

**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

RECEIVED
MAR 04 2021
REGION IV HEADQUARTERS
SCHENECTADY, NY 12306

SECTION 1 – FACILITY INFORMATION

| FACILITY INFORMATION | | | |
|--|--|---|--|
| FACILITY NAME: <i>Wait's Garage</i> | | | |
| FACILITY LOCATION ADDRESS: <i>153 Snyders Corners Rd.</i> | FACILITY CITY: <i>Wynantskill</i> | STATE: <i>NY</i> | ZIP CODE: <i>12198</i> |
| FACILITY TOWN: <i>Poestenkill</i> | FACILITY COUNTY: <i>Rensselaer</i> | FACILITY PHONE NUMBER: <i>518-283-1432</i> | |
| FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <i>Eastern Rensselaer County Solid Waste Management</i> | | | NYSDEC REGION #: <i>4</i> |
| FACILITY TYPE: <input type="checkbox"/> Vehicle Dismantler | <input checked="" type="checkbox"/> Motor Vehicle Repair Shop | NYS DEC ACTIVITY CODE: <i>R3420058</i> | |
| DMV I.D. # <i>3420058</i> | <input type="checkbox"/> Mobile Vehicle Crusher | | |
| FACILITY CONTACT: <i>Jeff Wait</i> | <input type="checkbox"/> public <input checked="" type="checkbox"/> private | CONTACT PHONE NUMBER: <i>518-421-6708</i> | CONTACT FAX NUMBER: <i>518-283-0323</i> |
| CONTACT EMAIL ADDRESS: <i>n/a</i> | | | |
| OWNER INFORMATION | | | |
| OWNER NAME: <i>John F. Wait Jr. Jeffrey B. Wait</i> | OWNER PHONE NUMBER: <i>518-283-1432</i> | OWNER FAX NUMBER: <i>518-283-0323</i> | |
| OWNER ADDRESS: <i>178 Snyders Corners Rd</i> | OWNER CITY: <i>Wynantskill</i> | STATE: <i>NY</i> | ZIP CODE: <i>12198</i> |
| OWNER CONTACT: <i>518-421-6708</i> | OWNER CONTACT EMAIL ADDRESS: <i>n/a</i> | | |
| OPERATOR INFORMATION | | | |
| OPERATOR NAME: <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 type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide): <i>n/a</i> | | | |
| 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:

10

• Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31:

10

• Provide the number of ELVs stored at the facility as of December 31:

Approx 1,000

• Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31:

Approx. 1,000

• Provide the approximate area used for the storage of vehicles (acres):

4.0 acres

• Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:

1) Upstate Shredding Albany

2) _____

3) _____

SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLES (ELVs) PROCESSED

• Provide the number of ELVs crushed from January 1 to December 31:

0

• 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 <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) | n/a | — | — | — | |
| Used Oil** (gallons) | n/a | — | — | — | |
| Diesel Fuel (gallons) | n/a | — | — | — | |
| Gasoline (gallons) | n/a | — | — | — | |
| Engine Coolant/ Antifreeze (gallons) | n/a | — | — | — | |
| Window Washing Fluid (gallons) | n/a | — | — | — | |
| Other (specify) | n/a | — | — | — | |
| | | | | | |

* 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 | — | — | 6.9375 | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Aluminum Scrap Metal | — | — | — | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Lead Weights | — | — | — | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Non – Ferrous Scrap Metal | — | — | — | | <input type="checkbox"/> Yes <input checked="" 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:

SECTION 6 – AIR BAGS COLLECTED

Provide the number of air bags recovered.

Number of Air Bags Removed: 0

Number of Air Bags Deployed: _____

Indicate permitted facility or permitted transporter accepting air bags:

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:

0

Indicate permitted facility or permitted transporter accepting lead-acid 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:

75

as of December 31

Number of used tires available for sale on-site:

10

as of December 31

Number of used tires sold:

0

during operating year

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

50

during operating year

Indicate name of facility(ies) accepting waste tires:

FTR Recovery

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 – 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? | <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"/> | | |

Waste Management Compliance Checklist

NA

Yes

No

Compliance

18. Have the following wastes been drained, removed, deployed, collected and/or stored following best management practices, prior to vehicle crushing or shredding?

