

# SCRAP METAL PROCESSORS 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: <i>DAVE SPENCER Auto REPAIR</i>			
FACILITY LOCATION ADDRESS: <i>385 MILL ST.</i>	FACILITY CITY: <i>Lockport</i>	STATE: <i>NY</i>	ZIP CODE: <i>14094</i>
FACILITY TOWN: <i>Lockport</i>	FACILITY COUNTY: <i>NIAGARA</i>	FACILITY PHONE NUMBER: <i>716 434 6402</i>	
FACILITY NYS PLANNING UNIT: <small>(A list of NYS Planning Units can be found at the end of this report).</small>			NYSDEC REGION #: <i>9</i>
FACILITY CONTACT: <i>DAVID L. SPENCER</i>	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <i>716 434 6402</i>	CONTACT FAX NUMBER: <i>NONE</i>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <i>DAVID L. SPENCER</i>	OWNER PHONE NUMBER: <i>716 434 6402</i>	OWNER FAX NUMBER: <i>NONE</i>	
OWNER ADDRESS: <i>385 MILL ST.</i>	OWNER CITY: <i>Lockport</i>	STATE: <i>NY</i>	ZIP CODE: <i>14094</i>
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: <i>NONE</i>		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> same as owner	<input checked="" type="checkbox"/> public <input 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 type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide): <i>NONE</i>			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" 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="margin-left: 100px;"><input type="checkbox"/> No; Complete and submit Sections 1 and 5.</p>
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FEB 14 2019

DIV. OF MATERIALS MANAGEMENT

## SECTION 2 - WASTE FLUIDS RECOVERED

Complete this table by reporting volumes or weights of waste fluids managed at the facility during the reporting period.<sup>2</sup>

Qualitative responses (i.e. √'s or X's) are not acceptable.

Waste Fluid Recovered	Fluid Volume (gallons) or Weight (pounds)				Destination Name & Address  <i>(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)</i>
	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	
Refrigerant (pounds)	20	0	0	0	
Used Oil** (gallons)	150	200	0	0	
Diesel Fuel (gallons)	0	0	0	0	
Gasoline (gallons)	20	50	0	0	
Engine Coolant/ Antifreeze (gallons)	50	150	0	0	
Window Washing Fluid (gallons)	20	10	0	0	
Mercury (pounds)	0	5	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 3– 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)
Ferrous Scrap Metal				
Aluminum Scrap Metal				
Lead Weights				
Non – Ferrous Scrap Metal				
Other (specify):				

### SECTION 4 – PROBLEMS

Were any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures)?

Yes.    No.

MY HEALTH

If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.

**SECTION 5 - 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.

David L. Spencer  
Signature

Feb 10, 2019  
Date

DAVID L. SPENCER  
Name (Print or Type)

OWNER  
Title (Print or Type)

NONE  
Email (Print or Type)

385 MILL ST.  
Address

LOCKPORT  
City

N.Y. 14094  
State and Zip

(716) 434 6402  
Phone Number

ATTACHMENTS:  YES  NO

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

Submit the Annual Report no later than March 1, 2019.

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## SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
<b>FACILITY NAME:</b> <i>DAVE SPENCER Auto Repair</i>			
<b>FACILITY LOCATION ADDRESS:</b> <i>385 MILL ST</i>	<b>FACILITY CITY:</b> <i>Lockport</i>	<b>STATE:</b> <i>N.Y.</i>	<b>ZIP CODE:</b> <i>14094</i>
<b>FACILITY TOWN:</b> <i>Lockport</i>	<b>FACILITY COUNTY:</b> <i>NIAGARA</i>	<b>FACILITY PHONE NUMBER:</b> <i>716 4346402</i>	
<b>FACILITY NYS PLANNING UNIT:</b> (A list of NYS Planning Units can be found at the end of this report).			<b>NYSDEC REGION #:</b> <i>9</i>
<b>FACILITY TYPE:</b> <input checked="" type="checkbox"/> Vehicle Dismantler <input checked="" type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher			
<b>DMV I.D. #</b> _____			
<b>FACILITY CONTACT:</b> <i>DAVID L SPENCER</i>	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	<b>CONTACT PHONE NUMBER:</b> <i>716 4346402</i>	<b>CONTACT FAX NUMBER:</b> <i>NONE</i>
<b>CONTACT EMAIL ADDRESS:</b>			
OWNER INFORMATION			
<b>OWNER NAME:</b> <i>DAVID L. SPENCER</i>	<b>OWNER PHONE NUMBER:</b> <i>716 4346402</i>	<b>OWNER FAX NUMBER:</b> <i>NONE</i>	
<b>OWNER ADDRESS:</b> <i>385 MILL ST</i>	<b>OWNER CITY:</b> <i>Lockport</i>	<b>STATE:</b> <i>N.Y.</i>	<b>ZIP CODE:</b> <i>14094</i>
<b>OWNER CONTACT:</b>	<b>OWNER CONTACT EMAIL ADDRESS:</b> <i>NONE</i>		
OPERATOR INFORMATION			
<b>OPERATOR NAME:</b> <input checked="" type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
<b>Preferred address to receive correspondence:</b> <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
<b>Preferred email address:</b> <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide): <i>NONE</i>			
<b>Preferred individual to receive correspondence:</b> <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

