### VEHICLE DISMANTLING FACILITY, MOTOR VEHICLE REPAIR SHOP AND MOBILE VEHICLE

**CRUSHER ANNUAL REPORT** 

RECEIVED

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

JAN 1 2 2021

| SECTIO   | ON 1 - FACILITY INFORMATION                 | NYSDEC - Region 5                |  |  |  |
|--|---|----------------------------------|--|--|--|
|  | FACILITY INFORMATION                        | Environmental Quality            |  |  |  |
| FACILITY NAME:<br>Slate Valley Automo                          | tive 117                                    |                                  |  |  |  |
| FACILITY LOCATION ADDRESS:                                     | FACILITY CITY:                              | STATE: ZIP CODE:                 |  |  |  |
|  | / 11  | 4.00                             |  |  |  |
| 7311 State Route 22<br>FACILITY TOWN:                          | Granu:lle FACILITY COUNTY:                  | FACILITY PHONE NUMBER:           |  |  |  |
|  |   |                                  |  |  |  |
| Hebron   | Vosh ington                                 | 518 642-3167                     |  |  |  |
| Washington County  | S Planning Units can be found at the end of | this report). NYSDEC REGION #: 5 |  |  |  |
| FACILITY TYPE: Vehicle Dismantler                              | Motor Vehicle Repair Shop                   | NYS DEC ACTIVITY CODE:           |  |  |  |
| DMV I.D. # 7076246   | _ Mobile Vehicle Crusher                    |                                  |  |  |  |
| FACILITY CONTACT:  | public CONTACT PHONE                        | CONTACT FAX NUMBER:              |  |  |  |
| Josh Bessette  | Diprivate NUMBER: 518-642-316               | 7 518-642-3167                   |  |  |  |
| CONTACT EMAIL ADDRESS:   |   |                                  |  |  |  |
|  | OWNER INFORMATION                           |                                  |  |  |  |
| OWNER NAME:  | OWNER PHONE NUMBER:                         | OWNER FAX NUMBER:                |  |  |  |
| William R Bishop   | 518-642-3167                                | 519-642-3074                     |  |  |  |
| OWNER ADDRESS:   | owner city:                                 | STATE: ZIP CODE:                 |  |  |  |
| OWNER CONTACT: OWNER CONTACT EMAIL ADDRESS:                    |   |                                  |  |  |  |
|  | Slate Vulley Auto (e                        | Vahoo, Com                       |  |  |  |
|  | OPERATOR INFORMATION                        | <u> </u>                         |  |  |  |
| OPERATOR NAME: Same as owner                                   |   | □public<br>□private              |  |  |  |
|  | PREFERENCES                                 |                                  |  |  |  |
| Preferred address to receive correspondence Other (provide):   | e: 🗹 Facility location address              | Owner address                    |  |  |  |
| Preferred email address: Facility Contact Other (provide):     | Owner Contact                               |                                  |  |  |  |
| Preferred individual to receive correspondent Other (provide): | ce: MFacility Contact ☐ Own                 | ner Contact                      |  |  |  |
| Did you operate in 2020 Yes; Comple                            | ete this form.                              |                                  |  |  |  |
| ☐ No; Complet  | te and submit Sections 1 and 12.            |                                  |  |  |  |

| ECTION 2A VDF/REPAIR SHOPS- END-OF-LIFE VEHICLES   |                    |
|--|--------------------|
| Provide the number of ELVs received from January 1 to December 31:   | 335                |
| Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31:   | 423                |
| Provide the number of ELVs stored at the facility as of December 31:   | 724                |
| Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31:   | 1028               |
| Provide the approximate area used for the storage of vehicles (acres):   | <u>q.</u> acres    |
| Provide the names of scrap metal processors to which you sold or sent december 1) Renngelear Auto Flatteners   | commissioned ELVs: |
| Ben Weitsmans of Albany  |                    |
| 1) John Williams   |                    |
| 3)   |                    |
|  | S (ELVs) PROCESSEI |
| 3)   | S (ELVs) PROCESSEI |
| SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE   | <u></u>            |
| SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE  • Provide the number of ELVs crushed from January 1 to December 3:   | <u></u>            |
| 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             | <u></u>            |
| 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             | <u></u>            |
| 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  1)  2)  3) | <u></u>            |
| 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  1)  2)  3) | <u></u>            |
| 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  1)  2)  3) | <u></u>            |



