



RECEIVED
NYS DEC

MAR 02 2020

SECTION 1 - FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <i>Laflesh Garage</i>		DIV. OF MATERIALS MANAGEMENT	
FACILITY LOCATION ADDRESS: <i>1297 St. Hwy. 420</i>	FACILITY CITY: <i>Brasher Falls</i>	STATE: <i>N.Y.</i>	ZIP CODE: <i>13613</i>
FACILITY TOWN: <i>Norfolk</i>	FACILITY COUNTY: <i>St. Lawrence</i>	FACILITY PHONE NUMBER: <i>315-769-6544</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <i>DANC</i>			NYSDEC REGION #: <i>6</i>
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler	<input checked="" type="checkbox"/> Motor Vehicle Repair Shop	NYS DEC ACTIVITY CODE:	
DMV I.D. # <i>7044849</i>	<input type="checkbox"/> Mobile Vehicle Crusher		
FACILITY CONTACT: <i>Gene Laflesh</i>	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <i>315-769-6544</i>	CONTACT FAX NUMBER: <i>315-769-1209</i>
CONTACT EMAIL ADDRESS: <i>glaflesh2001@yahoo.com</i>			
OWNER INFORMATION			
OWNER NAME: <i>Gene Laflesh</i>	OWNER PHONE NUMBER: <i>315-769-6544</i>	OWNER FAX NUMBER: <i>315-769-1209</i>	
OWNER ADDRESS: <i>1297 St. Hwy 420</i>	OWNER CITY: <i>Brasher Falls</i>	STATE: <i>N.Y.</i>	ZIP CODE: <i>13613</i>
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: <i>glaflesh2001@yahoo.com</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 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 12.

SECTION 2A VDF/REPAIR SHOPS- END-OF-LIFE VEHICLES (ELVs) PROCESSED

- Provide the number of ELVs received from January 1 to December 31: 159

- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 100

- Provide the number of ELVs stored at the facility as of December 31: 90

- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 159

- Provide the approximate area used for the storage of vehicles (acres): 11 acres

- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
 - 1) Kimco Steel - Kingston, Ontario
 - 2) Cornwall Recycling - Cornwall, Ontario
 - 3) _____

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

- Provide the number of ELVs crushed from January 1 to December 31: 159

- Provide the names of each facility where you crushed decommissioned ELVs:
 - 1) Kimco Steel - Kingston, Ontario
 - 2) Cornwall Recycling - Cornwall, Ontario
 - 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)	30 lbs	10 lbs			Rt 5 Auto
Used Oil** (gallons)	300 gals	250 gals			Burn in waste oil Burner
Diesel Fuel (gallons)	0	0			
Gasoline (gallons)	RECYCLED	30 gal			Reuse in own vehicles
Engine Coolant/ Antifreeze (gallons)	RECYCLED	25 gals			Reuse in own vehicles
Window Washing Fluid (gallons)	RECYCLED	12 gals			Reuse in own vehicles
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 Planning Unit (or state if other than New York)	To Scrap Metal Processor
Ferrous Scrap Metal				Kimco Steel Kingston Ontario	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Aluminum Scrap Metal				Kimco Steel Kingston Ontario	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lead Weights				(Everything goes when Vehicles are Crushed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non – Ferrous Scrap Metal					<input 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 21
(Number)

ABS 15
(Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

Industrial Services 2701 North I94 Service Drive
Vasilanti MF 48198

SECTION 6 – AIR BAGS COLLECTED

Provide the number of air bags recovered.

Number of Air Bags Removed: 12

Number of Air Bags Deployed: _____

Indicate permitted facility or permitted transporter accepting air bags:

HAS Core Pro 11650 Flat River Road, Coventry, RI, 02816

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:

25

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

SOME ARE RECYCLED

Interstate BATTERY Williston VT.

Kimco Kingston Ontario

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:

85

as of December 31

Number of used tires available for sale on-site:

150

as of December 31

Number of used tires sold:

220

during operating year

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

200

during operating year

Indicate name of facility(ies) accepting waste tires:

TIRES ARE LEFT ON CARS WHEN SENT TO CRUSH

PUT IN CARS ACCEPTED BY KIMCO STEEL ONTARIO

SECTION 9 – SELF INSPECTIONS

Number of self-inspections conducted for the year:

12 ONCE A MONTH

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 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Is dust controlled to prevent interference with facility operations or from leaving facility site?	<input checked="" type="checkbox"/>	<input 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. <i>when used</i>	<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"/>	

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.

