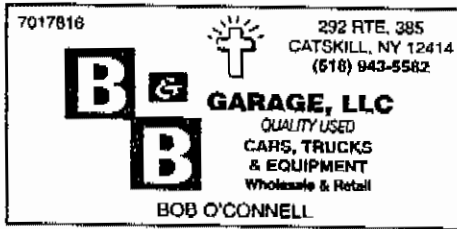


**B & B Garage LLC.**

292 Rt. 385  
Catskill NY 12414

Ph. (518)-943-5582  
Fax (518)-943-5654

Website: bnbcars.net  
Email: bbgaragellc@gmail.com



**FAX TRANSMITTAL FORM**

To: Bureau of Solid Waste Management  
 Name: Bureau of Solid Waste Management  
 From: B & B Garage, LLC  
 Date Sent: 3/11/21  
 CC:   
 Phone:   
 Number of Pages: 10 including cover  
 Fax: 518 402-9044

**Message:**

Attached please find the annual report for waste tire handling + recovery. Any questions call 518 943-5582 or email bbgaragellc@gmail.com

*Thank you.*



Department of  
Environmental  
Conservation

**WASTE TIRE HANDLING & RECOVERY FACILITY ANNUAL REPORT**  
(If you need assistance filling out this form please email [swmfannualreport@dec.ny.gov](mailto:swmfannualreport@dec.ny.gov) or call 518-402-9678.)

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 - GENERAL INFORMATION**

FACILITY INFORMATION			
FACILITY NAME: B & B Garage LLC			
FACILITY LOCATION ADDRESS: 292 Rt 385	FACILITY CITY: Catskill	STATE: NY	ZIP CODE: 12414
FACILITY TOWN: Catskill	FACILITY COUNTY: Greene	FACILITY PHONE NUMBER: 518 9435582	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). GREENE			NYSDEC REGION #: 4
360 PERMIT #:	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:
FACILITY CONTACT: Robert O'Connell	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 518 9435582	CONTACT FAX NUMBER: 518 9435654
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Robert O'Connell	OWNER PHONE NUMBER: 518 9435582	OWNER FAX NUMBER: 518 9435654	
OWNER ADDRESS: 292 Rt 385	OWNER CITY: Catskill	STATE: NY	ZIP CODE: 12414
OWNER CONTACT: 518 857 8460	OWNER CONTACT EMAIL ADDRESS: bbgarage11c@gmail.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner	<input type="checkbox"/> public <input 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 checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide): bbgarage11c@gmail.com / oconnell1976@gmail.com			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input checked="" 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 11. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at: <http://www.dec.ny.gov/chemical/52706.html>.

## SECTION 2 - WASTE TIRES RECEIVED

Provide the tonnages of waste tires received. Include all types of waste tires received. **DO NOT REPORT IN NUMBER OF TIRES!**

Specify the methods used to measure the quantities disposed and the percentages measured by each method:

\_\_\_\_\_ % Scale Weight

\_\_\_\_\_ % Estimated

100 % Truck Count

\_\_\_\_\_ % Other (Specify: \_\_\_\_\_)

Type of Waste Tire	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Whole Tires - passenger	1.	.6	∅	.75	.02	1.25	.02
Whole Tires - truck							
Whole Tires - OTR							
Tire Chips							
Other (specify)							
<b>Total Tons Received</b>							

# 37.1V  
 ;15189435654  
 To: 5184029041 ; From: 03-11-21; 00:01

# 4 / 10  
To: 5184029041 ; From: 15189435654

SECTION 2 - WASTE TIRES RECEIVED (continued)

Type of Waste Tire	Tip Fee (\$/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Whole Tires - passenger		.01	.02	.05	2.	1.	6.72	
Whole Tires - truck								
Whole Tires - OTR								
Tire Chips								
Other (specify)								
<b>Total Tons Received</b>							6.72	

### SECTION 3 – SERVICE AREA OF WASTE TIRES RECEIVED

Please identify where the waste is coming from. The total tons received reported below should equal the total tons received in Section 2 (Solid Waste Received). DO NOT REPORT IN NUMBER OF TIRES!

