

Recipient:	NYS Dept of Environmental Conservation	Sender:	
		Address:	
FAX:	518-402-9041		
		TEL:	
		FAX:	
Number of	Sheets: 10 page(s) including cover		
Date: Tueso	day, January 14, 2020		
Subject:	Vehicle Dismantling Annual Repor	t	

Following you will find the 9 page report for Jaynes Used Auto Parts. If there are any questions or missing pages, please contact us at 607-535-2883. Thank you.

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 <u>January 01, 2019</u> to <u>December 31, 2019</u>

SECTION 1 – FACILITY INFORMATION

SEOTIC		CILITT INFORMATION	500000000000000000000000000000000000000				
FACILITY NAME:	FAUILIT	INFORMATION					
Jaynes Used Auto Parts							
FACILITY LOCATION ADDRESS:	FACILITY	CITV		STATE:	ZIP CODE:		
				NY	14878		
4111 Route 14A	1111						
FACILITY TOWN:	FACILITY				ONE NUMBER:		
Reading Center	Schuy	/ler	607	'-535	-2883		
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Schuyler NYSDEC REGION #: 8					YSDEC EGION #: 8		
FACILITY TYPE: Vehicle Dismantler Motor Vehicle Repair Shop Mobile Vehicle Crusher DMV I.D. #7047871							
FACILITY CONTACT:	public	CONTACT PHONE	(CONTACT	T FAX NUMBER:		
John Payne	private	NUMBER: 607-535-2883	$ \epsilon $	307-53	5-7887		
CONTACT EMAIL ADDRESS: JaynesUsedAuto@yahoo.com							
	OWNER	INFORMATION					
OWNER NAME:		PHONE NUMBER:		ER FAX N			
John Payn	607-535-		607∹	535-788			
OWNER ADDRESS: 4111 Route 14A	OWNER C Rock Strea			STATE:	ZIP CODE: 14878		
OWNER CONTACT:	1	ONTACT EMAIL ADDRE					
John Payne	Jaynes	UsedAuto@yahoo	.com	1			
	OPERATO	R INFORMATION					
OPERATOR NAME: ■ same as owner			1 -	☑public □private			
	eteplaste planji talih dipulpulipulpulpulpulpulpulpul	FERENCES					
Preferred address to receive correspondence. Other (provide):	: Facility loo	cation address		wner addres	\$\$ 		
Preferred email address: Y Facility Contact Other (provide):							
Preferred individual to receive correspondence:							
Did you operate in 2019? Yes; Complete							
☐ No; Complete	and submit	Sections 1 and 12.					

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Provide the number of ELVs received from January 1 to December 31:	136
 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:	1750
 Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 	1750
 Provide the approximate area used for the storage of vehicles (acres): 	acres
 Provide the names of scrap metal processors to which you sold or sent dec 	commissioned ELVs:
1)	
,	
2)	
3)	
3)	
	P. (EL Vo) DDOCESSEI
	S (ELVs) PROCESSEI
SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLES • Provide the number of ELVs crushed from January 1 to December 3:	S (ELVs) PROCESSEI
SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE: • Provide the number of ELVs crushed from January 1 to December 3:	
• Provide the number of ELVs crushed from January 1 to December 3: • Provide the names of each facility where you crushed decommissioned EL	
SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLES	
• Provide the number of ELVs crushed from January 1 to December 3: • Provide the names of each facility where you crushed decommissioned ELT	
• Provide the number of ELVs crushed from January 1 to December 3: • Provide the names of each facility where you crushed decommissioned EL' 1)	
• Provide the number of ELVs crushed from January 1 to December 3: • Provide the names of each facility where you crushed decommissioned EL	
• Provide the number of ELVs crushed from January 1 to December 3: • Provide the names of each facility where you crushed decommissioned EL' 1)	
• Provide the number of ELVs crushed from January 1 to December 3: • Provide the names of each facility where you crushed decommissioned ELT1)	

SECTION 3 - WASTE FLUIDS RECOVERED

Complete this table by reporting <u>volumes</u> of End-of-Life Vehicle (ELV) waste fluids managed at the facility during the reporting period. <u>Qualitative responses (i.e.</u> $\sqrt[4]{s}$ or X's) are not acceptable. Report only fluids generated from dismantling operations (not general car repair, etc.).

		Fluid	Destination Name & Address		
Waste Fluid Recovered	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)
Refrigerant (pounds)	35' 18"	14' 12"	0	0	
Used Oil** (gallons)	300	480	0	0	
Diesel Fuel (gallons)	0	0	0	0	
Gasoline (gallons)	300	50	25	0	
Engine Coolant/ Antifreeze (gallons)	31	400	0	0	
Window Washing Fluid (gallons)	20	30	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.

Destination

SECTION 4 – SCRAP METAL

Complete this table by reporting the amount of metal	received	stored and s	sent off site	by the facility	during the reporting
·	received,	otoroa ana c	Some on one,	by the identy,	daring the reporting
period					

Material Types	Received	Stored On Site	Sent Off Site			
	(tons)	(tons)	(tons)	NYS <u>Planning Unit (</u> or state if other than New York)	M∢	Scrap etal essor
Ferrous Scrap Metal					□Yes	□No
Aluminum Scrap Metal					Yes	□No
Lead Weights					Yes	□No
Non – Ferrous Scrap Metal					Yes	□No
Other (specify):					□Yes	□No
	***************************************		V 113 (1) V 1111 (1) V		□Yes	□No
(H&TS) and antilo Indicate permitted US Ecology	H&TS 12 (Number)	8	epting mercury co	ABS 21 (Number) ontaining devices:		
		SECTION 6 -	· AIR BAGS (COLLECTED		
Provide the number	er of air bags <u>reco</u>	overed.				
Number of Air Bag	gs Removed:	0	Num	ber of Air Bags Deployed:		
Indicate permitted	facility or permitte	ed transporter acce	epting air bags:			

