

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: <i>Bob's Auto</i>			
FACILITY LOCATION ADDRESS: <i>7284 Wildcat Rd</i>	FACILITY CITY:	STATE: <i>NY</i>	ZIP CODE: <i>13433</i>
FACILITY TOWN: <i>Port Leyden</i>	FACILITY COUNTY: <i>Lewis</i>	FACILITY PHONE NUMBER: <i>315-348-4000</i>	
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 checked="" type="checkbox"/> Motor Vehicle Repair Shop	NYS DEC ACTIVITY CODE:	
DMV I.D. # <i>7039572</i>	<input type="checkbox"/> Mobile Vehicle Crusher		
FACILITY CONTACT: <i>Robert</i>	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER:	CONTACT FAX NUMBER: <i>315-348-8482</i>
CONTACT EMAIL ADDRESS: <i>Bob JS 57@Frontier.net.net</i>			
OWNER INFORMATION			
OWNER NAME:	OWNER PHONE NUMBER: <i>315 348 4000</i>	OWNER FAX NUMBER: <i>315-348-8482</i>	
OWNER ADDRESS: <i>7284 Wildcat Rd</i>	OWNER CITY: <i>Port Leyden</i>	STATE: <i>NY</i>	ZIP CODE: <i>13433</i>
OWNER CONTACT: <i>''</i>	OWNER CONTACT EMAIL ADDRESS: <i>Bob JS 7@Frontier.net.net</i>		
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 checked="" type="checkbox"/> Owner Contact			
<input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact			
<input type="checkbox"/> Other (provide):			

Did you operate in 2019?	<input type="checkbox"/> Yes; Complete this form.
	<input type="checkbox"/> 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: 0
- 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: 230
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 230
- Provide the approximate area used for the storage of vehicles (acres): 5 acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
 - 1) N/A
 - 2) _____
 - 3) _____

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

- Provide the number of ELVs crushed from January 1 to December 31: N/A
- Provide the names of each facility where you crushed decommissioned ELVs:
 - 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____
 - 6) _____

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

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Are sludges properly recycled or disposed?	<input checked="" type="checkbox"/>	<input 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:	<input checked="" type="checkbox"/>			
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?	<u>0</u> pounds <u>0</u> gallons			

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

just move some of uel around

COMMENTS? (Attach additional sheets if necessary)

I AM NOT A DISMANTLER + JJS!
HAVE THEM

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: 0

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

UNITED AUTO PARTS IF I BUY A BATTERY

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: ?

as of December 31

Number of used tires sold: 25

during operating year

Number of waste tires shipped off-site for recycling, disposal, other: 0

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?

Yes No

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

NO SPILL - BUT HAVE TO MOVE CAR TO GET AROUND PROPERTY
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 - 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.

Robert Kraeger
Signature

2/20/20
Date

Robert Kraeger
Name (Print or Type)

Owner
Title (Print or Type)

Bob JS1@Frontier.net.net
Email (Print or Type)

Pu Box 87
Address

Port Jervis
City

N.Y. 13433
State and Zip

(315) 348-4000
Phone Number

ATTACHMENTS YES NO