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 <u>January 01, 2020</u> to <u>December 31, 2020</u>

SECTION 1 - FACILITY INFORMATION

| SECIN | JEACH PA | INFORMATION | | -al- (al- | | | | |
|--|---|--|--|-----------------------|--|--|--|--|
| FACILITY NAME: | and makes a same and a warm of the same | | NEED AND PROPERTY OF | 18-2-8-0VIII-8-1-3-00 | The second section of the second section secti | | | |
| Post Bros Auto | Parts | Tre | 217 | EB | | | | |
| FACILITY LOCATION ADDRESS: | FACILITY | | | STATE: | ZIP CODE: | | | |
| 6992 Route 32 | | a.10 | | 27 | 1243 | | | |
| FACILITY TOWN: FACILITY COUNTY: FACILITY PHONE NUMBER: | | | | | | | | |
| Cairo | Cairo Greene 518-821-4800 | | | | | | | |
| FACILITY MYS PLANNING UNIT: (A list of MYS) | S Planning Uni | ts can be found at the end of | this repo | I | SDEC GION #: | | | |
| FACILITY TYPE: Vehicle Dismantler | Motor | Vehicle Repair Shop | IYS DE | CACTIVIT | Y CODE: | | | |
| DMV 1.D. # 702596 | = | Vehicle Crusher | The state of the s | | | | | |
| FACILITY CONTACT: | public | CONTACT PHONE | (| ONTACT | FAX NUMBER: | | | |
| Christian C. Contr | private | NUMBER: 5/8-821-4800 | | 518-94 | 13-482 | | | |
| CONTACT EMAIL ADDRESS: | | | ··· | | | | | |
| | HOWNER | NEORMATION : | | | | | | |
| OWNER NAME: | | HONE NUMBER: | | ER FAX N | | | | |
| Christian C. Contr | 518- | 821-4800 | 518 | <u>3-943</u> | -4802 | | | |
| OWNER ADDRESS: | OWNER C | | | | ZIP CODE: | | | |
| OWNER CONTACT: | Cats | <i>K .\\</i> Ontact email addre | :ee. | 774 | 1244 | | | |
| Christian C. Contr | 1 | throse outlook | | ^ | | | | |
| Estimate Control | 1 | RINFORMATION | | | The state of the s | | | |
| OPERATOR NAME: Same as owner | | | | public | | | | |
| | PFE | | | ⊠private | | | | |
| Preferred address to receive correspondence. Other (provide): | A TOTAL PROPERTY. | A STATE OF THE PARTY OF THE PAR | ⊠° | wner address | | | | |
| Preferred email address: Facility Contact Other (provide): | ⊠ Ov | vner Contact | | | | | | |
| Preferred individual to receive correspondence: | | | | | | | | |
| | | | | | | | | |
| Did you operate in 2020 💢 Yes; Complete | e this form. | | | | | | | |
| ☐ No; Complete | and sub m it | Sections 1 and 12. | | | | | | |

| Provide the number of ELVs received from January 1 to December 31: | 225 |
|---|--------------------|
| 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: | 225 |
| Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: | 400 |
| Provide the approximate area used for the storage of vehicles (acres): | <u>6.9</u> acres |
| Provide the names of scrap metal processors to which you sold or sent declared. | commissioned ELVs: |
| 1) NoNE | |
| 2) | |
| 3) | |
| | S (ELVs) PROCESSE |
| SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE | S (ELVs) PROCESSED |
| SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE: • Provide the number of ELVs crushed from January 1 to December 3: • Provide the names of each facility where you crushed decommissioned EL | -0- |
| • Provide the names of each facility where you crushed decommissioned EL | -0- |
| • Provide the number of ELVs crushed from January 1 to December 3: • Provide the names of each facility where you crushed decommissioned ELT 1) | -0- |
| • Provide the number of ELVs crushed from January 1 to December 3: • Provide the names of each facility where you crushed decommissioned EL1 1) | -0- |
| • Provide the number of ELVs crushed from January 1 to December 3: • Provide the names of each facility where you crushed decommissioned EL1 1) | -0- |
| • Provide the names of each facility where you crushed decommissioned EL | -0- |