Gene Lafiesh
Signature

2-28-20
Date

GENE LAFIESH
Name (Print or Type)

OWNER
Title (Print or Type)

g1AFIESH2001@yahoo.com
Email (Print or Type)

1297 STATE HWY 420
Address

BRASHER FALLS
City

N.Y. 12967
State and Zip

(315) 769-6544
Phone Number

ATTACHMENTS: YES NO

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. *REMOVED*

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------

18c. Mercury switches or other mercury containing devices, if any. *REMOVED*

<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"/>
--------------------------	-------------------------------------	--------------------------

W/ USED I/S

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"/>
--------------------------	-------------------------------------	--------------------------

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

NA Yes No Compliance

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 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 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?				<p><u>NA</u> pounds</p> <p><u>NA</u> gallons</p>

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

NONE

COMMENTS? (Attach additional sheets if necessary)



Life Science Laboratories, Inc.
 5854 Butternut Drive
 East Syracuse, NY 13057
 PHONE: (315) 445-1900
 FAX: (315) 445-1104
 Federal ID: 16-1423568

INVOICE

Kathy LaFlesh
 LaFleshes Garage
 1297 St Hwy 420
 Brasher Falls, NY 13613

Original Report Mailed To:
 Kathy LaFlesh
 LaFleshes Garage

Project ID:

Invoice Date: 2/20/2020

Invoice Number: 2001866

Client Number: 0100

TERMS: DUE ON RECEIPT
 Results held pending receipt of payment.

Authorization Number:

Sample ID: Brook
 Sampling Location:

Sample Matrix: NPW
 Date Sampled: 2/6/20 9:30

LSL Sample ID: 2001866-001

Unit Description:
 EPA 524.2 VOCs + MTBE

Unit Price:
 \$80.00

Sample Subtotal: \$80.00

Sample ID: Trip Blanks
 Sampling Location:

Sample Matrix: TB
 Date Sampled: 12/3/19 15:00

LSL Sample ID: 2001866-002

Unit Description:
 EPA 524.2 VOCs + MTBE

Unit Price:
 \$5.00

Sample Subtotal: \$5.00

Project Total: \$85.00

Please return the bottom portion with your payment

Page 1 of 1

waiting on results to come back had tested 2/6/20.

"attached is old water test"



Life Science Laboratories, Inc.

LaFlesh's Garage
1297 St Hwy 420
Brasher Falls, NY 13613

Phone: (315) 769-6544

Laboratory Analysis Report Prepared For LaFlesh's Garage

Client Project ID:

POC's

LSL Project ID: 1619672

Receive Date/Time: 11/30/16 12:57

Life Science Laboratories, Inc. warrants, to the best of its knowledge and belief, the accuracy of the analytical test results contained in this report, but makes no other warranty, expressed or implied, especially no warranties of merchantability or fitness for a particular purpose. By the Client's acceptance and/or use of this report, the Client agrees that LSL is hereby released from any and all liabilities, claims, damages or causes of action affecting or which may affect the Client as regards to the results contained in this report. The Client further agrees that the only remedy available to the Client in the event of proven non-conformity with the above warranty shall be for LSL to re-perform the analytical test(s) at no charge to the Client. The data contained in this report are for the exclusive use of the Client to whom it is addressed, and the release of these data to any other party, or the use of the name, trademark or service mark of Life Science Laboratories, Inc. especially for the use of advertising to the general public, is strictly prohibited without express prior written consent of Life Science Laboratories, Inc. This report may only be reproduced in its entirety. No partial duplication is allowed. The Chain of Custody and the Sample Receipt documents submitted with these samples are considered by LSL to be an appendix of this report and may contain specific information that pertains to the samples included in this report. The analytical result(s) in this report are only representative of the sample(s) submitted for analysis. LSL makes no claim of a sample's representativeness, or integrity, if sampling was not performed by LSL personnel.