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

|   | Fluid Volume                             |                                  |                               |                    | Destination Name & Address  |  |  |
|---|--|----------------------------------|-------------------------------|--------------------|---|--|--|
| Waste Fluid<br>Recovered                | Used<br>on-site<br>(oil heater,<br>etc.) | Stored<br>on-site at<br>year-end | Sold/<br>Recycled<br>off-site | Disposed off-site* | (Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.) |  |  |
| Refrigerant<br>(pounds)                 | 42.                                      | 3                                |                               |                    | Mechanical Repair   |  |  |
| Used Oil**<br>(gallons)                 | 970                                      | `                                |                               |                    | on site Heat  |  |  |
| Diesel Fuel<br>(gallons)                | 120                                      | 5                                |                               |                    | Yord Equipment<br>Yord Vehicles<br>Heritoge Criptal Claur                               |  |  |
| Gasoline<br>(gallons)                   | 185                                      |                                  |                               |                    | You vehicles  |  |  |
| Engine Coolant/<br>Antifreeze (gallons) | 75.                                      |                                  |                               |                    | Heritoge Crystal Claur  |  |  |
| Window Washing<br>Fluid (gallons)       | 15                                       | 3                                |                               |                    | based on site   |  |  |
| Other (specify)                         |  |                                  |                               |                    |   |  |  |

<sup>\*</sup> Any fluids disposed must undergo a hazardous waste determination and proper handling, storage, and disposal, if hazardous.

<sup>\*\*</sup> 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.

|   |  |     |                       | 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  | crap<br>etal<br>essor |             |      |     |
| Ferrous Scrap<br>Metal  | NA   | NA. | NA                    | NA          | □Yes | □No |
| Aluminum<br>Scrap Metal   | NA   | NA  | NA                    | NA          | □Yes | □No |
| Lead Weights  | NA   | NA  | NA                    | NA          | □Yes | □No |
| Non – Ferrous<br>Scrap Metal  | NA   | NA  | NA                    | NA          | □Yes | □No |
| Other (specify):  |  |     |                       |             | □Yes | □No |
|   |  |     |                       |             | □Yes | □No |

| SECTION 5 – MERCURY   | SWITCHES COLLECTED   |
|---|--|
| Provide the number of mercury-containing devices recovere (H&TS) and antilock brake assemblies (ABS). | d. Including but not limited to hood & trunk lighting switches |
| H&TS - 38. (Number)   | ABS 4<br>(Number)  |
| Indicate permitted facility or permitted transporter accepting  | mercury containing devices:                                    |
| Po Box 3282   |  |
| Formington Hills MI   |  |
| SECTION 6 - AIR   | BAGS COLLECTED   |
| Provide the number of air bags recovered.   |  |
| Number of Air Bags Removed: -53.  | Number of Air Bags Deployed:                                   |
| Indicate permitted facility or permitted transporter accepting  | ng air bags:   |
| Rebuilders Automotive   |  |
| 1650 Flat River Road Covent   | oy RI, 02816,  |
|   |  |

## 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:   |                     |                       |  |  |  |
| Indicate permitted facility or permitted transporter accepting lead-acid batteries:  Catalytic Recovery Inc.                             | <b>1</b> 77         |                       |  |  |  |
| Any materials disposed must undergo a hazardous waste determination and prohazardous.  | per handling, sto   | rage and disposal, if |  |  |  |
| SECTION 8 – WASTE TIRES COLLE  | ECTED               |                       |  |  |  |
| Number of waste tires stored on-site:  | 227                 | as of December 31     |  |  |  |
| Number of used tires available for sale on-site:   | 115                 | as of December 31     |  |  |  |
| Number of used tires sold:   | 105                 | during operating year |  |  |  |
| Number of waste tires shipped off-site for recycling, disposal, other:   | 428.                | during operating year |  |  |  |
| Bobs tire Co.  |                     |                       |  |  |  |
| SECTION 9 – SELF INSPECTIO   | NS                  | 100.20                |  |  |  |
| Number of self-inspections conducted for the year:   | -                   | 10                    |  |  |  |
| 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 p   | ermit conditions?   | >                     |  |  |  |
| Yes No If yes, attach additional sheets identifying changes with a ju  | ustification for ea | ch change.            |  |  |  |

