RECEIVED MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR

JAN 2 2 2018 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:							
Wheeler's Collision Ser		Inc	•				
FACILITY LOCATION ADDRESS:	FACILITY	CITY:	STATE: ZIP CODE:				
32 Oakst	Depo	sit	my 13754				
FACILITY TOWN:	FACILITY	COUNTY:	FACILITY PHONE NUMBER:				
Deposit	Delau	vare	607-467-3101				
FACILITY NYS PLANNING UNIT: (A list of NYS	Planning Unit	s can be found at the end of thi	is report).	NYSDEC //			
Dec Region 4 Dela	mare	County		REGION #: ~			
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER:	Dism	ISTRATION TYPE (Vehicl nantler, Mobile Crusher, e mantler		NYS DEC ACTIVITY CODE: ス4/ 302/8			
FACILITY CONTACT:	public	CONTACT PHONE	cc	NTACT FAX NUMBER:			
Randall C HARTZ SR	□ private	NUMBER: 607-467-3101	60	7-467-5661			
CONTACT EMAIL ADDRESS: Phant	25r@-	tds-net					
	OWNER	INFORMATION					
OWNER NAME:	OWNER P	HONE NUMBER:	OWNER	R FAX NUMBER:			
Randall C HARITZ SR	(D) 1	167-3101	600	1-467-5661			
OWNER ADDRESS:	OWNER C	ITY:		STATE: ZIP CODE:			
32 cakst	Deposit NU 13754						
OWNER CONTACT:	OWNER C	ONTACT EMAIL ADDRES	SS:				
3Am 2	SAr	re					
	OPERATO	RINFORMATION					
OPERATOR NAME: same as owner			Œ	public			
	The same of the sa			private			
Preferred address to receive correspondence:		FERENCES	—				
Other (provide): (wheelers Collision)	racility loo	- 1	~	er address			
		Inc 320alist	Depo	sat NY 13754			
The state of the s	ds. no-	rner Contact	and according agreement and	V			
Preferred individual to receive correspondence:							
Did you operate in 2017? Yes; Complete	this form.	A SCANORATION OF THE SCANORATION		The state of the s			
□ No; Complete and submit Sections 1 and 11.							
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JAN 22 2018

Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: Provide the number of ELVs stored at the facility as of December 31: Provide the number of ELVs stored at the facility as of December 31: Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31:	
• Provide the number of ELVs stored at the facility as of December 31: • Provide the highest number of ELVs stored at the facility	
• Provide the highest number of ELVs stored at the facility	
(17)	
Provide the approximate area used for the storage of vehicles (acres):	
Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:	
1) GACU U-Pull-it 230 Coleville Rd	
Binshamten NY 13902	
3)	
·	
If your facility has received 25 or fewer ELVs during the year AND stored no more than	ın
50 ELVs at any one time check this box and complete only sections 3, 4, and 11. If not, leave this box blank.	
ii ilot, iadae tiila dox dialik.	
→▶ Please, write "Not Applicable" on sections that do not pertain to your facility.	
	nď
 → 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 ar 	nď

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 during the reporting period. <u>Qualitative responses (i.e. √'s or X's) are not acceptable</u>. Report only fluids generated from dismantling operations (not general car repair, etc.)

		Fluid	Destination Name & Address				
Waste Fluid Recovered	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)		Recycled 10 Lbs	ddd	ddd	Wheekis Collisions The 32 cal st Deposit by 13754		
Used Oli** (gallons)		1:055 275 gal	/		HAZELION OILI- ENV PA 395 Permitt		
Diesel Fuel (gallons)		/		/			
Gasoline (gallons)							
Engine Coolant/ Antifreeze (gallons)			/				
Window Washing Fluid (gallons)							
Other (specify)		12 Gal. New Reside	/		Wheelers Collision 32 cak St Deposit ref 13754		
			•				

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.

