# MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR VEHICLE DISMANTLING FACILITIES

(If you need assistance filling out this form please email <a href="mailto:swmfannualreport@dec.ny.gov">swmfannualreport@dec.ny.gov</a> 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 <u>January 01, 2017</u> to <u>December 31, 2017</u>

## **SECTION 1 – FACILITY INFORMATION**

	FACILITY INFORMATION							
FACILITY NAME:								
NIAGARA METAZS LLC								
FACILITY LOCATION ADDRESS:	FACILITY CITY:	STATE: ZIP CODE:						
4861 PACKARD RD	NIAGARA FALLS	Ny 14304						
FACILITY TOWN:	FACILITY COUNTY:	FACILITY PHONE NUMBER:						
NIAGARA	NIAGARA	716-282-6200						
FACILITY NYS PLANNING UNIT: (A list of NYS	Planning Units can be found at the end of the	is report). NYSDEC REGION #: 9						
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 7/04997	REGISTRATION TYPE (Vehic Dismantler, Mobile Crusher, e PROCESSOR; COLLECTOR. CR	etc.): CODE:						
FACILITY CONTACT:	public CONTACT PHONE	CONTACT FAX NUMBER:						
MICHAEL SHEEHAN	Private NUMBER: 7/6-282-6200	716-282-6203						
CONTACT EMAIL ADDRESS:								
OWNER INFORMATION								
OWNER NAME: OWNER PHONE NUMBER: OWNER FAX NUMBER:								
NIABARA METAZS	716-282-6200	716-282-6203						
OWNER ADDRESS:	OWNER CITY:	STATE: ZIP CODE:						
P.O. BOX 3116	NIAGREA FALLS	NY 14304						
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRE	SS:						
	OPERATOR INFORMATION							
OPERATOR NAME: same as owner		□ public □ private						
	PREFERENCES							
Preferred address to receive correspondence: ☐ Facility location address ☐ Owner address ☐ Owner address								
Preferred email address: Facility Contact Owner Contact								
Preferred individual to receive correspondence: Facility Contact Owner Contact								
Did you operate in 2017?  Yes; Complete this form.								
No; Complete and submit Sections 1 and 11.								

	SECTION 2 - END-OF-LIFE VEHICLES (ELVs) I	PROCESSED
• Provi	de the number of ELVs received from January 1 to December 31:	970
	de the number of ELVs crushed and/or removed from the facility January 1 to December 31:	960
• Provi	de the number of ELVs stored at the facility as of December 31:	
	de the highest number of ELVs stored at the facility  one time from January 1 to December 31:	_ 3 5
• Provi	de the approximate area used for the storage of vehicles (acres):	
• Provi	de the names of scrap metal processors to which you sold or sent d	lecommissioned ELVs:
1)	TRIPLE M	
2)	UPSTATE SHREADING	
3)		
	(4)	
	If your facility has <b>received 25 or fewer ELVs</b> during the year A <b>50 ELVs</b> at any one time check this box and complete only section of the property of the p	AND <b>stored no more than</b> ons 3, 4, and 11.
	→ Please, write "Not Applicable" on sections that do not perta	ain to your facility.
	If your facility has <b>not processed or stored ANY ELVs</b> during complete only section 9.  If not, leave this box blank	g the year, check this box and
	→ Please, write "Not Applicable" on sections that do not perta	ain to your facility.
	IF NEITHER OF THESE DESCRIPTIONS APPLIES TO YOUR FACOMPLETE THE ENTIRE FORM BELOW:	ACILITY,

### **SECTION 3 - WASTE FLUIDS RECOVERED**

Complete this table by reporting <u>volumes</u> of End-of-Life Vehicle (ELV) waste fluids managed at the facility during the reporting period. <u>Qualitative responses (i.e.  $\sqrt{s}$  or X's) are not acceptable</u>. Report only fluids generated from dismantling operations (not general car repair, etc.)

	Fluid Volume				Destination Name & Address			
Waste Fluid Recovered			(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)					
Refrigerant (pounds)	D	5	30	Ð	IRR SUPPLY			
Used Oil** (gallons)	377.	180	0	0	ENVIRONMETAL SERVICE GROUP			
Diesel Fuel (gallons)	9	D	Ø	A	NA			
Gasoline (gallons)	1455	25	250	0	ENVIRONMETAL SERVICE GROUP			
Engine Coolant/ Antifreeze (gallons)	D	B	100	0	ENVIRONMETAZ SERVICE GROUP			
Window Washing Fluid (gallons)	8	0	Ø	Ð	NA			
Other (specify)								

<sup>\*</sup> Any fluids disposed must undergo a hazardous waste determination and proper handling, storage and disposal if hazardous.

