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, 2

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2018	MAR 1	2019
Divi	SIDD of Mak	neiste as

FACILITY INFORMATION FACILITY INFORMATION Division of Materials Mgmt.						
	FACILITY	INFORMATION			on of Macerials Mgmt.	
FACILITY NAME:						
Gershow Recycling of Riverho						
FACILITY LOCATION ADDRESS:	FACILITY	CITY:		STATE	: ZIP CODE:	
27 Hubbard Ave	River	nead		NY	11901	
FACILITY TOWN:	FACILITY	COUNTY:	FACIL	ITY PHO	ONE NUMBER:	
Riverhead	Suffol	lk (631)727-3521				
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Riverhead (Town) NYSDEC REGION #: R1						
FACILITY TYPE: Vehicle Dismantler DMV I.D. #7114915 (Scrap Processor)	Motor	Vehicle Repair Shop		Mobile \	Vehicle Crusher	
FACILITY CONTACT:	public	CONTACT PHONE	To	ONTAC	T FAX NUMBER:	
Joe Bertuccio	private	NUMBER: (631)289-6188	(631)2	89-6368	
CONTACT EMAIL ADDRESS: decinfo@gers	how.com	L.		-		
	OWNER	INFORMATION				
OWNER NAME: Gershow Recycling Corp.	OWNER P (631)289	HONE NUMBER: -6188		ER FAX 289-63	NUMBER: 368	
OWNER ADDRESS: P.O. Box 526	OWNER C Medford	ITY:	STATE: ZIP CODE: NY 11763			
OWNER CONTACT:	OWNER C	ONTACT EMAIL ADDRE	SS:			
Joe Bertuccio	decinfo(@gershow.com				
	OPERATO	RINFORMATION				
OPERATOR NAME: same as owner				☑ public ☑ privat		
	PREF	ERENCES				
Preferred address to receive correspondence: Facility location address Owner address Other (provide):						
Preferred email address: Facility Contact Other (provide):	 ✓ Ov	vner Contact				
Preferred individual to receive correspondenc Other (provide):	e: Facilit	y Contact 📝 Owner	Contact			
Did you operate in 2018? 🗹 Yes; Complete	e this form.					
☐ No; Complete	and submit	Sections 1 and 12.				

	2,291
 Provide the number of ELVs received from January 1 to December 31: 	2,201
 Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31; 	2,276
 Provide the number of ELVs stored at the facility as of December 31: 	15
 Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 	18
Provide the approximate area used for the storage of vehicles (acres):	1/2 acres
 Provide the names of scrap metal processors to which you sold or sent of All ELV's removed from facility are 	ecommissioned ELVs:
shredded at Gershow Recycling of	
2) Sincuate at Scisiow Resyoning of	
Medford.	
	ES (ELVs) PROCESSED
Medford.	ES (ELVs) PROCESSED
Medford. SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICL	· · ·
Medford. SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICL Provide the number of ELVs crushed from January 1 to December 3: Provide the names of each facility where you crushed decommissioned E	· · ·
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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	Destination Name & Address		
Waste Fluid Recovered	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)	All ELV's				
Used Oil** (gallons)	are sent				
Diesel Fuel (gallons)	to				
Gasoline (gallons)	Medford Facility				
Engine Coolant/ Antifreeze (gallons)	for processing				
Window Washing Fluid (gallons)					
Other (specify)		-			
				<u> </u>	

^{*} Any fluids disposed must undargo 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

	Deschool	C4	C4 Off O''	Destination		
Material Types	Received (tons)	Stored On Site (tons)	Sent Off Site (tons)	NYS <u>Planning Unit (or state if</u> other than New York)	To Scrap Metal Processor	
Ferrous Scrap Metal	This section omitted on advice from counsel			Riverhead (Town)	□Yes	□No
Aluminum Scrap Metal	This section omitted on advice from counsel			Riverhead (Town)	□Yes	□No
Lead Weights	This section endes on a disce burniques			Riverhead (Town)	□Yes	□No
Non – Ferrous Scrap Metal	This section stretch to John section in the section of the country			Riverhead (Town)	□Yes	□No
Other (specify):				Riverhead (Town)	□Yes	□No
				Riverhead (Town)	□Yes	□No
H&TS) and antilo	er of mercury-conta ck brake assemblie H&TS N/A (Number) facility or permitted	es (ABS).		ABS N/A (Number) ontaining devices:	ghting sw	itches
	ant to Madfa		processin	<u> </u>		
ELV's are se	ent to Mearo	rd facility for	processin	g		
ELV's are se	ent to Mearo	SECTION 6 -	1 8-7AV			
	er of air bags <u>reco</u>	SECTION 6 -	1 8-7AV			
	er of air bags <u>reco</u>	SECTION 6 -	AIR BAGS (N/A	
Provide the number	er of air bags <u>reco</u>	SECTION 6 – vered. N/A	AIR BAGS C	COLLECTED	N/A	_