	S anaharat	Stand On Site	Sent Off Site	Destination			
Material Types	Received (tons)	Stored On Site (tons)	(tons)	NYS <u>Planning Unit</u> (or state if other than New York)	To Scrap Metal Processor		
Ferrous Scrap Metal					Yes	No □	
Aluminum Scrap Metal				·	Yes	No d	
Lead Weights					Yes	No L	
Non – Ferrous Scrap Metal					Yes	20 1	
Other (specify):					Yes	No D	
					Yes	No	

SECTION 5 - MERCURY SWITCHES COLLECTED

Provide the number of mercury-containing devices <u>recovered</u> (H&TS) and antilock brake assemblies (ABS).	!. Including but not limited to hood & trunk lighting switches
H&TS(Number)	ABS (Number)
Indicate permitted facility or permitted transporter accepting r	nercury containing devices:

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

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SECTION 6 - LEAD-ACID BATTERIES COLLECTED

Provide the number of lead-acid batteries <u>recovered</u> and their disposition.	~/	
Number of Lead-Acid Batteries collected from ELVs	<u> </u>	
AutoPlus West MainSt Huncocking 13754 Ritury Outo 1 Marvin St Deposit 14 13754	_	new they take con
Any materials disposed must undergo a hazardous waste determination and prohazardous.	oper handling, st	orage and disposal if
SECTION 7 – WASTE TIRES COLLE	ECTED	
Number of waste tires stored on-site:	0	as of December 31
Number of used tires available for sale on-site:	6	as of December 31
Number of used tires sold:	_4_	during operating year
Number of waste tires shipped off-site for recycling, disposal, other:	370	during operating year
Indicate name of facility(les) accepting waste tires: Ed Katen + Son 2920 Uty Hyg 19 Deposit wriste tues our taken by him to Delaurus (my 13 County La Delhi	754 ndfill Rt10
SECTION 8 – PROBLEMS Were any problems encountered during the reporting period (e.g., specific occ facility procedures)?	currences which I	nave led to changes in
Yes TNo If yes, attach additional sheets identifying each problem an problem.	nd the methods fo	or resolution of the
SECTION 9 - CHANGES Were there any changes from approved reports, plans, specifications, and per	mit conditione?	
Yes DNo If yes, attach additional sheets identifying changes with a ju		ch change.

SECTION 10 - COMPLIANCE CERTIFICATION

As of December 31, 2016:

Waste Management Compliance Checklist	NA	Yes	No	Date of Return to Compliance
I. 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?				
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?				
 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?				
3. Are facility personnel trained to implement the Contingency Plan?				
Does your Contingency Plan include actions to be taken in the event of the following.	owing?			
9a. Fire.	Aug Maria	10.18.110	-	
9b. Spill or release of vehicle waste fluids.				
9c. Unauthorized material received at facility.				
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?	1			
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 barrie (not vehicles)?	rs			
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 draining, crushing, etc.?	is used fo	or vehic	le dism	antling, fluid
17a. Cleaning daily.				
17b. Cleaning spills as they occur.		1		(page
17c. Collecting and properly disposing of absorbent materials.	1	1		

	Waste Management Compliance Checklist	NA	Yes	No	Date of Return to
18.	Have the following wastes been drained, removed, deployed, collected and/or stor 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?		0 1 90		J. Same
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 anse	wer 32a	a., 32b.,	320:	
	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
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?	1		<u> </u>	***************************************
37. Are drained oil filters properly recycled or disposed?	<u> </u>			
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?			1	
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 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?				pounds gallons
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.

s a class y misdemeanor brighant to Section 510	.45 of the Penal Law.
Candull Control Signature	/ - 18 - 18 Date
Randall (HAR+2 SR Name (Print or Type)	Pres - Curer Title (Print or Type)
Touris (Final St. 1969)	······ (······························
Chartzsr @ tds.ne	H
Email (Print	or Type)
32 oakst	Deposit
Address	City
Deposit My 13754	(607,467. 310/

ATTACHMENTS: YES NO