# MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR VEHICLE DISMANTLING FACILITIES

(If you need assistance filling out this form please email <a href="mailto:swmfannualreport@dec.ny.gov">swmfannualreport@dec.ny.gov</a> 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:									
Benwood Auto Parts Inc									
FACILITY LOCATION ADDRESS: FACILITY CITY: STATE: ZIP CODE:									
7574 Van Buren Rd	Baldw	/insville		NY	13027				
FACILITY TOWN:	FACILITY	COUNTY:	FACIL	ITY PHON	E NUMBER:				
Van Buren	Onon	daga	315	-638-	2556				
FACILITY NYS PLANNING UNIT: (A list of NYS Chondaga	FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).  Chondaga  NYSDEC REGION #: 7								
N YS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 43,40263		ISTRATION TYPE (Vehicl nantler, Mobile Crusher, e antler		NYS DE CODE:	C ACTIVITY				
FACILITY CONTACT:	■ public	CONTACT PHONE	C	ONTACT	FAX NUMBER:				
David Fink	☐ private	NUMBER: 315-374-6969	3	315-63	38-0086				
CONTACT EMAIL ADDRESS: dave@benw	oodautopa	arts.com							
		INFORMATION							
CWNER NAME:		HONE NUMBER:		ER FAX NU	Supplemental Control of the Control				
David Fink	315-374		315-6	638-008	6				
CWNER ADDRESS: 118 Cook Dr	OWNER O			STATE: NY	ZIP CODE: 13027				
CWNER CONTACT:	OWNER C	ONTACT EMAIL ADDRES	SS:	a secuel					
	dave@	benwoodauto	parts	s.com					
	OPERATO	RINFORMATION							
C PERATOR NAME: same as owner				□ public □ private					
		FERENCES							
Freferred address to receive correspondence:   Facility location address  Owner address  Other (provide):									
Freferred email address: Facility Contact  Owner Contact  Other (provide):									
Freferred individual to receive correspondence:									
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								
• Provi	de the number of ELVs received from January 1 to December 31:	287							
	de the number of ELVs crushed and/or removed from the facility January 1 to December 31:	267							
• Provi	de the number of ELVs stored at the facility as of December 31:	20							
	de the highest number of ELVs stored at the facility yone time from January 1 to December 31:	250							
• Provi	de the approximate area used for the storage of vehicles (acres):	acres							
	Ide the names of scrap metal processors to which you sold or sent of a sent of the sent of								
	If your facility has <b>received 25 or fewer ELVs</b> during the year of the second section of the second section of the second second section of the second s	ons 3, 4, and 11.							
	If your facility has <b>not processed or stored ANY ELVs</b> during complete only section 9.  If not, leave this box blank  → Please, write "Not Applicable" on sections that do not perform								
	IF NEITHER OF THESE DESCRIPTIONS APPLIES TO YOUR FACOMPLETE THE ENTIRE FORM BELOW:	ACILITY,							

#### **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.  $\sqrt{s}$  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)		20	20		Bowman Auto Repair
Used Oil** (gallons)	400	750			
Diesel Fuel (gallons)	0	0			
Gasoline (gallons)	1400	50			
Engine Coolant/ Antifreeze (gallons)	50	800	200		
Window Washing Fluid (gallons)	50	25			Customer/Employee give awa
(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.

	T					
	Received	Stored On Site	Sent Off Site	Destination		
Material Types	(tons)	(tons)	(tons)	NYS <u>Planning Unit</u> (or state if other than New York)	To Scrap Metal Processor	
Ferrous Scrap Metal	N/A				Yes	No
Aluminum Scrap Metal	N/A				Yes	No
Lead Weights	N/A				Yes	No
Non – Ferrous Scrap Metal	N/A				Yes	No
Other (specify):	WE do not deal in scrap other than the ELV				Yes	No
					Yes	No
	SECT	TION 5 – MERC	CURY SWITC	HES 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 0 (Number)	ABS 0 (Number)
Indicate permitted facility or permitted transporter accepting me	ercury 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 recovered and their disposition.	007	
Number of	Lead-Acid Batteries collected from ELVs	287	
	ate Battery Syracuse, NY		
Any materia hazardous.	als disposed must undergo a hazardous waste determination and pro	oper handling, st	orage and disposal if
	SECTION 7 – WASTE TIRES COLLE	CTED	
Number of	waste tires stored on-site:	850	as of December 31
Number of	used tires available for sale on-site:	450	as of December 31
Number of	used tires sold:	800	during operating year
Number of	waste tires shipped off-site for recycling, disposal, other:	0	during operating year
Indicate nar	me of facility(ies) accepting waste tires:		
			10
	SECTION 8 – PROBLEMS		
Were any facility pro	problems encountered during the reporting period (e.g., specific occ cedures)?	urrences which I	have led to changes in
⊒Yes	No If yes, attach additional sheets identifying each problem an problem.	d the methods fo	or resolution of the
	SECTION 9 – CHANGES		
Were there	e any changes from approved reports, plans, specifications, and per	mit conditions?	
□ Yes	■ No If yes, attach additional sheets identifying changes with a ju	stification for ea	ich change.
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# **SECTION 10 - COMPLIANCE CERTIFICATION**

