

1 Linden Avenue East Jersey City, NJ 07305 United States Telephone: 201 577-3212 eric.helders@simsmm.com www.simsmm.com

February 16, 2022

James Lansing NYSDEC-Region 3 21 South Putt Corners Road New Paltz, NY 12561

Re: 2021 Vehicle Dismantling Facilities- Annual Report Form Sims Metal East, LLC – Middletown 820 Route 211 East Middletown, NY 10941

Dear Mr. Lansing:

Attached please find the 2021 Vehicle Dismantling Facilities Annual Report Form for the above referenced facility.

If you should have any questions, please feel free to contact me at the number above.

Sincerely,

SIMS METAL

Eric Helders EHS Partner, East Region

Attachment – 2021 Vehicle Dismantling Facilities Annual Report Form



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

| | | INFORMATION | | | | |
|---|-----------------|----------------------------------|----------------|---------------|------------|--------------------|
| FACILITY NAME: | | | | | | |
| Sims Metal East LLC - Middle | town | | | | | |
| FACILITY LOCATION ADDRESS: | FACILITY | CITY: | | STAT | E: | ZIP CODE: |
| 820 Route 211 East | Middle | etown | | NY | • | 10941 |
| FACILITY TOWN: | FACILITY | COUNTY: | FACILITY PHONE | | | E NUMBER: |
| MIddletown | Orang | je | 845 | 5-70 | 3-4 | 4055 |
| FACILITY NYS PLANNING UNIT: (A list of NY Orange County | S Planning Uni | its can be found at the end of t | his repo | rt). | NYS REC | SDEC GION #: 3 |
| FACILITY TYPE: 🗹 Vehicle Dismantler | Motor | Vehicle Repair Shop N | IYS DE | С АСТ | ידועו | Y CODE: |
| DMV I.D. # <u>7107477</u> | | e Vehicle Crusher | | | | |
| FACILITY CONTACT: | public | CONTACT PHONE | (| CONTA | | FAX NUMBER: |
| Ata Delorbe | 🔽 private | NUMBER: 845-360-9218 | | | | |
| CONTACT EMAIL ADDRESS: atahualpa.del | orbe@simsm | im.com | | | | |
| | OWNER | INFORMATION | | | | |
| OWNER NAME: | | HONE NUMBER: | | | | IMBER: |
| Sims Metal East LLC | 201-577 | | 201- | 333-4 | 296 | |
| OWNER ADDRESS: 1 Linden Ave East | | | | STA1 | ſE: | ZIP CODE: 07305 |
| OWNER CONTACT: | Jersey City | ONTACT EMAIL ADDRE | | | | 07303 |
| Craig Cunninghame | - | nningham@simsn | | m | | |
| | | RINFORMATION | | 5111 | | |
| OPERATOR NAME: same as owner | | | | F]pub | lic | |
| _ | | | | ⊡priv | | |
| | | FERENCES | | | | |
| Preferred address to receive correspondence Other (provide): | : 🔽 Facility lo | cation address | | wner ad | dress | |
| Preferred email address: Other (provide): | | wner Contact | | | | |
| Preferred individual to receive correspondence: Facility Contact Other (provide): | | | | | | |
| | | | | | | |
| Did you operate in 2021? Yes; Complete | e this form. | | | | | |
| 🗖 No; Complete | and submit | Sections 1 and 1 3 | | | | |

| Provide the number of ELVs received from January 1 to December 31: | 145 |
|---|--------------------|
| , | |
| Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: | 90 |
| Trom January 1 to December 51. | 55 |
| Provide the number of ELVs stored at the facility as of December 31: | |
| Provide the highest number of ELVs stored at the facility | 90 |
| at any one time from January 1 to December 31: | |
| Provide the approximate area used for the storage of vehicles (acres): | 0.33acres |
| Provide the names of scrap metal processors to which you sold or sent de | commissioned ELVs: |
| Sims Metal East LLC - Claremont Terminal, 1 Linden Ave East, Jersey City NJ, 07305 | |
| | |
| 2) | |
| | |
| 3) | |
| 3) | |
| | S (ELVs) PROCESSED |
| | S (ELVs) PROCESSED |
| ECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE | S (ELVS) PROCESSED |
| ECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE Provide the number of ELVs crushed from January 1 to December 3: | 0 |
| 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 | 0 |
| 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 | 0 |
| 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) | 0 |
| 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) | 0 |
| 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) | 0 |
| 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) | 0 |
| Provide the number of ELVs crushed from January 1 to December 3: Provide the names of each facility where you crushed decommissioned EL | 0 |
| 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 Provide the names of each facility where you crushed decommissioned EL Provide the names of each facility where you crushed decommissioned EL Provide the names of each facility where you crushed decommissioned EL Provide the names of each facility where you crushed decommissioned EL Provide the names of each facility where you crushed decommissioned EL Provide the names of each facility where you crushed decommissioned EL Provide the names of each facility where you crushed decommissioned EL Provide the names of each facility where you crushed decommissioned EL Provide the names of each facility where you crushed decommissioned EL Provide the names of each facility where you crushed decommissioned EL Provide the names of each facility where you crushed decommissioned EL Provide the names of each facility where you crushed decommissioned EL Provide the names of each facility where you crushed decommissioned EL Provide the names of each facility where you crushed decommissioned EL Provide the names of each facility where you crushed decommissioned EL Provide the names of each facility where you crushed decommissioned EL Provide the names of each facility where you crushed the names of each facili | 0 |

