VEHICLE DISMANTLING FACILITY, MOTOR VEHICLE REPAIR SHOP AND MOBILE VEHICLE						
CRUSHER ANNUAL REPORT	RECEIVED					
Submit the Annual Report no later than March 1, 2020. Thi	NYS DEC					
annual report is for the year of operation from <u>January 01, 2019</u> to <u>December 31, 2019</u> JAN 29 2020						
SECTION 1 - FACILITY INFORMATION						
FACILITY INFORMATION						
FACILITY NAME:						
Son's Aut, Westers Tor						

Jams Muts Weerk	13 10	<u>C</u>				
FACILITY LOCATION ADDRESS:	FACILITY CITY: ST			STATE:	ZIP CODE:	
3511 Peartine Augue	Bronx			NY	10475	
FACILITY TOWN:	FACILITY		FACIL	ITY PHON	IE NUMBER:	
Brank	Bran		718 324		- 4600	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). New Tork City					SDEC GION #: 2	
FACILITY TYPE: \Box Vehicle Dismantler DMV I.D. #700 ~ (G_8)	Motor	Vehicle Repair Shop		Mobile Ve	hicle Crusher	
FACILITY CONTACT: David Bilger	public private	CONTACT PHONE NUMBER: 718.324.4600		ONTACT	FAX NUMBER:	
	a) opt	Unline net				
		INFORMATION				
OWNER NAME:		HONE NUMBER:	OWNE	ER FAX NU	JMBER:	
David Bilson		24-4600			·····	
OWNER ADDRESS:	OWNER C			STATE:	ZIP CODE:	
<u>C8 Eden Road</u>	Stom			CT	06907	
OWNER CONTACT: Dravid Bilger, Bilger, Bilger, OD tonline. net						
	OPERATO	R INFORMATION				
OPERATOR NAME: Same as owner				public		
	PREF	ERENCES				
Preferred address to receive correspondence.	: Facility loo	cation address		wner address		
Preferred email address: Facility Contact	Dov	vner Contact				
Preferred individual to receive correspondence	e: PFacilit	y Contact Owner	Contact			

Did you operate in 2019? Yes; Complete this form.

 $\hfill\square$ No; Complete and submit Sections 1 and 12.

 Provide the number of ELVs received from January 1 to December 31: 	22
 Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 	21
Non Sandary 1 to December 31.	
 Provide the number of ELVs stored at the facility as of December 31: 	40
 Provide the highest number of ELVs stored at the facility 	
at any one time from January 1 to December 31:	51
	.1
Provide the approximate area used for the storage of vehicles (acres):	acres
 Provide the names of scrap metal processors to which you sold or sent de 	commissioned ELVs:
Para	
1) I ascap Cap	
2)	
3)	
3)	
	S (ELVs) PROCESSE
ECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE	S (ELVs) PROCESSE
ECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE	S (ELVs) PROCESSE
ECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE Provide the number of ELVs crushed from January 1 to December 3:	
ECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE Provide the number of ELVs crushed from January 1 to December 3: Provide the names of each facility where you crushed decommissioned El	
 3)	
• Provide the number of ELVs crushed from January 1 to December 3: • Provide the names of each facility where you crushed decommissioned El	
ECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE Provide the number of ELVs crushed from January 1 to December 3: Provide the names of each facility where you crushed decommissioned El	
ECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE Provide the number of ELVs crushed from January 1 to December 3: Provide the names of each facility where you crushed decommissioned El 1) 2)	
SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE Provide the number of ELVs crushed from January 1 to December 3: Provide the names of each facility where you crushed decommissioned El Provide the names of each facility where you crushed decommissioned El D D D D D D D D D D D D D D D D D D D	
SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE Provide the number of ELVs crushed from January 1 to December 3: Provide the names of each facility where you crushed decommissioned El 1) 2)	
SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE Provide the number of ELVs crushed from January 1 to December 3: Provide the names of each facility where you crushed decommissioned El Provide the names of each facility where you crushed decommissioned El Description Description Description Descr	
SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE Provide the number of ELVs crushed from January 1 to December 3: Provide the names of each facility where you crushed decommissioned El Provide the names of each facility where you crushed decommissioned El D D D D D D D D D D D D D D D D D D D	

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.).

		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)		5			
Used Oil** (gallons)				25	Planet Earth Resuling 3235 Sunnise Highway Montagh, No 11193
Diesel Fuel (gallons)					
Gasoline (gallons)	40				
Engine Coolant/ Antifreeze (gallons)	3				
Window Washing Fluid (gallons)	3				
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	Stored On Site	Sent Off Site	Destination		
Materiariypes	(tons)	(tons)	(tons)	NYS <u>Planning Unit (</u> or state if other than New York)	To Scrap Metal Processor	
Ferrous Scrap Metal	Ċ				□Yes	□No
Aluminum Scrap Metal	Ö				□Yes	□No
Lead Weights	Ö				□Yes	□No
Non – Ferrous Scrap Metal	0				□Yes	□No
Other (specify):					□Yes	□No
					□Yes	□No

SECTION 5 - MERCURY SWITCHES COLLECTED

Provide the number of mercury-containing devices <u>recovered</u>. Including but not limited to hood & trunk lighting switches (H&TS) and antilock brake assemblies (ABS).

