

# 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: <i>Cuba Auto Sales</i>			
FACILITY LOCATION ADDRESS: <i>9807 Rt 446</i>	FACILITY CITY: <i>Cuba</i>	STATE: <i>NY</i>	ZIP CODE: <i>14727</i>
FACILITY TOWN: <i>Cuba</i>	FACILITY COUNTY: <i>Allegany</i>	FACILITY PHONE NUMBER: <i>585-968-1207</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: <i>9</i>
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler		<input type="checkbox"/> Motor Vehicle Repair Shop	
DMV I.D. # <i>7109862</i>		<input type="checkbox"/> Mobile Vehicle Crusher	
FACILITY CONTACT: <i>Stewart Freeman</i>		<input checked="" type="checkbox"/> public	CONTACT PHONE NUMBER: <i>585-968-1207</i>
		<input type="checkbox"/> private	CONTACT FAX NUMBER: <i>585-968-1328</i>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <i>Stewart Freeman</i>	OWNER PHONE NUMBER: <i>Same as above</i>	OWNER FAX NUMBER: <i>Same as above</i>	
OWNER ADDRESS: <i>79 Genesee St</i>	OWNER CITY: <i>Cuba</i>	STATE: <i>NY</i>	ZIP CODE: <i>14727</i>
OWNER CONTACT: <i>Stewart</i>	OWNER CONTACT EMAIL ADDRESS: <i>stewfreeman14727@yahoo.com</i>		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public	
		<input 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):			

Did you operate in 2020  Yes; Complete this form.  
 No; Complete and submit Sections 1 and 12.

**RECEIVED**  
**FEB 26 2021**  
NYS DEC  
Region 9 - Buffalo

**SECTION 2A VDF/REPAIR SHOPS- END-OF-LIFE VEHICLES (ELVs) PROCESSED**

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

0

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

0

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

92

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

92

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

3 acres

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

1) \_\_\_\_\_

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)	0	0			
Used Oil** (gallons)	0	0			
Diesel Fuel (gallons)	0	0			
Gasoline (gallons)	0	0			
Engine Coolant/ Antifreeze (gallons)	0	80			
Window Washing Fluid (gallons)	0	0			
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	22 Tons	4.5 tons	22 Tons	Ben Wicitsman ALLEGANY Approx 6 Tons Metalico Bradford PA Approx 16 Tons	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Aluminum Scrap Metal	62 LBS	0	62 LBS	Friendly CORCO PA Shinglers	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lead Weights	28 LBS	0	28 LBS	" " "	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Non – Ferrous Scrap Metal	284 LBS	0	284 LBS	" " "	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):					<input type="checkbox"/> Yes <input type="checkbox"/> No
Please see Enclosed Receipts for this					<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 antiflock brake assemblies (ABS).

H&TS 0  
(Number)

ABS 0  
(Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

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### 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:

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## 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: 5

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

BATTERIES WERE TAKEN TO FRIENDLY COAK CO

SHINGLEHOUSE PA

PLEASE SEE ENCLOSED RECEIPTS FOR THIS

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: 25

as of December 31

Number of used tires available for sale on-site: 25

as of December 31

Number of used tires sold: -0-

during operating year

Number of waste tires shipped off-site for recycling, disposal, other: 42

during operating year

Indicate name of facility(ies) accepting waste tires:

TIRES WERE TAKEN TO ALLEGANY CO LANDFILL BELMONT NY

AND LTR TRANSFER STATION FREEDOM NY

PLEASE SEE ENCLOSED RECEIPTS FOR THIS DISPOSAL

## 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:

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 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"/>	

Reprinted (12/20)

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).	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18d. Refrigerants, if any.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18e. Air bags.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18f. PCB capacitors, if any.	<input type="checkbox"/>	<input checked="" 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 leaking 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
32c. Are combustion gases from used oil space heaters vented to the outside ambient air?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Waste Management Compliance Checklist	Date of Return to			Compliance
	NA	Yes	No	
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
35. Are sludges properly recycled or disposed?	<input type="checkbox"/>	<input checked="" 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?	<u>NA</u> pounds <u>NA</u> gallons			

Do you have any other Environmental Conservation Law or regulatory violations?  
 (Attach additional sheets as necessary.)

NONE

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: SWMAnnualreport@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.

