

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

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: B+B Garage LLC 7017816			
FACILITY LOCATION ADDRESS: 292 Rt. 385	FACILITY CITY: CATSKILL	STATE: NY	ZIP CODE: 12414
FACILITY TOWN: Albans	FACILITY COUNTY: GREENE	FACILITY PHONE NUMBER: 518 943-5582	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). REGION 4 - GREENE County			NYSDEC REGION #: 4
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler	<input checked="" type="checkbox"/> Motor Vehicle Repair Shop	NYS DEC ACTIVITY CODE:	
DMV I.D. # 7017816	<input type="checkbox"/> Mobile Vehicle Crusher		
FACILITY CONTACT: ROBERT O'Connell	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 518 943-5582	CONTACT FAX NUMBER: 518 943-5654
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: ROBERT O'Connell	OWNER PHONE NUMBER: 518 857-8460	OWNER FAX NUMBER: 518 943-5654	
OWNER ADDRESS: 292 Rt 385	OWNER CITY: CATSKILL NY	STATE: NY	ZIP CODE: 12414
OWNER CONTACT: 518 857-8460	OWNER CONTACT EMAIL ADDRESS: oconnell1976@gmail.com bbgarageLLC@gmail.com		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> same as owner	<input 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 checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact			
<input type="checkbox"/> Other (provide): bbgarageLLC@gmail.com			
Preferred individual to receive correspondence: <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: 50 +/-
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 0
- Provide the number of ELVs stored at the facility as of December 31: 148 +/-
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 148 +/-
- Provide the approximate area used for the storage of vehicles (acres): 4 acres

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

- 1) J+B Car Service
- 2) Palretta
- 3) Hudson River Scrap

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

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

• 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)	Recycled on used cars				
Used Oil** (gallons)	500 Waste oil Heater	300 ±			
Diesel Fuel (gallons)	25	25 ±			
Gasoline (gallons)	USED CARS FORK LIFT USED ON	25 ±			
Engine Coolant/ Antifreeze (gallons)	500	Recycled USED IN USED CARS			
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.

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	0	0		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Aluminum Scrap Metal	0		0		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lead Weights	0	0	0		<input type="checkbox"/> Yes <input type="checkbox"/> No
Non – Ferrous Scrap Metal	0	0	0		<input checked="" 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 0
(Number)

ABS 0
(Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

SECTION 6 – AIR BAGS COLLECTED

Provide the number of air bags recovered.

Number of Air Bags Removed: 0

Number of Air Bags Deployed: 0

Indicate permitted facility or permitted transporter accepting air bags:

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:

171

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

Albany Battery
Auto Parts Store - 1 for 1
JB Car CRUSHING

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:

99±

as of December 31

Number of used tires available for sale on-site:

118±

as of December 31

Number of used tires sold:

118±

during operating year

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

1100±

during operating year

Indicate name of facility(ies) accepting waste tires:

Carwings - Catskill NY
JB Car Service - W. Coxsack NY
Maxis Tire - 1 for 1

SECTION 9 – SELF INSPECTIONS

Number of self-inspections conducted for the year:

12

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 ^(None) 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"/>	

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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 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 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"/>	WASTE HTR
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 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 type="checkbox"/>	<input checked="" 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 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?	NA			pounds gallons

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

COMMENTS? (Attach additional sheets if necessary)

WASTE TIRE HANDLING & RECOVERY FACILITY ANNUAL REPORT
 (If you need assistance filling out this form please email swmannualreport@dec.ny.gov or call 518-402-8678.)

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

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <i>B & B Garage LLC</i>			
FACILITY LOCATION ADDRESS: <i>292 Rte. 385</i>	FACILITY CITY: <i>CATSKILL</i>	STATE: <i>NY</i>	ZIP CODE: <i>12414</i>
FACILITY TOWN: <i>Albans</i>	FACILITY COUNTY: <i>GREENE</i>	FACILITY PHONE NUMBER: <i>518 943-5582</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <i>GREENE County</i>			NYSDEC REGION #: <i>4</i>
360 PERMIT #:	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:
FACILITY CONTACT: <i>Robert O'Connell</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <i>518 943-5582</i>	CONTACT FAX NUMBER: <i>518 943-5654</i>
CONTACT EMAIL ADDRESS: <i>bbgaragellc@gmail.com</i>			
OWNER INFORMATION			
OWNER NAME: <i>Robert O'Connell</i>	OWNER PHONE NUMBER: <i>518 857-8460</i>	OWNER FAX NUMBER: <i>-</i>	
OWNER ADDRESS: <i>292 Rte 385</i>	OWNER CITY: <i>CATSKILL</i>	STATE: <i>NY</i>	ZIP CODE: <i>12414</i>
OWNER CONTACT: <i>518 857-8460</i>	OWNER CONTACT EMAIL ADDRESS: <i>oconnell1976@gmail.com</i>		
OPERATOR INFORMATION			
OPERATOR NAME: <i>Same as owner</i>	<input type="checkbox"/> public <input checked="" 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 checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <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 11. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at: <http://www.dec.ny.gov/chemical/52706.html>.

