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: Camaro Specialties

FACILITY LOCATION ADDRESS:	FACILITY CITY:	STATE:	ZIP CODE:
112 Elm Street	East Aurora	NY	14052

FACILITY TOWN:	FACILITY COUNTY:	FACILITY PHONE NUMBER:
Aurora	Erie	716 652-7086

FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). East Aurora (Village) — **NYSDEC REGION #:** 9

NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER:	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.):	NYS DEC ACTIVITY CODE:
7064389	Vehicle Dismantler	

FACILITY CONTACT:	☐ public ☒ private	CONTACT PHONE NUMBER:	CONTACT FAX NUMBER:
Bob Harris		716 652-7086	716 652-2279

CONTACT EMAIL ADDRESS: bob@camaros.com

OWNER INFORMATION

OWNER NAME:	OWNER PHONE NUMBER:	OWNER FAX NUMBER:
Bob Harris	716 652-7086	716 652-2279

OWNER ADDRESS:	OWNER CITY:	STATE:	ZIP CODE:
11895 Strykersville Rd.	East Aurora	NY	14052

OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:
	bob@camaros.com

OPERATOR INFORMATION

OPERATOR NAME: ☒ *same as owner* — ☐ public ☐ private

PREFERENCES

Preferred address to receive correspondence: ☒ *Facility location address* ☐ *Owner address* ☐ *Other (provide):*

Preferred email address: ☐ *Facility Contact* ☒ *Owner Contact* ☐ *Other (provide):*

Preferred individual to receive correspondence: ☐ *Facility Contact* ☒ *Owner Contact* ☐ *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: 2
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 2
- Provide the number of ELVs stored at the facility as of December 31: 6
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 9
- Provide the approximate area used for the storage of vehicles (acres): 1 acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:

1) Twin Village Recycling 4135 Broadway, Depew, N.Y. 14043

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 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	Ø	Ø	Ø		Yes ☐	No ☑
Aluminum Scrap Metal	Ø	Ø	Ø		Yes ☐	No ☑
Lead Weights	Ø	Ø	Ø		Yes ☐	No ☑
Non – Ferrous Scrap Metal	Ø	Ø	Ø		Yes ☐	No ☑
Other (specify):					Yes ☐	No ☐
					Yes ☐	No ☐

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 Ø (Number)

ABS Ø (Number)

Indicate permitted facility or permitted transporter accepting mercury 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.

Number of Lead-Acid Batteries collected from ELVs Ø

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: 30 as of December 31

Number of used tires available for sale on-site: 10 as of December 31

Number of used tires sold: 8 during operating year

Number of waste tires shipped off-site for recycling, disposal, other: 0 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?	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. Is dust controlled to prevent interference with facility operations or from leaving facility site?	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 keeping up-to-date with your concrete (or equivalent surface) pad that is used for vehicle dismantling, fluid draining, crushing, etc.?				
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 Compliance
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:	X			
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			
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?	N/A pounds 5 gallons			

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

NO

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.

BC Harris
Signature

2/26/18
Date

Bob Harris
Name (Print or Type)

Owner
Title (Print or Type)

bob@camaros.com
Email (Print or Type)

112 Elm Street
Address

East Aurora
City

NY, 14052
State and Zip

(716) 652-7086
Phone Number

ATTACHMENTS: ☐ YES ☒ NO