LSL Central Lab 5854 Butternut Drive East Syracuse, NY 13057 Tel. (315) 445-1900 Fax (315) 445-1104 NYS DOH ELAP #10248 PA DEP #68-2556	LSL North Lab 131 St. Lawrence Avenue Waddington, NY 13694 Tel. (315) 388-4476 Fax (315) 388-4061 NYS DOH ELAP #10900	LSL Finger Lakes Lab 16 N. Main St., PO Box 424 Wayland, NY 14572 Tel. (585) 728-3320 Fax (585) 728-2711 NYS DOH ELAP #11667	LSL Southern Tier Office Cuba, NY Tel. (585) 209-4032 LSL MidLakes Office Canandaigua, NY Tel. (585) 728-3320
---	--	---	--

Reviewed by: LaDonna Kibler, Quality Assurance

Date: 12/22/16

-- LABORATORY ANALYSIS REPORT --

LaFlesh's Garage Brasher Falls, NY

Sample ID: Brook LSL Sample ID: 1619672-001
 Location:
 Sampled: 11/30/16 11:40 Sampled By: JS
 Sample Matrix: NPW

Analytical Method	Prep Method	Prep Date	Analysis Date & Time	Analyst Initials
Analyte	Result Units			
<i>(1) EPA 524.2 POCs, Vinyl chloride & MTBE</i>				
Benzene	<0.5 ug/l		12/6/16	MSV
Bromobenzene	<0.5 ug/l		12/6/16	MSV
Bromochloromethane	<0.5 ug/l		12/6/16	MSV
Bromomethane	<0.5 ug/l		12/6/16	MSV
sec-Butylbenzene	<0.5 ug/l		12/6/16	MSV
n-Butylbenzene	<0.5 ug/l		12/6/16	MSV
tert-Butylbenzene	<0.5 ug/l		12/6/16	MSV
Carbon tetrachloride	<0.5 ug/l		12/6/16	MSV
Chlorobenzene	<0.5 ug/l		12/6/16	MSV
Chloroethane	<0.5 ug/l		12/6/16	MSV
Chloromethane	<0.5 ug/l		12/6/16	MSV
2-Chlorotoluene	<0.5 ug/l		12/6/16	MSV
4-Chlorotoluene	<0.5 ug/l		12/6/16	MSV
Dibromomethane	<0.5 ug/l		12/6/16	MSV
1,2-Dichlorobenzene	<0.5 ug/l		12/6/16	MSV
1,3-Dichlorobenzene	<0.5 ug/l		12/6/16	MSV
1,4-Dichlorobenzene	<0.5 ug/l		12/6/16	MSV
Dichlorodifluoromethane	<0.5 ug/l		12/6/16	MSV
1,1-Dichloroethane	<0.5 ug/l		12/6/16	MSV
1,2-Dichloroethane	<0.5 ug/l		12/6/16	MSV
cis-1,2-Dichloroethene	<0.5 ug/l		12/6/16	MSV
1,1-Dichloroethene	<0.5 ug/l		12/6/16	MSV
trans-1,2-Dichloroethene	<0.5 ug/l		12/6/16	MSV
1,2-Dichloropropane	<0.5 ug/l		12/6/16	MSV
1,3-Dichloropropane	<0.5 ug/l		12/6/16	MSV
2,2-Dichloropropane	<0.5 ug/l		12/6/16	MSV
1,1-Dichloropropene	<0.5 ug/l		12/6/16	MSV
cis-1,3-Dichloropropene	<0.5 ug/l		12/6/16	MSV
trans-1,3-Dichloropropene	<0.5 ug/l		12/6/16	MSV
Ethyl benzene	<0.5 ug/l		12/6/16	MSV
Hexachlorobutadiene	<0.5 ug/l		12/6/16	MSV
Isopropylbenzene (Cumene)	<0.5 ug/l		12/6/16	MSV
4-Isopropyl toluene (Cymene)	<0.5 ug/l		12/6/16	MSV
Methylene chloride	<0.5 ug/l		12/6/16	MSV
n-Propylbenzene	<0.5 ug/l		12/6/16	MSV
Styrene	<0.5 ug/l		12/6/16	MSV
1,1,1,2-Tetrachloroethane	<0.5 ug/l		12/6/16	MSV
1,1,2,2-Tetrachloroethane	<0.5 ug/l		12/6/16	MSV
Tetrachloroethene	<0.5 ug/l		12/6/16	MSV
Toluene	<0.5 ug/l		12/6/16	MSV
1,2,3-Trichlorobenzene	<0.5 ug/l		12/6/16	MSV
1,2,4-Trichlorobenzene	<0.5 ug/l		12/6/16	MSV
1,1,1-Trichloroethane	<0.5 ug/l		12/6/16	MSV
1,1,2-Trichloroethane	<0.5 ug/l		12/6/16	MSV
Trichloroethene	<0.5 ug/l		12/6/16	MSV

Analysis performed at: (1) LSL Central Lab, (2) LSL North Lab, (3) LSL Finger Lakes Lab

-- LABORATORY ANALYSIS REPORT --

LaFlesh's Garage Brasher Falls, NY

Sample ID: Brook **LSL Sample ID:** 1619672-001

Location:

