VIVOUILIY MITHOME INEL VIVI

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

annual report is for the year of operations				RECEIVED NYS DEC
SECTION 1 – FACILITY INFORMATION FACILITY INFORMATION			-	
FACILITY NAME:	1 ACILIT IN CRIMATION		- MA	AR 01 2021
Eric Farr + Sons			MATERIA	DIVISION OF
FACILITY LOCATION ADDRESS:	FACILITY CITY:		STATE:	ZIP CODE:
18791 Game Farm Rd.	Deater		n.4	13634
FACILITY TOWN:	FACILITY COUNTY:			NE NUMBER:
Brownville	Jefferson	3	315-182	1-1176
FACILITY NYS PLANNING UNIT: (A list of I	NYS Planning Units can be found at the e	end of this re	port). N	rSDEC EGION #: 6
FACILITY TYPE: Vehicle Dismantler	Motor Vehicle Repair Sho	P NYS	DEC ACTIVIT	TY CODE:
DMV I.D. #_ TF 4058723	Mobile Vehicle Crusher			
FACILITY CONTACT:	public CONTACT PHON	CT PHONE CONTACT FAX NUME		
Hilda A. Farc	D private NUMBER: 315-782-117			
CONTACT EMAIL ADDRESS:	3104/02-111	6		
	OWNER INFORMATION			
OWNER NAME:	OWNER PHONE NUMBER: OWNER FAX NUMBER:			IUMBER:
Hilda A. Farr	315-782-1176			
OWNER ADDRESS:	OWNER CITY:	STATE: Z		ZIP CODE:
18791 Game Farm Rd.	Dexter	Dexter 1.4. 13634		13634
OWNER CONTACT:	OWNER CONTACT EMAIL AL	DDRESS:		
	OPERATOR INFORMATION		and the second s	
		public	marine .	
		D private	Oprivate	
	PREFERENCES			
Preferred address to receive correspondent Other (provide):	Ce: Facility location address	L	Owner addres	S
Preferred email address: Facility Contact Other (provide):	Owner Contact			
Preferred Individual to receive corresponder Other (provide):	nce: Facility Contact	Owner Conta	act	
Did you operate in 2020 ☐ Yes; Comple	ete this form. te and submit Sections 1 and 12.			

As of December 31, 2018:

					Date of Return to
	Waste Management Compliance Checklist	NA	Yes	No	Compliance
	your facility stores LESS THAN 1,000 tires, check NA. If your facility stores THAN 1,000 tires, do you have a PART 360 permit for tire storage?	U			
	a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways?				
3. H	ave you recorded the date of receipt for all end-of-life vehicles received?				
4. A	re the end-of-life vehicle records available on-site?				
	ave all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes?				
6. H	ave all observed leaks been remedied or contained?		V		
7. D	oes your facility have a written Contingency Plan?		V		
8. A	re facility personnel trained to implement the Contingency Plan?		$ \overline{\mathbf{V}} $		
9. D	oes your Contingency Plan include actions to be taken in the event of the following	ng?			
9a	ı. Fire.				
9b	. Spill or release of vehicle waste fluids.				
90	. Unauthorized material received at facility.	N.			
	e spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection?	<u> </u>			
	e all vehicle residues prevented from migrating from or running off your property?	abla			
	dust controlled to prevent interference with facility operations or from leaving acility site?		$ \sqrt{} $		
	e vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with acility operations?		V		
	e waste fluids kept from being discharged onto the ground or into surface vaters?	V			
	access to your facility controlled by: fences, gates, sign and/or natural barriers not vehicles)?		V		
15	ia. Are the access controls working (i.e. controlling access)?		V		
	e fluids drained from end-of-life vehicles on a pad constructed of concrete or equivalent material?				
17. Ar	e you doing the following with your concrete (or equivalent surface) pad that is us Iraining, crushing, etc.?	ed for v	ehicle	dismar	ntling, fluid
17	a. Cleaning daily.				
17	b. Cleaning spills as they occur.	$ \sqrt{} $			
170	c. Collecting and properly disposing of absorbent materials.	M			

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				Date of Return to
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?				
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.	V			
18c. Mercury switches or other mercury containing devices, if any.				
18d. Refrigerants, if any.	V			
18e. Air bags.	V			
18f. PCB capacitors, if any.				
19. Are fluids stored separately & in containers that are compatible with their contents?				
20. Are fluids stored in closed containers?	V			
21. Are containers which contain waste fluids in good condition and not visibly leaking?				
22. Are containers clearly and legibly labeled to describe their contents?				
23. Are containers stored on a bermed pad constructed of concrete or equivalent material?				
24. Are lead-acid batteries stored upright and off the ground?	M			
25. Are lead-acid batteries covered to protect them from precipitation?				
26. Are all lead-acid batteries sent for recycling within one-year of receipt?				
27. Are <u>leaking</u> lead-acid batteries, if any are encountered, stored in leak-proof containers separated from intact batteries?				
27a. Are provisions in place to absorb any acid leakage?	M			
28. Are mercury switches and other mercury containing devices stored in appropriate, labeled containers and then sent for recycling?				
29. Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal?				
30. Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code?	abla			
31. If sent off-site, is used oil transported via a permitted hauler?	V			
32. If you do not burn used oil onsite check NA for 32a., 32b., 32c. If you do, then answ	⁄ег 32a.,	32b., 3	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?				
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?				

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?	\square			
34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?				
35. Are sludges properly recycled or disposed?	V			
36. Are used oil filters properly drained, crushed or dismantled?	V			
37. Are drained oil filters properly recycled or disposed?	V			
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?				
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?				
38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?				
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?		_1	nja nja	_ pounds _ gallons
Do you have any other Environmental Conservation Law or regulatory violations? (Attach additional sheets as necessary.)		,		
COMMENTS? (Attach additional sheets if necessary)				

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	2/25/2021 Date
Hilda A. Farr Name (Print or Type)	Responsible Person Title (Print or Type)
Email (Pr	nint or Type)
18791 Game Farm Rd. Address	Dexter
	(315) 182-1116 Phone Number