SECTION 2 - WASTE TIRES RECEIVED

Provide the tonnages of waste tires received. Include all types of waste tires received. **DO NOT REPORT IN NUMBER OF TIRES!**

Specify the methods used to measure the quantities disposed and the percentages measured by each method:

40 % Scale Weight

_____ % Estimated

60 % Truck Count

_____ % Other (Specify: _____)

Type of Waste Tire	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Whole Tires - passenger	1	.50	1	1.5	1.5	1	.75
Whole Tires - truck							
Whole Tires - OTR							
Tire Chips							
Other (specify)							
Total Tons Received							

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SECTION 2 - WASTE TIRES RECEIVED (continued)

Type of Waste Tire	Tip Fee (\$/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Whole Tires - passenger		1	1.5	.75	1	.75	12.25	
Whole Tires - truck								
Whole Tires - OTR								
Tire Chips								
Other (specify)								
Total Tons Received							12.25	

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SECTION 3 – SERVICE AREA OF WASTE TIRES RECEIVED

Please identify where the waste is coming from. The total tons received reported below should equal the total tons received in Section 2 (Solid Waste Received). DO NOT REPORT IN NUMBER OF TIRES!

- If the waste **WAS** received from another solid waste management facility, please write in the name *and* address of the facility along with the appropriate state, county and planning unit/municipality.
- If the waste **WAS NOT** received from another solid waste management facility, please write in "*Direct Haul*" along with the appropriate state, county and planning unit/municipality where the waste was generated.

Specify transport method, list type of material(s) and percentages of total waste transported by each:

100% Road: Waste Type(s): passenger tires % Rail: Waste Type(s): _____
 _____ % Water: Waste Type(s): _____ % Other (specify: _____): Waste Type(s): _____

SERVICE AREA OF WASTE TIRES RECEIVED					
TYPE OF WASTE TIRE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul" AND PART 364 TRANSPORTER PERMIT #	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Whole Tires - passenger	<i>Direct Haul</i>	<i>NY</i>	<i>Greene</i>	<i>4</i>	<i>12.25</i>
Whole Tires - truck					
Whole Tires - OTR					

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; From: 03-03-20:05:49

SERVICE AREA OF WASTE TIRES RECEIVED					
TYPE OF WASTE TIRE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul" AND PART 364 TRANSPORTER PERMIT #	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Tire Chips					
Other (specify)					
TOTAL RECEIVED (tons):					<u>12.25</u>

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

SECTION 4 - DESTINATION

Identify the destination of waste tires removed by indicating the name of the facility to which waste tires were sent from your facility, the transporter permit number, the type of waste tires Part 364 transporter permit number, the corresponding State/Country, the County/Province, the NYS Planning Unit of the destination facility, and the amount. Refer to the list of NYS Planning Units that can be found at the end of this report.

DO NOT REPORT IN NUMBER OF TIRES!

Transport (specify percentages):

100 % Road ___ % Rail
 ___ % Water ___ % Other (specify: _____)

Explain which waste types and destinations below are included in these transport methods _____

DESTINATION					
TYPE OF WASTE TIRE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address) AND PART 364 TRANSPORTER PERMIT #	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TOTAL YEAR (TONS)
Whole Tires - passenger	J.B. Car Services Inc.	NY	Greene	4	4.25
	Carwings Inc.	NY	Greene	4	8.
Whole Tires - truck					
Whole Tires - OTR					
Tire Chips					
Other (specify)					
TOTAL SENT (tons):					<u>12.25</u>

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To:5184029041
;From:
03-03-20:05:49

SECTION 5 – WASTE TIRE STORAGE

Provide the tonnage of waste tires stored. DO NOT REPORT IN NUMBER OF TIRES!

WASTE TIRE STORAGE		
TYPE OF WASTE TIRE	TONS AT THE BEGINNING OF THE REPORTING PERIOD	TONS AT THE END OF THE REPORTING PERIOD
Whole Tires - passenger	1.5	1.5
Whole Tires - truck		
Whole Tires - OTR		
Tire Chips		
Other (specify)		
TOTAL	1.5	1.5

SECTION 6 – UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received at the facility during the reporting period?

Yes No If yes, give information below for each incident (attach additional sheets if necessary):

Date Received	Type Received	Date Disposed	Disposal Method & Location

SECTION 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Are there required cost estimates and financial assurance documents for closure?

Yes No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

SECTION 8 – 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 9 – 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 10 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form?

Yes No If yes, attach additional sheets identifying the reporting requirements with their respective responses.

SECTION 11 - 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 Permitting and Planning
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.

Robert O'Connell
Signature

02/20/20
Date

Robert O'Connell
Name (Print or Type)

owner
Title (Print or Type)

bbgarage11c@gmail.com / oconnell1976@gmail.com
Email (Print or Type)

292 Rt 385
Address

CATSKILL
City

NY 12414
State and Zip

(518) 943-5582
Phone Number

ATTACHMENTS: YES NO

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