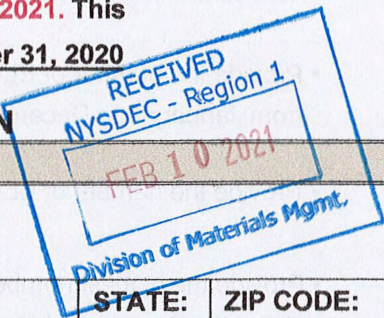


# VEHICLE DISMANTLING FACILITY, MOTOR VEHICLE REPAIR SHOP AND MOBILE VEHICLE CRUSHER ANNUAL REPORT

Submit the Annual Report no later than March 1, 2021. This

annual report is for the year of operation from January 01, 2020 to December 31, 2020



## SECTION 1 – FACILITY INFORMATION

### FACILITY INFORMATION

FACILITY NAME: <b>FAT CITY AUTO WRECKERS INC.</b>			
FACILITY LOCATION ADDRESS: <b>100 W 11<sup>TH</sup> ST</b>		FACILITY CITY: <b>HUNTINGTON STATION</b>	STATE: ZIP CODE: <b>NY 11746</b>
FACILITY TOWN: <b>HUNTINGTON STATION</b>		FACILITY COUNTY: <b>SUFFOLK</b>	FACILITY PHONE NUMBER: <b>631 673-2966</b>
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <b>REGION 1</b>			NYSDEC REGION #: <b>1</b>

FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler	<input type="checkbox"/> Motor Vehicle Repair Shop	NYS DEC ACTIVITY CODE:
DMV I.D. # <b>700 3331</b>	<input type="checkbox"/> Mobile Vehicle Crusher	

FACILITY CONTACT: <b>GEORGE VALENTINO</b>	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <b>631 673 2966</b>	CONTACT FAX NUMBER: <b>—</b>
CONTACT EMAIL ADDRESS:			

### OWNER INFORMATION

OWNER NAME: <b>GEORGE VALENTINO</b>	OWNER PHONE NUMBER: <b>631-673-2966</b>	OWNER FAX NUMBER: <b>—</b>
OWNER ADDRESS: <b>19 ORIOLE WAY</b>	OWNER CITY: <b>DIX HILLS</b>	STATE: ZIP CODE: <b>N.Y. 11746</b>
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: <b>FAT CITY AUTO WRECKERS @ GMAIL.COM</b>	

### OPERATOR INFORMATION

OPERATOR NAME: <input checked="" type="checkbox"/> same as owner	<input type="checkbox"/> public <input type="checkbox"/> private
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### 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 2020 <input checked="" type="checkbox"/> Yes; Complete this form.
<input type="checkbox"/> 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: 40
  
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 45
  
- Provide the number of ELVs stored at the facility as of December 31: 40-45
  
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 40-45
  
- Provide the approximate area used for the storage of vehicles (acres): 1/4 acres
  
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
  - 1) SIMS METAL.
  - 2) GARSHOW
  - 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  (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)	4	4	4	4	
Used Oil** (gallons)	—	2.55 GAL DRUM	2.55 OIL DRUMS	55 GAL DRUM	WASTE OIL SOLUTIONS 109 JERSEY ST WEST BABYLON
Diesel Fuel (gallons)	0	0	0	0	
Gasoline (gallons)	0	0	0	0	USED FOR VEHICLES-
Engine Coolant/ Antifreeze (gallons)		1-55 DRUM		1-55 DRUM	
Window Washing Fluid (gallons)					
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.

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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>_____ pounds</p> <p>_____ gallons</p>			

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

*NO.*

COMMENTS? (Attach additional sheets if necessary)



## 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					<input type="checkbox"/> Yes <input type="checkbox"/> No
Aluminum Scrap Metal					<input type="checkbox"/> Yes <input type="checkbox"/> No
Lead Weights					<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 2  
(Number)

ABS 42  
(Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

UNIVERSAL WASTE INC.

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## SECTION 6 – AIR BAGS COLLECTED

Provide the number of air bags recovered.

Number of Air Bags Removed: 12

Number of Air Bags Deployed: 30

Indicate permitted facility or permitted transporter accepting air bags:

UNIVERSAL WASTE INC.

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### 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)	4	4	4	4	
Used Oil** (gallons)	—	2.55 GAL DRUM	2.55 GAL DRUMS	55 GAL DRUM	WASTE OIL SOLUTIONS 709 JERSEY ST WEST BABYLON
Diesel Fuel (gallons)	0	0	0	0	
Gasoline (gallons)	0	0	0	0	USED FOR VEHICLES-
Engine Coolant/ Antifreeze (gallons)		1-55 DRUM		1-55 DRUM	
Window Washing Fluid (gallons)					
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 7 – LEAD-ACID BATTERIES COLLECTED**

Provide the number of lead-acid batteries recovered and their disposition.

Number of Lead-Acid Batteries collected from ELVs: 30.

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

SUFFOLK CORE AND INTRASTATE BATTERIES

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: 20. as of December 31

Number of used tires available for sale on-site: 40 as of December 31

Number of used tires sold: \_\_\_\_\_ during operating year

Number of waste tires shipped off-site for recycling, disposal, other: 20 during operating year

Indicate name of facility(ies) accepting waste tires:

SIMS METAL.

**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

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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>_____ pounds</p> <p>_____ gallons</p>			

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

*NO.*

COMMENTS? (Attach additional sheets if necessary)

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## 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 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 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 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 checked="" 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.	<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"/>	

Reprinted (12/20)

## 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:

30.

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

SUFFOLK CORE AND INTRASTATE BATTERIES

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:

20.

as of December 31

Number of used tires available for sale on-site:

40

as of December 31

Number of used tires sold:

\_\_\_\_\_

during operating year

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

20

during operating year

Indicate name of facility(ies) accepting waste tires:

SIMS METAL.

## 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.

**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.

[Signature]  
Signature

2/4/21  
Date

GEORGE VALENTINO  
Name (Print or Type)

PRES  
Title (Print or Type)

FAT CITY AUTO WRECKERS @GMAIL.COM  
Email (Print or Type)

19 ORIOLE WAY  
Address

DIX HILLS  
City

N.Y. 11746  
State and Zip

(815) 673 2966  
Phone Number

ATTACHMENTS:  YES  NO

\* This page for reference only. Please do not return with submittal. \*

**Division of Materials Management  
New York State Department of Environmental Conservation  
Albany, New York 12233-7260**

Forms for all solid waste management facilities can be found at <http://www.dec.ny.gov/chemical/52706.html> and a brief description of each type of facility can be found at <http://www.dec.ny.gov/chemical/8495.html>.

**VEHICLE DISMANTLING FACILITIES, MOTOR VEHICLE REPAIR SHOPS AND MOBILE VEHICLE CRUSHERS**

**Annual Report**

**Submit the Annual Report no later than March 1, 2021.**

Reporting of the information indicated on this Vehicle Dismantling, Motor Vehicle Repair Shop and Mobile Vehicle Crusher Annual Report form is required pursuant to 6 NYCRR 360-12.1(c) and 360.19(k)(12). Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual Report requirements of 6 NYCRR Part 360.

Reporting of the information indicated on this Mandatory Annual Report including Self-Certification for Vehicle Dismantling Facilities fulfills the reporting requirements pursuant to 6 NYCRR 360-12.1(c).

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.