

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: Higgins Auto			
FACILITY LOCATION ADDRESS: 507 Cloverdale Rd	FACILITY CITY: Chenango Forks	STATE: NY	ZIP CODE: 13746
FACILITY TOWN: Barker	FACILITY COUNTY: Broome	FACILITY PHONE NUMBER: 607-648-3888	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: 7
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 4040285	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): Vehicle Dismantler	NYS DEC ACTIVITY CODE: 5015 ?	
FACILITY CONTACT: Brian Higgins	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 607-648-3888	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: B_Higgins@frontier.com			
OWNER INFORMATION			
OWNER NAME: Brian G Higgins	OWNER PHONE NUMBER: 607-648-3888	OWNER FAX NUMBER:	
OWNER ADDRESS: P.O.Box 192	OWNER CITY: Chenango Forks	STATE: NY	ZIP CODE: 13746
OWNER CONTACT: Brian Higgins	OWNER CONTACT EMAIL ADDRESS: B_Higgins@frontier.com		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input type="checkbox"/> private
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

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DEPARTMENT OF ENVIRONMENTAL CONSERVATION

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: 0
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 0
- Provide the number of ELVs stored at the facility as of December 31: 0
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 0
- 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) _____
 - 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:

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:	<u>0</u>	as of December 31
Number of used tires available for sale on-site:	<u>0</u>	as of December 31
Number of used tires sold:	<u>0</u>	during operating year
Number of waste tires shipped off-site for recycling, disposal, other:	<u>300~</u>	during operating year

Indicate name of facility(ies) accepting waste tires:

Broome Co. Solid Waste Management

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.

SECTION 10 – COMPLIANCE CERTIFICATION

As of December 31, 2016:

Waste Management Site Specific Checklist	NA	Yes	No	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.				
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.				

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

2/24/18
Date

Brian G. Higgins
Name (Print or Type)

OWNER
Title (Print or Type)

B_Higgins@Frontier.com
Email (Print or Type)

507 Clove Road
Address
OFFICE - P.O. Box 192

Chenango Falls
City

NY 13746
State and Zip

(607) 648-3888
Phone Number

ATTACHMENTS: YES NO

**Division of Materials Management
New York State Department of Environmental Conservation
Albany, New York 12233-7260**

Forms for all solid waste management facilities can be found at <http://www.dec.ny.gov/chemical/52706.html> and a brief description of each type of facility can be found at <http://www.dec.ny.gov/chemical/8495.html>.

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Annual Report

Submit the Annual Report no later than March 1, 2018.

On July 26, 2006, ECL Article 27, Title 23: Vehicle Dismantling Facilities was signed into law. This law expands the solid waste management requirements for facilities that dismantle automobiles and generate used vehicle fluids and other materials such as mercury switches, etc. Facilities with operations involving dismantling, storage, transfer, recycling and disposal of automobiles must complete this Annual Report Form. Compliance with Environmental Conservation Law (ECL) Article 27, Chapter 23 is mandatory. Failure to submit the Annual Report Form is a violation of ECL 71-4003 and may result in a penalty of up to \$500 for each day the Annual Report Form is late.

Reporting of the information indicated on this Mandatory Annual Report including Self-Certification for Vehicle Dismantling Facilities fulfills the reporting requirements pursuant to 6 NYCRR 360-12.1(c).

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

For reference only. Please do not return with submittal.