Sampled: 11/30/16 11:40 **Sampled By:** JS

Sample Matrix: NPW

Analytical Method	Prep Method	Prep Date	Analysis Date & Time	Analyst Initials
Analyte	Result Units			
<i>(1) EPA 524.2 POCs, Vinyl chloride & MTBE</i>				
Trichlorofluoromethane (Freon 11)	<0.5 ug/l		12/6/16	MSV
1,2,3-Trichloropropane	<0.5 ug/l		12/6/16	MSV
1,2,4-Trimethylbenzene	<0.5 ug/l		12/6/16	MSV
1,3,5-Trimethylbenzene	<0.5 ug/l		12/6/16	MSV
Vinyl chloride	<0.5 ug/l		12/6/16	MSV
MTBE	<0.5 ug/l		12/6/16	MSV
Xylenes (Total)	<0.5 ug/l		12/6/16	MSV
Surrogate (1,2-DCA-d4)	106 %R		12/6/16	MSV
Surrogate (Tol-d8)	97 %R		12/6/16	MSV
Surrogate (4-BFB)	101 %R		12/6/16	MSV

Sample ID: Trip Blank

LSL Sample ID: 1619672-002

Location:

Sampled: 08/03/16 13:00

Sampled By:

Sample Matrix: TB

Analytical Method	Prep Method	Prep Date	Analysis Date & Time	Analyst Initials
Analyte	Result Units			
<i>(1) EPA 524.2 POCs, Vinyl chloride & MTBE</i>				
Benzene	<0.5 ug/l		12/6/16	MSV
Bromobenzene	<0.5 ug/l		12/6/16	MSV
Bromochloromethane	<0.5 ug/l		12/6/16	MSV
Bromomethane	<0.5 ug/l		12/6/16	MSV
sec-Butylbenzene	<0.5 ug/l		12/6/16	MSV
n-Butylbenzene	<0.5 ug/l		12/6/16	MSV
tert-Butylbenzene	<0.5 ug/l		12/6/16	MSV
Carbon tetrachloride	<0.5 ug/l		12/6/16	MSV
Chlorobenzene	<0.5 ug/l		12/6/16	MSV
Chloroethane	<0.5 ug/l		12/6/16	MSV
Chloromethane	<0.5 ug/l		12/6/16	MSV
2-Chlorotoluene	<0.5 ug/l		12/6/16	MSV
4-Chlorotoluene	<0.5 ug/l		12/6/16	MSV
Dibromomethane	<0.5 ug/l		12/6/16	MSV
1,2-Dichlorobenzene	<0.5 ug/l		12/6/16	MSV
1,3-Dichlorobenzene	<0.5 ug/l		12/6/16	MSV
1,4-Dichlorobenzene	<0.5 ug/l		12/6/16	MSV
Dichlorodifluoromethane	<0.5 ug/l		12/6/16	MSV
1,1-Dichloroethane	<0.5 ug/l		12/6/16	MSV
1,2-Dichloroethane	<0.5 ug/l		12/6/16	MSV
cis-1,2-Dichloroethene	<0.5 ug/l		12/6/16	MSV
1,1-Dichloroethene	<0.5 ug/l		12/6/16	MSV
trans-1,2-Dichloroethene	<0.5 ug/l		12/6/16	MSV
1,2-Dichloropropane	<0.5 ug/l		12/6/16	MSV
1,3-Dichloropropane	<0.5 ug/l		12/6/16	MSV
2,2-Dichloropropane	<0.5 ug/l		12/6/16	MSV
1,1-Dichloropropene	<0.5 ug/l		12/6/16	MSV
cis-1,3-Dichloropropene	<0.5 ug/l		12/6/16	MSV
trans-1,3-Dichloropropene	<0.5 ug/l		12/6/16	MSV
Ethyl benzene	<0.5 ug/l		12/6/16	MSV
Hexachlorobutadiene	<0.5 ug/l		12/6/16	MSV
Isopropylbenzene (Cumene)	<0.5 ug/l		12/6/16	MSV
4-Isopropyl toluene (Cymene)	<0.5 ug/l		12/6/16	MSV
Methylene chloride	<0.5 ug/l		12/6/16	MSV
n-Propylbenzene	<0.5 ug/l		12/6/16	MSV
Styrene	<0.5 ug/l		12/6/16	MSV
1,1,1,2-Tetrachloroethane	<0.5 ug/l		12/6/16	MSV
1,1,1,2,2-Tetrachloroethane	<0.5 ug/l		12/6/16	MSV
Tetrachloroethene	<0.5 ug/l		12/6/16	MSV
Toluene	<0.5 ug/l		12/6/16	MSV
1,2,3-Trichlorobenzene	<0.5 ug/l		12/6/16	MSV
1,2,4-Trichlorobenzene	<0.5 ug/l		12/6/16	MSV
1,1,1-Trichloroethane	<0.5 ug/l		12/6/16	MSV
1,1,2-Trichloroethane	<0.5 ug/l		12/6/16	MSV
Trichloroethene	<0.5 ug/l		12/6/16	MSV

Analysis performed at: (1) LSL Central Lab, (2) LSL North Lab, (3) LSL Finger Lakes Lab

-- LABORATORY ANALYSIS REPORT --

LaFlesh's Garage Brasher Falls, NY

Sample ID: Trip Blank

LSL Sample ID: 1619672-002

Location:

Sampled: 08/03/16 13:00

Sampled By:

Sample Matrix: TB

Analytical Method	Prep Method	Prep Date	Analysis Date & Time	Analyst Initials
Analyte	Result Units			
<i>(1) EPA 524.2 POCs, Vinyl chloride & MTBE</i>				
Trichlorofluoromethane (Freon 11)	<0.5 ug/l		12/6/16	MSV
1,2,3-Trichloropropane	<0.5 ug/l		12/6/16	MSV
1,2,4-Trimethylbenzene	<0.5 ug/l		12/6/16	MSV
1,3,5-Trimethylbenzene	<0.5 ug/l		12/6/16	MSV
Vinyl chloride	<0.5 ug/l		12/6/16	MSV
MTBE	<0.5 ug/l		12/6/16	MSV
Xylenes (Total)	<0.5 ug/l		12/6/16	MSV
Surrogate (1,2-DCA-d4)	108 %R		12/6/16	MSV
Surrogate (Tol-d8)	96 %R		12/6/16	MSV
Surrogate (4-BFB)	100 %R		12/6/16	MSV

Analysis performed at: *(1) LSL Central Lab, (2) LSL North Lab, (3) LSL Finger Lakes Lab*



Life Science Laboratories, Inc. CHAIN OF CUSTODY RECORD

1619672

Invoiced Client

0100

North Lab
131 St. Law Ave
Waddington, NY 13694
Ph# 315-388-4476
Fax# 315-388-4061

Central Lab
5854 Butternut Dr
E Syracuse, NY 13057
Ph# 315-445-1105
Fax# 315-445-1301

Finger Lakes Lab
16 N Main St, PO Box 424
Wayland, NY 14572
Ph# 716-728-3320
Fax# 716-728-2711

1215

Turnaround Time			
Normal	Pre-Authorized		
14 DAY	Next Day*	3-Day*	*Additional Charge may apply
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2-Day*	7-Day*	
	<input type="checkbox"/>	<input type="checkbox"/>	

Report Address:
Name: _____
Company: LaFlesh's Garage
Street: 1297 St. Hwy 420
City/State: Brasher Falls, NY
Phone: (315) 769-6544
Email: _____

Date Needed or Special Instructions: _____ 80

Authorization or P.O. # _____

Client Project ID/Client Site ID _____ POC's _____ Federal WS ID # _____

Client's Sample Identifications	Sample Date	Sample Time	Type	Matrix	Preserv Added	Containers		Analyses	Preserv Check	LSL ID
			grab/comp			#	size/type			
<u>Brook</u>	<u>11/30/16</u>	<u>11:40 AM</u>	Grab	PW	HCL	2	40mlvoa	502.2 by 524.2 POC's, MTBE, VC	<input checked="" type="checkbox"/>	<u>001A</u>
Trip Blanks	<u>8/3/16</u>	<u>13:00</u>	Grab	TB	HCL	1	40mlvoa	502.2 by 524.2 POC's, MTBE, VC	<input checked="" type="checkbox"/>	<u>002</u>

Samples Must be Received on Ice
LSL use only:
3C
Use sent to CC
Containers this C-O-C _____

Custody Transfers

Sampled By: <u>[Signature]</u>	Received By:	Date:	Time:
Relinquished By: <u>[Signature]</u>	Received By:		
Relinquished By:	Rec'd for Lab By: <u>CAB</u>		
Shipment Method:	Received Intact: <u>Y N</u>		

Sample Temp 10
Samples Received

*** All areas of this Chain of Custody Record MUST be filled out in order to process samples in a timely manner IN PEN ONLY***