

VEHICLE DISMANTLING FACILITY, MOTOR VEHICLE REPAIR SHOP AND MOBILE VEHICLE

CRUSHER ANNUAL REPORT

RECEIVED  
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: <i>Perry City Automotive</i>			
FACILITY LOCATION ADDRESS: <i>6211 Brook Rd</i>	FACILITY CITY: <i>TRUMANSBURG</i>	STATE: <i>NY</i>	ZIP CODE: <i>14886</i>
FACILITY TOWN: <i>Ulysses</i>	FACILITY COUNTY: <i>TOMPKINS</i>	FACILITY PHONE NUMBER: <i>607-387-5892</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <i>TOMPKINS County</i>			NYSDEC REGION #: <i>7</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>7017768</i>	<input type="checkbox"/> Mobile Vehicle Crusher	<i>NA</i>	
FACILITY CONTACT: <i>JOE ALLEN</i>	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <i>607-387-5892</i>	CONTACT FAX NUMBER: <i>NA</i>
CONTACT EMAIL ADDRESS: <i>NA</i>			
OWNER INFORMATION			
OWNER NAME: <i>JOE ALLEN</i>	OWNER PHONE NUMBER: <i>607-387-5892</i>	OWNER FAX NUMBER: <i>NA</i>	
OWNER ADDRESS: <i>6211 BROOK RD</i>	OWNER CITY: <i>TRUMANSBURG</i>	STATE: <i>NY</i>	ZIP CODE: <i>14886</i>
OWNER CONTACT: <i>SAME</i>	OWNER CONTACT EMAIL ADDRESS: <i>NA</i>		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input checked="" 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 type="checkbox"/> Facility Contact		<input type="checkbox"/> Owner Contact	
<input checked="" type="checkbox"/> Other (provide): <i>NA</i>			
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: 0
- Provide the number of ELVs stored at the facility as of December 31: 55 APPROX
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 55
- Provide the approximate area used for the storage of vehicles (acres): 8 acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
  - 1) NONE SOLD
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_

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

- Provide the number of ELVs crushed from January 1 to December 31: DOES NOT APPLY 0
- 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)	0	0	0	0	
Used Oil** (gallons)	10g.	10g.	0	0	<i>Received some used m. oil from customers for waste oil furnace</i>
Diesel Fuel (gallons)	0	0	0	0	
Gasoline (gallons)	0	0	0	0	
Engine Coolant/ Antifreeze (gallons)	0	0	0	0	
Window Washing Fluid (gallons)	0	0	0	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.

- \* *Very little dismantling/repair activity, limited hrs of activity*
- \* *no employees*
- \* *most ELV's ARE ANTIQUE AUTOS*
- \* *MINIMAL AMT. OF fluids stored on site*
- \* *SMALL AMT of used m. oil received from customers*
- \* *NO onsite CRUSHING or SCRAP PROCESSING*
- \* *NO ELV's Received in 2018*



## 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	3 APPROX	0		<input type="checkbox"/> Yes <input type="checkbox"/> No
Aluminum Scrap Metal	0	0	0		<input 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 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:

NA

## 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:

NA

## 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:

NA

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:

APPROX 20

as of December 31

Number of used tires available for sale on-site:

APPROX 100

as of December 31

Number of used tires sold:

APPROX 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:

NA

## 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

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.

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:				
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>NA</u> pounds <u>NA</u> gallons

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

NO

COMMENTS? (Attach additional sheets if necessary)

ONE MAN OPERATION WITH BMPs PRACTICED SINCE START OF BUSINESS

NO AUTOS RECEIVED IN 2019

NO CLEANING OR DEGREASING OR CRUSHING done on site

**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.

Joseph J. Allen  
Signature

2-26-2020  
Date

JOSEPH J. ALLEN  
Name (Print or Type)

OWNER  
Title (Print or Type)

NA  
Email (Print or Type)

6211 BROOK Rd.  
Address

TRUMANSBURG  
City

NY 14886  
State and Zip

607 387-5892  
Phone Number

ATTACHMENTS:  YES  NO

