

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

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NYS DEC

Submit the Annual Report no later than March 1, 2020. This

MAR 02 2020

annual report is for the year of operation from January 01, 2019 to December 31, 2019

SECTION 1 – FACILITY INFORMATION

DIV. OF MATERIALS MANAGEMENT

FACILITY INFORMATION			
FACILITY NAME: Orzeck Auto Repair			
FACILITY LOCATION ADDRESS: 256 Angell Hill Rd	FACILITY CITY: New Berlin	STATE: NY	ZIP CODE: 13411
FACILITY TOWN: New Berlin	FACILITY COUNTY: Chenango	FACILITY PHONE NUMBER: 607-847-6667	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Chenango County			NYSDEC REGION #: 7
FACILITY TYPE: <input type="checkbox"/> Vehicle Dismantler DMV I.D. # 7124850	<input checked="" type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT: Andrew Orzeck	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 607-847-6667	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: aorzeck@citlink.net			
OWNER INFORMATION			
OWNER NAME: Andrew Orzeck	OWNER PHONE NUMBER: 607-847-6667	OWNER FAX NUMBER:	
OWNER ADDRESS: 256 Angell Hill Rd	OWNER CITY: New Berlin	STATE: NY	ZIP CODE: 13411
OWNER CONTACT: Andrew Orzeck	OWNER CONTACT EMAIL ADDRESS: aorzeck@citlink.net		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> same as owner	<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 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:

3

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

43

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

46

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

3 acres

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

1) Otsego Auto Crushers

2) _____

3) _____

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)					
Used Oil** (gallons)	180				
Diesel Fuel (gallons)	↑				
Gasoline (gallons)	—				
Engine Coolant/ Antifreeze (gallons)		170			
Window Washing Fluid (gallons)		0			
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	6	0		<input type="checkbox"/> Yes <input type="checkbox"/> No
Aluminum Scrap Metal	0	1	0		<input type="checkbox"/> Yes <input type="checkbox"/> No
Lead Weights	0	40lbs	0		<input type="checkbox"/> Yes <input type="checkbox"/> No
Non – Ferrous Scrap Metal	0	35lbs	0		<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 _____
(Number)

ABS _____
(Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

N/A

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: _____

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

_____ N/A _____

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: _____ during operating year

Number of waste tires shipped off-site for recycling, disposal, other: _____ during operating year

Indicate name of facility(ies) accepting waste tires:

_____ N/A _____

SECTION 9 – SELF INSPECTIONS

Number of self-inspections conducted for the year:

Weekly

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 - 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: SWMAnnualreport@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.


Signature

2/26/2020
Date

Andrew Orzeck
Name (Print or Type)

Operator
Title (Print or Type)

aorzeck@citlink.net
Email (Print or Type)

256 Angell Hill Rd
Address

New Berlin
City

NY
State and Zip

(60) 847 6667
Phone Number

ATTACHMENTS: YES NO