

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

Submit the Annual Report no later than March 1, 2020. This  
annual report is for the year of operation from January 01, 2019 to December 31, 2019

RECEIVED  
NYSDEC - Region 1  
**FEB 26 2020**  
Division of Materials Mgmt.

## SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
<b>FACILITY NAME:</b> <span style="font-size: 1.2em;">OutPost Automotive Inc</span>			
<b>FACILITY LOCATION ADDRESS:</b> <span style="font-size: 1.2em;">33 High St. P.O. Box 191</span>		<b>FACILITY CITY:</b> <span style="font-size: 1.2em;">SPEONK</span>	
<b>FACILITY TOWN:</b> <span style="font-size: 1.2em;">Southampton</span>		<b>FACILITY COUNTY:</b> <span style="font-size: 1.2em;">Suffolk</span>	
<b>FACILITY NYS PLANNING UNIT:</b> (A list of NYS Planning Units can be found at the end of this report). <span style="font-size: 1.2em;">Southampton</span>		<b>STATE:</b> <span style="font-size: 1.2em;">NY</span> <b>ZIP CODE:</b> <span style="font-size: 1.2em;">11972</span>	
<b>FACILITY TYPE:</b> <input checked="" type="checkbox"/> Vehicle Dismantler <input type="checkbox"/> Motor Vehicle Repair Shop <b>DMV I.D. #:</b> <span style="font-size: 1.2em;">7046615</span> <input type="checkbox"/> Mobile Vehicle Crusher		<b>FACILITY PHONE NUMBER:</b> <span style="font-size: 1.2em;">631-325-0011</span>	
<b>FACILITY CONTACT:</b> <span style="font-size: 1.2em;">C. Anthony Abbruzzese</span>		<b>CONTACT PHONE NUMBER:</b> <span style="font-size: 1.2em;">631-325-0011</span>	
<b>CONTACT EMAIL ADDRESS:</b>		<b>CONTACT FAX NUMBER:</b> <span style="font-size: 1.2em;">631-325-7769</span>	
OWNER INFORMATION			
<b>OWNER NAME:</b> <span style="font-size: 1.2em;">C. Anthony Abbruzzese</span>		<b>OWNER PHONE NUMBER:</b> <span style="font-size: 1.2em;">631-325-0011</span>	
<b>OWNER ADDRESS:</b> <span style="font-size: 1.2em;">33 High St. P.O. Box 191</span>		<b>OWNER CITY:</b> <span style="font-size: 1.2em;">SPEONK NY</span>	
<b>OWNER CONTACT:</b> <span style="font-size: 1.2em;">SAME</span>		<b>OWNER FAX NUMBER:</b> <span style="font-size: 1.2em;">631-325-7769</span>	
<b>OWNER CONTACT EMAIL ADDRESS:</b> <span style="font-size: 1.2em;">MARYANNE11763@yahoo.com</span>		<b>STATE:</b> <span style="font-size: 1.2em;">NY</span> <b>ZIP CODE:</b> <span style="font-size: 1.2em;">11972</span>	
OPERATOR INFORMATION			
<b>OPERATOR NAME:</b> <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input checked="" 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 type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
<b>Preferred individual to receive correspondence:</b> <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

**Did you operate in 2019?**  Yes; Complete this form.  
 No; Complete and submit Sections 1 and 12.

**SECTION 2A VDF/REPAIR SHOPS- END-OF-LIFE VEHICLES (ELVs) PROCESSED**

• Provide the number of ELVs received from January 1 to December 31: 30

• Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 60

• Provide the number of ELVs stored at the facility as of December 31: 100

• Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 125

• Provide the approximate area used for the storage of vehicles (acres): 3 acres

• Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:

1) GERSHOW Recycling Peconic Ave Medford. NY.

2) PASCAP Co Inc 4250 Boston Post Rd Bronx NY.

3) \_\_\_\_\_

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

• Provide the number of ELVs crushed from January 1 to December 31: 60

• Provide the names of each facility where you crushed decommissioned ELVs:

1) GERSHOW Recycling Peconic Ave Medford NY.

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  (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 (pounds)					
Used Oil** (gallons)	10g	35g	NONE		PLANET EARTH
Diesel Fuel (gallons)	30gal	5gal	NONE		
Gasoline (gallons)	40gal	5gal	NONE		
Engine Coolant/ Antifreeze (gallons)	30gal	10gal	30gal		Reused - given FREE TO Customer's
Window Washing Fluid (gallons)	20g	10g	20g		Given FREE TO Customers
<sup>Mixed</sup> Other (specify)	5	35	0		PLANET EARTH RECOVERY 4 EPA NY 000088906

\* 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 Planning Unit (or state if other than New York)	To Scrap Metal Processor
Ferrous Scrap Metal	TRUCK SCRAP 15T	125T	NONE		<input type="checkbox"/> Yes <input type="checkbox"/> No
Aluminum Scrap Metal	1 TON	3 TONS	NONE		<input type="checkbox"/> Yes <input type="checkbox"/> No
Lead Weights					<input type="checkbox"/> Yes <input type="checkbox"/> No
Non – Ferrous Scrap Metal	1 TON COPPER WIRE STRIPPED –	1 1/2 TON FROM CARS	NONE		<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 40  
(Number)

ABS \_\_\_\_\_  
(Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

E.G. INDUSTRIAL SERVICES  
2701 N F 95 SERVICE DR.  
YPSILANTI MI 48198

### SECTION 6 – AIR BAGS COLLECTED

Provide the number of air bags recovered.

