VEHICLE DISMANTLING FACILITY, MOTOR VEHICLE REPAIR SHOP AND MOBILE VEHICLE

CRUSHER ANNUAL REPORT

SUBMITED BY

Submit the Annual Report no later than March 1, 201 TABS CONSULTING GROUP

This annual report is for the year of operation from <u>January 01, 2018</u> to <u>December 31, 2018</u> (718) 492-6464

SECTIO	$\mathbf{N}1 - \mathbf{FAC}$	CILITY INFORMATIO	N					
	FACILITY	INFORMATION						
FACILITY NAME:								
EAST COAST AUTO SALVAC	JE INC							
FACILITY LOCATION ADDRESS: FACILITY CITY: STATE: ZIP CODE:								
95-50 TUCKERTON ST QUEENS NY 11435								
FACILITY TOWN: FACILITY COUNTY: FACILITY PHONE NUMBER:								
QUEENS	QUEE	NS	718	8-739-	2025			
FACILITY NYS PLANNING UNIT: (A list of NYS NEW YORK CITY	S Planning Uni	ts can be found at the end of t	his repor		sdec gion #:2			
FACILITY TYPE: Vehicle Dismantler DMV I.D. #7056431	Motor	Vehicle Repair Shop		Mobile Ve	hicle Crusher			
FACILITY CONTACT:	public	CONTACT PHONE	C	ONTACT	FAX NUMBER:			
PAUL SCAGLIONE	private	NUMBER: 718-739-2025	7	18-291	1-6016			
CONTACT EMAIL ADDRESS: EASTCOASTA	SNY@AOL	COM						
	OWNER	INFORMATION						
OWNER NAME: EAST COAST AUTO SALVAGE INC		HONE NUMBER: 2025		ER FAX N				
OWNER ADDRESS: 95-50 TUCKERTON ST	OWNER C QUEENS	ITY:		STATE: NY	ZIP CODE: 11435			
OWNER CONTACT: PAUL SCAGLIONE		ONTACT EMAIL ADDRE		M				
OPERATOR NAME: Same as owner PAUL SCAGLIONE				 ✓ public ✓ private 				
	PREF	ERENCES						
Preferred address to receive correspondence:	Facility loc	cation address	01	vner address				
Preferred email address: Facility Contact Other (provide):	Оп	vner Contact						
Preferred individual to receive correspondence Other (provide):	e: 🗹 Facility	y Contact 🔲 Owner	Contact					
Did you operate in 2018? Yes; Complete	this form.							

No; Complete and submit Sections 1 and 12.

	s (elvs) processei 216
Provide the number of ELVs received from January 1 to December 31:	<u> </u>
Provide the number of ELVs crushed and/or removed from the facility	220
from January 1 to December 31:	155
• Provide the number of ELVs stored at the facility as of December 31:	155
Provide the highest number of ELVs stored at the facility	160
at any one time from January 1 to December 31:	
Provide the approximate area used for the storage of vehicles (acres):	.50 acres
Provide the names of scrap metal processors to which you sold or sent de	commissioned ELVs:
1) GERSHOW	
2)	
3)	
3)	S (ELVs) PROCESSE
BECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE	S (ELVs) PROCESSE
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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 Volume				Destination Name & Addres		
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)	30	10					
Used Oil** (gallons)		35	150		LONG ISLAND WASTE OIL, LI,NY		
Diesel Fuel (gallons)							
Gasoline (gallons)	600						
Engine Coolant/ Antifreeze (gallons)		15	45		HI TECH ANTIFREEZE		
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.

	Developed	Changed On City	Cont Off City	Destination		
Material Types	Received (tons)	Stored On Site (tons)	Sent Off Site (tons)	NYS <u>Planning Unit (</u> or state if other than New York)	To Scrap Metal Processor	
Ferrous Scrap Metal				NEW YORK CITY	Yes	⊡No
Aluminum Scrap Metal				NEW YORK CITY	□Yes	□No
Lead Weights		N/A		NEW YORK CITY	TYes	□ No
Non – Ferrous Scrap Metal			1 X I m	NEW YORK CITY	Tes	□No
Other (specify):				NEW YORK CITY	□Yes	□No
				NEW YORK CITY	□Yes	No

SECTION 5 – MERCURY SWITCHES COLLECTED

Provide the number of mercury-containing devices <u>recovered</u>. Including but not limited to hood & trunk lighting switches (H&TS) and antilock brake assemblies (ABS).