- If the waste WAS received from another solid waste management facility, please write in the name *and address* of the facility along with the appropriate state, county and planning unit/municipality.
- If the waste WAS NOT received from another solid waste management facility, please write in "Direct Haul" along with the appropriate state, county and planning unit/municipality where the waste was generated.

Specify transport method, list type of material(s) and percentages of total waste transported by each:

100 % Road: Waste Type(s): passenger tires      % Rail: Waste Type(s): \_\_\_\_\_  
 % Water: Waste Type(s): \_\_\_\_\_      % Other (specify: \_\_\_\_\_): Waste Type(s): \_\_\_\_\_

SERVICE AREA OF WASTE TIRES RECEIVED					
TYPE OF WASTE TIRE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul" AND PART 364 TRANSPORTER PERMIT #	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Whole Tires - passenger	DIRECT Haul	NY	GREENE	H	
Whole Tires - truck					
Whole Tires - OTR					

# 5/10

; 15189435654

To: 5184029041

03-11-21; 00:01 ; From:

SERVICE AREA OF WASTE TIRES RECEIVED					
TYPE OF WASTE TIRE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul" AND PART 364 TRANSPORTER PERMIT #	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Tire Chips					
Other (specify)					
<b>TOTAL RECEIVED (tons):</b>					

If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

# 7/10  
 ;15189435654  
 To: 5184029041 ; From: 03-11-21;00:01

### SECTION 4 - DESTINATION

Identify the destination of waste tires removed by indicating the name of the facility to which waste tires were sent from your facility, the transporter permit number, the type of waste tires Part 364 transporter permit number, the corresponding State/Country, the County/Province, the NYS Planning Unit of the destination facility, and the amount. Refer to the list of NYS Planning Units that can be found at the end of this report.

**DO NOT REPORT IN NUMBER OF TIRES!**

Transport (specify percentages):

100 % Road                      \_\_\_\_\_ % Rail  
 \_\_\_\_\_ % Water                      \_\_\_\_\_ % Other (specify: \_\_\_\_\_)

Explain which waste types and destinations below are included in these transport methods \_\_\_\_\_

DESTINATION					
TYPE OF WASTE TIRE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address) AND PART 364 TRANSPORTER PERMIT #	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TOTAL YEAR (TONS)
Whole Tires - passenger	Champione Rk 9w Catallet NY	NY	Greene	4	1.6
	Green Tire Recycling 1113 Rte 81	NY	Greene	4	4.59
	Walden Tire 37 Park Ave Parsippany NJ	NJ	Dutchess	3	.53
Whole Tires - truck					
Whole Tires - OTR					
Tire Chips					
Other (specify)					
<b>TOTAL SENT (tons):</b>					<u>6.72</u>

### SECTION 5 - WASTE TIRE STORAGE

Provide the **tonnage** of waste tires stored. DO NOT REPORT IN NUMBER OF TIRES!

WASTE TIRE STORAGE		
TYPE OF WASTE TIRE	TONS AT THE BEGINNING OF THE REPORTING PERIOD	TONS AT THE END OF THE REPORTING PERIOD
Whole Tires - passenger	1.5	1.78
Whole Tires - truck		
Whole Tires - OTR		
Tire Chips		
Other (specify)		
TOTAL	1.5	1.78



## SECTION 6 – UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received at the facility during the reporting period?

Yes  No If yes, give information below for each incident (attach additional sheets if necessary):

Date Received	Type Received	Date Disposed	Disposal Method & Location

## SECTION 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Are there required cost estimates and financial assurance documents for closure?

Yes  No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

## SECTION 8 – 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 9 – 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 10 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form?

Yes  No If yes, attach additional sheets identifying the reporting requirements with their respective responses.

**SECTION 11 - 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 Permitting and Planning  
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

\_\_\_\_\_  
Date

Robert O'Connell  
Name (Print or Type)

Owner  
Title (Print or Type)

bbgarage11c@gmail.com  
Email (Print or Type)

292 Rt 385  
Address

Catskill  
City

NY 12414  
State and Zip

518.943.5582  
Phone Number

ATTACHMENTS:  YES  NO

Reprinted (12/20)