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.).

| | Fluid Volume | | | 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) | 0 | 78 | 163 | 0 | Rapid Recovery - Montvale NJ, 07645 |
| Used Oil** (gallons) | 0 | 325 | 12050 | 0 | Lorco Petroleum Services - Elizabeth NJ, 07202 |
| Diesel Fuel (gallons) | 0 | 0 | 0 | 0 | |
| Gasoline (gallons) | 0 | 525 | 22337 | 0 | Midwest Gas - 5652 Vessey CT, Dublin OH |
| Engine Coolant/ Antifreeze (gallons) | 0 | 275 | 4650 | 0 | Lorco Petroleum Services - Elizabeth NJ, 07202 |
| Window Washing Fluid (gallons) | 0 | 0 | 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.

| | 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 | 24317 | 45.12 | 24788 | Sims Metal, Jersey City NJ | √Yes | ΠNο |
| Aluminum Scrap Metal | 877 | 1.76 | 408.12 | Sims Metal, Newark NJ | ₽Yes | ∎No |
| Lead Weights | 0.88 | 0.22 | 0.65 | Sims Metal, Newark NJ | √Yes | ΠNο |
| Non – Ferrous Scrap Metal | 812.38 | 20.83 | 772 | Sims Metal, Newark NJ | r√Yes | ∎No |
| Other (specify): | | | | | ∎Yes | ⊡No |
| | | | | | TYes | ⊡No |

SECTION 5 – MERCURY SWITCHES COLLECTED

Provide the number of mercury-containing devices <u>recovered</u>. Including but not limited to hood & trunk lighting switches (H&TS) and antilock brake assemblies (ABS).

H&TS 0 (Number)

| ABS | 0 |
|--------|----|
| (Numbe | r) |

(Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

0

| SECTION | 6 - AIR | BAGS | COLL | ECTED |
|---------|---------|------|------|-------|

Provide the number of air bags recovered.

Number of Air Bags Removed:

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:

| ~ | | | |
|----------|--|--|--|
| • | | | |
| | | | |
| U | | | |
| - | | | |

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

RSR 65 Ballard Road, 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: | 65 | as of December 31 |
|--|------|-----------------------|
| Number of used tires available for sale on-site: | 0 | as of December 31 |
| Number of used tires sold: | 3314 | 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: | | |
| Brazil Tires - 925-1011 18th Ave, Newark NJ, 07106 | | |

SECTION 8 – WASTE TIRES COLLECTED

| SECTION | 9 - 5 | FIF | INSPEC | TIONS |
|---------|-------|-----|--------|-------|
| | J – U | | | |

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? Ves 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)?

If yes, attach additional sheets identifying each problem and the methods for resolution of the problem Yes 🔽 No

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? | $\overline{\mathbf{A}}$ | | | |
| Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways? | | \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? | | \checkmark | | |
| 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 followi | 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? | | ~ | | |
| 17. Are you doing the following with your concrete (or equivalent surface) pad that is u draining, crushing, etc.? | sed for | vehicle | dismar | 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

| | · · · · · · · · · · · · · · · · · · · | | Shaaldlat |
|-------------|---------------------------------------|-----------|-----------|
| Waste Manag | ement Com | pliance u | necklist |

NA Yes

Compliance

No

| Have the following wastes been drained, removed, deployed, collected and/or stor practices, prior to vehicle crushing or shredding? | ed follov | ving be: | st mana | agement | | |
|---|--------------|--------------|---------|---------|--|--|
| 18a. Fluids (including engine oil, transmission fluid, transaxle fluid, front and rear axle fluid, brake fluid, power steering fluid, coolant, and fuel). | | | | | | |
| 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? | | \checkmark | | | | |
| 20. Are fluids stored in closed containers? | | \checkmark | | | | |
| 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? | | 1 | | | | |
| 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 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? | \checkmark | | | | | |
| 32b. Do on-site space heaters burn only used oil that is generated on-site or received from household do-it-yourself generators? | | | | | | |
| 32c. Are combustion gases from used oil space heaters vented to the outside ambient air? | \checkmark | | | | | |

| | | | | 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? | | 1 | | |
| 36. Are used oil filters properly drained, crushed or dismantled? | | 1 | | |
| 37. Are drained oil filters properly recycled or disposed? | | 1 | | |
| 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? | | \checkmark | | |
| 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? | | \checkmark | | |
| 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 month? | | NA pounds | | |
| | | <u> </u> | NA | gallons |

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

COMMENTS? (Attach additional sheets if necessary)

Air bags cannot safely be deployed or removed at this time

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

Atahualpa Delorbe

Name (Print or Type)

Facility Manager

Title (Print or Type)

atahualpa.delorbe@simsmm.com

Email (Print or Type)

820 Route 211 E

Address

Middletown

City

NY 10941

State and Zip

845,360 9218

Phone Number

YES NO ATTACHMENTS: