

Clear Form

## WASTE TIRE STORAGE FACILITY ANNUAL REPORT

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>Kloiber Auto Recycling</i>			
FACILITY LOCATION ADDRESS: <i>10353 Darien Rd.</i>	FACILITY CITY: <i>Holland</i>	STATE: <i>NY</i>	ZIP CODE: <i>14080</i>
FACILITY TOWN: <i>Holland</i>	FACILITY COUNTY: <i>Erie</i>	FACILITY PHONE NUMBER: <i>716 655-4012</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>
360 PERMIT #: <i>7023164</i>	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: <i>15J34</i>
FACILITY CONTACT: <i>David Kloiber</i>	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <i>6554012</i>	CONTACT FAX NUMBER: <i>716655-3414</i>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <i>Same</i>	OWNER PHONE NUMBER: <i>Same</i>	OWNER FAX NUMBER: <i>Same</i>	
OWNER ADDRESS: <i>Same</i>	OWNER CITY: <i>Same</i>	STATE: <i>NY</i>	ZIP CODE: <i>14080</i>
OWNER CONTACT: <i>Same</i>	OWNER CONTACT EMAIL ADDRESS: <i>Same</i>		
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 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 <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? <input checked="" type="checkbox"/> Yes; Complete this form.  <input type="checkbox"/> No; Complete and submit Sections 1 and 11. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at: <a href="http://www.dec.ny.gov/chemical/52706.html">http://www.dec.ny.gov/chemical/52706.html</a> .			

**SECTION 2 - WASTE TIRES RECEIVED**

Provide the tonnages of waste tires received. Include all types of waste tires received. DO NOT REPORT IN NUMBER OF TIRES!

Specify the methods used to measure the quantities disposed and the percentages measured by each method:

\_\_\_\_ % Scale Weight

\_\_\_\_ % Estimated

\_\_\_\_ % Truck Count

\_\_\_\_ % Other (Specify: \_\_\_\_\_)

Type of Waste Tire	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)
Whole Tires - passenger	None	None	None	None	None	None
Whole Tires - truck						
Whole Tires - OTR						
Tire Chips						
Other (specify)						
Total Tons Received						

Type of Waste Tire	Tip Fee (\$/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)
Whole Tires - passenger		None	None	None	None	None	
Whole Tires - truck							
Whole Tires - OTR							
Tire Chips							
Other (specify)							
Total Tons Received							

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### SECTION 3 – SERVICE AREA OF WASTE TIRES RECEIVED

Identify the service area of the waste. The Total Tons Received reported below should equal the Total Tons Received in Section 2 (Received). DO NOT REPORT IN NUMBER OF TIRES!

1) Direct hauled from the generator of the waste. In the case where the waste is hauled to your facility from the generator (i.e. hauled from re establishments, etc.), "Direct Haul" is the appropriate response in Column 2 under "Service Area." Please report the tonnage by waste type a county and planning unit where it was generated;

2) Sent to your waste tire storage facility from another solid waste management facility. Waste may be sent to your waste tire storage facility waste management facility. In this case, please report the tonnage by waste type from each sending solid waste management facility, as well facility's name, address, county, and the planning unit where the sending facility is located.

Specify transport method and percentages of total waste transported by each:

100 % Road

\_\_\_\_ % Rail

\_\_\_\_ % Water

\_\_\_\_ % Other (specify: \_\_\_\_\_)

Explain which waste types and service areas below are included in these transport methods Left on ELVs.

SERVICE AREA OF WASTE TIRES RECEIVED				
TYPE OF WASTE TIRE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul" AND PART 364 TRANSPORTER PERMIT #	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)
Whole Tires - passenger	<u>Gerda</u>	<u>NY</u>		
	<u>Buffalo Shreding.</u>	<u>NY</u>		
Whole Tires - truck				

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**SECTION 4 - DESTINATION**

Identify the destination of waste tires removed by indicating the name of the facility to which waste tires were sent from your facility, the transport mode, the type of waste tires Part 364 transporter permit number, the corresponding State/Country, the County/Province, the NYS Planning Unit of the destination, and the amount. Refer to the list of NYS Planning Units that can be found at the end of this report.

DO NOT REPORT IN NUMBER OF TIRES!

Transport (specify percentages):

\_\_\_\_ % Road

\_\_\_\_ % Rail

\_\_\_\_ % Water

\_\_\_\_ % Other (specify: \_\_\_\_\_)

Explain which waste types and destinations below are included in these transport methods \_\_\_\_\_

DESTINATION				
TYPE OF WASTE TIRE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address) AND PART 364 TRANSPORTER PERMIT #	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)
Whole Tires - passenger	Gerda's			
	Ohio St, Buffalo NY		ERIE	
	Buffalo Shredding		ERIE	
Whole Tires - truck	Lake Ave, Buffalo NY			
Whole Tires - OTR				
Tire Chips				
Other (specify)				
				<b>TOTAL SENT (tons)</b>

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SERVICE AREA OF WASTE TIRES RECEIVED				
TYPE OF WASTE TIRE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul" AND PART 364 TRANSPORTER PERMIT #	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)
Whole Tires - OTR	None			
Tire Chips	None			
Other (specify)				
				TOTAL RECEIVED (tons)

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**SECTION 5 – WASTE TIRE STORAGE**

Does your facility store less than 1,000 tires? Yes X No   

If you store more than 1,000 tires does your facility have a Part 360 permit? Yes    No   

Provide the tonnage of waste tires stored. DO NOT REPORT IN NUMBER OF TIRES!

TYPE OF WASTE TIRE	TONS AT THE BEGINNING OF THE REPORTING PERIOD	TONS AT THE END OF THE REPORTING PERIOD
Whole Tires - passenger	<u>  </u>	<u>  </u>
Whole Tires - truck	<u>  </u>	<u>  </u>
Whole Tires - OTR		
Tire Chips		
Other (specify)		
TOTAL	<u>  </u>	<u>  </u>

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**SECTION 6 – UNAUTHORIZED SOLID WASTE**

Has unauthorized solid waste been received at the facility during the reporting period?

☐ Yes ☒ No If yes, give information below for each incident (attach additional sheets if necessary):

Date Received	Type Received	Date Disposed	Disposal Method & Location

**SECTION 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS**

Are there required cost estimates and financial assurance documents for closure?

☐ Yes ☒ No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

**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 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS**

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form?

☐ Yes ☒ No If yes, attach additional sheets identifying the reporting requirements with their respective responses.



**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](mailto: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.

David Kloiber  
Signature

2-28-18  
Date

David Kloiber  
Name (Print or Type)

OWNER  
Title (Print or Type)

Capnscraper@AOL.com  
Email (Print or Type)

10353 Darien Rd  
Address

Holland  
City

N.Y. 14080  
State and Zip

716 655-4012  
Phone Number

ATTACHMENTS: ☐ YES ☐ NO