

~~2014~~ ~~2015~~ ~~2016~~

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

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DIVISION OF
MATERIALS MANAGEMENT

Submit the Annual Report no later than March 1,
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>Gill Salvage</i> | | | |
| FACILITY LOCATION ADDRESS: <i>Lime St</i> | FACILITY CITY: <i>Natural Bridge</i> | STATE: <i>N.Y.</i> | ZIP CODE: <i>13665</i> |
| FACILITY TOWN: <i>Wilna</i> | FACILITY COUNTY: <i>Jeff</i> | FACILITY PHONE NUMBER: | |
| FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). | | | NYSDEC REGION #: <i>6</i> |
| FACILITY TYPE: <input type="checkbox"/> Vehicle Dismantler <input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher | | | |
| DMV I.D. # _____ | | | |
| FACILITY CONTACT: <i>Bart Gill Tony Gill</i> | <input type="checkbox"/> public <input checked="" type="checkbox"/> private | CONTACT PHONE NUMBER: <i>644-4066</i> | CONTACT FAX NUMBER: |
| CONTACT EMAIL ADDRESS: | | | |
| OWNER INFORMATION | | | |
| OWNER NAME: <i>Bart Gill</i> | OWNER PHONE NUMBER: <i>315 644 4066</i> | OWNER FAX NUMBER: | |
| OWNER ADDRESS: <i>PO Box 52</i> | OWNER CITY: <i>Natural Bridge</i> | STATE: <i>N.Y.</i> | ZIP CODE: <i>13665</i> |
| OWNER CONTACT: | OWNER CONTACT EMAIL ADDRESS: | | |
| 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 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): | | | |
| Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide): | | | |

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

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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 3. Have you recorded the date of receipt for all end-of-life vehicles received? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 4. Are the end-of-life vehicle records available on-site? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | |
| 6. Have all observed leaks been remedied or contained? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 7. Does your facility have a written Contingency Plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 8. Are facility personnel trained to implement the Contingency Plan? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | |
| 9b. Spill or release of vehicle waste fluids. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 9c. Unauthorized material received at facility. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | |
| 12. Is dust controlled to prevent interference with facility operations or from leaving facility site? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 13. Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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

8. 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 leaking 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 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 | 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 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? | <i>na</i> _____ pounds <i>na</i> _____ gallons | | | |

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

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 Conservation Law and section 210.45 of the Penal Law.

Bart Gill
Signature

1-30-2020
Date

Bart Gill
Name (Print or Type)

owner
Title (Print or Type)

Email (Print or Type)

PO. Box 52
Address

Natural Bridge
City

N.Y. 13665
State and Zip

(315) 644 4066
Phone Number

ATTACHMENTS: YES NO