

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 518-402-8676.)

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>TOWER MT. SALVAGE # 7092502</i>			
FACILITY LOCATION ADDRESS: <i>FIRETOWER RD</i>	FACILITY CITY: <i>ERIEVILLE</i>	STATE: <i>NY</i>	ZIP CODE: <i>13061</i>
FACILITY TOWN: <i>ERIEVILLE</i>	FACILITY COUNTY: <i>MADISON</i>	FACILITY PHONE NUMBER: <i>315 662-7472</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>7</i>	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): <i>Vehicle</i>	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT:	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <i>315 662-7472</i>	CONTACT FAX NUMBER: <i>NA</i>
CONTACT EMAIL ADDRESS: <i>NA</i>			
OWNER INFORMATION			
OWNER NAME: <i>JOHN W. MURER</i>	OWNER PHONE NUMBER: <i>315 662-7472</i>	OWNER FAX NUMBER: <i>NA</i>	
OWNER ADDRESS: <i>2247 FIRETOWER RD</i>	OWNER CITY: <i>ERIEVILLE</i>	STATE: <i>NY</i>	ZIP CODE: <i>13061</i>
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: <i>NA DO NOT OWN OR USE COMPUTER</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 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 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? <input checked="" type="checkbox"/> Yes; Complete this form. <input type="checkbox"/> 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: 7
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 6
- Provide the number of ELVs stored at the facility as of December 31: 127
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 32
- Provide the approximate area used for the storage of vehicles (acres): 9 acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
 - 1) WELDON
 - 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 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)					
Used Oil** (gallons)				50 Gall	DON'S AUTO REPAIR
Diesel Fuel (gallons)					
Gasoline (gallons)					
Engine Coolant/ Antifreeze (gallons)	6 Gall				
Window Washing Fluid (gallons)					
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 type="checkbox"/> No <input type="checkbox"/>
Aluminum Scrap Metal					Yes <input type="checkbox"/> No <input type="checkbox"/>
Lead Weights					Yes <input type="checkbox"/> No <input type="checkbox"/>
Non – Ferrous Scrap Metal					Yes <input 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 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: 474 as of December 31

Number of used tires available for sale on-site: 112 as of December 31

Number of used tires sold: _____ during operating year

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

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.				
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.		✓		