| | NA | Yes | No | Compliance |
|---|-------------------------------------|-------------------------------------|-------------------------------------|------------|
| 18a. Fluids (including engine oil, transmission fluid, transaxle fluid, front and rear axle fluid, brake fluid, power steering fluid, coolant, and fuel). | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 18b. Lead acid batteries. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 18c. Mercury switches or other mercury containing devices, if any. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18d. Refrigerants, if any. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18e. Air bags. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18f. PCB capacitors, if any. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19. Are fluids stored separately & in containers that are compatible with their contents? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 20. Are fluids stored in closed containers? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 21. Are containers which contain waste fluids in good condition and not visibly leaking? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 22. Are containers clearly and legibly labeled to describe their contents? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 23. Are containers stored on a bermed pad constructed of concrete or equivalent material? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 24. Are lead-acid batteries stored upright and off the ground? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 25. Are lead-acid batteries covered to protect them from precipitation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 26. Are all lead-acid batteries sent for recycling within one-year of receipt? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 27. Are <u>leaking</u> lead-acid batteries, if any are encountered, stored in leak-proof containers separated from intact batteries? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 27a. Are provisions in place to absorb any acid leakage? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 28. Are mercury switches and other mercury containing devices stored in appropriate, labeled containers and then sent for recycling? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 29. Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 30. Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 31. If sent off-site, is used oil transported via a permitted hauler? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 32. If you do not burn used oil onsite check NA for 32a., 32b., 32c. If you do, then answer 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 32b. Do on-site space heaters burn only used oil that is generated on-site or received from household do-it-yourself generators? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 32c. Are combustion gases from used oil space heaters vented to the outside ambient air? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| Waste Management Compliance Checklist | Date of Return to | | | |
|--|--|-------------------------------------|--------------------------|------------|
| | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 35. Are sludges properly recycled or disposed? | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year? | <input checked="" type="checkbox"/> | <input 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>n/a _____ 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 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.

Jeffrey Wait
Signature

3/1/21
Date

Jeffrey Wait
Name (Print or Type)

PARTNER
Title (Print or Type)

N/A
Email (Print or Type)

153 Snyder's Corners Rd. Wynantskill
Address City

NY 12198
State and Zip

(518) 283-1432
Phone Number

ATTACHMENTS: YES NO



FTR Recovery

P.O. Box 125
Coeymans Hollow, NY 12046
Tel: (518) 424-4805
Fax: (866) 744-4476

FOR ALL YOUR DISPOSAL NEEDS!!!

No. 103205

Upstate Shredding Albany
Ben Weitsman of Albany
(518) 492-4444
300 Smith Blvd, Port of Albany
Albany NY
12202

Facility # 7118679

Tick# 643213 By twolfsc 1:25:08 PM 5/9/2020

Notes: **BWS101**

| Gross | Tare | Net | UCM | Price | Amount |
|-------|------|-----|-----|-------|--------|
|-------|------|-----|-----|-------|--------|

| | | | | | |
|---|-----------|-----------|-------------|------------|--|
| ALA01 - Cars With Motors | | | | | |
| 64,740.00 | 43,680.00 | 21,060.00 | GT 148.0000 | 1,191.4643 | |
| ***Multi-Car Weight Split for VIN Reporting Only*** | | | | | |

Main:

1.00 250.0000

\$1,391.46

1,141.4643

Rounded Off -9.0043

Total 1,141.4600

* ONE THOUSAND ONE HUNDRED FORTY-ONE AND 46 / 100

| Date | Mode | Trn # | Amount |
|----------|----------|-------|------------|
| 5/9/2020 | CashDisp | | 1,141.4600 |

Print Name: WALLS GARAGE AND TOWING

Address: 253 SNYDERS CORNERS ROAD

City/ST/Zip: WYNTSKILL/NY/12198

In accordance with Section 608 of the 1990 Clean Air Act and 40 CFR Part 82, the undersigned certifies that all CFC refrigerants have been properly evacuated from my recyclables contained in this transaction. I hereby state that I'm the lawful owner of the material described herein, I have a right to sell same and that for payment received in full, hereby acknowledged, I convey title of same to:

Ben Weitsman of Albany

Thank You For Your

www.ftrrecovery.com

| | | | | | | |
|-------------------------------|--------------------------|-------------------------------------|-------------|---------------|-----------|----------|
| DEC PERMIT # 4A-691 | | DATE 1/22/2020 | | | | |
| NAME <i>Walls Garage</i> | | | | | | |
| ADDRESS <i>Wynantskill NY</i> | | | | | | |
| CITY, STATE, ZIP | | | | | | |
| SOLD BY | CASH | C.O.D. | CHARGE | ON ACCT. | MOSE. RTD | PAID OUT |
| <i>Bo</i> | | <input checked="" type="checkbox"/> | | | | |
| QTY. | DESCRIPTION | | PRICE | AMOUNT | | |
| <i>50</i> | <i>Car Tires</i> | | <i>2.35</i> | <i>117.50</i> | | |
| | <i>Light Truck Tires</i> | | | | | |
| | <i>Truck Tires</i> | | | | | |
| <i>OK 1209</i> | | | | | | |
| <i>PAID</i> | | | | | | |
| RECEIVED BY: <i>J. Weits</i> | | | TAX | | | |
| | | | TOTAL | <i>117.50</i> | | |

