### 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

FACILITY INFORMATION FACILITY CITY: Medford FACILITY COUNTY: Suffolk	FAC	state: NY	: ZIP CODE: 11763			
FACILITY CITY: Medford FACILITY COUNTY: Suffolk	FAC	NY				
FACILITY CITY: Medford FACILITY COUNTY: Suffolk	FAG	NY				
Medford facility county: Suffolk	FAG	NY				
FACILITY COUNTY: Suffolk	FAG	1	11763			
Suffolk	FAC					
		ACILITY PHONE NUMBER:				
	(6	31)289-6188				
Planning Units can be found at the en	d of this re	port). N R	YSDEC EGION #: R1			
Motor Vehicle Repair Shor	NYS D	EC ACTIVI	TY CODE:			
Mobile Vehicle Crusher						
Dublic CONTACT PHONE	1	CONTACT	T FAX NUMBER:			
private NUMBER:			89-6368			
Joe Bertuccio     Image: Private (631)289-6368       contact EMAIL ADDRESS: decinfo@gershow.com						
OWNER INFORMATION						
OWNER PHONE NUMBER: OWNER FAX NUMBER:						
(631)289-6188 (631)289-63						
OWNER CITY:			<b>ZIP CODE:</b> 11763			
	DRESS:		11/05			
PERATOR INFORMATION						
yn yn yn arlen yn ar		_ public				
PREFERENCES						
Facility location address	Z	Owner addres	35			
Owner Contact						
Facility Contact	wner Conta	oct				
	Mobile Vehicle Crusher CONTACT PHONE Private CONTACT PHONE NUMBER: (631)289-6188 CONTACT PHONE NUMBER: CONTACT EMAIL ADI COMMER CITY: Ledford CONTACT EMAIL ADI CONTACT EMAIL	Mobile Vehicle Crusher       52J29         public       CONTACT PHONE         private       NUMBER:         (631)289-6188       OW         Mobile Vehicle Crusher       OW         Private       CONTACT PHONE         NUMBER:       (631)289-6188         WNER PHONE NUMBER:       OW         OWNER CITY:       OW         Iedford       (63         OWNER CONTACT EMAIL ADDRESS:       (63         Iecinfo@gershow.com       PREFERENCES         Facility location address       Image: Contact         Image: Facility contact       Owner Contact         Image: Facility Contact       Image: Owner Contact	Motor Vehicle Repair Shop       NYS DEC ACTIVI         Mobile Vehicle Crusher       52J29         Public       CONTACT PHONE       CONTACT         private       CONTACT PHONE       (631)28         w.com       OWNER INFORMATION       (631)289-6188         OWNER INFORMATION       OWNER FAX N         031)289-6188       (631)289-63         OWNER CITY:       STATE:         NY       STATE:         0WNER CONTACT EMAIL ADDRESS:       STATE:         lectinfo@gershow.com       Perator INFORMATION         PERATOR INFORMATION       Impublic         PREFERENCES       Owner address         If Facility location address       Owner address         Impublic       Owner contact			

No; Complete and submit Sections 1 and 12.

SECTION 2A VDF/REPAIR SHOPS- END-OF-LIFE VEHICLES	(ELVs) PROCESSED 17,601
<ul> <li>Provide the number of ELVs received from January 1 to December 31:</li> <li>Provide the number of ELVs crushed and/or removed from the facility</li> </ul>	
from January 1 to December 31:	<u>17,565</u> 36
Provide the number of ELVs stored at the facility as of December 31:	
<ul> <li>Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31:</li> </ul>	90
<ul> <li>Provide the approximate area used for the storage of vehicles (acres):</li> </ul>	5acres
• Provide the names of scrap metal processors to which you sold or sent deco 1) N/A	mmissioned ELVs:
2)	
3)	
·	
SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLES	
Provide the number of ELVs crushed from January 1 to December 3:	<u>N/A</u>
<ul> <li>Provide the names of each facility where you crushed decommissioned ELVs</li> <li>1)</li></ul>	S:
2)	
3)	
4)	
5)	
6)	
6)	

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#### **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.  $\sqrt{3}$  or X's) are not acceptable</u>. Report only fluids generated from dismantling operations (not general car repair, etc.).

	Fluid Volume				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)		120		1,050	United Refrigeration Inc. 2127 Lakeland Ave Ronkonkoma, N
Used Oil** (gallons)				7,912	Planet Earth Recovery 3260 Sunrise HWY Wantagh, NY 1
Diesel Fuel (gallons)					
Gasoline (gallons)				79,036	Midwest Gas 58 S. High St. Dublin, OH 43017
Engine Coolant/ Antifreeze (gallons)				1,900	Planet Earth Recovery 3260 Sunrise HWY Wantangh, NY
Window Washing Fluid (gallons)					
Other (specify) Engine Coolant					

\* 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.

	Received	Stored On Site	Sent Off Site	Destination		
Material Types	(tons)	(tons)	(tons)	NYS <u>Planning Unit (</u> or state if other than New York)	To Scrap Metal Processor	
Ferrous Scrap Metal					TYes	No
Aluminum Scrap Metal	This	Section	ommitted		Yes	<b>N</b> o
Lead Weights	on the	advice from	council.		TYes	No
Non – Ferrous Scrap Metal					TYes	<b>[</b> ]No
Other (specify):					TYes	⊡No
					<b>[</b> ]Yes	⊡No

#### SECTION 5 - MERCURY SWITCHES COLLECTED

Provide the number of mercury-containing devices <u>recovered</u>. Including but not limited to hood & trunk lighting switches (H&TS) and antilock brake assemblies (ABS).

H&TS <u>10</u> (Number)

ABS	5
(Numb	er)

Indicate permitted facility or permitted transporter accepting mercury containing devices: EQ-A Ecology Company

2000 East Ferry Street

Detroit, MI 48211

#### SECTION 6 - AIR BAGS COLLECTED

Provide the number of air bags recovered.

Number of Air Bags Removed:

N/A

Number of Air Bags Deployed:

N/A

Indicate permitted facility or permitted transporter accepting air bags:

See comment on page 8.

#### 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:

17,601
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Indicate permitted facility or permitted transporter accepting lead-acid batteries:

Eco-Bat New York, LLC RSR Revere Smelting & Refining
65 Ballard Rd
Middletown, NY 10941

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:	Always less then 1,000	as of December 31
Number of used tires available for sale on-site:	0	as of December 31
Number of used tires sold:	57,875 lbs	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:		
N/A		

SECTION 9 – SELF INSPECTIONS	10
Number of self-inspections conducted for the year:	12
Are self-inspection records up-to-date with inspector name, what was inspected, time Yes No	e and date of inspection?
At a minimum, are fluid storage areas, vehicles, vehicle storage areas inspected for √Yes  No	leaks/spills?
SECTION 10 – PROBLEMS	
SECTION 10 - PROBLEMS	
Were any problems encountered during the reporting period (e.g., specific occurrence facility procedures)?	es which have led to changes in
Yes INo If yes, attach additional sheets identifying each problem and the me	thods for resolution of the problem
SECTION 11 – CHANGES	
Were there any changes from approved reports, plans, specifications, and permit co	nditions?

Yes No If yes, attach additional sheets identifying changes with a justification for each change.

### SECTION 12 - COMPLIANCE CERTIFICATION

#### As of December 31, 2018:

				Date of Return to ,
Waste Management Compliance Checklist	NA	Yes	No	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?	•			
<ol><li>Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways?</li></ol>		$\checkmark$		
3. Have you recorded the date of receipt for all end-of-life vehicles received?		$\checkmark$		
4. Are the end-of-life vehicle records available on-site?		$\checkmark$		
5. Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes?	an adaptation of	$\checkmark$	41111111111111111111111111111111111111	
6. Have all observed leaks been remedied or contained?		$\checkmark$		
7. Does your facility have a written Contingency Plan?		$\overline{\checkmark}$		
8. Are facility personnel trained to implement the Contingency Plan?		$\checkmark$		
9. Does your Contingency Plan include actions to be taken in the event of the following	ng?			
9a. Fire.		$\checkmark$		
9b. Spill or release of vehicle waste fluids.		$\mathbf{\overline{\mathbf{V}}}$		
9c. Unauthorized material received at facility.				
10. Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection?		$\checkmark$		
11. Are all vehicle residues prevented from migrating from or running off your property?		$\overline{\mathbf{V}}$		
12. Is dust controlled to prevent interference with facility operations or from leaving facility site?		$\checkmark$	201-10 AL 15	
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?		$\overline{\mathbf{V}}$		
15. Is access to your facility controlled by: fences, gates, sign and/or natural barriers (not vehicles)?		$\overline{\mathbf{A}}$		
15a. Are the access controls working (i.e. controlling access)?		$\overline{\mathbf{A}}$		
16. Are fluids drained from end-of-life vehicles on a pad constructed of concrete or equivalent material?		$\overline{\mathbf{V}}$		
<ol> <li>Are you doing the following with your concrete (or equivalent surface) pad that is u draining, crushing, etc.?</li> </ol>	sed for	vehicle	dismar	ntling, fluid
17a. Cleaning daily.		$\checkmark$		
17b. Cleaning spills as they occur.		$\checkmark$		
17c. Collecting and properly disposing of absorbent materials.		$\checkmark$		