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SECTION 7 – LEAD-ACID BATTERIES COLLECTED

136	_
eries:	
nd proper handling,	storage and disposal, if
OLLECTED	
200	_ as of December 31
140	_ as of December 31
76	during operating year
273	during operating year
CTIONS	
	10
nspected, time and	date of inspection?
inspected for leaks/	'spills?
EMS	
fic occurrences whi	ich have led to changes in
n and the methods	for resolution of the probler
ES	-
and permit conditior	าร?
	DLLECTED 200 140 76 273 CTIONS Inspected, time and inspected for leaks/ EMS fic occurrences which is and the methods ES

SECTION 12 – COMPLIANCE CERTIFICATION

As of December 31, 2018:

Waste Management Compliance Checklist							
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?							
Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways?		✓					
Have you recorded the date of receipt for all end-of-life vehicles received?		$\overline{\mathbf{V}}$					
4. Are the end-of-life vehicle records available on-site?		$\overline{\mathbf{V}}$]			
5. Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes?		√					
6. Have all observed leaks been remedied or contained?		✓					
7. Does your facility have a written Contingency Plan?		\checkmark	A STATE OF THE STA	Transcring			
8. Are facility personnel trained to implement the Contingency Plan?		V	(
9. Does your Contingency Plan include actions to be taken in the event of the following	ıg?						
9a. Fire.		√	:				
9b. Spill or release of vehicle waste fluids.		✓	:				
9c. Unauthorized material received at facility.		\checkmark		Sametro de			
10. Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection?		✓					
11. Are all vehicle residues prevented from migrating from or running off your property?		\checkmark					
12. Is dust controlled to prevent interference with facility operations or from leaving facility site?		\checkmark					
13. Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations?		\checkmark					
14. Are waste fluids kept from being discharged onto the ground or into surface waters?		√					
15. Is access to your facility controlled by: fences, gates, sign and/or natural barriers (not vehicles)?		\checkmark	***************************************				
15a. Are the access controls working (i.e. controlling access)?		✓	2000				
16. Are fluids drained from end-of-life vehicles on a pad constructed of concrete or equivalent material?		√					
17. Are you doing the following with your concrete (or equivalent surface) pad that is us draining, crushing, etc.?	sed for	vehicle	e dism	antli	ng, flu	id	
17a. Cleaning daily.		✓					
17b. Cleaning spills as they occur.		\checkmark					
17c. Collecting and properly disposing of absorbent materials.		✓	7777777777				

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Waste Nanagement Compliance Checklist			Hio	
18. Have the following wastes been drained, removed, deployed, collected and/or store 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).		√		
18b. Lead acid batteries.		✓		
18c. Mercury switches or other mercury containing devices, if any.		✓		
18d. Refrigerants, if any.		✓		
18e. Air bags.		✓		
18f. PCB capacitors, if any.	✓			
19. Are fluids stored separately & in containers that are compatible with their contents?		\checkmark		
20. Are fluids stored in closed containers?		✓		
21. Are containers which contain waste fluids in good condition and not visibly leaking?		\checkmark		
22. Are containers clearly and legibly labeled to describe their contents?		\checkmark		
23. Are containers stored on a bermed pad constructed of concrete or equivalent material?		✓		
24. Are lead-acid batteries stored upright and off the ground?		✓		
25. Are lead-acid batteries covered to protect them from precipitation?		\		
26. Are all lead-acid batteries sent for recycling within one-year of receipt?		✓		
27. Are <u>leaking lead-acid</u> batteries, if any are encountered, stored in leak-proof containers separated from intact batteries?		✓		
27a. Are provisions in place to absorb any acid leakage?		\checkmark		
28. Are mercury switches and other mercury containing devices stored in appropriate, labeled containers and then sent for recycling?		√		
29. Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal?	>			
30. Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code?		✓		
31. If sent off-site, is used oil transported via a permitted hauler?	✓			
32. If you do not burn used oil onsite check NA for 32a., 32b., 32c. If you do, then answ	/er 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?	3 3 1 1	\checkmark		
32b. Do on-site space heaters burn only used oil that is generated on-site or received from household do-it-yourself generators?		✓		
32c. Are combustion gases from used oil space heaters vented to the outside ambient air?		√		

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Waste Management Compliance Checklist		Yes		Date of Return to Compliance
33. Is waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers?				
34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?		✓	200	
35. Are sludges properly recycled or disposed?	√			
36. Are used oil filters properly drained, crushed or dismantled?		V		
37. Are drained oil filters properly recycled or disposed?		✓		
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?	2 1 1 1 1 1 1	>	3333333	
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?	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;			
38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?	***************************************	Same and the same	THE STATE OF THE S	
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>n</u>	ıa	pounds 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.

John N. Payne Date: 2020.01.14 09:52:50 -05:00	01/14/2020
Signature	Date
John N. Payne	Owner
Name (Print or Type)	Title (Print or Type)
JaynesUsedAuto@y	ahoo.com
(,
4111 Route 14A	Rock Stream
Address	City
NY 14876	607 ₅₃₅ 2883
State and Zip	Phone Number

A TT A OLUMENTO.		VEO	N/O
ATTACHMENTS:	2	YES	 NO