

# 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

# SECTION 1 - FACILITY INFORMATION

	FACILITY	INFORMAT				7		
FACILITY NAME:  RECEIVED  NYSDEC - Region 1					ion 1			
Bay Shore Recycling					0000			
FACILITY LOCATION ADDRESS:	FACILITY	CITY:	MAR 0 3 2022 STATE				ZIP CODE:	
33 McAdams Street	Bay S		Division of Materials Mmt.				11706	
FACILITY TOWN:	FACILITY COUNTY: FACILITY PHONE NUMBER:							
Islip	Suffolk (631)234-1022							
FACILITY NYS PLANNING UNIT: (A list of NY Babylon (Town)	FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).  NYSDEC REGION #: P1					GION #: R1		
FACILITY TYPE: Vehicle Dismantler DMV I.D. # 7073085(Scrap Processor) Mobile Vehicle Crusher 52J06								
FACILITY CONTACT:	public	CONTACT	PHONE		CONTA	СТ	FAX NUMBER:	
Joe Bertuccio	private	NUMBER: (631)289-6188		(631)28			39-6368	
CONTACT EMAIL ADDRESS: decinfo@gers	how.com							
	OWNER	INFORMATI	NO		344	100		
OWNER NAME:		HONE NUM	BER:		NER FA			
Gershow Recycling Corporation	(631)289			(63	1)289-6	_		
OWNER ADDRESS: P.O Box 526				<b>ZIP CODE:</b> 11763				
OWNER CONTACT: OWNER CONTACT EMAIL ADDRESS:								
Joe Bertuccio decinfo@gershow.com								
OPERATOR INFORMATION								
OPERATOR NAME: same as owner public private								
PREFERENCES								
Preferred address to receive correspondence: Facility location address  Owner address  Owner address								
Preferred email address: Facility Contact Owner Contact								
Preferred individual to receive correspondence: Facility Contact  Other (provide):  Owner Contact								
Did you operate in 2021?  Yes; Complete this form.								
☐ No; Complete and submit Sections 1 and 13								

	5,136
Provide the number of ELVs received from January 1 to December 31:	
Provide the number of ELVs crushed and/or removed from the facility	5,124
from January 1 to December 31:	
Provide the number of ELVs stored at the facility as of December 31:	12
Provide the highest number of ELVs stored at the facility	21
at any one time from January 1 to December 31:	<del></del>
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 decomposition.	commissioned FLVs
Gershow Recycling Medford	Softmissioned E2Vo.
1)	
2)	
3)	
3)	
	e (ELVa) DDOCESSED
3)SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE	
	S (ELVs) PROCESSED
SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE  • 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	N/A
SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE  • Provide the number of ELVs crushed from January 1 to December 3:	N/A
• 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
• 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
• 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
• 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
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  2)  3)  4)	N/A
• 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 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.  $\sqrt{s}$  or X's) are not acceptable. Report only fluids generated from dismantling operations (not general car repair, etc.).</u>

		Fluid	Destination Name & Address		
Waste Fluid Recovered	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.)
Refrigerant (pounds)		150		350	United Refrigeration Inc. 2127 Lakeland Ave Ronkonkoma, N
Used Oil** (gallons)		200		2,796	Waste Oil Solutions 100 Jeremy St West Babylon, NY 1
Diesel Fuel (gallons)					
Gasoline (gallons)		125		3,630	Midwest Gas 58 S. High St. SuiteB Dublin, OH 43
Engine Coolant/ Antifreeze (gallons)		225		1,610	Waste Oil Solution 100 Jeremy St West Babylon, NY 1
Window Washing Fluid (gallons)					
Other (specify) Gasolin				640	Waste Oil Solution 100 Jeremy St West Babylon, NY 1
Gasoline				526	IJM Petroleum Services 2417 Welsh Rd Phila, PA 19114

<sup>\*</sup> Any fluids disposed must undergo a hazardous waste determination and proper handling, storage, and disposal, if hazardous.

<sup>\*\*</sup> 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. Destination Received Stored On Site Sent Off Site **Material Types** (tons) (tons) (tons) To Scrap NYS Planning Unit (or state if Metal other than New York) Processor Ferrous Scrap Yes ■ No Metal This section to be mailed under Aluminum □No ∐Yes Scrap Metal separate later date. cover at a Lead Weights Yes □No Non - Ferrous Yes ☐ No Scrap Metal Other (specify): Yes 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). H&TS 6 (Number) Indicate permitted facility or permitted transporter accepting mercury containing devices: **EQ-A Ecology Company** 2000 East Ferry Street Detroit, MI 48211 **SECTION 6 – AIR BAGS COLLECTED** Provide the number of air bags recovered. N/A N/A Number of Air Bags Removed: Number of Air Bags Deployed: Indicate permitted facility or permitted transporter accepting air bags: See Comment on page 8.

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## SECTION 7 – LEAD-ACID BATTERIES COLLECTED

Provide the number of lead-acid batteries <u>recovered</u> and their disposition.				
Number of Lead-Acid Batteries collected from ELVs:	5,136			
Indicate permitted facility or permitted transporter accepting lead-acid batteries  Eco-Bat New York, LLC RSR Revere Smelting & Refining  65 Ballard Rd	3:			
Middletown, NY 10941				
Any materials disposed must undergo a hazardous waste determination and p hazardous.	roper handling, st	orage and disposal, if		
SECTION 8 - WASTE TIRES COL	LECTED			
Number of waste tires stored on-site:	Always less than 1,000	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:  N/A				
SECTION 9 - SELF INSPECTI	ONS			
Number of self-inspections conducted for the year:		12		
Are self-inspection records up-to-date with inspector name, what was inspector of Yes No	ected, time and da	ate of inspection?		
At a minimum, are fluid storage areas, vehicles, vehicle storage areas insp  Yes No	ected for leaks/sp	oills?		
SECTION 10 - PROBLEMS				
Were any problems encountered during the reporting period (e.g., specific of facility procedures)?	occurrences which	n have led to changes in		
Yes No If yes, attach additional sheets identifying each problem are	nd the methods fo	r 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.				

