MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR VEHICLE DISMANTLING FACILITIES

Submit the Annual Report no later than March 1, 2018.

This annual report is for the year of operation from January 01, 2019 to December 31, 2019

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SECTION	<u> DN 1 - FAC</u>	CILITY INFORMATIO	N _	D18	
	FACUTY	NECRMATION			
FACILITY NAME:					, , , , , , , , , , , , , , , , , , ,
LB AUTO SCYDI	$\boldsymbol{\rho}$				
FACILITY LOCATION ADDRESS:	FACILITY	CITY:	***************************************	STATE:	ZIP CODE:
1116) 67 7) 4 85	D	<i>a (T .</i> .		MY	14877
11401 STOTE LINERD-A	/-/ N-8				9542
FACILITY TOWN:	FACILITY	GOUNTY:	FAGIL	IIT PHON	IE NUMBER:
CATON			607	-52	1-6313
FACILITY NYS PLANNING UNIT: (A Bet of NYS	5 Planning Unit	s can be found at the ead of th			SDEC
				RE	GION #:
NYS DEPARTMENT OF MOTOR VEHICLE	REG	STRATION TYPE (Vehic	ě	NYS DE	C ACTIVITY
REGISTRATION NUMBER: 70494	Diem	iantler, Mobile Crusher, i		CODE:	
FACILITY CONTACT:	□ public	CONTACT PHONE	C	ONTACT	FAX NUMBER:
	private	NUMBER: 607-524681	₹ 4	07 527	16317
CONTACT EMAIL ADDRESS:			-M:	ACAP 1:10 tank bis ann a 117 tank 117	and the second s
	OWNER	NECEMATION			
OWNER NAME:	OWNER P	HONE NUMBER:		ER FAX NI	
Louis K Brasier	627	524 6313	60		4 63 73
OWNER ADDRESS:	OWNER C			STATE:	ZIP CODE:
11701 STATE LINERO-A	HARRY WINDSHAME TO SHOW A SECON AND ASSESSMENT OF THE PROPERTY	ve E/Ty			17971-9442
OWNER CONTACT:	OWNERC	ontact email addre	55:		
				Service of the task	
OPERATOR NAME: Serve as overer		T INFORMATION] public	
CPERATOR MAINE.				□ private	
186	PRE	FERENCES			
Preferred address to receive correspondence: — Other (provide).	☐ Feality loc	ation activess	□ ov.	har address	
Preferred email address.	ÖQA	rier Contact	ALINE AND PARTY OF A SECOND		
Preferred individual to receive correspondence Other (provide):	e Ofesik	y Contact 🔲 Owner	Contact		
Did you operate in 20187 🖭 Yes; Complete	e this form.	2018			
□ No; Complete	e and submit	Sections 1 and 11			
Percent of (10/19)				"	5

Reprinted (10/15)

	SECTION 2 - END-OF-LIFE VEHICLES (ELVs) (PROCESSED
- Provide	s the number of 周LVs received from January 1 to December 31;	10
	e the number of 能LVs crushed and/or removed from the facility inuary 1 to December 31:	3
• Provide	the number of ELVs. stored at the facility as of December 31:	14
	the highest number of ELVs stored at the facility one time from January 1 to December 31:	<u> </u>
• Provide	the approximate area used for the storage of vehicles (acres):	/O acres
	the names of scrap metal processors to which you sold or sent do	ecommissionea ELVs:
2_ (1	HULMAN	
, h	'é!Tsman	
L)	A CONTRACTOR OF THE PROPERTY O	den en mellen en melleman en mellemanderselle by
3)	n	Makhadan sasannakanan manananan
MAK-KANCIS PERFORM KANCAN		Naf-year
transcorpt normalismosphilism		
<u> </u>	NUPAC TOLO BOY E COLIDERTE OU VERSTIONO & 40 41 6	inda enakkip ppr.
Y	CHECK THIS BOX & <u>COMPLETE ONLY SECTIONS 3, 4 & 11 BE</u> YOUR FACILITY RECEIVED 25 OR FEWER ELVS DURING THE DID NOT HAVE 50 OR MORE ELVS ON-SITE AT ANY ONE TIME	YEAR AND
u	→ Please write "Not Applicable" on sections that do not pertail	
	4. Liegge Aure 140: Whiteans at Rectious that do not herry:	nr to your raciney.
	The regree were that wholegons on sections that do not hetre	in to your taginly.

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:

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

Reuse 67 all		Fluid Volu	Name & Address of Major Recipients			
Waste Fluid Recovered	Used on-site Stored Sold/ (oll heater, on-site at etc.) year-end off-site off-site*				(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)	
Refrigerant (in pounds)						
Used Oii** (in gallons) ≻					,	
Diesel Fuel (in gellons)			THE STATE OF THE S			
Gasoline (in gallons)	eratura kanada ang kan		A CONTRACTOR OF THE CONTRACTOR			
Engine Coolant/ Antifreeze (in gallons)	ganarangungkannigannugkanggi dalik Adali Makali Madalik dan dalah g		402-400			
Window Washing Fluid (in gallons)						
Other (epecify)						

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

- * 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. Identify the destination name and address for the metal sent off site.

