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, 2018.

This annual report is for the year of operation from <u>January 01, 2017</u> to <u>December 31, 2017</u>

SECTION 1 - FACILITY INFORMATION

	FACILITY	INFORMATION		
FACILITY NAME:	<u></u>	D-0-16		
		e Hopertie	~	
FACILITY LOCATION ADDRESS:	FACILITY	CITY:	STA	TE: ZIP CODE:
180 Flood Drive	1	-celton	10	1 13069
FACILITY TOWN:	FACILITY	COUNTY:	FACILITY P	HONE NUMBER:
Caltan		Swego		1261-6R
FACILITY NYS PLANNING UNIT: (A list of NYS	Planning Unit	s can be found at the end of th	is report).	NYSDEC REGION #:
NYS DEPARTMENT OF MOTOR VEHICLE	REG	ISTRATION TYPE (Vehic	e NY	S DEC ACTIVITY
REGISTRATION NUMBER: 706 (46	, Dism	pantier, Mobile Crusher, e Scrap Drocesso	te.): CO	DE:
FACILITY CONTACT:	☐ public	CONTACT PHONE	CONTA	CT FAX NUMBER:
Rich Mestaugh	☐ private	NUMBER: 315 -59성 - 나8	251 318	= 59 2-94A6
CONTACT EMAIL ADDRESS:	1112	3.3 370	2011	, 000 , 705
	OWNER	INFORMATION:	THE ORDER WAS GROOM	
OWNER NAME:	l l	HONE NUMBER:		X NUMBER:
Richard Murtaux		<u> 598 - 4951</u>	<u> 315 - 5</u>	593-9406
OWNER ADDRESS: (80 Flood Drive	OWNER C	my: l-celton	STAT	TE: ZIP CODE: しろのして
OWNER CONTACT:	OWNER C	ONTACT EMAIL ADDRES		
315-593-4251	1			
	OPERATO	NEORMATION		
OPERATOR NAME: Same as owner			□ pub □ priv	
	PRE	ERENCES	Arti a santa	
Preferred address to receive correspondence: Other (provide):	□ Facility loc	ation address	Cwner add	ress
Preferred email address: Facility Contact Other (provide):	□ow	mer Contact	101	
Preferred individual to receive correspondence Other (provide):	: 🗔 Facility	Contact Gowner C	Contact	
				<u> </u>
				Allen
Did you operate in 2017? VI Yes; Complete	this form.			APA
Did you operate in 2017? ☑ Yes; Complete ☐ No; Complete		Sections 1 and 44	****	

	SECTION 2 - END-OF-LIFE VEHICLES (ELVs) PROCESSED
• Provi	(その Flood Onive Properties choes not p de the number of ELVs received from January 1 to December 31: 0上の2000 でんし
	de the number of ELVs crushed and/or removed from the facility January 1 to December 31:
• Provi	ide the number of ELVs stored at the facility as of December 31:
	y one time from January 1 to December 31:
• Prov	ide the approximate area used for the storage of vehicles (acres):
- Prov	ide 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

3155929406

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.)

		Fluid		Destination Name & Address	
Waste Fluid Recovered	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)	9	٦	Ó	0	
Used Oil** (gallons)	8	0	0	0	
Diesel Fuel (gallons)	Unknown	85	0	0	
Gasoline (gallons)	O	0_	0	0	
Engine Coolant/ Antifreeze (gallons)	O	5	0	0	
Window Washing Fluid (gallons)	0	ی	0	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.

To Scrap Metal Processor	
No	
No	
Ġ	
_	

SECTION 5 - MERCURY SWITCHES COLLECTED

Provide the number of mercury-containing devices <u>recovered</u> (H&TS) and antilock brake assemblies (ABS).	d. Including but not limited to hood & trunk lighting switches					
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.

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SECTION 6 - LEAD-ACID BATTERIES COLLECTED

Provide the number of lead-acid batteries <u>recovered</u> and their disposition.		<i>5</i> ∡∩
Number of Lead-Acid Batteries collected from ELVs	appa	
Indicate permitted facility or permitted transporter accepting lead-acid batterio	es:	
	<u> </u>	
Syr	acuse L) 4
Any materials disposed must undergo a hazardous waste determination and hazardous.	proper handling, sto	orage and disposal if
SECTION 7 - WASTE TIRES COL	LECTED	
Number of waste tires stored on-site:		as of December 31
Number of used tires available for sale on-site:		as of December 31
Number of used tires sold:		during operating year
Number of waste tires shipped off-site for recycling, disposal, other:		during operating year
Indicate name of facility(ies) accepting waste tires:		•
Trained of Idoliny (U.S.) 2000 P.S.		
		···
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		, a-4
SECTION 8 - PROBLEM	S	
Were any problems encountered during the reporting period (e.g., specific facility procedures)?	occurrences which	have led to changes in
☐ Yes ☐ No If yes, attach additional sheets identifying each problem.	n and the methods fo	or resolution of the
SECTION 9 - CHANGES	<u> </u>	
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 ea	ach change.
	i la End	· · · · · · · · · · · · · · · · · · ·