Number of Air Bags Removed: NONE

Number of Air Bags Deployed: \_\_\_\_\_

Indicate permitted facility or permitted transporter accepting air bags:

Gershow Recycling

### 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:

40

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

Interstate Battery Systems of Suffolk  
85 ORVILLE Dr.  
Bohemia NY 11716

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:

approx 200

as of December 31

Number of used tires available for sale on-site:

60

as of December 31

Number of used tires sold:

35

during operating year

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

150

during operating year

Indicate name of facility(ies) accepting waste tires:

Gershow Recycling.

### 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:

Waste Management Compliance Checklist	NA	Yes	No	Date of Return to Compliance
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 checked="" 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 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 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 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32c. Are combustion gases from used oil space heaters vented to the outside ambient air?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**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?	<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 checked="" 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:				
38a. If required by the SPDES MSGP, has a Stormwater Pollution Prevention Plan been prepared for this facility?	<input checked="" 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 checked="" 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?	<p style="text-align: right;">N.A. _____ pounds</p> <p style="text-align: right;">_____ gallons</p>			

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

NO

COMMENTS? (Attach additional sheets if necessary)







DEPARTMENT USE ONLY	
DEC ACTIVITY #	
DATE VALIDATED	
EXPIRATION DATE	

## TRANSITION REGISTRATION APPLICATION FORM FOR VEHICLE DISMANTLING FACILITIES AND SCRAP METAL PROCESSORS

Please read attached instructions (found at the end of this document) before completing this application. This is not a UPA permit. Solid waste management facility operations are not authorized until a registration is validated by the Department. Attach all required information to this form, as described in the instructions.

1. FACILITY INFORMATION			
Facility Name <u>West Automotive Inc</u>		Facility Address <u>33 High Street P.O. Box 191</u>	
City/Town <u>Speonk, NY</u>		Zip Code <u>11972</u>	Phone _____
NYTM-E Coordinate <u>694097</u>		NYTM-N Coordinate <u>4521414</u>	DEC Region <u>1</u>
2. FACILITY OWNER			
Owner Name <u>C. Anthony Abbruzzese</u>		Owner Address <u>33 High Street</u>	
City/Town/State/Zip Code <u>Speonk, NY 11972</u>		Owner Phone <u>(631)325-0011</u>	Owner Email <u>W.A.ABRUZZESE11763@YAHOO.COM</u>
3. FACILITY OPERATOR			
Operator Name <input checked="" type="checkbox"/> <i>same as facility owner</i>		Operator Address _____	
City/Town/State/Zip Code _____		Operator Phone _____	Operator Email _____
4. SITE OWNER			
Site Owner Name <input checked="" type="checkbox"/> <i>same as facility owner</i>		Site Owner Address _____	
City/Town/State/Zip Code _____		Site Owner Phone _____	Site Owner Email _____
5. PREFERRED CONTACT			
<input checked="" type="checkbox"/> Facility Owner <input type="checkbox"/> Facility Operator <input type="checkbox"/> Site Owner <input type="checkbox"/> Other (provide): _____			
6. FACILITY OPERATING HOURS			
<u>9 AM - 5 PM MONDAY - FRIDAY</u>			
7. SERVICE AREA List all municipalities within the service area of the facility			
<u>Town of Southampton - Town of Brookhaven NY</u>			
8. REGISTRATION TYPE			
Facility Type (check all applicable)			
<input type="checkbox"/> Vehicle Dismantling Facility - Receive < 25 ELVs/year and store < 50 ELVs on-site at any time [361-7.3(a)(2)]	<input checked="" type="checkbox"/> Vehicle Dismantling Facility - Receive > 25 ELVs/year or store > 50 ELVs on-site at any time [361-7.3(b)(2)]		
<input type="checkbox"/> Motor Vehicle Repair Shop - Store 26-50 ELVs on-site at any time [361-7.3(a)(1)]	<input type="checkbox"/> Motor Vehicle Repair Shop - Store > 50 ELVs on-site at any time [361-7.3(b)(1)]		
<input type="checkbox"/> Scrap Metal Processors [361-7.3(a)(3)]	<input type="checkbox"/> Mobile Vehicle Crusher [361-7.3(b)(3)]		