Material Types Receive (tons)	Received	ed Stored On Site	Sent Off Site (tons)	Destination			
	1			NYS Planning Unit (or state if other than New York)	Me	lcrap stal essor	
Ferrous Scrap Metal	sure	sT;//	Here		Yes	No □	
Aluminum Scrap Metal	sure	STIII	Here		Yes	Z ⁰	
Lead Weights	9			,	Yes	N o □	
Non – Ferrous Scrap Metal	SUre	sTill	Here		Yes 🗆	No	
Other (specify):					Yes □	No	
		:	NOTE OF THE STATE		Yes	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 O (Number)	ABS O (Number)
Indicate permitted facility or permitted transporter accept	pting mercury containing devices:
W	

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

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SECTION 10 - SIGNATURE AND DATE BY OWNER, OPERATOR, OR RESPONSIBLE REPRESENTATIVE

Owner, Operator, or Responsible Representative must sign, date and submit one completed form with an original signature to the appropriate Regional Office (See attachment for Regional Office 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 518-402-8041

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.

Email address: SWMFannusireport@dec.ny.gov

Lorens 16 Bocarting.	3-1-2019 Date
Louis K Broster	owner
Name (Print or Type)	Title (Print or Type)
Email (Pri	nt or Type)
1/40/STATE LINERD	-A Pine City
/V Y - 14821-9442	Co7,527-63/3

ATTACHMENTS: ____ YES ___ NO



Vehicle Dismantler and Scrap Processor Survey

New York State
Department of Motor Vehicles

Lb Auto Scrap 11401 State Line Rd Pine City, NY 14871

This letter invites you to participate in a survey to assist the New York State Department of Motor Vehicles (DMV) in developing an electronic reporting system for the MV-907M (Multiple Entry Forms for the disposition of junk and salvage vehicles). This new system will replace, wherever possible, the current paper reporting process.

We are just beginning this project and we are asking all DMV licensed Scrap Processors and Dismantlers to provide us with information about their business, use of personal computers at the business and affiliation with one of the several yard management systems. This information is an integral part of the system design. As we develop a design, we will work with you to make sure this meets your needs as well as ours.

This outreach is focused on technology and systems. As the project proceeds, we would contact you again regarding other changes, for example procedural or regulatory changes.

We are working with the New York State Technology Enterprise Corporation (NYSTEC) to develop this system. They developed the attached survey and will be in contact with you over the course of the next several months

If you have any questions about this survey, please contact Bob Gronczniak of NYSTEC at 518-431-7026.

Please complete the attached survey and fax it to 518-431-7037 or if you prefer you can fill out the survey online at https://www.surveymonkey.com/s/HYLQ/QB.

Thank you for your assistance.

In Care OF BOB Gronc Zniak

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Vehicle Dismantler and Scrap Processor Survey

New York State
Department of Motor Vehicles

QUESTION 1

Are you a registered vehicle dismantler or certified scrap processor?

XVehicle Dismantler
Certified Scrap Processor
Both Vehicle Dismantler and Certified Scrap Processor
None of the above

If you answered "None of the above", please go to question 10. You do not need to answer questions 2 - 9. Survey Complete.

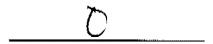
QUESTION 2

Do you dispose of junk and salvage vehicles or plan to in the next year and report on NYS MV-907M form?

(Yes) if Any Comesin Clonit pay high prices
No like the big yards de.
A SM All YD

QUESTION 3

On average, how many vehicles do you report on a monthly basis to NYS DMV using the NYS MV-907M?



QUESTION 4a

Do you have a computer at your place of business?



QUESTION 4b

If yes, what type of computer do you use?

PC Mac Other

QUESTION 5

Do you currently have internet access?

Yes – dial-up Yes – high speed



Vehicle Dismantler and Scrap Processor Survey

Now York France

New York State
Department of Motor Vehicles

QUESTION 6 What type of brow	vser do you use and what ver Internet Explorer (IE) Mozilla Fire Fox Safari OtherWA	
QUESTION 7 Do you currently u	use a yard management syste	m? Yes No
If ' Yes ' continue. I	f ' No ', proceed to Question 1	10.
QUESTION 8a Which yard manag	gement software do you curre	ently use?
	Checkmate (Car-Part.com) Hollander Pinnacle Other	
QUESTION 8b How many employ	vees currently use your yard r	nanagement system?
	ne ability to submit your dest 07M) and possibly NMVTIS re Yes No	royed vehicle report electronically to eporting requirements?
QUESTION 10 Please provide you	Region of the Property of the Person of the	: uto Scrap K Braster 24 (0313

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TIME : 07/24/2010 04:08 SER.# : C7K953454

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