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# **SECTION 12 - COMPLIANCE CERTIFICATION**

# As of December 31, 2021:

Waste Management Compliance Checklist	NA	Yes	No	Date of Return to Compliance
<ol> <li>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?</li> </ol>	<b>V</b>			
<ol><li>Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways?</li></ol>		<b>✓</b>		
3. Have you recorded the date of receipt for all end-of-life vehicles received?		<b>✓</b>		
4. Are the end-of-life vehicle records available on-site?		<b>V</b>		
5. Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes?		<b>✓</b>		
6. Have all observed leaks been remedied or contained?		<b>V</b>		
7. Does your facility have a written Contingency Plan?		<b>V</b>		
8. Are facility personnel trained to implement the Contingency Plan?		<b>✓</b>		
9. Does your Contingency Plan include actions to be taken in the event of the following	ng?			
9a. Fire.		<b>V</b>		
9b. Spill or release of vehicle waste fluids.		<b>V</b>		
9c. Unauthorized material received at facility.		<b>V</b>		
10. Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection?		1		
11. Are all vehicle residues prevented from migrating from or running off your property?		<b>V</b>		
12. Is dust controlled to prevent interference with facility operations or from leaving facility site?		<b>V</b>		
13. Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations?		<b>V</b>		
14. Are waste fluids kept from being discharged onto the ground or into surface waters?		1		
15. Is access to your facility controlled by: fences, gates, sign and/or natural barriers (not vehicles)?		<b>✓</b>		
15a. Are the access controls working (i.e. controlling access)?		1		
16. Are fluids drained from end-of-life vehicles on a pad constructed of concrete or equivalent material?		<b>V</b>		
17. Are you doing the following with your concrete (or equivalent surface) pad that is us draining, crushing, etc.?	sed for	vehicle	disma	ntling, fluid
17a. Cleaning daily.		<b>V</b>		
17b. Cleaning spills as they occur.		<b>V</b>		
17c. Collecting and properly disposing of absorbent materials.		<b>V</b>		

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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 store practices, prior to vehicle crushing or shredding?	ed follow	ving bes	t mana	gement
	18a. Fluids (including engine oil, transmission fluid, transaxle fluid, front and rear axle fluid, brake fluid, power steering fluid, coolant, and fuel).		<b>✓</b>		
	18b. Lead acid batteries.		1		
	18c. Mercury switches or other mercury containing devices, if any.		1		
	18d. Refrigerants, if any.		1		
	18e. Air bags.	1			
	18f. PCB capacitors, if any.		1		
19.	Are fluids stored separately & in containers that are compatible with their contents?		<b>\</b>		
20.	Are fluids stored in closed containers?		>		
21.	Are containers which contain waste fluids in good condition and not visibly leaking?		<b>V</b>		
22.	Are containers clearly and legibly labeled to describe their contents?		<b>✓</b>		
23.	Are containers stored on a bermed pad constructed of concrete or equivalent material?		<b>✓</b>		
24.	Are lead-acid batteries stored upright and off the ground?		1		
25.	Are lead-acid batteries covered to protect them from precipitation?		<b>\</b>		
26.	Are all lead-acid batteries sent for recycling within one-year of receipt?		<b>\</b>		
27.	Are <u>leaking</u> lead-acid batteries, if any are encountered, stored in leak-proof containers separated from intact batteries?		>		
T	27a. Are provisions in place to absorb any acid leakage?		1		
28.	Are mercury switches and other mercury containing devices stored in appropriate, labeled containers and then sent for recycling?		<b>V</b>		
29.	Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal?		<b>V</b>		
30.	Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code?		<b>V</b>		
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 answ	ver 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?	<b>✓</b>			
	32b. Do on-site space heaters burn only used oil that is generated on-site or received from household do-it-yourself generators?	<b>✓</b>			
	32c. Are combustion gases from used oil space heaters vented to the outside ambient air?	<b>V</b>			

Waste Management Compliance Checklist	NA	Yes	No	Date of Return to
33. Is waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers?		<b>✓</b>		
34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?	<b>V</b>			
35. Are sludges properly recycled or disposed?	1			
36. Are used oil filters properly drained, crushed or dismantled?	1			
37. Are drained oil filters properly recycled or disposed?	1			
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?		<b>V</b>		
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?		<b>✓</b>		
38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?		<b>✓</b>		
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?		-	N/A	pounds gallons
Do you have any other Environmental Conservation Law or regulatory violations? (Attach additional sheets as necessary.)  No				
COMMENTS? (Attach additional sheets if necessary)  Consistent with good industry practices and good occup	oation	al sa	fety	practices,
airbags are destroyed by shredding at Gershow Medfo				
airbags are destroyed by shredding at Gershow Medfo	rd fac	ility.		

#### 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.

eals	2/23/22
Signature	Date
Ray Colon	Manager
Name (Print or Type)	Title (Print or Type)
decinfo@gershow.co	m
Email (F	Print or Type)
P.O. Box 526	Medford
Address	City
New York 11763	<sup>631</sup> ,289 <sub>-</sub> 6188
State and Zip	Phone Number

ATTACHMENTS: YES NO