

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>Johns Auto Crushing Facility 7057808</i>			
FACILITY LOCATION ADDRESS: <i>253 Cold Springs Rd</i>		FACILITY CITY: <i>Keeseville</i>	STATE: ZIP CODE: <i>N.Y. 12944</i>
FACILITY TOWN: <i>Ausable</i>	FACILITY COUNTY: <i>Clinton</i>	FACILITY PHONE NUMBER: <i>518 561 5350</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #:

FACILITY TYPE: Vehicle Dismantler Motor Vehicle Repair Shop Mobile Vehicle Crusher

DMV LD. # *7057805*

FACILITY CONTACT: <i>John Smith</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <i>518 569 5750</i>	CONTACT FAX NUMBER: <i>518 834 9510</i>
CONTACT EMAIL ADDRESS:			

OWNER INFORMATION

OWNER NAME: <i>John J Smith</i>	OWNER PHONE NUMBER: <i>518 569 5750</i>	OWNER FAX NUMBER: <i>518 834 9510</i>
OWNER ADDRESS: <i>259 Silver Lake Rd</i>	OWNER CITY: <i>Ausable Forks</i>	STATE: ZIP CODE: <i>N.Y. 12912</i>
OWNER CONTACT: <i>A</i>	OWNER CONTACT EMAIL ADDRESS: <i>NA</i>	

OPERATOR INFORMATION

OPERATOR NAME: same as owner public
 private

PREFERENCES

Preferred address to receive correspondence: Facility location address Owner address

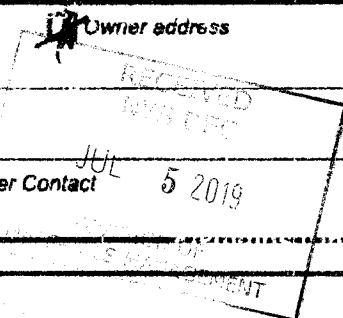
Other (provide):

Preferred email address: Facility Contact Owner Contact

Other (provide):

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.

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

- Provide the number of ELVs received from January 1 to December 31:
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31:
- Provide the number of ELVs stored at the facility as of December 31:

0

Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31:

0

• Provide the approximate area used for the storage of vehicles (acres):

0

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

- 1) _____
- 2) _____
- 3) _____

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

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

0

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. y's or X's) are not acceptable. Report only fluids generated from dismantling operations (not general car repair, etc.).

Waste Fluid Collected	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)	0				
Used Oil** (gallons)	0				
Diesel Fuel (gallons)	0				
Grease (gallons)	0				
Engine Coolant/Antifreeze (gallons)	0				
Wash/Washing Fluid (gallons)	0				
Other (specify)					
<p style="font-size: 1.2em; font-family: cursive;">No Cars Excepted or Refrigerators with Freon</p>					

* 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 <u>Planning Unit</u> (or state if other than New York)	To Scrap Metal Processor
Ferrous Scrap Metal	100 TNS	0	100 TNS	Sims Albany NY	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Aluminum Scrap Metal	0				<input type="checkbox"/> Yes <input type="checkbox"/> No
Lead Weights	0				<input type="checkbox"/> Yes <input type="checkbox"/> No
Non – Ferrous Scrap Metal	0				<input 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 (Number) 0 NO CARS

ABS (Number) 0 NO CARS

Indicate permitted facility or permitted transporter accepting mercury containing devices:

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:

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: SWMAnnualreport@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.

John Smith
Signature

6-29-2019
Date

John J. Smith
Name (Print or Type)

John's Aut Crushing
Title (Print or Type)

Email (Print or Type)

Address

City

State and Zip

() - _____
Phone Number

ATTACHMENTS: YES NO