### **SECTION 12 - COMPLIANCE CERTIFICATION**

### As of December 31, 2018:

|          |   |         |                   |       | Date of Return to |
|----------|---|---------|-------------------|-------|-------------------|
|          | Waste Management Compliance Checklist   | NA      | Yes               | No    | Compliance        |
| 1.<br>MO | If your facility stores LESS THAN 1,000 tires, check NA. If your facility stores RE THAN 1,000 tires, do you have a PART 360 permit for tire storage? | X       |                   |       |                   |
| 2.       | Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways?                                       |         | X                 |       |                   |
| 3.       | Have you recorded the date of receipt for all end-of-life vehicles received?  |         | X                 |       |                   |
| 4.       | Are the end-of-life vehicle records available on-site?  |         | X                 |       |                   |
| 5.       | Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes?   |         | X                 |       |                   |
| 6.       | Have all observed leaks been remedied or contained?   |         | X                 |       |                   |
| 7.       | Does your facility have a written Contingency Plan?   |         | X                 |       |                   |
| 8.       | Are facility personnel trained to implement the Contingency Plan?   |         | $\overline{\chi}$ |       |                   |
| 9.       | Does your Contingency Plan include actions to be taken in the event of the following  | ng?     |                   |       |                   |
|          | 9a. Fire.   |         | X                 |       |                   |
|          | 9b. Spill or release of vehicle waste fluids.   |         | X                 |       |                   |
|          | 9c. Unauthorized material received at facility.   |         | X                 |       |                   |
| 10.      | Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection?  |         | X                 |       |                   |
| 11.      | Are all vehicle residues prevented from migrating from or running off your property?  |         | X                 |       |                   |
| 12.      | Is dust controlled to prevent interference with facility operations or from leaving facility site?  |         | X                 |       |                   |
| 13.      | Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations?   |         | X                 |       |                   |
| 14.      | Are waste fluids kept from being discharged onto the ground or into surface waters?   |         | X                 |       |                   |
| 15.      | Is access to your facility controlled by: fences, gates, sign and/or natural barriers (not vehicles)?   |         | X                 |       |                   |
|          | 15a. Are the access controls working (i.e. controlling access)?   | П       | X                 |       |                   |
| 16.      | Are fluids drained from end-of-life vehicles on a pad constructed of concrete or equivalent material?   |         | X                 |       |                   |
| 17.      | Are you doing the following with your concrete (or equivalent surface) pad that is u draining, crushing, etc.?  | sed for | vehicle           | disma | ntling, fluid     |
|          | 17a. Cleaning daily.  |         | X                 |       |                   |
|          | 17b. Cleaning spills as they occur.   |         | X                 |       |                   |
|          | 17c. Collecting and properly disposing of absorbent materials.  |         |                   |       |                   |