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{s} or X's) are not acceptable</u>. 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) | | | | | | | |
| Used Oil** (gallons) | | | 600 | | Site 4 used in waste oil furnace | | |
| Diesel Fuel (gallons) | | | | | | | |
| Gasoline (gallons) | | | 150 | | used in our Vehicles | | |
| Engine Coolant/ Antifreeze (gallons) | | | | | | | |
| 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

| | | | | Destination | | | |
|------------------------------|---|--|-------------------------|---|------|--------------------------------|--|
| Material Types | Received (tons) | Stored On Site (tons) | Sent Off Site (tons) | NYS <u>Planning Unit (</u> or state if other than New York) | Me | To Scrap Metal Processor | |
| Ferrous Scrap Metal | | | - Nad | CO (| □Yes | □No | |
| Aluminum Scrap Metal | <i>V</i> . | E DO 1 SCRAT | DI ACC | 15 | □Yes | □No | |
| Lead Weights | | SCRAT | Men | | Yes | □No | |
| Non – Ferrous Scrap Metal | | | | | Yes | □No | |
| Other (specify): | | | | | □Yes | □No | |
| | | | | | Yes | □No | |
| | <u>.</u> | | | | | | |
| H&TS) and antiloc | r of mercury-con k brake assembl H&TS((Number) | ataining devices <u>rec</u> lies (ABS). | covered. Includir | ABS (Number) | | | |
| | r of mercury-con k brake assembl H&TS((Number) | ataining devices <u>rec</u> lies (ABS). | covered. Includir | ABS (Number) | | | |
| H&TS) and antiloc | r of mercury-con k brake assembl H&TS((Number) | ataining devices <u>rec</u> lies (ABS). | epting mercury co | ABS ABS (Number) ontaining devices: | | | |
| H&TS) and antiloc | r of mercury-con k brake assemble H&TS (Number) acility or permitte | staining devices reclies (ABS). ed transporter acce | epting mercury co | ABS ABS (Number) ontaining devices: | | | |

Reprinted (12/20

SECTION 7 – LEAD-ACID BATTERIES COLLECTED

| Provide the number of lead-acid batteries <u>recovered</u> and their disposition. | | |
|---|-------------------|--|
| Number of Lead-Acid Batteries collected from ELVs: | 150_ | |
| Indicate permitted facility or permitted transporter accepting lead-acid batteries: | rt Bros. | |
| Any materials disposed must undergo a hazardous waste determination and prop hazardous. | | orage and disposal, if |
| SECTION 8 – WASTE TIRES COLLE | CTED | |
| Number of waste tires stored on-site: | | as of December 31 |
| Number of used tires available for sale on-site: | _ -© _ | as of December 31 |
| Number of used tires sold: | | during operating year |
| Number of waste tires shipped off-site for recycling, disposal, other: | 800 | during operating year |
| Indicate name of facility(ies) accepting waste tires: | م م | Brought to |
| | | |
| SECTION 9 - SELF INSPECTION | IS | 1.1 |
| Number of self-inspections conducted for the year: | | 12/4/2020 |
| Are self-inspection records up-to-date with inspector name, what was inspected Yes \(\subseteq No \) | ed, time and da | ate of inspection? |
| At,a minimum, are fluid storage areas, vehicles, vehicle storage areas inspect | ed for leaks/sp | ate of inspection? I have ent, Ive. bills? |
| SECTION 10 - PROBLEMS | | |
| Were any problems encountered during the reporting period (e.g., specific occurrence)? | urrences which | n have led to changes in |
| Yes No If yes, attach additional sheets identifying each problem and t | he methods fo | r resolution of the problem |
| SECTION 11 - CHANGES | | |
| Were there any changes from approved reports, plans, specifications, and per | mit conditions | ? |
| Yes No If yes, attach additional sheets identifying changes with a just | tification for ea | nch change. |

SECTION 12 - COMPLIANCE CERTIFICATION

As of December 31, 2018:

| | | | " | | | Date of Return to |
|----------|------|---|--------|-----------|---------------------------------------|-------------------|
| | | | | | | Date of Return to |
| | | Waste Management Compliance Checklist | NA | Yes | No | Compliance |
| 1. MO | RET | our facility stores LESS THAN 1,000 tires, check NA. If your facility stores HAN 1,000 tires, do you have a PART 360 permit for tire storage? | X | | | |
| 2. | | system in place to control vegetation and prevent it from encroaching onto access lanes or driveways? | | \square | | |
| 3. | Hav | re you recorded the date of receipt for all end-of-life vehicles received? | | X | | |
| 4. | | the end-of-life vehicle records available on-site? | | \square | | |
| 5. | | re all end-of-life vehicles been inspected, upon arrival, for leaking fluids and authorized wastes? | | X | | |
| 6. | Hav | re all observed leaks been remedied or contained? | | X | | |
| 7. | Do | s your facility have a written Contingency Plan? | | 区 | | |
| 8. | Are | facility personnel trained to implement the Contingency Plan? | | | | |
| 9. | Do | s your Contingency Plan include actions to be taken in the event of the followin | 9? | | | |
| | 9a. | Fire. | | | , , , , , , , , , , , , , , , , , , , | |
| | 9b. | Spill or release of vehicle waste fluids. | | X | | |
| | 9c. | Unauthorized material received at facility. | | \bigvee | | |
| 10. | | spills of waste fluids, if any occur, reported to the NYSDEC ills Hotline within two hours of detection? | | X | | |
| 11. | | all vehicle residues prevented from migrating from or running off your operty? | | X | Conscious value | |
| 12. | | ust controlled to prevent interference with facility operations or from leaving cility site? | | M | | |
| 13. | | vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with cility operations? | | X | | |
| 14. | | waste fluids kept from being discharged onto the ground or into surface iters? | | K | | |
| 15. | | ccess to your facility controlled by: fences, gates, sign and/or natural barriers of vehicles)? | | Ø | | |
| | 15a | . Are the access controls working (i.e. controlling access)? | | \bowtie | | |
| 16. | | fluids drained from end-of-life vehicles on a pad constructed of concrete or uivalent material? | | Ø | | |
| 17. | Аге | you doing the following with your concrete (or equivalent surface) pad that is us aining, crushing, etc.? | ed for | vehicle | dismai | itling, fluid |
| | 17a | Cleaning daily. | | X | | |
| | 17b | Cleaning spills as they occur. | | X | | |
| | 17c. | Collecting and properly disposing of absorbent materials. | | \square | | |

