

**MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR
VEHICLE DISMANTLING FACILITIES**

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

2019

This annual report is for the year of operation from January 01, 2018 to December 31, 2018

SECTION 1 - FACILITY INFORMATION 2018

FACILITY INFORMATION			
FACILITY NAME: <u>LB AUTO SCRAP</u>			
FACILITY LOCATION ADDRESS: <u>11401 STATE LINE RD-A</u>	FACILITY CITY: <u>PINE CITY</u>	STATE: <u>NY</u>	ZIP CODE: <u>14877</u> <u>9442</u>
FACILITY TOWN: <u>CATON</u>	FACILITY COUNTY:	FACILITY PHONE NUMBER: <u>607-524-6313</u>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report.)			NYSDEC REGION #:
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: <u>7099608</u>	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.):	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT:	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <u>607-5246813</u>	CONTACT FAX NUMBER: <u>607 524 6313</u>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <u>Louis K Braister</u>	OWNER PHONE NUMBER: <u>607 524 6313</u>	OWNER FAX NUMBER: <u>607-624 6313</u>	
OWNER ADDRESS: <u>11401 STATE LINE RD-A</u>	OWNER CITY: <u>PINE CITY</u>	STATE: <u>NY</u>	ZIP CODE: <u>14877</u> <u>9442</u>
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> SELF OR OWNER			<input type="checkbox"/> public <input type="checkbox"/> private
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Did you operate in 2018? <input checked="" type="checkbox"/> Yes; Complete this form. <u>2018</u> <input type="checkbox"/> No; Complete and submit Sections 1 and 11			

Reprinted (10/18)

My Report For 2018

SECTION 2 - END-OF-LIFE VEHICLES (ELVs) PROCESSED

- Provide the number of ELVs received from January 1 to December 31: 10
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 3
- Provide the number of ELVs stored at the facility as of December 31: 14
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 7
- Provide the approximate area used for the storage of vehicles (acres): 10 acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
 - 1) SHULMAN
 - 2) WEITSMAN
 - 3) _____



CHECK THIS BOX & COMPLETE ONLY SECTIONS 3, 4 & 11 BELOW IF: YOUR FACILITY RECEIVED 25 OR FEWER ELVs DURING THE YEAR AND DID NOT HAVE 50 OR MORE ELVs ON-SITE AT ANY ONE TIME.

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



CHECK THIS BOX & COMPLETE ONLY SECTION 9 BELOW IF: YOUR FACILITY HAS NOT PROCESSED OR STORED ANY ELVs DURING THE YEAR.

→ 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 (Gallons)				Name & Address of Major Recipients (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 (in pounds) <i>Y</i>					
Used Oil** (in gallons) <i>Y</i>					
Diesel Fuel (in gallons) <i>X</i>					
Gasoline (in gallons) <i>Y</i>					
Engine Coolant/ Antifreeze (in gallons) <i>X</i>					
Window Washing Fluid (in gallons) <i>X</i>					
Other (specify)					

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	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	UN SURE	STILL	Here		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Aluminum Scrap Metal	UN SURE	STILL	Here		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lead Weights	0				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Non – Ferrous Scrap Metal	UN SURE	STILL	Here		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 0
(Number)

ABS 0
(Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

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

Reprinted (12/10)



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 Groncziak 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/H9LG7QB>.

Thank you for your assistance.

In Care of
Bob Groncziak

This For
2018

OND
this report



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?

- Vehicle 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 comes in don't pay high prices like the big yards etc. A SMALL YD*
 No

QUESTION 3

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

0

QUESTION 4a

Do you have a computer at your place of business?

Yes
 No

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
- No

2018 Report



Vehicle Dismantler and Scrap Processor Survey

New York State
Department of Motor Vehicles

QUESTION 6

What type of browser do you use and what version is used?

Internet Explorer (IE)	version _____
Mozilla Fire Fox	version _____
Safari	version _____
Other <u>N/A</u>	_____

QUESTION 7

Do you currently use a yard management system? Yes No

If 'Yes' continue. If 'No', proceed to Question 10.

QUESTION 8a

Which yard management software do you currently use?

Checkmate (Car-Part.com)
 Hollander
 Pinnacle
 Other _____

QUESTION 8b

How many employees currently use your yard management system?

QUESTION 9

Would you want the ability to submit your destroyed vehicle report electronically to satisfy NYS (MV-907M) and possibly NMVTIS reporting requirements?

Yes
No

QUESTION 10

Please provide your Contact Information below:

Business Name: LB Auto Scrap
 Contact Person: Louis K Braster
 Email Address: _____
 Phone Number: 607 524 6313
 Fax Number: 607 524 6313

TRANSMISSION VERIFICATION REPORT

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

DATE, TIME	07.24 04:07
FAX NO./NAME	15184317037
DURATION	00:01:25
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

Time 4:15