

# 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

## SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <i>CFS Shore Rd Corp</i>			
FACILITY LOCATION ADDRESS: <i>620 Shore Rd</i>	FACILITY CITY: <i>Lindenhurst</i>	STATE: <i>NY</i>	ZIP CODE: <i>11757</i>
FACILITY TOWN: <i>Babylon</i>	FACILITY COUNTY: <i>Suffolk</i>	FACILITY PHONE NUMBER: <i>631-957-0366</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: <i>1</i>
FACILITY TYPE: <input type="checkbox"/> Vehicle Dismantler <input checked="" type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher			
DMV I.D. # <i>7043151</i>			
FACILITY CONTACT: <i>Mary Smith</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <i>631-957-0366</i>	CONTACT FAX NUMBER: <i>631-957-0745</i>
CONTACT EMAIL ADDRESS: <i>cfsms43@outlook.com</i>			
OWNER INFORMATION			
OWNER NAME: <i>RPSmith</i>	OWNER PHONE NUMBER: <i>631 957 0366</i>	OWNER FAX NUMBER: <i>631-957-0745</i>	
OWNER ADDRESS: <i>620 Shore Rd</i>	OWNER CITY: <i>Lindenhurst</i>	STATE: <i>NY</i>	ZIP CODE: <i>11757</i>
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 checked="" 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? <input checked="" type="checkbox"/> Yes; Complete this form. <input type="checkbox"/> No; Complete and submit Sections 1 and 12.			

**SECTION 2A VDF/REPAIR SHOPS- END-OF-LIFE VEHICLES (ELVs) PROCESSED**

- Provide the number of ELVs received from January 1 to December 31: 12
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 5
- Provide the number of ELVs stored at the facility as of December 31: 7
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 15
- Provide the approximate area used for the storage of vehicles (acres): 50 x 100 acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
  - 1) Monster Recycling
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_

**SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLES (ELVs) PROCESSED**

- Provide the number of ELVs crushed from January 1 to December 31: \_\_\_\_\_
- Provide the names of each facility where you crushed decommissioned ELVs:
  - 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_
  - 4) \_\_\_\_\_
  - 5) \_\_\_\_\_
  - 6) \_\_\_\_\_

### 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  <i>(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)</i>
	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	
Refrigerant (pounds)	0	0			
Used Oil** (gallons)	Burnt on site 1000				
Diesel Fuel (gallons)	15	0			
Gasoline (gallons)	0	0			
Engine Coolant/ Antifreeze (gallons)		2			
Window Washing Fluid (gallons)		2			
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 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: SWMFannualreport@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.

*R P Smith*  
Signature

2-19-19  
Date

R P Smith  
Name (Print or Type)

Pres  
Title (Print or Type)

cfsmms43@outlook.com  
Email (Print or Type)

620 Shore Rd  
Address

Lindenhurst  
City

NY 11757  
State and Zip

(631) 957-0366  
Phone Number

ATTACHMENTS: ☐ YES ☒ NO