SECTION 10 – COMPLIANCE CERTIFICATION

As of December 31, 2017:

				Date of Return to
Waste Management Compliance Checklist If your facility stores LESS THAN 1,000 tires, check NA. If your facility stores	NA:	Yes	No	Compliance
MORE THAN 1,000 tires, do you have a PART 360 permit for tire storage?		X.		7
Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways?	X			
Have you recorded the date of receipt for all end-of-life vehicles received?		×		
Are the end-of-life vehicle records available on-site?		X		
5. Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes?		×		
Have all observed leaks been remedied or contained?		×		
7. Does your facility have a written Contingency Plan?		K		
Are facility personnel trained to implement the Contingency Plan?		X		
9. Does your Contingency Plan include actions to be taken in the event of the follow	ing?	1 (4) 2 (1) (4)	17 1 4 12 1	
9a. Fire.		×		
9b. Spill or release of vehicle waste fluids.		×	-	
9c. Unauthorized material received at facility.		X		
Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection?		×		
11. Are all vehicle residues prevented from migrating from or running off your property?		Х		
12. Is dust controlled to prevent interference with facility operations or from leaving facility site?		×		
13. Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations?		×		
14. Are waste fluids kept from being discharged onto the ground or into surface waters?		×		
15. Is access to your facility controlled by: fences, gates, sign and/or natural barriers (not vehicles)?		×		
15a. Are the access controls working (i.e. controlling access)?		×		
16. Are fluids drained from end-of-life vehicles on a pad constructed of concrete or equivalent material?		X		
17. Are you doing the following with your concrete (or equivalent surface) pad that is draining, crushing, etc.?	used for	rvehici	e disma	antling, fluid
17a. Cleaning daily.		X		
17b. Cleaning spills as they occur.		¥		
17c. Collecting and properly disposing of absorbent materials.		¥		

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				Date of Return to
Waste Management Compliance Checklist	NA	Yes	No	Compliance
18. Have the following wastes been drained, removed, deployed, collected and/or store practices, prior to vehicle crushing or shredding?	d follov	ving be	st mar	nagement
18a. Fluids (including engine oil, transmission fluid, transaxle fluid, front and rear axle fluid, brake fluid, power steering fluid, coolant, and fuel).		Х	_	
18b. Lead acid batteries.		*		
18c. Mercury switches or other mercury containing devices, if any.		_×_		
18d. Refrigerants, if any.		<u>×</u> _		
18e. Air bags.				
18f. PCB capacitors, if any.		<u>×</u>		
19. Are fluids stored separately & in containers that are compatible with their contents?		×		
20. Are fluids stored in closed containers?	_	×		
21. Are containers which contain waste fluids in good condition and not visibly leaking?	1111	X		
22. Are containers clearly and legibly labeled to describe their contents?		Y	_	
23. Are containers stored on a bermed pad constructed of concrete or equivalent material?		×		
24. Are lead-acid batteries stored upright and off the ground?		<u>><</u>		
25. Are lead-acid batteries covered to protect them from precipitation?		×	-	· _
26. Are all lead-acid batteries sent for recycling within one-year of receipt?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>×</u>		
27. Are <u>leaking</u> lead-acid batteries, if any are encountered, stored in leak-proof containers separated from intact batteries?		×		
27a. Are provisions in place to absorb any acid leakage?		5<		
28. Are mercury switches and other mercury containing devices stored in appropriate, labeled containers and then sent for recycling?	X			
29. Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal?	×			
30. Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code?	_	<u> </u>		
31. If sent off-site, is used oil transported via a permitted hauler?	<u> </u>	×		
32. If you do not burn used oil onsite check NA for 32a., 32b., 32c. If you do, then ans	wer 32	2a., 32t	32c	. <u> </u>
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?	X		_	
32b. Do on-site space heaters burn only used oil that is generated on-site or received from household do-it-yourself generators?	K			
32c. Are combustion gases from used oil space heaters vented to the outside ambient air?	×			

To:Fax Server

				Date of Return t
Waste Management Compliance Checklist	NA	Yes	No	Compliance
33. Is waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers?		×		· · · · · · · · · · · · · · · · · · ·
34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?	X			
35. Are sludges properly recycled or disposed?	×			
36. Are used oil filters properly drained, crushed or dismantled?	×			
37. Are drained oil filters properly recycled or disposed?	×			
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?	X			
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?	×			
38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?	*			
39. If your facility does not handles 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		_		pounds
month?		gallons		
Do you have any other Environmental Conservation Law or regulatory violations? (Attach additional sheets as necessary.)				
COMMENTS? (Attach additional sheets if necessary)				
		18 010-11 00-0 1		

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: SWMFannualreport@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.

Mulay Mulay	3-1- 9019 Date
Richard Martough Name (Print or Type)	Title (Print or Type)
Email (Pri	int or Type)
180 Flood Drive Address	City
State and Zip	(3/5/5/2- 425) Phone Number

ATTACHMENTS: YES YOU