for all end-of-life vehicles received?				
4. Are the end-of-life vehicle records available on-site?		✓		
5. Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes?	✓			
6. Have all observed leaks been remedied or contained?		✓		
7. Does your facility have a written Contingency Plan?				
8. Are facility personnel trained to implement the Contingency Plan?		✓		
9. Does your Contingency Plan include actions to be taken in the event of the following?				
9a. Fire		✓		
9b. Spill or release of vehicle waste fluids.		✓		
9c. Unauthorized material received at facility.		N/A		
10. Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection?	✓			
11. Are all vehicle residues prevented from migrating from or running off your property?		✓		
12. Is dust controlled to prevent interference with facility operations or from leaving facility site?		✓		
13. Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations?		✓		
14. Are waste fluids kept from being discharged onto the ground or into surface waters?		✓		
15. Is access to your facility controlled by: fences, gates, sign and/or natural barriers (not vehicles)?		✓		
15a. Are the access controls working (i.e. controlling access)?		✓		
16. Are fluids drained from end-of-life vehicles on a pad constructed of concrete or equivalent material?		✓		
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.				
17b. Cleaning spills as they occur.				
17c. Collecting and properly disposing of absorbent materials.				

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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?	N/A			
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?		✓		

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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?		✓		
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?		✓		
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?			✓	
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 handle 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?	<p data-bbox="1136 945 1445 1071"> <i>NA</i> _____ pounds _____ gallons </p>			

Do you have any other Environmental Conservation Law or regulatory violations?
(Attach additional sheets as necessary.)

_____ *NA* _____

COMMENTS? (Attach additional sheets if necessary)

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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.

Philip R. Stocco, Jr.
Signature

2 - 28 - 18
Date

Philip R. Stocco, Jr. TR
Name (Print or Type)

Owner
Title (Print or Type)

Email (Print or Type)

136 Chapman Rd
Address

Fittsboro NY
City

New York 12091
State and Zip

(518) 827-4896
Phone Number

ATTACHMENTS: YES NO

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