VEHICLE DISMANTLING FACILITY, MOTOR VEHICLE REPAIR SHOP AND MOBILE VEHICLE

CI	RUSHER A	NNUAL REPORT			RECEIVED	
		rt no later than March 1			YSDEC - Region 1	
annual report is for the year of operation f				2	MAR 2 2020	
SECTION		CILITY INFORMATIC	DN	Divis	on of Materials Mgmt	
FACILITY NAME:	TAVEITI					
Gershow Recycling of Linden	hurst					
FACILITY LOCATION ADDRESS:	FACILITY	CITY:		STATE:	ZIP CODE:	
635 Muncy Ave	Linde	nhurst		NY	11757	
FACILITY TOWN:	FACILITY	COUNTY:	FACIL	ITY PHO	NE NUMBER:	
Babylon	Suffol	k	(63	1)587	-1991	
FACILITY NYS PLANNING UNIT: (A list of N) Babylon (Town)	/S Planning Un	Its can be found at the end of	this repo	n. NY RE	^{SDEC} GION #: R1	
FACILITY TYPE: Vehicle Dismantler DMV I.D. #7054828 (Scrap Processor)	Motor	Vehicle Repair Shop		Mobile Ve	hicle Crusher	
FACILITY CONTACT:	D public	CONTACT PHONE	0	ONTACT	FAX NUMBER:	
Joe Bertuccio	✓ private NUMBER: (631)289-6188		(631)289-6368			
CONTACT EMAIL ADDRESS: decinfo@gers	show.com	1				
	OWNER	INFORMATION	1			
OWNER NAME: Gershow Recycling Corporation	OWNER P (631)289	HONE NUMBER: 0-6188		ER FAX N 289-636		
OWNER ADDRESS: P.O. Box 526	OWNER C Medford	ITY:		STATE: NY	ZIP CODE: 11763	
OWNER CONTACT:		ONTACT EMAIL ADDRI	ESS:			
Joe Bertuccio		@gershow.com				
	OPERATO	RINFORMATION				
OPERATOR NAME: Same as owner				_public ☑private		
	PRE	ERENCES				
Preferred address to receive correspondence Other (provide):	9: 🔲 Facility lo	cation address	0	wner address		
Preferred email address: Facility Contact	0	vner Contact				
Preferred individual to receive correspondence Other (provide):	ce: 🔲 Facilit	y Contact 🛛 🗹 Owne	ar Contact			
Did you operate in 2019? Yes; Complet		Sections 1 and 12.				

S (ELVs) PROCESSED
4,208
4,182
26
30
acres
commissioned ELVs:
S (ELVs) PROCESSEI
N/A

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SECTION 3 - WASTE FLUIDS RECOVERED

Complete this table by reporting <u>volumes</u> of End-of-Life Vehicle (ELV) waste fluids managed at the facility during the reporting period. <u>Qualitative responses (i.e. \sqrt{s} or X's) are not acceptable</u>. Report only fluids generated from dismantling operations (not general car repair, etc.).

		Fluid	Destination Name & Address		
Waste Fluid Recovered	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)
Refrigerant (pounds)	All ELV's				
Used Oil** (gallons)	are sent				
Diesel Fuel (gallons)	to				
Gasoline (gallons)	Medford Facility				
Engine Coolant/ Antifreeze (gallons)	for processing.				
Window Washing Fluid (gallons)					
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.

	Deschued	Stored On Site	Sent Off Site	Destination		
Material Types	Received (tons)	(tons)	(tons)	NYS <u>Planning Unit (</u> or state if other than New York)	To Scrap Metal Processor	
Ferrous Scrap Metal	This section omitted on				Yes	□No
Aluminum Scrap Metal	the advice from counsel				Yes	□No
Lead Weights					Yes	□No
Non – Ferrous Scrap Metal	This section omitted on				TYes	□No
Other (specify):	the advice				Tes	□No
	from counsel.				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 N/A (Number)

ABS	N/A
Numbe	

Indicate permitted facility or permitted transporter accepting mercury containing devices:

ELV's are sent to Medford facility for processing.

	SECTION 6 - All	R BAGS COLLECTED	
Provide the number of air bags reco	vered.		
Number of Air Bags Removed:	N/A	Number of Air Bags Deployed:	N/A
Indicate permitted facility or permitte	d transporter acceptin	a air baos:	

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:

4	,20)8	
	1	~~	

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

Eco-BAT New York, LLC RSR Revere Smelting & Refining Corp.

65 Ballard Rd		
Middletown, NY 10941		

Any materials disposed must undergo a hazardous waste determination and proper handling, storage and disposal, if hazardous.

SECTION 8 - WASTE TIRES COLLECTED

N/A		
Indicate name of facility(ies) accepting waste tires:		
Number of waste tires shipped off-site for recycling, disposal, other:	0	during operating year
Number of used tires sold:	0	during operating year
Number of used tires available for sale on-site:	0	as of December 31
Number of waste tires stored on-site:	0	as of December 31

	SECTION 9 – SELF INSPECTIONS	10
Number of self	inspections conducted for the year:	12
Are self-inspec ☐ Yes ☑ No	tion records up-to-date with inspector name, what was inspected, time	and date of inspection?
At a minimum, ☑ Yes ☐ No	are fluid storage areas, vehicles, vehicle storage areas inspected for le	paks/spills?
	SECTION 10 - PROBLEMS	
Were any prob facility procedu	lems encountered during the reporting period (e.g., specific occurrences res)?	s which have led to changes in
□Yes ☑No	If yes, attach additional sheets identifying each problem and the meth	nods for resolution of the problen
	SECTION 11 – CHANGES	
Were there any	/ changes from approved reports, plans, specifications, and permit con	ditions?
Yes 🗹 No	If yes, attach additional sheets identifying changes with a justification	n for each change.