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:	2,291	
Indicate permitted facility or permitted transporter accepting lead-acid batteries: Eco-BAT New York, LLC RSR Revere Smelting & Refining Corp. 65 B	allard Road Mid	ldletown, NY 10941
Eco-BAT New York, LLC RSR Revere Smelting & Refining Corp. 65 B	allard Road Mid	dletown, NY 10941
Eco-BAT New York, LLC RSR Revere Smelting & Refining Corp. 65 B	allard Road Mid	dletown, NY 10941
Any materials disposed must undergo a hazardous waste determination and pro hazardous.	per handling, stor	age and disposal, if
SECTION 8 – WASTE TIRES COLLE	CTED	
Number of waste tires stored on-site:	0	as of December 31
Number of used tires available for sale on-site:	0	as of December 31
Number of used tires sold:	0	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: N/A		
N/A		
N/A		
SECTION 9 – SELF INSPECTIO	NS	
Number of self-inspections conducted for the year:	4	1
Are self-inspection records up-to-date with inspector name, what was inspec ☐ Yes ☑ No	ted, time and date	e of inspection?
At a minimum, are fluid storage areas, vehicles, vehicle storage areas inspectory. ☐ Yes ☑ No	ted for leaks/spill	s?
SECTION 10 - PROBLEMS		
Were any problems encountered during the reporting period (e.g., specific oct facility procedures)?	currences which h	nave led to changes in
☐Yes ☑No If yes, attach additional sheets identifying each problem and	the methods for r	esolution of the problem
SECTION 11 – CHANGES		
Were there any changes from approved reports, plans, specifications, and pe	ermit conditions?	
Yes No If yes, attach additional sheets identifying changes with a ju	stification for each	n change,

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SECTION 12 - COMPLIANCE CERTIFICATION

As of December 31, 2018:

		-			Date of Return to
	Waste Management Compliance Checklist	NA	Yes	No	Compliance
1. MO	If your facility stores LESS THAN 1,000 tires, check NA. If your facility stores PRE THAN 1,000 tires, do you have a PART 360 permit for tire storage?	V			
2.	Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways?		V		
3.	Have you recorded the date of receipt for all end-of-life vehicles received?		V		
4.	Are the end-of-life vehicle records available on-site?		V		
5.	Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes?		V		
6.	Have all observed leaks been remedied or contained?		V		
7.	Does your facility have a written Contingency Plan?		V		
8.	Are facility personnel trained to implement the Contingency Plan?		V		
9.	Does your Contingency Plan include actions to be taken in the event of the following	ng?			
	9a. Fire.		V		
	9b. Spill or release of vehicle waste fluids.		V		
	9c. Unauthorized material received at facility.		V		
10.	Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection?		V		
11.	Are all vehicle residues prevented from migrating from or running off your property?		7		
12.	Is dust controlled to prevent interference with facility operations or from leaving facility site?		V		
13.	Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations?		V		
14.	Are waste fluids kept from being discharged onto the ground or into surface waters?		V		
15.	Is access to your facility controlled by: fences, gates, sign and/or natural barriers (not vehicles)?		V		
	15a. Are the access controls working (i.e. controlling access)?		1	П	
16.	Are fluids drained from end-of-life vehicles on a pad constructed of concrete or equivalent material?		V		
17.	Are you doing the following with your concrete (or equivalent surface) pad that is u draining, crushing, etc.?	sed for	vehicle	disma	ntling, fluid
	17a. Cleaning daily.		V		
	17b. Cleaning spills as they occur.		V		
	17c. Collecting and properly disposing of absorbent materials.		V		

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			330		
					Date of Return to
	Waste Management Compliance Checklist	NA	Yes	No	Compliance
18.	Have the following wastes been drained, removed, deployed, collected and/or store practices, prior to vehicle crushing or shredding?	ed follow	ing be	st mana	gement
	18a. Fluids (including engine oil, transmission fluid, transaxle fluid, front and rear axle fluid, brake fluid, power steering fluid, coolant, and fuel).	V			
	18b, Lead acid batteries.		>		
	18c. Mercury switches or other mercury containing devices, if any.	1			
	18d. Refrigerants, if any.	1			
	18e. Air bags.	1			
	18f. PCB capacitors, if any.	1			
19.	Are fluids stored separately & in containers that are compatible with their contents?		>		
20.	Are fluids stored in closed containers?		1		
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?		V		
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?		1		
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?		\checkmark		
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?		V		
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?	$\overline{\mathbf{V}}$			
30.	Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code?		V		===
31.	If sent off-site, is used oil transported via a permitted hauler?		1		
32,	If you do not burn used oil onsite check NA for 32a., 32b., 32c. If you do, then answ	ver 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?	V			
	32b. Do on-site space heaters burn only used oil that is generated on-site or received from household do-it-yourself generators?	V			
	32c. Are combustion gases from used oil space heaters vented to the outside ambient air?	V			

				Jan Kalla
				Date of Return to
Waste Management Compliance Checklist	NA	Yes	No	Compliance
33. Is waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers?		✓		
34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?	V			
35. Are sludges properly recycled or disposed?	1			
36. Are used oil filters properly drained, crushed or dismantled?	V			
37. Are drained oil filters properly recycled or disposed?	1			
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?		V		
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?		V		
39. If your facility does not handle 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?		_	I/A I/A	pounds 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 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.

Ray Colon Date 2019.02.27 10:00;34	2/27/19
Signature	Date
Ray Colon	Manager
Name (Print or Type)	Title (Print or Type)
decinfo@gershow.cor	nt or Type)
P.O. Box 526	Medford
Address	City
NY 11763	631,289_6188
State and Zip	Phone Number

ATTACHMENTS:	YES	\checkmark	NO
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