

**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

**SECTION 1 – FACILITY INFORMATION**

FACILITY INFORMATION			
FACILITY NAME: <b>DAVIS Auto SALVAGE</b>			
FACILITY LOCATION ADDRESS: <b>7534 Tilton Rd</b>	FACILITY CITY: <b>Bloomfield</b>	STATE: <b>NY</b>	ZIP CODE: <b>14469</b>
FACILITY TOWN: <b>BRISTOL</b>	FACILITY COUNTY: <b>ONTARIO</b>	FACILITY PHONE NUMBER: <b>585-355-5478</b>	
FACILITY NYS PLANNING UNIT: <small>As part of the 2013 Regulatory Grids can be found at the end of this report.</small>			NYSDEC REGION #: <b>8</b>
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler		<input type="checkbox"/> Motor Vehicle Repair Shop	NYS DEC ACTIVITY CODE:
DMV I.D. # _____		<input type="checkbox"/> Mobile Vehicle Crusher	
FACILITY CONTACT: <b>Robert DAVIS</b>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <b>585-355-5478</b>	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: <b>FALL 707 @ Yahoo.com</b>			
OWNER INFORMATION			
OWNER NAME: <b>Robert DAVIS</b>	OWNER PHONE NUMBER: <b>585-355-5478</b>	OWNER FAX NUMBER:	
OWNER ADDRESS: <b>7534 Tilton Rd</b>	OWNER CITY: <b>Bloomfield</b>	STATE: <b>NY</b>	ZIP CODE: <b>14469</b>
OWNER CONTACT: <b>Robert DAVIS</b>	OWNER CONTACT EMAIL ADDRESS: <b>FALL 707 @ Yahoo.com</b>		
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 type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address			
<input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact			
<input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact			
<input type="checkbox"/> Other (provide):			

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Did you operate in 2020	<input type="checkbox"/> Yes; Complete this form.	DIV OF MATERIALS MANAGEMENT
	<input checked="" type="checkbox"/> No; Complete and submit Sections 1 and 12.	

## SECTION 12 – COMPLIANCE CERTIFICATION

As of December 31, 2018:

Waste Management Compliance Checklist	NA	Yes	No	Date of Return to 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are facility personnel trained to implement the Contingency Plan?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17b. Cleaning spills as they occur.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17c. Collecting and properly disposing of absorbent materials.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**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.

Robert Davis  
Signature

2-18-21  
Date

Robert DAVIS  
Name (Print or Type)

OWNER  
Title (Print or Type)

FALL 707 @ Yahoo.com  
Email (Print or Type)

7534 Tiltan Rd  
Address

Bloom Field  
City

NEW YORK 14464  
State and Zip

525)355-5478  
Phone Number

ATTACHMENTS:  YES  NO