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				Date of Return to
Waste Management Compliance Checklist	NA	Yes	No	Compliance
18. Have the following wastes been drained, removed, deployed, collected and/or store practices, prior to vehicle crushing or shredding?	ed follov	ving be	st mana	agement
18a. Fluids (including engine oil, transmission fluid, transaxle fluid, front and rear axle fluid, brake fluid, power steering fluid, coolant, and fuel).		$\overline{\mathbf{V}}$	aga sara-ra	
18b. Lead acid batteries.		$\overline{\mathbf{V}}$		
18c. Mercury switches or other mercury containing devices, if any.		$\checkmark$		
18d. Refrigerants, if any.		$\checkmark$		
18e. Air bags.	$\checkmark$			
18f. PCB capacitors, if any.		$\checkmark$		
19. Are fluids stored separately & in containers that are compatible with their contents?		$\mathbf{\overline{\mathbf{V}}}$		
20. Are fluids stored in closed containers?		$\checkmark$		
21. Are containers which contain waste fluids in good condition and not visibly leaking?		$\mathbf{\overline{\mathbf{A}}}$		
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?		$\checkmark$		
24. Are lead-acid batteries stored upright and off the ground?		$\checkmark$		
25. Are lead-acid batteries covered to protect them from precipitation?		$\checkmark$		
26. Are all lead-acid batteries sent for recycling within one-year of receipt?		$\checkmark$		
27. Are <u>leaking</u> lead-acid batteries, if any are encountered, stored in leak-proof containers separated from intact batteries?	er Legenserer er er	$\mathbf{\overline{\mathbf{A}}}$		
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?		1		
29. Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal?		$\checkmark$		
30. Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code?		$\checkmark$		
31. If sent off-site, is used oil transported via a permitted hauler?		$\checkmark$		
32. If you do not burn used oil onsite check NA for 32a., 32b., 32c. If you do, then answ	ver 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?	$\overline{\mathbf{V}}$	, <u></u> ,		
32b. Do on-site space heaters burn only used oil that is generated on-site or received from household do-it-yourself generators?	$\checkmark$			
32c. Are combustion gases from used oil space heaters vented to the outside ambient air?	$\mathbf{\nabla}$			

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				Date of Return to	
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?		$\mathbf{V}$			
34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?	$\checkmark$				
35. Are sludges properly recycled or disposed?	$\checkmark$				
36. Are used oil filters properly drained, crushed or dismantled?	$\checkmark$				
37. Are drained oil filters properly recycled or disposed?	$\checkmark$				
<ol> <li>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:</li> </ol>					
38a. If required by the SPDES MSGP, has a Stormwater Pollution Prevention Plan been prepared for this facility?		$\checkmark$			
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?		$\checkmark$			
38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?		$\mathbf{\mathbf{Y}}$			
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		N/A pounds			
month?		1	N/A	gallons	

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

No

COMMENTS? (Attach additional sheets if necessary)

Consistent with good industry practices and good occupational safety practices,

air bags are destroyed by shredding at Gershow Medford facility.

air bags are destroyed by shredding at Gershow Medford facility.

#### 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

**Ray Colon** 

Name (Print or Type)

2/26/2021

Date

## Manager

Title (Print or Type)

# decinfo@gershow.com

Email (Print or Type)

P.O. Box 526

Address

New York 11763

State and Zip

## Medford

City

 $\underbrace{(^{631})^{289}_{\phantom{0}}6188}$ 

Phone Number

ATTACHMENTS: YES NO