

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

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

## SECTION 1 – FACILITY INFORMATION

### FACILITY INFORMATION

FACILITY NAME:

Christine's Sales & Service

FACILITY LOCATION ADDRESS:

6510 Walmore Rd

FACILITY CITY:

Niagara Falls.

STATE:

NY

ZIP CODE:

14304

FACILITY TOWN:

Wheatfield

FACILITY COUNTY:

Niagara

FACILITY PHONE NUMBER:

716 999 3401

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

NYSDEC

REGION #:

FACILITY TYPE:  Vehicle Dismantler

Motor Vehicle Repair Shop

Mobile Vehicle Crusher

DMV I.D. #

7099833

FACILITY CONTACT:

Nick Kislack

public  
 private

CONTACT PHONE  
NUMBER: 716 999 3401

CONTACT FAX NUMBER:

CONTACT EMAIL ADDRESS:

### OWNER INFORMATION

OWNER NAME:

Christine Kislack

OWNER PHONE NUMBER:

716 999 3401

OWNER FAX NUMBER:

OWNER ADDRESS:

2703 Homeyer Rd

OWNER CITY:

Wheatfield

STATE:

NY

ZIP CODE:

14120

OWNER CONTACT:

Nick Kislack

OWNER CONTACT EMAIL ADDRESS:

### OPERATOR INFORMATION

OPERATOR NAME:

same as owner

public

private

### PREFERENCES

Preferred address to receive correspondence:  Facility location address

Owner address

Other (provide):

Preferred email address:  Facility Contact

Owner Contact

Other (provide):

Preferred individual to receive correspondence:  Facility Contact

Owner Contact

Other (provide):

Did you operate in 2018?  Yes; Complete this form.

No; Complete and submit Sections 1 and 12.

## SECTION 12 – COMPLIANCE CERTIFICATION

As of December 31, 2018:

Waste Management Compliance Checklist				Date of Return to Compliance
	NA	Yes	No	
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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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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Date of Return to				
Waste Management Compliance Checklist				
	NA	Yes	No	Compliance
18	Have the following wastes been drained, removed, deployed, collected and/or stored following best management practices, prior to vehicle crushing or shredding?			
18a	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18b	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18c	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18d	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18e	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18f	<input checked="" type="checkbox"/>	<input 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 leaking 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
32c.	Are combustion gases from used oil space heaters vented to the outside ambient air?			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Waste Management Compliance Checklist				Date of Return to	
				NA	Yes
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 checked="" type="checkbox"/>	<input 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:	<input checked="" type="checkbox"/>			
38a	If required by the SPDES MSGP, has a Stormwater Pollution Prevention Plan been prepared for this facility?	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	
38c	Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?	<input checked="" type="checkbox"/>	<input 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?	<u>NA</u> pounds <u>NA</u> gallons			

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

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COMMENTS? (Attach additional sheets if necessary)

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**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: SWMFannualreport@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.

*[Handwritten Signature]*

Signature

*2/11/19*

Date

*Nick Rusland*

Name (Print or Type)

*Manager*

Title (Print or Type)

Email (Print or Type)

*6510 Valmore Rd.*

Address

City

*New York 14300*

State and Zip

*(518) 499-3401*

Phone Number

ATTACHMENTS:  YES  NO