VEHICLE DISMANTLING FACILITY, MOTOR VEHICLE REPAIR SHOP



AND MOBILE VEHICLE CRUSHER ANNUAL REPORT

#### Submit the Annual Report no later than March 1, 2022

This annual report is for the year of operation from January 01, 2021 to December 31, 2021

SECT	ON 1 - FACILITY IN	Contraction of the second s	<u>N</u>			
FACILITY NAME:	FACILITY INFORMA		ETVED	1		
Gershow Recycling of Freepo	ort	RECEIVED NYSDEC - Region 1				
FACILITY LOCATION ADDRESS:	FACILITY CITY:	MAR	0 3 2022STAT	TE: ZIP CODE:		
143 Hanse Ave	Freeport		Materials Mgmt	11520		
FACILITY TOWN:	FACILITY COUNTY: Division of Materials Mgmt. 11520					
Hempstead	Nassau		(516)6	34-0644		
FACILITY NYS PLANNING UNIT: (A list of N Hempstead (Town)	/S Planning Units can be fou	ind at the end of	this report).	NYSDEC REGION #: R1		
FACILITY TYPE: Vehicle Dismantler DMV I.D. #7111364 (Scrap Processor)	Motor Vehicle Re		NYS DEC ACT	IVITY CODE:		
FACILITY CONTACT:     Impublic     CONTACT PHONE     CONTACT FAX NUMBER:       Joe Bertuccio     Impublic     Impublic     CONTACT PHONE     CONTACT FAX NUMBER:       (631)289-6368     Impublic     Impublic     CONTACT PHONE     CONTACT FAX NUMBER:						
CONTACT EMAIL ADDRESS: decinfo@gers	show.com					
	OWNER INFORMAT	TION				
OWNER NAME: Gershow Recycling Corporation	OWNER PHONE NUI (631)289-6188	MBER:	OWNER FA			
OWNER ADDRESS: P.O. Box 526	OWNER CITY: Medford		STAT NY	TE: ZIP CODE: 11763		
owner contact: Joe Bertuccio	OWNER CONTACT E decinfo@gersho		SS:			
	OPERATOR INFORM		490			
OPERATOR NAME: Same as owner			pub ⊡priv			
	PREFERENCES					
Preferred address to receive correspondence Other (provide):	E Facility location address		Owner add	dress		
Preferred email address: 🔲 Facility Contact	Owner Contact					
Preferred individual to receive correspondenc Other (provide):	e: Facility Contact	✓ Owne	r Contact			
Did you operate in 2021?  Yes; Complet	e this form.					

No; Complete and submit Sections 1 and 13

Dravida the number of $\Gamma(\lambda)$ is reactived from January 1 to December 21:	1,617
<ul> <li>Provide the number of ELVs received from January 1 to December 31:</li> </ul>	
<ul> <li>Provide the number of ELVs crushed and/or removed from the facility</li> </ul>	1.608
from January 1 to December 31:	
<ul> <li>Provide the number of ELVs stored at the facility as of December 31:</li> </ul>	9
<ul> <li>Provide the highest number of ELVs stored at the facility</li> </ul>	17
at any one time from January 1 to December 31:	
<ul> <li>Provide the approximate area used for the storage of vehicles (acres):</li> </ul>	1/2
• Provide the names of scrap metal processors to which you sold or sent dec 1) All ELV's removed from facility are	commissioned ELVs:
<sub>2)</sub> shredded at Gershow Recycling of	
<sup>3)</sup> Medford.	
<sup>3)</sup> Medford.	
3) Medford. SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE	S (ELVs) PROCESSEI
	S (ELVs) PROCESSEI N/A
• Provide the names of each facility where you crushed decommissioned EL	N/A
• Provide the number of ELVs crushed from January 1 to December 3:	N/A
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) N/A	N/A
ECTION 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) N/A	N/A
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 N/A	N/A
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) N/A 2)	N/A
ECTION 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) N/A	N/A
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) N/A 2)	N/A
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  N/A  N/A  A	N/A

#### SECTION 3 - WASTE FLUIDS RECOVERED

Complete this table by reporting <u>volumes</u> of End-of-Life Vehicle (ELV) waste fluids managed at the facility during the reporting period. <u>Qualitative responses (i.e.  $\sqrt{3}$  or X's) are not acceptable</u>. Report only fluids generated from dismantling operations (not general car repair, etc.).

	Destination Name & Address			
Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)
All ELV's	are sent	to	Medford	
facility	for	processing.		
	on-site (oil heater, etc.) All ELV's	Used on-site (oil heater, etc.)       Stored on-site at year-end         All ELV's       are sent	on-site (oil heater, etc.)Stored on-site at year-endSold/ Recycled off-siteAll ELV'sare sentto	Used on-site (oil heater, etc.)Stored on-site at year-endSold/ Recycled off-siteDisposed off-site*All ELV'sare senttoMedford

\* 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.