TERMS: PAYMENT DUE UPON RECEIPT

Truck #3 Thank You

WEIGHMASTER CERTIFICATE
TRUCK SCALE



SIMS
METAL
MANAGEMENT

SIMS METAL MANAGEMENT

Ticket #: TJXZUD

SHIP DATE: 10/13/20

Purchased From: 104479
WAIT'S GARAGE
153 SNYDERS CORNERS RD.
WYNANTSKILL, NY 12198

EMPA - Port Albany, NY
140 Port Road South
Albany, NY 12202

DL/ID # 359574630 (NY)

Veh # TK TJXZUD ID # WAITS

| SHPMNT# | COMMODITY | GROSS | TARE | NET | ADJ | REASON | PD | WT | CBK | FRT | PRICE | TOTAL AMT |
|---|-----------|--------|--------|--------------|----------|--------|--------------|----|-------------|-----|------------|----------------|
| TJXZUD #1 | HMS | 48300m | 32760m | 15540 | 0 | | 15540 | | 0.00 | | 230.0000GT | 1595.63 |
| ALL WEIGHTS ARE REPORTED IN POUNDS UNLESS OTHERWISE INDICATED. ALL NON-POUND WEIGHTS ARE ASSUMED TO BE MANUAL WEIGHTS | | | | | | | | | | | | |
| TOTALS | | | | 15540 | 0 | | 15540 | | 0.00 | | | 1595.63 |

WEIGHMASTER SIGNATURE _____

(Rita M.)

| | |
|-------------------|------------|
| GRS Date 10/13/20 | GROSS TONS |
| GRS Time 11:06 | 6.9375 |
| TRE Date 10/13/20 | |
| TRE Time 11:06 | |

a=SCALE 1 b=SCALE 2 c=SCALE 3 d=SCALE 4 m=MANUAL WEIGHT

**** Total Paid at 10/13/20 11:06am on Cash Receipt No. 136855

\$1,596.00 ****

In accordance with the Clean Air Act and other applicable laws, seller must sign the Scrap Acceptance Agreement form provided at the scale at least one time every 2 years, which applies to any recyclables in the transaction which may contain or have contained refrigerants or other potential Hazardous Materials.

FOR SALVAGE VEHICLE SALES: I hereby certify, under penalty of perjury that any vehicle sold has been cleared for dismantling with the Department of Motor Vehicles.

HOLD HARMLESS AGREEMENT: Seller will indemnify and hold buyer harmless for damages, demands and liabilities, including reasonable attorney's fees, resulting from the breach of any warranty hereunder and driver agrees to be responsible for damage to vehicle during unloading.

BILL OF SALE: I warrant that I am the owner (or owner's representative) of the material described hereon and have the right to sell same, that it contains no Hazardous Material as defined in the Scrap Acceptance Agreement or otherwise by any federal or state law and that for payment hereby received, I sell and convey title to Sims Metal Management.

CFC VERIFICATION: In partial consideration for Buyer's payment for Commodities, Customer hereby certifies and warrants that all refrigerants (including without limitation chlorofluorocarbons (CFCs), hydrochlorofluorocarbons (HCFCs), or non-exempt refrigerant substitutes (and other non-CFC replacement refrigerants), and all other Class I and II substances, as defined in § 608 of the federal Clean Air Act, as amended, and in 40 Code of Federal Regulations Part 82):

that had not leaked previously, have been properly removed and recovered from those appliances or shipments of appliances (including without limitation motor vehicle air conditioners) delivered to Buyer under this Weighmaster Certificate (Shipment), by the following person:

Name: _____
Address: _____

Date of Removal: _____

or

- had leaked previously from this Shipment.
- This Shipment contained no Commodities ever containing refrigerants.
- Customer signed Buyer's Scrap Acceptance Agreement in the last two years. Presume checked if nothing checked.

CUSTOMER SIGNATURE **X**



"like" us on
facebook

Last Transaction

| Date | Time | Type | Station ID | Duration | Pages | Result |
|--------|--------|----------|------------|-------------|-------|--------|
| <hr/> | | | | | | |
| | | | | Digital Fax | | |
| Mar 01 | 9:46pm | Fax Sent | 5184029041 | 6:38 N/A | 13 | OK |