### As of December 31, 2017:

	Waste Management Compliance Checklist	NA	Yes	No	Date of Return to  Compliance			
1. MO	If your facility stores LESS THAN 1,000 tires, check NA. If your facility stores RE THAN 1,000 tires, do you have a PART 360 permit for tire storage?			X				
2.	Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways?		X					
3.	Have you recorded the date of receipt for all end-of-life vehicles received?		X					
4.	Are the end-of-life vehicle records available on-site?		X					
5.	Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes?		X					
6.	Have all observed leaks been remedied or contained?		X					
7.	Does your facility have a written Contingency Plan?		X					
8.	Are facility personnel trained to implement the Contingency Plan?		X					
9.	Does your Contingency Plan include actions to be taken in the event of the following?							
	9a. Fire.		X					
	9b. Spill or release of vehicle waste fluids.		X					
	9c. Unauthorized material received at facility.		X					
10.	Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection?		X					
11.	Are all vehicle residues prevented from migrating from or running off your property?		X					
12.			X					
13.	Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations?		X					
14.	Are waste fluids kept from being discharged onto the ground or into surface waters?		X					
15.	Is access to your facility controlled by: fences, gates, sign and/or natural barriers (not vehicles)?		X					
	15a. Are the access controls working (i.e. controlling access)?		X					
16	Are fluids drained from end-of-life vehicles on a pad constructed of concrete or equivalent material?		X					
17	Are you doing the following with your concrete (or equivalent surface) pad that is draining, crushing, etc.?	used fo	r vehicl	e dism	antling, fluid			
	17a. Cleaning daily.		X					
	17b. Cleaning spills as they occur.		X					
	17c. Collecting and properly disposing of absorbent materials.		X					

	Waste Management Compliance Checklist	NA	Yes	No	Date of Return to			
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).		X					
	18b. Lead acid batteries.		X					
	18c. Mercury switches or other mercury containing devices, if any.		X					
	18d. Refrigerants, if any.		X					
T	18e. Air bags.		X					
_	18f. PCB capacitors, if any.	X						
19.	Are fluids stored separately & in containers that are compatible with their contents?		X					
20.	Are fluids stored in closed containers?		X					
21.	Are containers which contain waste fluids in good condition and not visibly leaking?		X					
22.	Are containers clearly and legibly labeled to describe their contents?		X					
23.	Are containers stored on a bermed pad constructed of concrete or equivalent material?		X					
24.	Are lead-acid batteries stored upright and off the ground?		X					
25.	Are lead-acid batteries covered to protect them from precipitation?		X					
26.	Are all lead-acid batteries sent for recycling within one-year of receipt?		X					
27.	Are <u>leaking</u> lead-acid batteries, if any are encountered, stored in leak-proof containers separated from intact batteries?		X					
	27a. Are provisions in place to absorb any acid leakage?		X					
28.	Are mercury switches and other mercury containing devices stored in appropriate, labeled containers and then sent for recycling?		X					
29	Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal?	X						
30	Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code?		X					
31	If sent off-site, is used oil transported via a permitted hauler?		X					
32	If you do not burn used oil onsite check NA for 32a., 32b., 32c. If you do, then ans	swer 32	a., 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?		X					
	32b. Do on-site space heaters burn only used oil that is generated on-site or received from household do-it-yourself generators?		X					
	32c. Are combustion gases from used oil space heaters vented to the outside ambient air?		X					

	Waste Management Compliance Checklist	NA	Yes	No	Date of Return to
33	Is waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers?		X		
34	Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?		X		
35.	Are sludges properly recycled or disposed?		X		
36	Are used oil filters properly drained, crushed or dismantled?			X	
37	Are drained oil filters properly recycled or disposed?			X	
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?		X		
	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?		X		
	38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?		X		
nor the	If your facility does not handles cleaning solvents, degreasers, battery acids or -vehicle wastes write NA. If these materials are handled at your facility, what is maximum amount of this material that your facility generates in any calendar 1th?		-	N/A	pounds gallons

o you	have any	other Envi	ronmental	Conservation	Law or	regulatory	violations?
Attach	additional	sheets as	necessary	y.)			

No

COMMENTS? (Attach additional sheets if necessary)

Questions 36 & 37: The oil filter are left on any engine for sale.

We do not crush cars with engines in them.

#### 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

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.

David Fink
Name (Print or Type)

Title (Print or Type)

David Fink

Name (Print or Type)

Title (Print or Type)

Total Pres

Total Pres

Title (Print or Type)

Total Pres

Total Pres

Total Pres

Title (Print or Type)

ATTACHMENTS: YES NO