

YD No.

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION 7049608

Division of Materials Management, Bureau of Solid Waste Management
625 Broadway, Albany, New York 12233-7260
P: (518) 402-8678 | F: (518) 402-9041
www.dec.ny.gov

Appe: get
let me NO YOU SET
PAPER OR. THANK LB
DEC 17 2019

Dear Facility Owner/Operator:

Need → Re: Annual Reporting for Facilities Regulated Under 6 NYCRR Part 360:

- Combustion Facilities and Thermal Treatment Facilities;
- Construction and Demolition Debris Handling and Recovery Facilities;
- Household Hazardous Waste Collection Facilities and Events;
- Landfills;
- Metal Processing and Vehicle Dismantling Facilities*;
- Municipal Solid Waste Processing Facilities;
- Navigational Dredged Material Handling and Recovery Facilities;
- Recyclables Handling and Recovery Facilities;
- Regulated Medical Waste Generators;
- Regulated Medical Waste Treatment, Storage, and Transfer Facilities;
- Transfer Facilities;
- Used Cooking Oil and Yellow Grease Processing Facilities;
- Waste Oil Storage, Reprocessing or Rerefining Facilities; and
- Waste Tire Handling and Recovery Facilities.

This letter is to remind you that your 2019 Annual Report is due no later than March 1, 2020, in accordance with 6 NYCRR Part 360. Submission of the completed form does not relieve you from any additional reporting responsibilities that are identified as special conditions in your 6 NYCRR Part 360 permit or that may be required for inactive or closed facilities, or other types of solid waste management facilities not referenced above.

For facilities at which multiple activities or operations occur (e.g., transfer facilities that are also authorized for construction and demolition debris handling and recovery, recyclables handling & recovery, etc.) please complete the forms for each of these activities. If you have any questions about which forms to use, please contact the DEC Regional Office for the Region in which your facility is located or contact the Central Office at (518) 402-8678.

To complete the annual report submission process:

1. The 2019 annual report forms are available online at <http://www.dec.ny.gov/chemical/52706.html>. A brief description of each type of solid waste management facility can be found at <http://www.dec.ny.gov/chemical/8495.html>.
2. Complete the fillable pdf form(s) applicable to your facility or facilities, OR Download the forms applicable to your facility or facilities, and fill out the form(s) by hand.
3. Print the forms double-sided.
4. Sign the form(s).
5. Make a copy for your records.

1518-402-8678

LB AUTO SCRAP
11401 STATE LINE RD
PINE CITY
NY 14871-9442
607-524-6313
TO STEVE M
BACK



PIY
518.402.8678

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

Submit the Annual Report no later than March 1, 2020. This 2020
annual report is for the year of operation from January 01, 2019 to December 31, 2019

SECTION 1 - FACILITY INFORMATION 2019

FACILITY INFORMATION			
FACILITY NAME: LB AUTO SCRAP			
FACILITY LOCATION ADDRESS: 11901 STATE LINE RD. A		FACILITY CITY: PINE CITY	STATE: ZIP CODE: NY 14871-9442
FACILITY TOWN: GATON NY		FACILITY COUNTY: STUBEN	FACILITY PHONE NUMBER: 607-524-6313
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #:
FACILITY TYPE: <input type="checkbox"/> Vehicle Dismantler		<input type="checkbox"/> Motor Vehicle Repair Shop	NYS DEC ACTIVITY CODE:
DMV I.D.# 7049606		<input type="checkbox"/> Mobile Vehicle Crusher	
FACILITY CONTACT:		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: CONTACT FAX NUMBER: 607-524-6313 607-524-6313
CONTACT EMAIL ADDRESS:			
OWNER NAME: Louis K Braster		OWNER PHONE NUMBER: 607-524-6313	OWNER FAX NUMBER: 607-524-6313
OWNER ADDRESS: 11901 STATE LINE RD. A		OWNER CITY: PINE CITY	STATE: ZIP CODE: NY 14871-9442
OWNER CONTACT: Louis K Braster		OWNER CONTACT EMAIL ADDRESS: _____	
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner			<input type="checkbox"/> public <input type="checkbox"/> private
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact N/A <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):			
<p>Did you operate in 2019? <input checked="" type="checkbox"/> Yes; Complete this form.</p> <p><input type="checkbox"/> No; Complete and submit Sections 1 and 12.</p>			

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

• Provide the number of ELVs received from January 1 to December 31: ^{BYD}

4

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

7

• Provide the number of ELVs stored at the facility as of December 31: ^{IN YD}

15

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

15

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

.5

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

1) SHULMANS

2) WEITSMAN HAS ROLL OFF BOX

3) _____

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

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

8

• Provide the names of each facility where you crushed decommissioned ELVs:

1) Shulmans

2) Weitsmen PUT in Box

3) all kind of Tin-Steel

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 (Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)
	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	
Refrigerant (pounds)	- 0 -				
Used Oil** (gallons)	Re Use				
Diesel Fuel (gallons)	Re Use				
Gasoline (gallons)	Re Use				
Engine Coolant/ Antifreeze (gallons)	Re Use				
Window Washing Fluid (gallons)	Re Use				
Other (specify)	Reuse All Fluids				

* 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.

IN THIS YARD I CUT STORL CLEAN METAL
I ALL WAY GAVE THING TO OTHER HELP OUT
EVEN TIRE'S MORE. YOU CAN CALL ME
IF YOU NEED MORE 607-524-6313

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Hope Paper Break CAN REEL GOOD.

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	Steel TIN 56103	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SOLD 56103 56103	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Aluminum Scrap Metal	1345	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SOLD 1343	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lead Weights	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DO NOT HAVE	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Non – Ferrous Scrap Metal	2500			SOLD 2500, 1112	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other (specify):					<input type="checkbox"/> Yes <input type="checkbox"/> No
	most of steel tin metal			AM NOT Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No
	17 other scrap.				

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:

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:

N/A

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:

Unknown

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

Shulmans

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:

Unknown

as of December 31

Number of used tires available for sale on-site:

100

as of December 31

Number of used tires sold:

40

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:

No more things

I use them I help other
gave tire to other.

NA
NA
NA

SECTION 9 - SELF INSPECTIONS

Number of self-inspections conducted for the year:

all the time

Are self-inspection records up-to-date with inspector name, what was inspected, time and date of inspection?

Yes No

don't know no one here

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	Date of Return to			Compliance
	NA	Yes	No	
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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Are facility personnel trained to implement the Contingency Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does your Contingency Plan include actions to be taken in the event of the following?				
9a. Fire.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9b. Spill or release of vehicle waste fluids.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9c. Unauthorized material received at facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Are all vehicle residues prevented from migrating from or running off your property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Is dust controlled to prevent interference with facility operations or from leaving facility site?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
17b. Cleaning spills as they occur.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
17c. Collecting and properly disposing of absorbent materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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Waste Management Compliance Checklist				Date of Return to
	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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18c. Mercury switches or other mercury containing devices, if any.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18d. Refrigerants, if any.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18e. Air bags.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18f. PCB capacitors, if any.	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. If sent off-site, is used oil transported via a permitted hauler?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32c. Are combustion gases from used oil space heaters vented to the outside ambient air?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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?	0 pounds 0 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.

Louis K Braster
Signature

3-1-20
Date

Louis K Braster
Name (Print or Type)

DISMANTLING
Title (Print or Type)

Email (Print or Type)

11401 STATE LINE RD-A
Address

Pine City
City

NY 14871-9442
State and Zip

(607) 524-6313
Phone Number

ATTACHMENTS: YES NO