

FAX TRANSMISSION

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Subject: HHS DSS Jamestown Fax Rm 511 **Date:** 4/2/2018 **Time:** 8:19:36 AM

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From: FaxHHSJmstnRm511

To:

Division: DSS

Fax number: 15184029041

Email address: FaxHHSJmstnRm511@co.chautauqua.ny.us

Fax number: 753-9750

Telephone:

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Message: HHS DSS Jamestown Fax Rm 511

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Chautauqua County
Dept of Health and Human Services
7 N. Erie Street, Mayville, New York 14757
Phone: 716 753-4000
www.co.chautauqua.ny.us

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Clear Form

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>Bob's Corner Service</i>			
FACILITY LOCATION ADDRESS: <i>729 Route 62</i>	FACILITY CITY: <i>Ellington</i>	STATE: <i>NY</i>	ZIP CODE: <i>14732</i>
FACILITY TOWN: <i>Ellington</i>	FACILITY COUNTY: <i>Chautauque</i>	FACILITY PHONE NUMBER: <i>716-287-2771</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <i>Chautauque County</i>			NYSDEC REGION #: <i>9</i>
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: <i>7017214</i>	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): <i>Vehicle Dismantler</i>	NYS DEC ACTIVITY CODE: <i>07J04</i>	
FACILITY CONTACT: <i>Robert A. Speas</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <i>716-287-2771</i>	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <i>Robert A. Speas</i>	OWNER PHONE NUMBER: <i>716-287-2771</i>	OWNER FAX NUMBER:	
OWNER ADDRESS: <i>PO Box 316</i>	OWNER CITY: <i>Ellington</i>	STATE: <i>NY</i>	ZIP CODE: <i>14732</i>
OWNER CONTACT: <i>Robert A. Speas</i>	OWNER CONTACT EMAIL ADDRESS: <i>NA</i>		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
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 type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <i>NONE</i> <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: 8
- 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: 28
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 28
- Provide the approximate area used for the storage of vehicles (acres): 2.5 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 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)	0	0	0	0	
Used Oil** (gallons)	80 gallons	0	0	0	for heating
Diesel Fuel (gallons)	0	0	0	0	
Gasoline (gallons)	25 gallons	0	0	0	in equipment
Engine Coolant/ Antifreeze (gallons)	6-	0	0	0	Sold in gallon jugs
Window Washing Fluid (gallons)	0	0	0	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 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	0	0	0		Yes <input type="checkbox"/> No <input type="checkbox"/>
Aluminum Scrap Metal	0	0	0		Yes <input type="checkbox"/> No <input type="checkbox"/>
Lead Weights	0	0	0		Yes <input type="checkbox"/> No <input type="checkbox"/>
Non – Ferrous Scrap Metal	0	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 4
(Number)

ABS 2
(Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

Stored on Site

Note: Use additional 8.5" x 11" sheets as needed.

Reprinted (12/17)

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

2/27/18
Date

Robert A. Spears
Name (Print or Type)

Owner
Title (Print or Type)

NA
Email (Print or Type)

PO Box 316
Address

Ellington
City

New York 14732
State and Zip

(716) 287-2771
Phone Number

ATTACHMENTS: ☐ YES ☒ NO