

I (Ralph C Browning, Browning Sales, 7053715) did

NOT Renew This Facility as a Motor Vehicle dealer OR vehicle dismantler FOR 2019.

This coming year it will be 30 yrs since I started the process to get a dealer and dismantler license just as a simple family business without any outside employees etc.

The goal as a family was to start a farm and be able to buy and sell a few basic vehicles to local families or individuals.

I got the dismantler license so I could buy some parts cars. It did not work out for me to try to repair salvage vehicles, but rather if a good vehicle needed a motor, trans, etc I could get a parts vehicle. We really didn't get vehicles to sell parts except for those who bought a vehicle and needed some parts.

only once, about 15 yrs ago, did we have a car crusher come, when we had a min of vehicles needed for them to come. I followed them thru the process to make sure there were no spills etc. and checked the ground when they left. They did a clean job.

For many years now I have not been involved in buying parts cars or selling parts.

My wife and I are both 72 yrs old. We will be married 50 yrs. this June. My main interests now are some farm activities and antique vehicles and farm equipment, 25 yrs old or older and especially pre '72.

I will probably put emphasis more in areas my young grandchildren may develop an interest in.

I don't have or use a computer in any personal or business activities or records, or do any e-mail.

RECEIVED
NYS DEC

MAR 04 2019

Browning Sales
7053715

Ralph C Browning

MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR VEHICLE DISMANTLING FACILITIES

(If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-8678.)

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

2-28-19
For
2018

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION

FACILITY NAME: Browning Sales

FACILITY LOCATION ADDRESS: P.O. BOX 61 FACILITY CITY: _____ STATE: NY ZIP CODE: 13652

FACILITY TOWN: HERMON FACILITY COUNTY: ST. LAW FACILITY PHONE NUMBER: 315-528-0172

FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report.) (DANC) NYSDEC REGION #: 6

NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 7053715 REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): vehicle dismantler NYS DEC ACTIVITY CODE: _____

FACILITY CONTACT: Ralph Browning public private CONTACT PHONE NUMBER: 315-528-0172 CONTACT FAX NUMBER: N.A.

CONTACT EMAIL ADDRESS: _____

OWNER INFORMATION

OWNER NAME: Ralph C Browning OWNER PHONE NUMBER: 315-528-0172 OWNER FAX NUMBER: N.A.

OWNER ADDRESS: P.O. BOX 61 OWNER CITY: HERMON STATE: NY ZIP CODE: 13652

OWNER CONTACT: _____ OWNER CONTACT EMAIL ADDRESS: _____

OPERATOR INFORMATION

OPERATOR NAME: same as owner public

PREFERENCES

Preferred address to receive correspondence: Facility location address Other (provide): _____

Preferred email address: Facility Contact Owner Contact Other (provide): _____

Preferred individual to receive correspondence: Facility Contact Other (provide): _____

Did you operate in 2017? Yes; Complete this form. VERY LITTLE No; Complete and submit Sections 1 and 11

I WAS NOT ABLE TO GET A 2018 ANNUAL REPORT FORM IN TIME. ALL INFO ON THE 2017 FORM IS THE SAME. I HAVE NOT RENEWED DEALER OR DISMANTLER LICENSES FOR 2019 REALLY NOT ACTIVE IN A LONG TIME - see Letter -

SECTION 2 - 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: _____
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: _____
- Provide the approximate area used for the storage of vehicles (acres): _____ acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
 - 1) _____
 - 2) _____
 - 3) _____

- If your facility has **received 25 or fewer ELVs** during the year AND **stored no more than 50 ELVs** at any one time check this box and complete only sections 3, 4, and 11.

If not, leave this box blank.

→ Please, write "Not Applicable" on sections that do not pertain to your facility.

- If your facility has **not processed or stored ANY ELVs** during the year, check this box and complete only section 9.

If not, leave this box blank.

→ Please, write "Not Applicable" on sections that do not pertain to your facility.

**IF NEITHER OF THESE DESCRIPTIONS APPLIES TO YOUR FACILITY,
COMPLETE THE ENTIRE FORM BELOW:**

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 Recovered	Fluid Volume				Destination Name & Address (Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)
	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	
Refrigerant (pounds)					
Used Oil** (gallons)	we did very little in 2017 we did no car crushing all fluids are in containers on cement under cover				
Diesel Fuel (gallons)					
Gasoline (gallons)					
Engine Coolant/ Antifreeze (gallons)					
Window Washing Fluid (gallons)					
Other (specify)					

or 2018
2-28-19

* 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					Yes <input type="checkbox"/> No <input type="checkbox"/>
Aluminum Scrap Metal	we had VERY LITTLE ACTIVITY in 2017. we did NOT Receive OR send OFF SCRAP Metal.			OR 2018	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lead Weights				7-28-19	Yes <input type="checkbox"/> No <input type="checkbox"/>
Non – Ferrous Scrap Metal				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other (specify):				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	

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)

ABS _____
(Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

Note: Use additional 8.5" x 11" sheets as needed.

Reprinted (12/17)

SECTION 11 - SIGNATURE AND DATE BY OWNER, OPERATOR, OR RESPONSIBLE REPRESENTATIVE

Owner or Operator must sign, date and submit the completed form by email or mail to the appropriate Regional Office (See attachment for Regional Office email & mailing addresses and Solid Waste Contacts.)

The Owner, Operator, or Responsible Representative must also submit one copy by email, fax or mail to:

New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Permitting and Planning
625 Broadway
Albany, New York 12233-7260
Fax 518-402-9041
Email address: SWMAnnualreport@dec.ny.gov

I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this report form pursuant to 6 NYCRR Part 360. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Ralph C Browning
Signature

2-26-18
Date

2-28-19
Ralph C Browning

RALPH C. BROWNING
Name (Print or Type)

OWNER.
Title (Print or Type)

N.R.
Email (Print or Type)

P.O. BOX 61
Address

HERMON
City

N.Y. 13652
State and Zip

315 528 0172
Phone Number

ATTACHMENTS: YES NO