

VEHICLE DISMANTLING FACILITY, MOTOR VEHICLE REPAIR SHOP AND MOBILE VEHICLE CRUSHER ANNUAL REPORT

Submit the Annual Report no later than March 1, 2019.

This annual report is for the year of operation from January 01, 2018 to December 31, 2018

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NYSDEC - Region 1

FEB 14 2019

Division of Materials Mgmt.

SECTION 1 - FACILITY INFORMATION

| FACILITY INFORMATION | | | |
|--|--|---|---|
| FACILITY NAME: HEAVY METAL INC. | | | |
| FACILITY LOCATION ADDRESS: 3030 New Street | | FACILITY CITY: NEW YORK | STATE: NY ZIP CODE: 11572 |
| FACILITY TOWN: OCEANSIDE | | FACILITY COUNTY: NASSAU | FACILITY PHONE NUMBER: 516-763-2249 |
| FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Hempstead (town) | | | NYSDEC REGION #: 1 |
| FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler <input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher | | | |
| DMV I.D. #: 703513905 | | | |
| FACILITY CONTACT: JAMES JAVINO | | <input checked="" type="checkbox"/> public <input type="checkbox"/> private | CONTACT PHONE NUMBER: 516-763-2249 |
| CONTACT FAX NUMBER: | | | |
| CONTACT EMAIL ADDRESS: | | | |
| OWNER INFORMATION | | | |
| OWNER NAME: JAMES JAVINO | | OWNER PHONE NUMBER: 516-796-0605 | OWNER FAX NUMBER: |
| OWNER ADDRESS: 159 Sunrise Lane | | OWNER CITY: Levittown | STATE: NY ZIP CODE: 11752 |
| OWNER CONTACT: | | OWNER CONTACT EMAIL ADDRESS: | |
| 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 <input type="checkbox"/> Other (provide): | | | |
| Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide): | | | |

Did you operate in 2018? ☐ Yes; Complete this form.

☒ No; Complete and submit Sections 1 and 12.

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) | | | | | |
| Used Oil** (gallons) | | | | | |
| Diesel Fuel (gallons) | | | | | |
| Gasoline (gallons) | | | | | |
| Engine Coolant/ Antifreeze (gallons) | | | | | |
| Window Washing Fluid (gallons) | | | | | |
| 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 <u>Planning Unit</u> (or state if other than New York) | To Scrap Metal Processor |
| Ferrous Scrap Metal | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Aluminum Scrap Metal | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lead Weights | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Non – Ferrous Scrap Metal | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other (specify): | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____
(Number)

ABS _____
(Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

SECTION 6 – AIR BAGS COLLECTED

Provide the number of air bags recovered.

Number of Air Bags Removed: _____

Number of Air Bags Deployed: _____

Indicate permitted facility or permitted transporter accepting air bags:

SECTION 7 – LEAD-ACID BATTERIES COLLECTED

Provide the number of lead-acid batteries recovered and their disposition.

Number of Lead-Acid Batteries collected from ELVs: _____

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 8 – WASTE TIRES COLLECTED

Number of waste tires stored on-site: _____ as of December 31

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

Number of used tires sold: _____ during operating year

Number of waste tires shipped off-site for recycling, disposal, other: _____ during operating year

Indicate name of facility(ies) accepting waste tires:

SECTION 9 – SELF INSPECTIONS

Number of self-inspections conducted for the year: _____

Are self-inspection records up-to-date with inspector name, what was inspected, time and date of inspection?

☐ Yes ☐ No

At a minimum, are fluid storage areas, vehicles, vehicle storage areas inspected for leaks/spills?

☐ Yes ☐ No

SECTION 10 – 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 11 – 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 12 – COMPLIANCE CERTIFICATION

As of December 31, 2018:

| 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Have you recorded the date of receipt for all end-of-life vehicles received? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Are the end-of-life vehicle records available on-site? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Have all observed leaks been remedied or contained? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Does your facility have a written Contingency Plan? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. Are facility personnel trained to implement the Contingency Plan? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. Does your Contingency Plan include actions to be taken in the event of the following? | | | | |
| 9a. Fire. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9b. Spill or release of vehicle waste fluids. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9c. Unauthorized material received at facility. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. Are all vehicle residues prevented from migrating from or running off your property? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. Is dust controlled to prevent interference with facility operations or from leaving facility site? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13. Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14. Are waste fluids kept from being discharged onto the ground or into surface waters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15. Is access to your facility controlled by: fences, gates, sign and/or natural barriers (not vehicles)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15a. Are the access controls working (i.e. controlling access)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16. Are fluids drained from end-of-life vehicles on a pad constructed of concrete or equivalent material? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17b. Cleaning spills as they occur. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17c. Collecting and properly disposing of absorbent materials. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| Date of Return to | | | | |
|---|--------------------------|--------------------------|--------------------------|------------|
| Waste Management Compliance Checklist | NA | Yes | No | 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). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18b. Lead acid batteries. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18c. Mercury switches or other mercury containing devices, if any. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18d. Refrigerants, if any. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18e. Air bags. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18f. PCB capacitors, if any. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19. Are fluids stored separately & in containers that are compatible with their contents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20. Are fluids stored in closed containers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 21. Are containers which contain waste fluids in good condition and not visibly leaking? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 22. Are containers clearly and legibly labeled to describe their contents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 23. Are containers stored on a bermed pad constructed of concrete or equivalent material? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 24. Are lead-acid batteries stored upright and off the ground? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 25. Are lead-acid batteries covered to protect them from precipitation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 26. Are all lead-acid batteries sent for recycling within one-year of receipt? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 27. Are leaking lead-acid batteries, if any are encountered, stored in leak-proof containers separated from intact batteries? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 27a. Are provisions in place to absorb any acid leakage? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 28. Are mercury switches and other mercury containing devices stored in appropriate, labeled containers and then sent for recycling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 29. Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 30. Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 31. If sent off-site, is used oil transported via a permitted hauler? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 32b. Do on-site space heaters burn only used oil that is generated on-site or received from household do-it-yourself generators? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 32c. Are combustion gases from used oil space heaters vented to the outside ambient air? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

SECTION 12 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management Contacts).

The Owner or Operator must also submit one copy by email, fax or mail to:

**New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Solid Waste Management
625 Broadway
Albany, New York 12233-7260
Fax 518-402-9041
Email address: SWMAnnualreport@dec.ny.gov**

I certify, under penalty of law, that the data and other information identified in this report have been prepared under my direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuant to section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.



Signature

2/12/19

Date

JAMES IAVINO

Name (Print or Type)

PRESIDENT

Title (Print or Type)

Email (Print or Type)

159 SUNRISE AVE

Address

Levittown

City

NEW YORK 11756

State and Zip

516 796-0605

Phone Number

ATTACHMENTS: ☐ YES ☒ NO