

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: WATERTOWN MAIN AUTO PARTS, INC.			
FACILITY LOCATION ADDRESS: 620 W. MAIN ST.	FACILITY CITY: WATERTOWN	STATE: NY	ZIP CODE: 13601
FACILITY TOWN: WATERTOWN	FACILITY COUNTY: JEFFERSON	FACILITY PHONE NUMBER: 315-788-1170	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). DANC			NYSDEC REGION #: 6
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler <input checked="" type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher			
DMV I.D. # 4230005			
FACILITY CONTACT: JAMES O'CONNOR	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 315-785-8293	CONTACT FAX NUMBER: 315-788-0503
CONTACT EMAIL ADDRESS: watertownmainauto@ny.rr.com			
OWNER INFORMATION			
OWNER NAME: JAMES O'CONNOR	OWNER PHONE NUMBER: 315-785-8293	OWNER FAX NUMBER: 315-788-0503	
OWNER ADDRESS: 25057 NYS RT 12	OWNER CITY: WATERTOWN	STATE: NY	ZIP CODE: 13601
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2018? Yes; Complete this form.
 No; Complete and submit Sections 1 and 12.

SECTION 1 EN 02 COMPLIANCE CERTIFICATION

As of December 31, 2018:

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

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.

J K O'Connor
Signature

June 3, 2019
Date

James K O'Connor
Name (Print or Type)

Owner
Title (Print or Type)

Watertownmainauto@nnymail.com
Email (Print or Type)

620 W Main St
Address

Watertown
City

NY 13601
State and Zip

315) 788-1170
Phone Number

ATTACHMENTS: YES NO