

SOLVAY
 1801 MILTON AVE
 SYRACUSE
 NY
 13209-9211
 3583710409
 02/26/2019 (800)275-8777 9:34 AM

Product Description	Sale Qty	Final Price
First-Class Mail Large Envelope (Domestic) (SYRACUSE, NY 13204) (Weight:0 Lb 1.40 Oz) (Estimated Delivery Date) (Thursday 02/28/2019)	1	\$1.15
Certified (Return Receipt (hardcopy)) (Return Receipt (electronic)) (Certified Mail Restricted Delivery) (Adult Signature Required) (Adult Signature Restricted Delivery)	1	\$3.50
Return Receipt (Return Receipt (hardcopy)) (Return Receipt (electronic)) (Certified Mail Restricted Delivery) (Adult Signature Required) (Adult Signature Restricted Delivery)	1	\$2.80
Prepaid Mail (Weight:2 lbs. 8.70 oz.) (Destination:JAMESVILLE, NY 13078) (Acceptance Date:02/26/2019 09:33:39) (Lab # 4201307894055102008819796 4860)	1	\$7.45
Cash		\$10.00
Chan		(\$2.55)
Total		\$7.45

1st report
 was sent on
 2/26/19

7016 0340 0000 7285 7477

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL RECEIPT

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$

Postmark Here
 SOLVAY NY 13209 FEB 26 2019

Postage \$
 Total Postage and Fees \$

Street and Apt. No., or PO Box No.
 THOMAS ANNAL NYS DEC
 65 ERIC BLVD W
 City, State, ZIP+4®
 SYR NY 13204

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Addressee
 B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail (over \$500)
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Complete items 1, 2, and 3.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
 THOMAS ANNAL
 NYS DEC
 65 ERIC BLVD W
 SYR NY 13204

9590 9402 4189 8121 0297 59

Article Number (Transfer from carrier label)
 16 0340 0000 7285 7477

PS Form 3811, July 2015 PSN 7530-02-000-9053

VEHICLE DISMANTLING FACILITY, MOTOR VEHICLE REPAIR SHOP AND MOBILE VEHICLE CRUSHER ANNUAL REPORT

Submit this report to the Department of Environmental Conservation

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: Central Auto Recycling, Inc.			
FACILITY LOCATION ADDRESS: 1807 Erie Boulevard West		FACILITY CITY: Syracuse	STATE: ZIP CODE: New York 13204-1155
FACILITY TOWN: Syracuse		FACILITY COUNTY: Onondaga	FACILITY PHONE NUMBER: +1-(315)-468-3454
FACILITY NYS PLANNING UNIT: (A list of NY's Planning Units can be found at the end of this report.) Onondaga County (except Skaneateles (T) & (V))			NYSDEC REGION #: 7
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler <input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher			
DMV I.D. # 7022763			
FACILITY CONTACT: Joseph F. Simon		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: +1-(315)-468-3454
CONTACT FAX NUMBER: +1-(315)-468-1325			
CONTACT EMAIL ADDRESS: Sales@centralautorecycling.com			
OWNER INFORMATION			
OWNER NAME: Central Auto Recycling, Inc.		OWNER PHONE NUMBER: +1-(315)-468-3454	OWNER FAX NUMBER: +1-(315)-468-3454
OWNER ADDRESS: 1807 Erie Boulevard West		OWNER CITY: Syracuse	STATE: ZIP CODE: New York 13204-1155
OWNER CONTACT: Joseph F. Simon		OWNER CONTACT EMAIL ADDRESS: Sales@centralautorecycling.com	
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner			<input type="checkbox"/> public <input checked="" 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):			

<p>Did you operate in 2018? <input checked="" type="checkbox"/> Yes; Complete this form.</p> <p style="text-align: center;"><input type="checkbox"/> No; Complete and submit Sections 1 and 12.</p>

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

- Provide the number of ELVs received from January 1 to December 31: 280
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 252
- Provide the number of ELVs stored at the facility as of December 31: 22
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 40
- Provide the approximate area used for the storage of vehicles (acres): 1 acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:

- 1) Upstate Shredding
- 2) _____
- 3) _____

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

- Provide the number of ELVs crushed from January 1 to December 31: _____
- 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)	0	0	28	0	James Guyder 115 Harriet Street Syracuse, New York 13219
Used Oil** (gallons)	0	0	1,075	0	Solvents & Petroleum Services 1435 Bravelton Road Syracuse, New York 13208 Sheldon Oil Services, Inc. P.O. Box 839 Nassau, New York 12123
Diesel Fuel (gallons)	0	0	0	0	Not Applicable
Gasoline (gallons)	1,278	0	0	0	Central Auto Recycling, Inc. 1807 Erie Boulevard West Syracuse, New York 13204-1155
Engine Coolant/ Antifreeze (gallons)	0	0	128	0	RecOil Incorporated 280 N. East Street York, Pennsylvania 17403
Window Washing Fluid (gallons)	56	0	56	0	Central Auto Recycling, Inc. 1807 Erie Boulevard West Syracuse, New York 13204-1155
Other (specify)	0	0	0	0	Not Applicable
Not Applicable	0	0	0	0	Not Applicable

* 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	0	0	0	Not Applicable	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Aluminum Scrap Metal	0	0	0	Not Applicable	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Lead Weights	0	0.020	0	Onondaga County (except Skaneateles (T	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Non – Ferrous Scrap Metal	0	0	0	Not Applicable	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other (specify:	Not Applicable	Not Applicable	Not Applicab	Not Applicable	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Not Applicable	Not Applicable	Not Applicable	Not Applicab	Not Applicable	<input type="checkbox"/> Yes <input checked="" 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:

EQ A US Ecology Company 2000 East Ferry Street Detroit, MI 48211

SECTION 6 – AIR BAGS COLLECTED

Provide the number of air bags recovered.