SECTION 12 - COMPLIANCE CERTIFICATION

As of December 31, 2018:

					Date of Return to
	Waste Management Compliance Checklist	NA	Yes	No	Compliance
1. MO	If your facility stores LESS THAN 1,000 tires, check NA. If your facility stores RE THAN 1,000 tires, do you have a PART 360 permit for tire storage?	\checkmark			
2.	Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways?		\checkmark		
3.	Have you recorded the date of receipt for all end-of-life vehicles received?		\checkmark		
4.	Are the end-of-life vehicle records available on-site?		\checkmark		
5.	Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes?		\leq		
6.	Have all observed leaks been remedied or contained?		\checkmark		
7.	Does your facility have a written Contingency Plan?		\checkmark		
8.	Are facility personnel trained to implement the Contingency Plan?		\checkmark		
9.	Does your Contingency Plan include actions to be taken in the event of the following	ng?			
	9a. Fire.				
	9b. Spill or release of vehicle waste fluids.		\checkmark		
	9c. Unauthorized material received at facility.		\checkmark		
10.	Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection?		\checkmark		
11.	Are all vehicle residues prevented from migrating from or running off your property?		\checkmark		
12.	Is dust controlled to prevent interference with facility operations or from leaving facility site?		\checkmark		
13.	Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations?		\checkmark		
14.	Are waste fluids kept from being discharged onto the ground or into surface waters?		\checkmark		
15.	Is access to your facility controlled by: fences, gates, sign and/or natural barriers (not vehicles)?				
	15a. Are the access controls working (i.e. controlling access)?				
16.	Are fluids drained from end-of-life vehicles on a pad constructed of concrete or equivalent material?		\checkmark		
17.	Are you doing the following with your concrete (or equivalent surface) pad that is u draining, crushing, etc.?	ised for	vehicle	disma	ntling, fluid
	17a. Cleaning daily.		\checkmark		
	17b. Cleaning spills as they occur.		\checkmark		
	17c. Collecting and properly disposing of absorbent materials.		\checkmark		

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					Date of Return to
15	Waste Management Compliance Checklist	NA	Yes	No	Compliance
18.	Have the following wastes been drained, removed, deployed, collected and/or store practices, prior to vehicle crushing or shredding?	ed follov	ving be	st mana	agement
	18a. Fluids (including engine oil, transmission fluid, transaxle fluid, front and rear axle fluid, brake fluid, power steering fluid, coolant, and fuel).				
	18b. Lead acid batteries.		1		
	18c. Mercury switches or other mercury containing devices, if any.	1			
	18d. Refrigerants, if any.	1			
	18e. Air bags.	V			
1	18f. PCB capacitors, if any.	1			
19,	Are fluids stored separately & in containers that are compatible with their contents?		\checkmark		
20.	Are fluids stored in closed containers?		\checkmark		
21.	Are containers which contain waste fluids in good condition and not visibly leaking?		\checkmark		
22.	Are containers clearly and legibly labeled to describe their contents?		$\overline{\checkmark}$		
23.	Are containers stored on a bermed pad constructed of concrete or equivalent material?		\checkmark		
24.	Are lead-acid batteries stored upright and off the ground?		\checkmark		
25.	Are lead-acid batteries covered to protect them from precipitation?		\checkmark		
26.	Are all lead-acid batteries sent for recycling within one-year of receipt?		\checkmark		
27.	Are <u>leaking</u> lead-acid batteries, if any are encountered, stored in leak-proof containers separated from intact batteries?				
	27a. Are provisions in place to absorb any acid leakage?		\checkmark		
28.	Are mercury switches and other mercury containing devices stored in appropriate, labeled containers and then sent for recycling?	\checkmark			
29.	Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal?	\checkmark			
30.	Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code?		\checkmark		
31.	If sent off-site, is used oil transported via a permitted hauler?		\checkmark		
32.	If you do not burn used oil onsite check NA for 32a., 32b., 32c. If you do, then answ	wer 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?	\checkmark			
	32b. Do on-site space heaters burn only used oil that is generated on-site or received from household do-it-yourself generators?				
	32c. Are combustion gases from used oil space heaters vented to the outside ambient air?	\checkmark			

	Waste Management Compliance Checklist	NA	Yes	No	Date of Return to Compliance
33.	Is waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers?		\checkmark		
34.	Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?				
35.	Are sludges properly recycled or disposed?	\checkmark			
36.	Are used oil filters properly drained, crushed or dismantled?	\checkmark			
37.	Are drained oil filters properly recycled or disposed?	\checkmark			
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?				
	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?		\checkmark		
	38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?		\checkmark		
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?		N/A pounds N/A gallons			

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

No

COMMENTS? (Attach additional sheets if necessary)

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 Q@nservation Law and section 210.45 of the Penal Law.

Signature

Ray Colon

Name (Print or Type)

27/2019

Date

Manager

Title (Print or Type)

decinfo@gershow.com

Email (Print or Type)

P.O. Box 526

Medford

City

NY 11763

State and Zip

Address

631,289<u>6188</u>

Phone Number