<b>Did you operate in 2018?</b> <input checked="" type="checkbox"/> Yes; Complete this form. <input type="checkbox"/> No; Complete and submit Sections 1 and 12.
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**SECTION 2A VDF/REPAIR SHOPS- END-OF-LIFE VEHICLES (ELVs) PROCESSED**

- Provide the number of ELVs received from January 1 to December 31: 8
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 28
- Provide the number of ELVs stored at the facility as of December 31: 269
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 297
- Provide the approximate area used for the storage of vehicles (acres): 3.5 acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
  - 1) DAVID DUNN'S SALVAGE, INC.
  - 2) 9986 ROCHESTER Road  
MIDDLEPORT, NEW YORK 14105
  - 3) NYS: DMV # 7064181

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

- Provide the number of ELVs crushed from January 1 to December 3:
- 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  <i>(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)</i>
	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	
Refrigerant (pounds)	30	0	0	0	
Used Oil** (gallons)	300	200	0	0	
Diesel Fuel (gallons)	0	0	0	0	
Gasoline (gallons)	30	100	0	0	
Engine Coolant/ Antifreeze (gallons)	60	150	0	0	
Window Washing Fluid (gallons)	25	20	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.

Material Types	Received (tons)	Stored On Site (tons)	Sent Off Site (tons)	Destination	
				NYS <u>Planning Unit</u> (or state if other than New York)	To Scrap Metal Processor
Ferrous Scrap Metal	0	7 TON	0		<input type="checkbox"/> Yes <input type="checkbox"/> No
Aluminum Scrap Metal	0	2 TON	1 TON		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lead Weights	0	500 LB	0		<input type="checkbox"/> Yes <input type="checkbox"/> No
Non – Ferrous Scrap Metal	0	2000 LB	0		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input 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 2.5  
(Number)

ABS 30  
(Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

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## SECTION 6 – AIR BAGS COLLECTED

Provide the number of air bags recovered.

Number of Air Bags Removed: 0

Number of Air Bags Deployed: 25

Indicate permitted facility or permitted transporter accepting air bags:

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## 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:

12

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

DAVID DUNN'S SALVAGE, INC.  
9986 ROCHESTER, MIDDLEPORT, N.Y. 14105  
NYS DMV # 7064181

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:

700

as of December 31

Number of used tires available for sale on-site:

100

as of December 31

Number of used tires sold:

40

during operating year

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

0

during operating year

Indicate name of facility(ies) accepting waste tires:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 9 – SELF INSPECTIONS

Number of self-inspections conducted for the year: \_\_\_\_\_

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:

					Date of Return to Compliance
Waste Management Compliance Checklist	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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>		

## 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. 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 type="checkbox"/>	<input checked="" 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			Compliance
	NA	Yes	No	
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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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?	<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.

David L. Spencer  
Signature

April 16, 2019  
Date

DAVID L. SPENCER  
Name (Print or Type)

OWNER  
Title (Print or Type)

NONE  
Email (Print or Type)

385 MILL ST.  
Address

LOCKPORT  
City

N.Y. 14094  
State and Zip

(716) 434-6400  
Phone Number

ATTACHMENTS:  YES  NO