<sup>\*\*</sup> 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.

	Received	Stored On Site	Sent Off Site	Destination			
Material Types	(tons)	(tons)	(tons)	NYS <u>Planni</u> other than I	NYS <u>Planning Unit</u> (or state if other than New York)		crap etal essor
Ferrous Scrap Metal						Yes	No
Aluminum						Yes	No
Scrap Metal		24					
1 1 \ \ \ \ - \ \ - \ \ \ \ - \ \ \ \						Yes	No
Lead Weights							П
Non – Ferrous						Yes	No
Scrap Metal							
Other (specify):						Yes	No
Other (specify).							П
						Yes	No
	SECT	TION 5 - MERC	CURY SWITC	HES COLL	ECTED		
Provide the number (H&TS) and antilog	er of mercury-cont ck brake assembli	aining devices <u>rec</u> les (ABS).	covered. Includi	ng but not limi	ted to hood & trunk liq	ghting sw	vitches
	H&TS	9 /		ΔRS	0		

SECTION 5 - MERC	URY SWITCHES COLLECTED
Provide the number of mercury-containing devices receipt (H&TS) and antilock brake assemblies (ABS).	overed. Including but not limited to hood & trunk lighting switches
H&TS 9/ (Number)	ABS (Number)
Indicate permitted facility or permitted transporter acce	pting mercury containing devices:
NATIONAZ VEHICLE M	TERCURY SWITCH PROGRAM
END OF LIFE VEHICL	ES SOLUTION CORP. (ELVS)

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 <u>recovered</u> and their disposition.
Number of Lead-Acid Batteries collected from ELVs 485
Indicate permitted facility or permitted transporter accepting lead-acid batteries:
CREEKWOOD METAZS TONOLLI
(RSR) REVERE SMELTING & REFINING CORP
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: as of December 31
Number of used tires available for sale on-site:  25 as of December 31
Number of used tires sold:  2 50 during operating year
Number of waste tires shipped off-site for recycling, disposal, other:  13 7000 during operating year
Indicate name of facility(ies) accepting waste tires:
BUFFAZO FUEL CORP
POX TIRE
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, 2017:

	Waste Management Compliance Checklist	NA	Yes	No	Date of Return to Compliance
1. MO	If your facility stores LESS THAN 1,000 tires, check NA. If your facility stores RE 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?	1			
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	ng?			
	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 draining, crushing, etc.?	used for	rvehicle	e disma	antling, fluid
	17a. Cleaning daily.		/		
	17b. Cleaning spills as they occur.		/		
	17c. Collecting and properly disposing of absorbent materials.		/		

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	Waste Management Compliance Checklist	NA	Yes	No	Date of Return to  Compliance
18.	Have the following wastes been drained, removed, deployed, collected and/or storpractices, prior to vehicle crushing or shredding?	ed follo	wing b	est mar	nagement
	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.		1		
	18f. PCB capacitors, if any.		/		
19.	Are fluids stored separately & in containers that are compatible with their contents?		/		<i>N</i>
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?		1		
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 <u>leaking</u> 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?		V		
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?		1		
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	wer 32a	a., 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?		1		
	32b. Do on-site space heaters burn only used oil that is generated on-site or received from household do-it-yourself generators?	/			
15	32c. Are combustion gases from used oil space heaters vented to the outside ambient air?		V		

Waste Management Compliance Checklist	NA	Yes	No	Date of Return to
33. Is waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers?			n.	
34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?	/			
35. Are sludges properly recycled or disposed?		1		
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?		-		pounds gallons
Do you have any other Environmental Conservation Law or regulatory violations? (Attach additional sheets as necessary.)		-		
COMMENTS? (Attach additional sheets if necessary)  NO				
*				

#### 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.

him the	3/10/18
Signature	Date
MICHIEL SHEEHAW  Name (Print or Type)	Title (Print or Type)
mike@niaganame Email (Pr	tals.com int or Type)
Pro Box 3/16 Address	NIAGARA FALLS City
New York State and Zip	(7/6) 282- 62000 Phone Number

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ATTACHMENTS:	YES	_ NO