Stewart Freeman  
Signature

2/24/2021  
Date

STEWART FREEMAN  
Name (Print or Type)

OWNER  
Title (Print or Type)

STEWFREEMAN 14727@YAHOO.COM  
Email (Print or Type)

79 Genesee St.  
Address

CMBA  
City

N.Y. 14727  
State and Zip

585 968 1207  
Phone Number

ATTACHMENTS:  YES  NO

Allegany County, NY  
ALLEGANY COUNTY LANDFILL  
LANDFILL  
BELMONT, NY 14813

000000 Site 02  
CASH CUSTOMER Ticket 197711  
Date In 03/17/20  
Time In 09:21  
Date Out 03/17/20  
Time Out 09:21:01

Weighmaster WALTER WHITE Ref. FREEMAN  
Origin CUBA, TOWN OF Grid 14

DESCRIPTION

Stored Gross Wt. 0 LB Vehicle  
Stored Tare Wt. 0 LB Roll-Off  
Net Wt. 0 LB TON 0.00

TIRES UP TO 20" \$1.5 @ \$ 2.50 per EACH 37.50

Net Cash Amount 37.50  
Amt. Tendered 37.50  
Change 0.00  
Check # 13587

15

OPERATING HOURS:  
TUESDAY THROUGH SATURDAY 8:00 A.M. TO 3:00 P.M.  
THIS IS TO CERTIFY THAT THIS LOAD DOES NOT CONTAIN ANY  
HAZARDOUS MATERIALS, MEDICAL WASTE OR LIQUIDS OF ANY TYPE

Signature \_\_\_\_\_

*Ignacio  
& firm  
Wally*

Allegany County, NY  
ALLEGANY COUNTY LANDFILL  
LANDFILL  
BELMONT, NY 14813

000000 Site 02  
CASH CUSTOMER Ticket 198335  
Date In 04/18/20  
Time In 11:09  
Date Out 04/18/20  
Time Out 11:09:51

Veighmaster TIM PALMITER Ref. CUBAAUTO  
Origin CUBA, TOWN OF Grid 14

DESCRIPTION

Stored Gross Wt.	0 LB	Vehicle	
Stored Tare Wt.	0 LB	Roll-Off	
Net Wt.	0 LB	TON	0.00

TIRES UP TO 20" \$1.5 @ \$ 2.50 per EACH 42.50

Net Cash Amount	42.50
Amt. Tendered	42.50
Change	0.00
Check # 13602	

17  
TUES

OPERATING HOURS:

TUESDAY THROUGH SATURDAY 8:00 A.M. TO 3:00 P.M.

THIS IS TO CERTIFY THAT THIS LOAD DOES NOT CONTAIN ANY  
HAZARDOUS MATERIALS, MEDICAL WASTE OR LIQUIDS OF ANY TYPE

Signature \_\_\_\_\_

# L & R TRANSFER STATION, LLC.

11081 GALEN HILL ROAD  
FREEDOM, NY 14065

# INVOICE

Invoice 11778  
Invoice Date Apr 21, 2020  
Page 1

Voice: 716-492-3936  
Fax: 716-492-5978

Bill To:  
CUBA AUTO SALES  
79 GENESEE ST  
CUBA, NY-14727

Ship to:  
CUBA AUTO SALES  
79 GENESEE ST  
CUBA, NY 14727

Customer ID	Customer PO	Payment Terms	
CUBAUT		C.O.D.	
		Ship Date	Due Date
			4/21/20

Quantity	Item	Description	Unit Price	Amount
0.45		900@ 140 TIRE DISPOSAL, TK#9827 - ALLE	140.00	63.00

**L & R Transfer Station, LLC.**  
(716) 492-3936

**WE ACCEPT**  
Tires, Furniture, Cardboard  
Roofing, Construction & Demo Material

Date 4/21/20 NO 9827  
Name Cuba Auto Sales  
Address 79 Geneesee St City 14727  
Material 900@ 140 TIRE DISPOSAL

*10*  
*50mic*  
*TIRES*

*13603*  
*4/21/20*

*900 45*

Subtotal	63.00
Sales Tax	
Total Invoice Amount	63.00
Payment/Credit Applied	
<b>TOTAL</b>	<b>63.00</b>

M - F 8am - 4pm Sat. 8am - 11:30am

Friendly Core Co. 814-697-6839

JS / DT  
Purchase Receipt  
January 20, 2020  
Customer: Cuba Auto Sales  
Location:

Converters:			
Aftermarket	2	\$	36.00
Pre	1	\$	115.00
Ford #2	1	\$	144.00
Sm For.		\$	102.50
Toyota #3	2	\$	236.00
Total	7	\$	633.50

Cores			
	AMOUNT	TOTAL \$	
Wheels - Clean	19	\$	9.50
Total		\$	9.50

Metals			
	Weight	TOTAL \$	
Old Alum	29	\$	3.48
Cast Alum	4	\$	0.68
Alum Clip	4	\$	0.68
Iron Cast Alum	6	\$	0.12
Bare Brito	80	\$	192.00
Copper #1	45	\$	104.40
Copper #2	44	\$	86.24
Ins. CU Wire #2	34	\$	22.78
Yellow Brass - C	81	\$	111.78
Batteries	131	\$	36.68
Lead	22	\$	8.58
Wheel Weights	6	\$	0.42
Total		\$	567.84

Grand Total \$ 1,210.84

Summary			
Aftermarket	2	\$	36.00
Converters	5	\$	597.50
Total Converters	7		

Prices subject to change without notice due to erratic metal market.