Number of Air Bags Removed: 0

Number of Air Bags Deployed: 311

Indicate permitted facility or permitted transporter accepting air bags:

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:

313

Indicate permitted facility or permitted transporter accepting lead-acid batteries:

Interstate Battery System, 393 North Collingwood Avenue, Syracuse, New York 13206

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:

100

as of December 31

Number of used tires available for sale on-site:

179

as of December 31

Number of used tires sold:

308

during operating year

Number of waste tires shipped off-site for recycling, disposal, other:

962

during operating year

Indicate name of facility(ies) accepting waste tires:

Rid-O-Vit, P.O. Box 11574, Syracuse, New York 13218

SECTION 9 – SELF INSPECTIONS

Number of self-inspections conducted for the year:

4

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.

SECTION 12 – COMPLIANCE CERTIFICATION

As of December 31, 2018:

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 type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Are facility personnel trained to implement the Contingency Plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does your Contingency Plan include actions to be taken in the event of the following?				
9a. Fire.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9b. Spill or release of vehicle waste fluids.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9c. Unauthorized material received at facility.	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
17b. Cleaning spills as they occur.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17c. Collecting and properly disposing of absorbent materials.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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18. Have the following wastes been drained, removed, deployed, collected and/or stored following best management practices, prior to vehicle crushing or shredding?				
18a. Fluids (including engine oil, transmission fluid, transaxle fluid, front and rear axle fluid, brake fluid, power steering fluid, coolant, and fuel).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18b. Lead acid batteries.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18c. Mercury switches or other mercury containing devices, if any.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18d. Refrigerants, if any.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18e. Air bags.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18f. PCB capacitors, if any.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
19. Are fluids stored separately & in containers that are compatible with their contents?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
20. Are fluids stored in closed containers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
21. Are containers which contain waste fluids in good condition and not visibly leaking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
22. Are containers clearly and legibly labeled to describe their contents?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23. Are containers stored on a bermed pad constructed of concrete or equivalent material?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
24. Are lead-acid batteries stored upright and off the ground?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
25. Are lead-acid batteries covered to protect them from precipitation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
26. Are all lead-acid batteries sent for recycling within one-year of receipt?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
27. Are <u>leaking</u> lead-acid batteries, if any are encountered, stored in leak-proof containers separated from intact batteries?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
27a. Are provisions in place to absorb any acid leakage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
28. Are mercury switches and other mercury containing devices stored in appropriate, labeled containers and then sent for recycling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
29. Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
31. If sent off-site, is used oil transported via a permitted hauler?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32b. Do on-site space heaters burn only used oil that is generated on-site or received from household do-it-yourself generators?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32c. Are combustion gases from used oil space heaters vented to the outside ambient air?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

33. Is waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35. Are sludges properly recycled or disposed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36. Are used oil filters properly drained, crushed or dismantled?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37. Are drained oil filters properly recycled or disposed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
38. If your facility does not require an SPDES Multi-Sector General Permit (MSGP) for Stormwater Discharge, check NA for 38a, 38b, 38c. If your facility requires an SPDES MSGP answer 38a, 38b, 38c:			
38a. If required by the SPDES MSGP, has a Stormwater Pollution Prevention Plan been prepared for this facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
38b. Is the information provided in the facility's original Notice of Intent or Termination submission for the SPDES MSGP still accurate and up to date?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
39. If your facility does not handle cleaning solvents, degreasers, battery acids or non-vehicle wastes write NA. If these materials are handled at your facility, what is the maximum amount of this material that your facility generates in any calendar month?	<p style="text-align: right;">0 _____ pounds</p> <p style="text-align: right;">1 _____ gallons</p>		

Do you have any other Environmental Conservation Law or regulatory violations?
(Attach additional sheets as necessary.)

Not Applicable

COMMENTS? (Attach additional sheets if necessary)

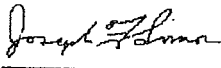
SECTION 12 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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.


Digitally signed by Joseph F. Simon
DN: cn=Joseph F. Simon, o=Central Auto
Recycling, Inc., email=j.simon@centralautorecycling.com, c=US
Date: 2019.02.26 08:53:45 -0500

Signature

Tuesday, February 26th, 2019

Date

Joseph F. Simon

Name (Print or Type)

President

Title (Print or Type)

Sales@centralautorecycling.com

Email (Print or Type)

1807 Erie Boulevard West

Address

Syracuse

City

New York 13204-1155

State and Zip

(3454) 468-3454

Phone Number

ATTACHMENTS: YES NO