

VEHICLE DISMANTLING FACILITY, MOTOR VEHICLE REPAIR SHOP AND MOBILE VEHICLE

CRUSHER ANNUAL REPORT

RECEIVED
NYS DEC

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

FEB - 5 2021

SECTION 1 - FACILITY INFORMATION

FACILITY INFORMATION				DIV. OF MATERIALS MANAGEMENT	
FACILITY NAME: CARS Chappell's Auto Recycling					
FACILITY LOCATION ADDRESS: 4630 County rd. #46		FACILITY CITY: Canandaigua		STATE: NY	ZIP CODE: 14424
FACILITY TOWN: Canandaigua		FACILITY COUNTY: ONTARIO		FACILITY PHONE NUMBER: 585 394-9450 / 585 764-7811	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).					NYSDEC REGION #: 8
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler		<input type="checkbox"/> Motor Vehicle Repair Shop		NYS DEC ACTIVITY CODE:	
DMV I.D. # 7080520		<input type="checkbox"/> Mobile Vehicle Crusher			
FACILITY CONTACT: Martin Chappell		<input type="checkbox"/> public	CONTACT PHONE NUMBER: 585-764-7811		CONTACT FAX NUMBER: 585-482-4263
		<input checked="" type="checkbox"/> private			
CONTACT EMAIL ADDRESS:					
OWNER INFORMATION					
OWNER NAME: Martin Chappell		OWNER PHONE NUMBER: 585-764-7811		OWNER FAX NUMBER: 585-482-4263	
OWNER ADDRESS: 4630 Cty rd #46		OWNER CITY: Canandaigua		STATE: NY	ZIP CODE: 14424
OWNER CONTACT: same		OWNER CONTACT EMAIL ADDRESS: C4C585@gmail.com			
OPERATOR INFORMATION					
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		Martin Chappell		<input type="checkbox"/> public	
				<input checked="" type="checkbox"/> private	
PREFERENCES					
Preferred address to receive correspondence: <input 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 type="checkbox"/> Owner Contact					
<input type="checkbox"/> Other (provide):					
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 <input checked="" type="checkbox"/> Yes; Complete this form.					
<input type="checkbox"/> 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: _____
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: _____
- Provide the number of ELVs stored at the facility as of December 31: _____
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: _____
- Provide the approximate area used for the storage of vehicles (acres) _____ acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:

- Northside Salvage Rochester NY
- Ben Wertsman Rochester, NY
- Wilberts, Williamson
- Metabico Rochester

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) _____

TRANSPORT ONLY

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)					
Used Oil** (gallons)					
Diesel Fuel (gallons)					
Gasoline (gallons)					
Engine Coolant/ Antifreeze (gallons)					
Window Washing Fluid (gallons)					
Other (specify)					

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

Northside
Wilberts
Westman SAME in Rochester

SECTION 6 – AIR BAGS COLLECTED

Provide the number of air bags recovered.

Number of Air Bags Removed: 0

Number of Air Bags Deployed: 0

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: _____

Indicate permitted facility or permitted transporter accepting lead-acid batteries:

Northside / Interstate

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:

300

as of December 31

Number of used tires available for sale on-site:

0

as of December 31

Number of used tires sold:

0

during operating year

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

0

during operating year

Indicate name of facility(ies) accepting waste tires:

Seneca Meadows - 0

SECTION 9 – SELF INSPECTIONS

Number of self-inspections conducted for the year:

0

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

None
to inspect

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.

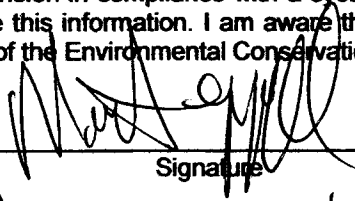
SECTION 12 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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.

 March - 2020
Signature Date

Martin Chappell owner
Name (Print or Type) Title (Print or Type)

C4C 585 G-mail-com
Email (Print or Type)

4630 City rd # 46 Canandaigua
Address City

New York 585-764-7811
State and Zip Phone Number

14424

ATTACHMENTS: YES NO