I am 18 yrs of age or older and the legal owner of the material being sold.

Signature

Friendly Core Co. 814-697-6839

CS /

Purchase Receipt

10-18-2020 3:13 PM

Customer: Cuba Auto Sales

Location

Converters			
Aftermarket	2	\$	42.00
Jumbo Bead	1	\$	129.00
L/G Pro	1	\$	45.00
Ford #1	1	\$	122.00
Ford #4	1	\$	226.00
Ford #7	1	\$	500.00
GM w/Air	1	\$	187.00
For. Pro	1	\$	79.00
Hot Dog	1	\$	108.00
Total	10	\$	1,456.00

Cores

	AMOUNT	TOTAL \$
Pieces	1	\$ 2.00
Total		\$ 2.00

Metals

	Weight	TOTAL \$
Total		\$
Grand Total		\$ 1,458.00

Summary

Aftermarket	2	\$	42.00
Beads	1	\$	129.00
Converters	7	\$	1,285.00
Total Converters	10		

Prices subject to change without notice due to erratic metal market.

I am 18 yrs of age or older and the legal owner of the material being sold.

Signature

**CERTIFIED SCALE RECEIVER**



Account: CUB220  
CUBA AUTO SALES  
79 GENESEE ST.

CUBA NY 14727

PLATE #

Recv Date: 04/23/2020

Receiver #: 140822A

Control #: 420076

Carrier:

Vehicle #

Commodity	Description	Gross	Tare	Deduct	Net	Price / UM	Amount
FE800	SHREDDER FEED	74,240	59,800	0	14,440	110.00 / GT	709.10
COMMENT:	3RD PARTY LOAD						
FREIGHT	FE FREIGHT CHARGES				0	0.00	-150.00
COMMENT:							
<b>Totals</b>					<b>14,440</b>		<b>559.10</b>

Handwritten calculation:  
2000 ) 14440  
      7.22

**I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER. I AM THE LEGAL OWNER OF MATERIAL BEING SOLD, AND THE LICENSE PLATE LISTED ABOVE IS CORRECT.**

**ACCEPTED:** \_\_\_\_\_

# Wattsman & Son of Allegany

on Street  
NY 14706  
-1042

SETTLEMENT NO:  
185502

DATE: 04/11/2020

LOAD DATE: 04/08/2020

STOMER: CUBA AUTO SALES

79 GENESEE ST  
CUBA NY 14727

CONTAINER NO:  
TRAILER NO:  
CARRIER NO:  
BOL NO:

<u>Description</u>	<u>Gross</u>	<u>Tare</u>	<u>Net Lbs</u>	<u>Price</u>	<u>Amount</u>
AG403 - Tin	52660	41600	11060	\$95.000	\$469.063
AG9991 - Container Maintenance Fee	1	0	1	\$9.000	\$-9.000
AG9994 - Freight	1	0	1	\$150.000	\$-150.000

Total: 11,062 \$310.06  
ON HOLD

CUBA AUTO SALES

2000  $\left[ \begin{array}{l} 5.53 \\ 11060 \end{array} \right.$



Metalico Bradford, Inc.

184991

Transaction	Tran-Date	Description	Net	Wgt per UM	Price / UM	Amount
20005	04/20/2020	HMS PREPARED	320	0.14	137.00 / GT	19.52

Vendor: CUB220 CUBA AUTO SALES Amount:\$ 19.52

Metalico Bradford, Inc.

184991

Transaction	Tran-Date	Description	Net	Wgt per UM	Price / UM	Amount
20005	04/20/2020	HMS PREPARED	320	0.14	137.00 / GT	19.52

Vendor: CUB220 CUBA AUTO SALES Amount:\$ 19.52

2000  $\sqrt{320}$  .16

Metalico Bradford, Inc.

Transaction	Tran-Date	Description	Net	Wgt per UM	Price / UM	Amount
21002	04/13/2020	SHREDDER FEED	17,740	7.92	95.00 / GT	752.36
		FE FREIGHT CHARGES	0	0	0.00 /	-150.00

Vendor: CUB220

CUBA AUTO SALES

Amount:\$

602.36

Metalico Bradford, Inc.

Transaction	Tran-Date	Description	Net	Wgt per UM	Price / UM	Amount
21002	04/13/2020	SHREDDER FEED	17,740	7.92	95.00 / GT	752.36
		FE FREIGHT CHARGES	0	0	0.00 /	-150.00

Vendor: CUB220

CUBA AUTO SALES

Amount:\$

602.36

2000  $\overline{) 17740}$  8.87