

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: <i>CUBA Auto SALES</i> | | | |
| FACILITY LOCATION ADDRESS: <i>9807 RT 446</i> | FACILITY CITY: <i>CUBA</i> | STATE: <i>N.Y.</i> | ZIP CODE: <i>14727</i> |
| FACILITY TOWN: <i>CUBA</i> | FACILITY COUNTY: <i>ALLEGANY</i> | FACILITY PHONE NUMBER: <i>585-968-1207</i> | |
| FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). | | | NYSDEC REGION #: <i>9</i> |
| NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: <i>7109862</i> | REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): <i>DISMANTLER</i> | NYS DEC ACTIVITY CODE: <i>02J06</i> | |
| FACILITY CONTACT: <i>STEWART FREEMAN</i> | <input checked="" type="checkbox"/> public <input type="checkbox"/> private | CONTACT PHONE NUMBER: <i>585-968-1207</i> | CONTACT FAX NUMBER: <i>585-968-1328</i> |
| CONTACT EMAIL ADDRESS: | | | |
| OWNER INFORMATION | | | |
| OWNER NAME: <i>STEWART FREEMAN</i> | OWNER PHONE NUMBER: <i>SAME AS ABOVE</i> | OWNER FAX NUMBER: | |
| OWNER ADDRESS: <i>79 Genesee St.</i> | OWNER CITY: <i>CUBA</i> | STATE: <i>N.Y.</i> | ZIP CODE: <i>14727</i> |
| OWNER CONTACT: | OWNER CONTACT EMAIL ADDRESS: | | |
| 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 checked="" 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 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: 94
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 94
- Provide the approximate area used for the storage of vehicles (acres): 3 acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:

- 1) In 2017 There were no vehicles sent to process
- 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 |
|--------------------------------------|---------------------------------|----------------------------|-------------------------|--------------------|---|
| | 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) | | <u>0</u> | | | |
| Used Oil** (gallons) | <u>40</u> | <u>0</u> | | | |
| Diesel Fuel (gallons) | <u>0</u> | <u>0</u> | | | |
| Gasoline (gallons) | <u>25</u> | <u>0</u> | | | |
| Engine Coolant/ Antifreeze (gallons) | <u>0</u> | <u>80</u> | | | |
| Window Washing Fluid (gallons) | <u>6</u> | <u>3</u> | | | |
| 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 | 1.0 Tons | 4.5 Tons | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Aluminum Scrap Metal | -0- | -0- | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Lead Weights | -0- | 5 LBS | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Non – Ferrous Scrap Metal | -0- | -0- | | | 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 -0-
(Number)

ABS -0-
(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

28

Indicate permitted facility or permitted transporter accepting lead-acid batteries:

Ben Weitsman of ALLEGANY

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:

-0-

as of December 31

Number of used tires available for sale on-site:

20

as of December 31

Number of used tires sold:

-0-

during operating year

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

34

during operating year

Indicate name of facility(ies) accepting waste tires:

ALLEGANY County Landfill Belmont N.Y.

See Attached Receipts (2)

We do not store or stockpile old tires As small pile develops we dispose of + pay the fee at landfill

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.

Allegany County.NY
ALLEGANY COUNTY LANDFILL
LANDFILL
BELMONT, NY 14813

000000
CASH CUSTOMER

Site 02
Ticket 181718
Date In 07/01/17
Time In 12:25
Date Out 07/01/17
Time Out 12:25:01

Weighmaster WALTER WHITE
Origin CUBA, TOWN OF

Ref. FREEMAN
Grid 14

DESCRIPTION

| | | | |
|------------------|------|----------|------|
| Stored Gross Wt. | 0 LB | Vehicle | |
| Stored Tare Wt. | 0 LB | Roll-Off | |
| Net Wt. | 0 LB | TON | 0.00 |

TIRES UP TO 20" \$1.5 @ \$ 1.50 per EACH 22.50

Net Cash Amount

Amt. Tendered 22.50
Change 0.00
Check # 12769

OPERATING HOURS:

TUESDAY THROUGH SATURDAY 8:00 A.M. TO 3:00 P.M.

THIS IS TO CERTIFY THAT THIS LOAD DOES NOT CONTAIN ANY
HAZARDOUS MATERIALS. MEDICAL WASTE OR LIQUIDS OF ANY TYPE

Signature _____

(15)
*I punched
4 time
Wally*

Allegany County, NY
ALLEGANY COUNTY LANDFILL
LANDFILL
BELMONT, NY 14813

000000
CASH CUSTOMER

Site 02
Ticket 181108
Date In 05/20/17
Time In 12:27
Date Out 05/20/17
Time Out 12:27:23

Trighmaster WALTER WHITE
Origin CUBA, TOWN OF

Ref. FREEMAN
Grid 14

DESCRIPTION

| | | | |
|------------------|------|----------|------|
| Stored Gross Wt. | 0 LB | Vehicle | |
| Stored Tare Wt. | 0 LB | Roll-Off | |
| Net Wt. | 0 LB | TON | 0.00 |

TIRES UP TO 20" \$1.5 @ \$ 1.50 per EACH 28.50

Net Cash Amount

Amt. Tendered 28.50
Change 0.00
Check # 12721

OPERATING HOURS:

TUESDAY THROUGH SATURDAY 8:00 A.M. TO 3:00 P.M.

THIS IS TO CERTIFY THAT THIS LOAD DOES NOT CONTAIN ANY
HAZARDOUS MATERIALS, MEDICAL WASTE OR LIQUIDS OF ANY TYPE

Signature _____

35¢ more than

7¢ less than 20 "

19

SECTION 10 – COMPLIANCE CERTIFICATION

As of December 31, 2017:

| 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. | | ✓ | | |

| Waste Management Compliance Checklist | NA | Yes | No | Date of Return to Compliance |
|---|----|-----|----|------------------------------|
| 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). | | ✓ | | |
| 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? | | ✓ | | |
| 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 leaking 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 answer 32a., 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? | | ✓ | | |
| 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 to Compliance |
|---|---------------------------------------|-----|----|------------------------------|
| 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? | | ✓ | | |
| 37. Are drained oil filters properly recycled or disposed? | | ✓ | | |
| 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? | ✓ | | | |
| 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? | <u>NA</u> pounds <u>NA</u> gallons | | | |

Do you have any other Environmental Conservation Law or regulatory violations?
(Attach additional sheets as necessary.)

None

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.

Stewart Freeman
Signature

2/26/18
Date

STEWART FREEMAN
Name (Print or Type)

Owner
Title (Print or Type)

Email (Print or Type)

79 Genesee St.
Address

CUBA
City

NY. 14727
State and Zip

585 968-1207
Phone Number

ATTACHMENTS: ☐ YES ☐ NO