H&TS _____ (Number) ABS (Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

I 6J	distant	Sivices		
2701 Noth.	I iy	Service	Drive	
Tpsilonte,	MI	48198		
:	SECTION 6	– AIR BAG	S COLLECTED	
rovide the number of air bags recov	ered.			
lumber of Air Bags Removed:	0	N	umber of Air Bags Deployed:	<u>ð</u>
ndicate permitted facility or permitted	transporter ac	cepting air bag	S:	
······				

٠

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:

18

ДÇ

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

Pascap	Co		
4250		Ruce	
Berry	NT	10475	

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:		as of December 31
Number of used tires available for sale on-site:	10	as of December 31
Number of used tires sold:	0	during operating year
Number of waste tires shipped off-site for recycling, disposal, other:	100	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?

At a minimum, are fluid storage areas, vehicles, vehicle storage areas inspected for leaks/spills?

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 Koo If yes, attach additional sheets identifying changes with a justification for each change.

SECTION 12 – COMPLIANCE CERTIFICATION

As of December 31, 2018:

	ad art 12 a 14	Date of Return
Waste Management Compliance Checklist	NA Yes	No Comaliance
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?	100	
 Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways? 		
3. Have you recorded the date of receipt for all end-of-life vehicles received?		
4. Are the end-of-life vehicle records available on-site?		
5. Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes?		
6. Have all observed leaks been remedied or contained?		
7. Does your facility have a written Contingency Plan?		
8. Are facility personnel trained to implement the Contingency Plan?		
9. Does your Contingency Plan include actions to be taken in the event of the follow	/ing?	
9a. Fire.		
9b. Spill or release of vehicle waste fluids.		
9c. Unauthorized material received at facility.		
10. Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection?		
11. Are all vehicle residues prevented from migrating from or running off your property?		
12. Is dust controlled to prevent interference with facility operations or from leaving facility site?		
13. Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations?		
14. Are waste fluids kept from being discharged onto the ground or into surface waters?		
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?		
17. Are you doing the following with your concrete (or equivalent surface) pad that is draining, crushing, etc.?	used for vehicle	e dismantling, fluid
17a. Cleaning daily.		
17b. Cleaning spills as they occur.		
17c. Collecting and properly disposing of absorbent materials.		

Reprinted (12/19)

Warte Management Compliance Checkler 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). 18b. Lead acid batteries. 18c. Mercury switches or other mercury containing devices, if any. 18d. Refrigerants, if any. 18e. Air bags. 18f. PCB capacitors, if any. 19. Are fluids stored separately & in containers that are compatible with their contents? 20. Are fluids stored in closed containers? 21. Are containers which contain waste fluids in good condition and not visibly leaking? 22. Are containers clearly and legibly labeled to describe their contents? 23. Are containers stored on a bermed pad constructed of concrete or equivalent material? 24. Are lead-acid batteries stored upright and off the ground? 25. Are lead-acid batteries covered to protect them from precipitation? 26. Are all lead-acid batteries sent for recycling within one-year of receipt? 27. Are leaking 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? 28. Are mercury switches and other mercury containing devices stored in appropriate, labeled containers and then sent for recycling? 29. Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal? 30. Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code? 31. If sent off-site, is used oil transported via a permitted hauler? de not hum used all analte shack NA for 22a, 22b, 22a, If you do than answer 22a, 22b

2. If you do not burn used on onsite check that for 52a., 52b., 52c. If you do, then answer 52a., 52b., 52c.					
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?	\Box				
32b. Do on-site space heaters burn only used oil that is generated on-site or received from household do-it-yourself generators?	P				
32c. Are combustion gases from used oil space heaters vented to the outside ambient air?	\square				

			Date of Betam is
Wester Martadement Compliance Checklet	les Trop		
33. Is waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers?		$\mathbf{\nabla}$	
34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?	\Box		
35. Are sludges properly recycled or disposed?			
36. Are used oil filters properly drained, crushed or dismantled?		Ň	
37. Are drained oil filters properly recycled or disposed?		~	
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?	\square		
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?	\square		
38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?	Ø		
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?			 pounds
NA			 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 gualified 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.

1123120 <u>C 14-</u> Signature David Rilare, Persider Name (Print or Type) Title (Print or Type) Bilgren (Optunline Net Email (Print or Type) 3511 Peartres Nuena Citv Address ンチ (0475 State and Zip (<u>118</u>) <u>324</u> - <u>4600</u> Phone Number

YES -NO ATTACHMENTS: