

**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

**SUBMITTED BY  
TABS CONSULTING GROUP  
(718) 492-6464**

**SECTION 1 – FACILITY INFORMATION**

FACILITY INFORMATION			
FACILITY NAME: <b>BRYSON'S INC</b>			
FACILITY LOCATION ADDRESS: 820 CROTON FALLS ROAD	FACILITY CITY: CARMEL, CROTON FALLS	STATE: NY	ZIP CODE: 10512
FACILITY TOWN: CROTON FALLS	FACILITY COUNTY: PUTNAM	FACILITY PHONE NUMBER: 845-277-3201	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Putnam County			NYSDEC REGION #: <b>3</b>
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler DMV I.D. # <u>2400060</u>	<input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT: FAUSTO NARANJO	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 845-277-3201	CONTACT FAX NUMBER: 845-277-3059
CONTACT EMAIL ADDRESS: EDDIE818181@ICLOUD.COM			
OWNER INFORMATION			
OWNER NAME: BRYSON'S INC	OWNER PHONE NUMBER: 845-277-3201	OWNER FAX NUMBER: 845-277-3059	
OWNER ADDRESS: 820 CROTON FALLS ROAD	OWNER CITY: CARMEL	STATE: NY	ZIP CODE: 10512
OWNER CONTACT: FAUSTO NARANJO	OWNER CONTACT EMAIL ADDRESS: BRYSON24@VERIZON.NET		
OPERATOR INFORMATION			
OPERATOR NAME: FAUSTO NARANJO	<input checked="" type="checkbox"/> same as owner	<input type="checkbox"/> public <input checked="" 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 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  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: 294
  
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: \_\_\_\_\_
  
- Provide the number of ELVs stored at the facility as of December 31: 294
  
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 294
  
- Provide the approximate area used for the storage of vehicles (acres): 2.5 acres
  
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:  
1) RUBINO BROS, STAMFORD, CT  
2) \_\_\_\_\_  
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) N/A  
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)					
Used Oil** (gallons)	220	40			
Diesel Fuel (gallons)					
Gasoline (gallons)	125				
Engine Coolant/ Antifreeze (gallons)		50			
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 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					<input type="checkbox"/> Yes <input type="checkbox"/> No
Aluminum Scrap Metal	5	1	4		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lead Weights					<input type="checkbox"/> Yes <input type="checkbox"/> No
Non – Ferrous Scrap Metal		N/A			<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:

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## 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:

**GOES TO SHREDDER**

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**SECTION 5 - 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.

*Fausto Narandio*  
Signature

2/26/21  
Date

Fausto Narandio  
Name (Print or Type)

President  
Title (Print or Type)

bryson24@verizon.net  
Email (Print or Type)

620 Croton Falls, NY  
Address

Croton Falls  
City

NY 10519  
State and Zip

845 277-3201  
Phone Number

ATTACHMENTS:  YES  NO