Reprinted (12/20)

| : H | | | | | |
|-----|---|----------|-------------|---------|-------------------|
| | | | | | 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? | d follov | ving be: | st mana | gement |
| Ę | 18a. Fluids (including engine oil, transmission fluid, transaxle fluid, front and rear axle fluid, brake fluid, power steering fluid, coolant, and fuel). | | \boxtimes | | |
| | 18b. Lead acid batteries. | | X | | |
| | 18c. Mercury switches or other mercury containing devices, if any. | | X | | |
| | 18d. Refrigerants, if any. | | X | | |
| | 18e. Air bags. | | X | | |
| | 18f. PCB capacitors, if any. | | X | | |
| 19. | Are fluids stored separately & in containers that are compatible with their contents? | | X | | |
| 20. | Are fluids stored in closed containers? | | X | | |
| 21. | Are containers which contain waste fluids in good condition and not visibly leaking? | | \boxtimes | | |
| 22. | Are containers clearly and legibly labeled to describe their contents? | | X | | |
| 23. | Are containers stored on a bermed pad constructed of concrete or equivalent material? | | X | | |
| 24. | Are lead-acid batteries stored upright and off the ground? | | X | | |
| 25. | Are lead-acid batteries covered to protect them from precipitation? | | 区 | | |
| 26. | Are all lead-acid batteries sent for recycling within one-year of receipt? | | X | 11 | |
| 27. | Are <u>leaking</u> lead-acid batteries, if any are encountered, stored in leak-proof containers separated from intact batteries? | | \square | | |
| | 27a. Are provisions in place to absorb any acid leakage? | | | | |
| 28. | Are mercury switches and other mercury containing devices stored in appropriate, labeled containers and then sent for recycling? | | \square | | |
| 29. | Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal? | | \square | | |
| 30. | Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code? | | Q | | |
| 31. | If sent off-site, is used oil transported via a permitted hauler? | | X | | |
| 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? | | Q | | |
| | 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? | | X | | |

| | | | | | Date of Return to |
|--|----------------|----|------------|-----------|-------------------|
| Waste Management Compliance Checklist | | NΑ | Yes | No | Compliance |
| 33. Is waste oil kept from being mixed with brake cleaner, carb cleaner solvents, gasoline, or degreasers? | , antifreeze, | | Q | | |
| 34. Are sludges from sumps and oil/water separators stored in covered labeled containers? | i, closed and | | | | _ |
| 35. Are sludges properly recycled or disposed? | | | X | | |
| 36. Are used oil filters properly drained, crushed or dismantled? | | | ∇ | | |
| 37. Are drained oil filters properly recycled or disposed? | | | \bigcirc | | |
| 38. If your facility does not require an SPDES Multi-Sector General Perfor Stormwater Discharge, check NA for 38a, 38b, 38c. If your facing an SPDES MSGP answer 38a, 38b, 38c: | | | | | |
| 38a. If required by the SPDES MSGP, has a Stormwater Pollution Plan been prepared for this facility? | Prevention | 図 | | | |
| 38b. Is the information provided in the facility's original Notice of In Termination submission for the SPDES MSGP still accurate a date? | | 囚 | | | |
| 38c. Has the facility's Annual Certification Report for the SPDES I submitted within the previous year? | MSGP been | QI | | | |
| 39. If your facility does not handle cleaning solvents, degreasers, batter non-vehicle wastes write NA. If these materials are handled at your facility maximum amount of this material that your facility generates in any month? | ility, what is | | | MA N/4 | pounds gallons |
| Do you have any other Environmental Conservation Law or regulator (Attach additional sheets as necessary.) | y violations? | | | | |
| 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.

Signature

Signature

Christian C Contu Resident
Name (Print or Type)

Postbros Contlook.com
Email (Print or Type)

Soob Rt 9W
Address

Catskill
City

NY 12414 (518,943-4800

ATTACHMENTS: YES NO