VEHICLE DISMANTLING FACILITY, MOTOR VEHICLE REPAIR SHOP AND MOBILE VEHICLE

CRUSHER ANNUAL REPORT

SUBMITED BY

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

TABS CONSULTING GROUP (718) 492-6464

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

SECTION 1 - FACILITY INFORMATION

| FACILITY INFORMATION | | | | | | | |
|---|-------------------------------------|----------------------------------|-----------|--------|-----------------------|--|--|
| FACILITY NAME: T & J SALVAGE CORP | | | | | | | |
| | | ALTY. | | OTATE | 71D CODE: | | |
| FACILITY LOCATION ADDRESS: | FACILITY | | | STATE | | | |
| 2647 STILLWELL AVE | 647 STILLWELL AVE BROOKLYN NY 11236 | | | | | | |
| FACILITY TOWN: FACILITY COUNTY: FACILITY PHONE NUMBER: | | | | | | | |
| BROOKLYN KINGS 718-946-6200 | | | | | | | |
| FACILITY NYS PLANNING UNIT: (A list of NYS NEW YORK CITY | S Planning Uni | ts can be found at the end of th | his repor | | NYSDEC REGION #: 2 | | |
| FACILITY TYPE: Vehicle Dismantler DMV I.D. #7003145 | ☐ Motor | Vehicle Repair Shop | | Mobile | Vehicle Crusher | | |
| FACILITY CONTACT: | public | CONTACT PHONE | С | ONTAC | T FAX NUMBER: | | |
| ROBERT PICCOLO | private | NUMBER: 718-946-6200 | 7 | 18-9 | 46-7687 | | |
| CONTACT EMAIL ADDRESS: TANDJSALVA | GE@VERIZ | ON.NET | | | | | |
| | OWNER | INFORMATION | | | | | |
| OWNER NAME: | OWNER P | HONE NUMBER: | OWNE | R FAX | NUMBER: | | |
| T & J SALVAGE CORP | 718-946- | 6200 | 718-9 | 46-76 | 87 | | |
| OWNER ADDRESS: 2647 STILLWELL AVE | | | | | | | |
| OWNER CONTACT: OWNER CONTACT EMAIL ADDRESS: | | | | | | | |
| ROBERT PICCOLO TANDJSALVAGE@VERIZON.NET | | | | | | | |
| | OPERATO | RINFORMATION | | | | | |
| OPERATOR NAME: □ same as owner □ public ROBERT PICCOLO □ private | | | | | | | |
| PREFERENCES | | | | | | | |
| Preferred address to receive correspondence: Facility location address Other (provide): Owner address | | | | | | | |
| Preferred email address: | | | | | | | |
| Preferred individual to receive correspondence: Facility Contact Owner Contact Other (provide): | | | | | | | |
| Did you operate in 2018? Yes; Complete this form. | | | | | | | |
| No; Complete and submit Sections 1 and 12. | | | | | | | |

| | 293 |
|--|--------------------|
| • Provide the number of ELVs received from January 1 to December 31: | |
| Provide the number of ELVs crushed and/or removed from the facility | 218 |
| from January 1 to December 31: | |
| Provide the number of ELVs stored at the facility as of December 31: | 75 |
| Provide the highest number of ELVs stored at the facility The property of the December 21: | 100 |
| at any one time from January 1 to December 31: | |
| Provide the approximate area used for the storage of vehicles (acres): | 2 3/4 acres |
| Provide the names of scrap metal processors to which you sold or sent de | commissioned ELVs: |
| SIMS METAL MGT | |
| | |
| 2) | |
| | |
| | |
| 3) | |
| 3) | |
| · · · · · · · · · · · · · · · · · · · | S (ELVs) PROCESSED |
| SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE | S (ELVs) PROCESSED |
| SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE | S (ELVs) PROCESSED |
| SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE • Provide the number of ELVs crushed from January 1 to December 3: | |
| SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE Provide the number of ELVs crushed from January 1 to December 3: Provide the names of each facility where you crushed decommissioned EL | |
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| • Provide the number of ELVs crushed from January 1 to December 3: • Provide the names of each facility where you crushed decommissioned EL1) N/A | |
| • Provide the number of ELVs crushed from January 1 to December 3: • Provide the names of each facility where you crushed decommissioned EL1) N/A | |
| • Provide the number of ELVs crushed from January 1 to December 3: • Provide the names of each facility where you crushed decommissioned EL | |
| Provide the number of ELVs crushed from January 1 to December 3: Provide the names of each facility where you crushed decommissioned EL N/A N/A | |
| • Provide the number of ELVs crushed from January 1 to December 3: • Provide the names of each facility where you crushed decommissioned EL1) N/A | |