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|   |          | Character ( |      |                   |  |
|---|----------|-------------|------|-------------------|--|
| Waste Management Compliance Checklist   | NA       | Yes         | No   | Date of Return to |  |
| 18. Have the following wastes been drained, removed, deployed, collected and/or stored following best management practices, prior to vehicle crushing or shredding? |          |             |      |                   |  |
| 18a. Fluids (including engine oil, transmission fluid, transaxle fluid, front and rear axle fluid, brake fluid, power steering fluid, coolant, and fuel).           |          |             |      |                   |  |
| 18b. Lead acid batteries.   |          | X           |      |                   |  |
| 18c. Mercury switches or other mercury containing devices, if any.  |          | X           |      |                   |  |
| 18d. Refrigerants, if any.  |          | $\chi$      |      |                   |  |
| 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?  |          | X           |      |                   |  |
| 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?   |          | X           |      |                   |  |
| 26. Are all lead-acid batteries sent for recycling within one-year of receipt?  |          | X           |      |                   |  |
| 27. Are <u>leaking</u> lead-acid batteries, if any are encountered, stored in leak-proof containers separated from intact batteries?                                |          | X           |      |                   |  |
| 27a. Are provisions in place to absorb any acid leakage?  |          | X           |      |                   |  |
| 28. Are mercury switches and other mercury containing devices stored in appropriate, labeled containers and then sent for recycling?                                |          | X           |      |                   |  |
| 29. Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal?                                    | X        |             |      |                   |  |
| 30. Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code?                              |          | X           |      |                   |  |
| 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 ans  | swer 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?  |          | X           |      |                   |  |
| 32b. Do on-site space heaters burn only used oil that is generated on-site or received from household do-it-yourself generators?                                    |          | X           |      |                   |  |
| 32c. Are combustion gases from used oil space heaters vented to the outside ambient air?  |          | X           |      |                   |  |

|  |    |     |    | 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?  |    | X   |    |                   |
| 34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?  |    | X   |    |                   |
| 35. Are sludges properly recycled or disposed?   |    | X   |    |                   |
| 36. Are used oil filters properly drained, crushed or dismantled?  |    | X   |    |                   |
| 37. Are drained oil filters properly recycled or disposed?   |    | X   |    |                   |
| <ol> <li>If your facility does not require an SPDES Multi-Sector General Permit (MSGP)<br/>for Stormwater Discharge, check NA for 38a, 38b, 38c. If your facility requires<br/>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?  |    | X   |    |                   |
| 38b. Is the information provided in the facility's original Notice of Intent or<br>Termination submission for the SPDES MSGP still accurate and up to<br>date?   |    | X   |    |                   |
| 38c. Has the facility's Annual Certification Report for the SPDES MSGP been<br>submitted within the previous year?   |    | X   |    |                   |
| 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? |    | _   | 6. | pounds<br>gallons |
| Do you have any other Environmental Conservation Law or regulatory violations? (Attach additional sheets as necessary.)  |    |     |    |                   |
| COMMENTS? (Attach additional sheets if necessary)  |    | Ī   |    |                   |

#### 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                              | 1/6/ad<br>Date   |
|--|--|
| William R Bishop. Name (Print or Type) | Title (Print or Type)                                    |
| Slate Valleyowtomotic<br>Email (P      | ve@yahoo,LOM   |
| 7311StuleR+22<br>Address               | City   |
| New York 12932-<br>State and Zip       | ( <u>5 /8</u> ) <u>644</u> - <u>3167</u><br>Phone Number |

ATTACHMENTS: YES NO

\* This page for reference only. Please do not return with submittal. \*

# Division of Materials Management New York State Department of Environmental Conservation Albany, New York 12233-7260

Forms for all solid waste management facilities can be found at <a href="http://www.dec.ny.gov/chemical/52706.html">http://www.dec.ny.gov/chemical/52706.html</a> and a brief description of each type of facility can be found at <a href="http://www.dec.ny.gov/chemical/8495.html">http://www.dec.ny.gov/chemical/8495.html</a>.

#### VEHICLE DISMANTLING FACILITIES, MOTOR VEHICLE REPAIR SHOPS AND MOBILE VEHICLE CRUSHERS

#### **Annual Report**

#### Submit the Annual Report no later than March 1, 2021.

Reporting of the information indicated on this Vehicle Dismantling, Motor Vehicle Repair Shop and Mobile Vehicle Crusher Annual Report form is required pursuant to 6 NYCRR 360-12.1(c) and 360.19(k)(12). Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual Report requirements of 6 NYCRR Part 360.

Reporting of the information indicated on this Mandatory Annual Report including Self-Certification for Vehicle Dismantling Facilities fulfills the reporting requirements pursuant to 6 NYCRR 360-12.1(c).

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.