	Received	Stored On Site	Sent Off Site	Destination		
Material Types	(tons)	(tons)	(tons)	NYS <u>Planning Unit (</u> or state if other than New York)	To Scrap Metal Processor	
Ferrous Scrap Metal					[]Yes	∏No
Aluminum Scrap Metal	This section	to be mailed	under		[]Yes	⊡No
Lead Weights	separate	cover at a	later date.		TYes	∏No
Non – Ferrous Scrap Metal					TYes	⊡No
Other (specify):	a mana it is a second				TYes	<b>⊡</b> No
					Yes	⊡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).

N/A ABS (Number)

H&TS <u>N/A</u> (Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

# ELV's are sent to Medford facility for processing.

### SECTION 6 – AIR BAGS COLLECTED

Provide the number of air bags recovered.

Number of Air Bags Removed:

N/A

Number of Air Bags Deployed:

N/A

Indicate permitted facility or permitted transporter accepting air bags:

# ELV's are sent to Medford facility for processing.

### 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:

1,617

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

Eco-BAT New York, LLC RSR Revere Smelting & Refining Corp.	
5 Ballard Rd	
Middletown, NY 10941	

Any materials disposed must undergo a hazardous waste determination and proper handling, storage and disposal, if hazardous.

Number of waste tires stored on-site:	0	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:		

SECTION	8 - WASTE		COLL	ECTED
SECTION	$\delta = VVAS   t$	I IKES	COLL	CUIED

SECTION	9 - 5	SELF	INSPE	CTIONS

12

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?

At a minimum, are fluid storage areas, vehicles, vehicle storage areas inspected for leaks/spills?

### **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, 2021:

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

				Date of Return to
Waste Management Compliance Checklist	NA	Yes	No	Compliance
18. Have the following wastes been drained, removed, deployed, collected and/or stor practices, prior to vehicle crushing or shredding?	ed follov	ving bes	st mana	gement
18a. Fluids (including engine oil, transmission fluid, transaxle fluid, front and rear axle fluid, brake fluid, power steering fluid, coolant, and fuel).	$\checkmark$			
18b. Lead acid batteries.		$\checkmark$		
18c. Mercury switches or other mercury containing devices, if any.	$\checkmark$			
18d. Refrigerants, if any.	1			
18e. Air bags.	1			
18f. PCB capacitors, if any.	$\checkmark$			
19. Are fluids stored separately & in containers that are compatible with their contents?		$\checkmark$		
20. Are fluids stored in closed containers?		1		
21. Are containers which contain waste fluids in good condition and not visibly leaking?		$\checkmark$		
22. Are containers clearly and legibly labeled to describe their contents?		$\checkmark$		
23. Are containers stored on a bermed pad constructed of concrete or equivalent material?		$\checkmark$		
24. Are lead-acid batteries stored upright and off the ground?		1		· · · · · · · · · · · · · · · · · · ·
25. Are lead-acid batteries covered to protect them from precipitation?		$\checkmark$		
26. Are all lead-acid batteries sent for recycling within one-year of receipt?		$\checkmark$		
27. Are <u>leaking</u> lead-acid batteries, if any are encountered, stored in leak-proof containers separated from intact batteries?		$\checkmark$		
27a. Are provisions in place to absorb any acid leakage?		$\checkmark$		
28. Are mercury switches and other mercury containing devices stored in appropriate, labeled containers and then sent for recycling?	$\checkmark$			
29. Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal?	$\checkmark$			
30. Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code?		$\checkmark$		
31. If sent off-site, is used oil transported via a permitted hauler?		1		
32. If you do not burn used oil onsite check NA for 32a., 32b., 32c. If you do, then ans	wer 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?	$\checkmark$			
32b. Do on-site space heaters burn only used oil that is generated on-site or received from household do-it-yourself generators?	$\checkmark$			
32c. Are combustion gases from used oil space heaters vented to the outside ambient air?	$\checkmark$			

A. T.

3.12

CHE

				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?		$\checkmark$		
34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?	$\checkmark$			
35. Are sludges properly recycled or disposed?	$\checkmark$			
36. Are used oil filters properly drained, crushed or dismantled?	$\checkmark$			
37. Are drained oil filters properly recycled or disposed?	$\checkmark$			
<ol> <li>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:</li> </ol>				
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?		$\checkmark$		
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		1	N/A	pounds
month?		1	N/A	gallons

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

No

COMMENTS? (Attach additional sheets if necessary)

#### SECTION 13 - 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

/23/22

Date

Ray Colon

Name (Print or Type)

Manager

Title (Print or Type)

decinfo@gershow.com

Email (Print or Type)

P.O. Box 526

Address

NY 11763

State and Zip

Medford

City

631,289**\_6188** 

Phone Number

YES V NO ATTACHMENTS: