

# 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: <b>B T B SALVAGE</b>			
FACILITY LOCATION ADDRESS: <b>5079 NY 67</b>	FACILITY CITY: <b>HOOSEICK FALLS</b>	STATE: <b>NY</b>	ZIP CODE: <b>12090</b>
FACILITY TOWN: <b>HOOSEICK</b>	FACILITY COUNTY: <b>RENN</b>	FACILITY PHONE NUMBER: <b>518-686-7716</b>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: <b>4</b>
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler <input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher			
DMV I.D. #: <b>2100908</b>			
FACILITY CONTACT: <b>ROBERT BREWENSTUHL</b>	<input checked="" type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <b>518-686-7716</b>	CONTACT FAX NUMBER: <b>NA</b>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <b>ROBERT BREWENSTUHL SR</b>	OWNER PHONE NUMBER: <b>518-686-7716</b>	OWNER FAX NUMBER: <b>NA</b>	
OWNER ADDRESS: <b>5079 NY 67</b>	OWNER CITY: <b>HOOSEICK FALLS</b>	STATE: <b>NY</b>	ZIP CODE: <b>12090</b>
OWNER CONTACT: <b>518-686-7716</b>	OWNER CONTACT EMAIL ADDRESS: <b>JUNKMAN7@ROADRUNNER.COM</b>		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input checked="" type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input checked="" type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input checked="" 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: 3
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 2
- Provide the number of ELVs stored at the facility as of December 31: 49
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 51
- Provide the approximate area used for the storage of vehicles (acres): 2 acres

• Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:

- 1) KEZ MANS
- 2) BROWNEZLS
- 3) \_\_\_\_\_

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

• Provide the number of ELVs crushed from January 1 to December 31: NA

• 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
	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)	NA				
Used Oil** (gallons)	0				
Diesel Fuel (gallons)	NA				
Gasoline (gallons)	0				
Engine Coolant/ Antifreeze (gallons)	5				
Window Washing Fluid (gallons)	0				
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 Planning Unit (or state if other than New York)	To Scrap Metal Processor
Ferrous Scrap Metal					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Aluminum Scrap Metal					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lead Weights					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Non – Ferrous Scrap Metal					<input checked="" 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 0  
(Number)

ABS 0  
(Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

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### SECTION 6 – AIR BAGS COLLECTED

Provide the number of air bags recovered.

Number of Air Bags Removed: 0

Number of Air Bags Deployed: \_\_\_\_\_

Indicate permitted facility or permitted transporter accepting air bags:

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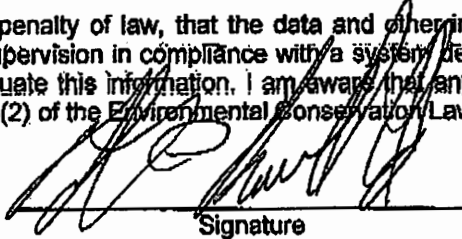
**SECTION 12 - SIGNATURE AND DATE BY OWNER OR OPERATOR**

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.

  
Signature

5/29/19  
Date

ROBERTO BRENE NSTAHL  
Name (Print or Type)

OWNER  
Title (Print or Type)

JUNKMAN@ROADBANNER.COM  
Email (Print or Type)

3079 NY 67  
Address

HOOSICK FALLS  
City

NY 12090  
State and Zip

518 686-7711  
Phone Number

ATTACHMENTS:  YES  NO