

# 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	INFORMATION					
FACILITY NAME:							
J & C AUTO SALVAGE INC							
FACILITY LOCATION ADDRESS:	FACILITY CITY: STATE: ZIP CODE:				ZIP CODE:		
550 S. RAILROAD AVENUE	LIND	ENHURST		NY	11757		
FACILITY TOWN:	FACILITY COUNTY: FACILITY PHONE NUMBER:						
BABYLON	SUFFOLK 631-661-2875						
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).  Babylon (Town)  NYSDEC REGION #: 1							
FACILITY TYPE: Vehicle Dismantler	☐ Motor	Vehicle Repair Shop	NYS DE	CACTIVIT	Y CODE:		
DMV I.D. #7002719	Mobile	Vehicle Crusher	52J33				
FACILITY CONTACT:	public	CONTACT PHONE	(	CONTACT	FAX NUMBER:		
STEVEN FAAS	private	<b>NUMBER:</b> 631-661-2875	6	31-66	9-4113		
CONTACT EMAIL ADDRESS: JANDCAUTOSALVAGE550@GMAIL.COM							
	OWNER	INFORMATION			The state of the s		
OWNER NAME: J & C AUTO SALVAGE INC	<b>OWNER P</b> 631-661	HONE NUMBER: -2875		er fax ni 669-411			
OWNER ADDRESS: 550 S. RAILROAD AVENUE		OWNER CITY: LINDENHURST			<b>ZIP CODE:</b> 11757		
OWNER CONTACT: OWNER CONTACT EMAIL ADDRESS:							
STEVEN FAAS							
OPERATOR INFORMATION							
			□ public ☑ private				
PREFERENCES							
Preferred address to receive correspondence: Facility location address  Other (provide):  Owner address							
Preferred email address: Facility Contact Owner Contact  Other (provide):							
Preferred individual to receive correspondence: Facility Contact Owner Contact  Other (provide):							
Did you operate in 2021?  Yes; Complete this form.							
No; Complete and submit Sections 1 and 12.							

	210
• Provide the number of ELVs received from January 1 to December 31:	
Provide the number of ELVs crushed and/or removed from the facility	140
from January 1 to December 31:	<del></del>
• Provide the number of ELVs stored at the facility as of December 31:	77
Provide the highest number of ELVs stored at the facility     at any one time from Japuary 1 to December 21.	80
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>	.25 acres
• Provide the names of scrap metal processors to which you sold or sent de	ecommissioned ELVs:
2)	
SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE  • Provide the number of ELVs crushed from January 1 to December 3:	<u></u>
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#### **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</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.)
30				
	40	400		PLANET EARTH, WANTAGH, NY
1000				
	20	100		PLANET EARTH, WANTAGH, NY
	on-site (oil heater, etc.)	Used on-site (oil heater, etc.)  Stored on-site at year-end  40	on-site (oil heater, etc.)  Stored on-site at year-end  40  40  400	Used on-site (oil heater, etc.)  Stored on-site at year-end off-site  Sold/ Recycled off-site*  Disposed off-site*  1000

<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

Destination

Material Types	Received (tons)	Stored On Site (tons)	Sent Off Site (tons)	NYS <u>Planning Unit</u> (or state if other than New York)	Me	Scrap etal essor
Ferrous Scrap Metal					□Yes	□No
Aluminum Scrap Metal					□Yes	□No
Lead Weights		N/A			□Yes	□No
Non – Ferrous Scrap Metal					□Yes	□No
Other (specify):					Yes	□No
	e consistence e Manuslance delibblica e Novada e 1909 (income	and the second of the second o	A LANGE COMMUNICATION CONTRACTOR AND		□Yes	□No
Indicate permitted f	H&TS 0 (Number) acility or permitte		epting mercury c	ABS 0 (Number) ontaining devices:		
Provide the number	r of air bags rec	SECTION 6 -	- AIR BAGS (	COLLECTED		
Number of Air Bags		0	Nur	nber of Air Bags Deployed:	0	
Indicate permitted	facility or permit	ted transporter ac	ccepting air bags	3:		

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# SECTION 7 – LEAD-ACID BATTERIES COLLECTED

Provide the number of lead-acid batteries <u>recovered</u> and their disposition.	222	
Number of Lead-Acid Batteries collected from ELVs:	200	_
Indicate permitted facility or permitted transporter accepting lead-acid batte ALPHA RECYCLING, BRONX, NY	ries:	
Any materials disposed must undergo a hazardous waste determination an nazardous.	d proper handling,	storage and disposal, if
SECTION 8 – WASTE TIRES CO		
Number of waste tires stored on-site:	12	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:	830	during operating year
Indicate name of facility(ies) accepting waste tires: BROADWAY TIRE, AMITYVILLE, NY		
SECTION 9 – SELF INSPEC	TIONS	4
Number of self-inspections conducted for the year:		4
Are self-inspection records up-to-date with inspector name, what was in ☑ Yes ☐ No	spected, time and	date of inspection?
At a minimum, are fluid storage areas, vehicles, vehicle storage areas in ✓ Yes ☐ No	nspected for leaks/	/spills?
SECTION 10 – PROBLE	MS	
Were any problems encountered during the reporting period (e.g., specificallity procedures)?	fic occurrences whi	ich have led to changes in
Yes No If yes, attach additional sheets identifying each problem	n and the methods	for resolution of the problen
SECTION 11 – CHANGI	ES	
Were there any changes from approved reports, plans, specifications, a	nd permit condition	ns?
Yes No If yes, attach additional sheets identifying changes with	n a justification for	each change.

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# SECTION 12 - COMPLIANCE CERTIFICATION

# As of December 31, 2021:

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

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33. Is waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers?  34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?  35. Are sludges properly recycled or disposed?  36. Are used oil filters properly drained, crushed or dismantled?  37. Are drained oil filters properly recycled or disposed?  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?  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?  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?  Do you have any other Environmental Conservation Law or regulatory violations? (Attach additional sheets as necessary.)	liance
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(Attach additional sheets as necessary.)	
none	
COMMENTS? (Attach additional sheets if necessary)  none	
none	

#### SECTION 5 - 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

Signature

Date

Cacy and Manager (Print or Type)

Signature

Date

Title (Print or Type)

Email (Print or Type)

State and Zip

Phone Number

ATTACHMENTS: O YES O NO