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.</u> $\sqrt[4]{s}$ or X's) are not acceptable. Report only fluids generated from dismantling operations (not general car repair, etc.).

| 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.) | |
| 0 | | | 360 | SALBE AUTO REPAIR BROOKLYN, NY | |
| | 200 | 2000 | | JB WASTE OIL, LIC, NY | |
| | | | | | |
| 2500 | | | | | |
| | 40 | 600 | | JB WASTE OIL, LIC, NY | |
| | | | | | |
| | | | | | |
| | | | | | |
| | on-site (oil heater, etc.) | Used on-site (oil heater, etc.) Stored on-site at year-end 200 | Used on-site (oil heater, etc.) Stored on-site at year-end 200 200 2000 | Used on-site (oil heater, etc.) Stored on-site at year-end Sold/ Recycled off-site* Disposed off-site* 360 200 2000 | |

^{*} 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

Destination

| Material Types | (tons) | (tons) | (tons) | NYS <u>Planning Unit</u> (or state if other than New York) | Me | To Scrap Metal Processor | | |
|------------------------------|------------------------|---------------------|------------------|--|------|--------------------------------|--|--|
| Ferrous Scrap Metal | | | | NEW YORK CITY | □Yes | □No | | |
| Aluminum Scrap Metal | | N/A | | NEW YORK CITY | □Yes | □No | | |
| Lead Weights | | | | NEW YORK CITY | □Yes | □No | | |
| Non – Ferrous Scrap Metal | | | | NEW YORK CITY | □Yes | □No | | |
| Other (specify): | | | | NEW YORK CITY | □Yes | □No | | |
| | | | | NEW YORK CITY | □Yes | □No | | |
| Indicate permitted fa | • | ed transporter acce | epting mercury c | ABS 0 (Number) | | | | |
| PO BOX 328 | | | | | | | | |
| FARMINGTO | ON HILLS, | WI | | | | | | |
| | | SECTION 6 - | AIR BAGS | COLLECTED | | | | |
| Provide the number | of air bags <u>rec</u> | | | | • | | | |
| Number of Air Bags | Removed: | 0 | _ Nur | nber of Air Bags Deployed: | 0 | | | |
| Indicate permitted fa | • | , | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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SECTION 7 – 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: | 250 | _ | | | |
| Indicate permitted facility or permitted transporter accepting lead-acid batterions SIMS | es: | | | | |
| SIMS | | | | | |
| SIMS | | | | | |
| Any materials disposed must undergo a hazardous waste determination and hazardous. | proper handling, | storage and disposal, if | | | |
| SECTION 8 - WASTE TIRES CO | LLECTED | | | | |
| Number of waste tires stored on-site: | 50 | _ as of December 31 | | | |
| Number of used tires available for sale on-site: | 50 | _ as of December 31 | | | |
| Number of used tires sold: | 800 | _ during operating year | | | |
| Number of waste tires shipped off-site for recycling, disposal, other: | 310 | _ during operating year | | | |
| Indicate name of facility(ies) accepting waste tires: SIMS | | | | | |
| SIMS | | | | | |
| SIMS | | | | | |
| | | | | | |
| SECTION 9 - SELF INSPECT | IONS | 4 | | | |
| Number of self-inspections conducted for the year: Are self-inspection records up-to-date with inspector name, what was inspection records up-to-date with inspector name. | nected time and | | | | |
| Yes No | pected, time and t | rate of mapechorns | | | |
| At a minimum, are fluid storage areas, vehicles, vehicle storage areas inspected for leaks/spills? Yes No | | | | | |
| SECTION 10 - PROBLEM | IS | | | | |
| Were any problems encountered during the reporting period (e.g., specific facility procedures)? | occurrences which | ch have led to changes in | | | |
| Yes No If yes, attach additional sheets identifying each problem a | and the methods f | or resolution of the problem | | | |
| SECTION 11 – CHANGES | S | | | | |
| Were there any changes from approved reports, plans, specifications, and | d permit condition | s? | | | |
| Yes No If yes, attach additional sheets identifying changes with a justification for each 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. 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? | | | | |
| 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? | | ✓ | | |
| 4. Are the end-of-life vehicle records available on-site? | | 1 | | |
| 5. Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes? | | 1 | | |
| 6. Have all observed leaks been remedied or contained? | | 1 | | |
| 7. Does your facility have a written Contingency Plan? | | 1 | | |
| 8. Are facility personnel trained to implement the Contingency Plan? | | 1 | | |
| 9. Does your Contingency Plan include actions to be taken in the event of the follow | ring? | | | |
| 9a. Fire. | | 1 | | |
| 9b. Spill or release of vehicle waste fluids. | | 1 | | |
| 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? | | 1 | | |
| 11. Are all vehicle residues prevented from migrating from or running off your property? | | 1 | | |
| 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? | | 1 | | |
| 14. Are waste fluids kept from being discharged onto the ground or into surface waters? | | 1 | | |
| 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)? | | 1 | | |
| 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 udraining, crushing, etc.? | used for | vehicle | dismar | ntling, fluid |
| 17a. Cleaning daily. | | 1 | | |
| 17b. Cleaning spills as they occur. | | \ | | |
| 17c. Collecting and properly disposing of absorbent materials. | | 1 | | |

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| | | | | | B |
|-----|---|-----------|----------|---------|-------------------|
| | | | | | Date of Return to |
| | Waste Management Compliance Checklist | NA | Yes | No | Compliance |
| 18. | Have the following wastes been drained, removed, deployed, collected and/or stor practices, prior to vehicle crushing or shredding? | ed follov | ving be | st mana | agement |
| | 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. | | 1 | | |
| | 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? | | 1 | | |
| 20. | Are fluids stored in closed containers? | | 1 | | |
| 21. | Are containers which contain waste fluids in good condition and not visibly leaking? | | V | | |
| 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? | | > | | |
| 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? | | < > | | |
| 29. | Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal? | V | | | |
| 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 hauter? | | 1 | | |

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

32b. Do on-site space heaters burn only used oil that is generated on-site or

32c. Are combustion gases from used oil space heaters vented to the outside

capacity of 0.5 million BTU's per hour or less?

received from household do-it-yourself generators?

ambient air?

| | | | | Date of Return to |
|---|----------|----------|----|-------------------|
| Waste Management Compliance Checklist | NA | Yes | No | Compliance |
| 3. Is waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers? | | V | | |
| 4. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers? | ✓ | | | |
| 5. Are sludges properly recycled or disposed? | 1 | | | |
| 6. Are used oil filters properly drained, crushed or dismantled? | | 1 | | |
| 7. Are drained oil filters properly recycled or disposed? | | 1 | 1 | |
| 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? | | V | | |
| 38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year? | | V | | |
| 9. If your facility does not handle cleaning solvents, degreasers, battery acids or on-vehicle wastes write NA. If these materials are handled at your facility, what is ne maximum amount of this material that your facility generates in any calendar nonth? | | 0 | | pounds |
| Do you have any other Environmental Conservation Law or regulatory violations? (Attach additional sheets as necessary.) | | | | |
| NONE 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.

| 2) of the Environmental Conservation Law and | a section 2 10.45 of the Ferial Law |
|--|-------------------------------------|
| OUM) | 2/19/19 |
| Signature | Date |
| ROPENT PICCOLO | MN 8681 |
| Name (Print or Type) | Title (Print or Type) |
| TAND J SACVAGE (| |
| Email (Prin | it or Type) |
| 2647 Stillwell Are | Bnooklyn |
| Address | City |
| New York 11223 | 718,946-6200 |
| State and Zip | Phone Number |

ATTACHMENTS: YES NO