H&TS 0 (Number)

ADC	0
ABS	
(Numbe	r)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

	SECTION 6 – A	IR BAGS COLLECTED	
Provide the number of air bags re	ecovered.		
Number of Air Bags Removed:	0	Number of Air Bags Deployed:	0
Indicate permitted facility or perm	itted transporter accepti	ng air bags:	
VEHICLES GO TO SHREDI	DER FOR FINAL DIS	POSAL	

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:

180

4

Indicate permitted facility or permitted transporter accepting lead-acid batteries: AB CORE, ALPHA RECYCLING, NY

AB CORE, ALPHA RECYCLING, NY

AB CORE, ALPHA RECYCLING, NY

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:	50	as of December 31
Number of used tires available for sale on-site:	50	as of December 31
Number of used tires sold:	135	during operating year
Number of waste tires shipped off-site for recycling, disposal, other:	375	during operating year

Indicate name of facility(ies) accepting waste tires:

SM TIRES, OCEANSIDE, NY

SM TIRES, OCEANSIDE, NY

SM TIRES, OCEANSIDE, NY

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.

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SECTION 12 - COMPLIANCE CERTIFICATION

As of December 31, 2018:

		- 7	-	-	-
				-	Draw of Fieture to
Washe Monagament Com	Nimes Concost		144	No	Complete
1. If your facility stores LESS THAN 1,000 tire MORE THAN 1,000 tires, do you have a PART	es, check NA. If your facility stores 360 permit for tire storage?	\checkmark			
Is a system in place to control vegetation a fire access lanes or driveways?	nd prevent if from encroaching onto	\checkmark			
3. Have you recorded the date of receipt for a	Il end-of-life vehicles received?				
4. Are the end-of-life vehicle records available	e on-site?		\checkmark		
 Have all end-of-life vehicles been inspecte unauthorized wastes? 	d, upon arrival, for leaking fluids and		\checkmark		-
6. Have all observed leaks been remedied or	contained?				
7. Does your facility have a written Continger	ncy Plan?		\checkmark		
8. Are facility personnel trained to implement	the Contingency Plan?		$\overline{\mathbf{V}}$		
9. Does your Contingency Plan include action	ns to be taken in the event of the follow	ing?			
9a. Fire.			\checkmark		
9b. Spill or release of vehicle waste fluids			\checkmark		
9c. Unauthorized material received at fac	ility.				
10. Are spills of waste fluids, if any occur, repo Spills Hotline within two hours of detection			$\overline{\mathbf{V}}$		
 Are all vehicle residues prevented from mig property? 					
12. Is dust controlled to prevent interference w facility site?	ith facility operations or from leaving		$\overline{\mathbf{V}}$		· · · · · · · · · · · · · · · · · · ·
13. Are vectors (mosquitoes, rats, mice, etc.) of facility operations?	ontrolled to prevent interference with		$\overline{\mathbf{V}}$		
14. Are waste fluids kept from being discharge waters?	d onto the ground or into surface		$\overline{\mathbf{V}}$		
15. Is access to your facility controlled by: fend (not vehicles)?	es, gates, sign and/or natural barriers		$\overline{\checkmark}$		-
15a. Are the access controls working (i.e. o	controlling access)?				
16. Are fluids drained from end-of-life vehicles equivalent material?	on a pad constructed of concrete or			Ē	1.7.7.2.
17. Are you doing the following with your concluding, crushing, etc.?	ete (or equivalent surface) pad that is (used for	vehicle	disman	tling, fluid
17a. Cleaning daily.			\checkmark		
17b. Cleaning spills as they occur.			\checkmark		
17c. Collecting and properly disposing of a	bsorbent materials.		\checkmark		

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				Date of Return to
		-		
Windo Missigement Compliance Checklist	NA	Yes	No	Compliance
18. Have the following wastes been drained, removed, deployed, collected and/or practices, prior to vehicle crushing or shredding?	stored follow	wing be:	st mana	gement
18a. Fluids (including engine oil, transmission fluid, transaxle fluid, front and re axle fluid, brake fluid, power steering fluid, coolant, and fuel).	ear			
18b. Lead acid batteries.		1		
18c. Mercury switches or other mercury containing devices, if any.		1		
18d. Refrigerants, if any.		\checkmark		
18e. Air bags.	\checkmark		11.	
18f. PCB capacitors, if any.		1.1		
19. Are fluids stored separately & in containers that are compatible with their contents?		\checkmark		
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?				
23. Are containers stored on a bermed pad constructed of concrete or equivalent material?		$\overline{\mathbf{V}}$		
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?		$\overline{\mathbf{V}}$		
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?		\checkmark		
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?				
30. Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code?		\checkmark		
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	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?				1
32b. Do on-site space heaters burn only used oil that is generated on-site or received from household do-it-yourself generators?	\checkmark			
32c. Are combustion gases from used oil space heaters vented to the outside ambient air?				

NA	Ves	No	Date of Return to Compliance
	\checkmark		
1			
	1		1
	1		
	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)

10

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.

2-25-2019 Signature

Name (P or Type

RESIDENT

Title (Print or Type)

Address

City

114

State and Zip

hone Number

