

Clear Form

MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR VEHICLE DISMANTLING FACILITIES

(If you need assistance filling out this form please email swmannualreport@dec.ny.gov or call 515-406-8878)

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>Vernon's Engine + Transmission LLC</i>			
FACILITY LOCATION ADDRESS: <i>2758 RT34B</i>		FACILITY CITY: <i>Aurora</i>	STATE: <i>NY</i> ZIP CODE: <i>13026</i>
FACILITY TOWN:	FACILITY COUNTY: <i>Cayuga</i>	FACILITY PHONE NUMBER: <i>315-364-8841</i>	
FACILITY NYS PLANNING UNIT: (A list of NYG Planning Units can be found at the end of this report).			NYSDEC REGION #: <i>7</i>
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: <i>7003172</i>		REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): <i>automotive Repair</i>	NYS DEC ACTIVITY CODE:
FACILITY CONTACT: <i>Bob or Edward Vernon</i>	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <i>315-364-8841</i>	CONTACT FAX NUMBER: <i>315-364-8841</i>
CONTACT EMAIL ADDRESS:			

OWNER INFORMATION

OWNER NAME: <i>Robert or Edward Vernon</i>	OWNER PHONE NUMBER: <i>315-364-8841</i>	OWNER FAX NUMBER: <i>315-364-8841</i>	
OWNER ADDRESS: <i>2758 RT34B</i>	OWNER CITY: <i>Aurora</i>	STATE: <i>NY</i>	ZIP CODE: <i>13026</i>
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: <i>edcvernon@gmail.com</i>		

OPERATOR INFORMATION

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

Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address	
<input type="checkbox"/> Other (provide):	
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact	
<input type="checkbox"/> Other (provide): <i>edcvernon@gmail.com</i>	
Preferred individual to receive correspondence: <input checked="" 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.

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. Y'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
	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)	-0-	-0-			
Used Oil** (gallons)	100	-0-			
Diesel Fuel (gallons)	-0-	-0-			
Gasoline (gallons)	100	-0-			
Engine Coolant/ Antifreeze (gallons)	Recycled	-0-			
Window Washing Fluid (gallons)	Recycled	-0-			
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 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 618-402-9041
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.

Edward C Vernon
Signature

2-28-2018
Date

Edward C Vernon
Name (Print or Type)

owner
Title (Print or Type)

edcvernon@gmail.com
Email (Print or Type)

2758 R7340
Address

Aurora
City

NY 13026
State and Zip

(315) 364-8841
Phone Number

ATTACHMENTS: ☐ YES ☒ NO