



## 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			
<b>FACILITY NAME:</b> Performance Auto			
<b>FACILITY LOCATION ADDRESS:</b> 22456 NY 22	<b>FACILITY CITY:</b> Eagle Bridge	<b>STATE:</b> NY	<b>ZIP CODE:</b> 12057
<b>FACILITY TOWN:</b> Hoosick	<b>FACILITY COUNTY:</b> Renns.	<b>FACILITY PHONE NUMBER:</b> 518-686-4268	
<b>FACILITY NYS PLANNING UNIT:</b> (A list of NYS Planning Units can be found at the end of this report).			<b>NYSDEC REGION #:</b> 4
<b>FACILITY TYPE:</b> <input checked="" type="checkbox"/> Vehicle Dismantler DMV I.D. # 7035514	<input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher	<b>NYS DEC ACTIVITY CODE:</b>	
<b>FACILITY CONTACT:</b> Monty Wolfrum	<input type="checkbox"/> public <input type="checkbox"/> private	<b>CONTACT PHONE NUMBER:</b> 518-686-4268	<b>CONTACT FAX NUMBER:</b> 518-686-5382
<b>CONTACT EMAIL ADDRESS:</b>			
OWNER INFORMATION			
<b>OWNER NAME:</b> Monty Wolfrum	<b>OWNER PHONE NUMBER:</b> 518-686-4268	<b>OWNER FAX NUMBER:</b> 518-686-5382	
<b>OWNER ADDRESS:</b> 22456 NY 22	<b>OWNER CITY:</b> Eagle Bridge	<b>STATE:</b> NY	<b>ZIP CODE:</b> 12057
<b>OWNER CONTACT:</b>	<b>OWNER CONTACT EMAIL ADDRESS:</b>		
OPERATOR INFORMATION			
<b>OPERATOR NAME:</b> <input type="checkbox"/> same as owner		<input type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
<b>Preferred address to receive correspondence:</b> <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
<b>Preferred email address:</b> <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
<b>Preferred individual to receive correspondence:</b> <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

<p><b>Did you operate in 2021?</b> <input checked="" type="checkbox"/> Yes; Complete this form.</p> <p><input type="checkbox"/> No; Complete and submit Sections 1 and 13</p>
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**SECTION 2A VDF/REPAIR SHOPS- END-OF-LIFE VEHICLES (ELVs) PROCESSED**

- Provide the number of ELVs received from January 1 to December 31: 1
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 3
- Provide the number of ELVs stored at the facility as of December 31: 1
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 4
- Provide the approximate area used for the storage of vehicles (acres): .5 acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
  - 1) Augie's Wholesale
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_

**SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLES (ELVs) PROCESSED**

- Provide the number of ELVs crushed from January 1 to December 31: \_\_\_\_\_
- 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
	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)	5				
Used Oil** (gallons)	10				
Diesel Fuel (gallons)	0				
Gasoline (gallons)	5				
Engine Coolant/ Antifreeze (gallons)	5				
Window Washing Fluid (gallons)	1				
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 <u>Planning Unit</u> (or state if other than New York)	To Scrap Metal Processor
Ferrous Scrap Metal					<input type="checkbox"/> Yes <input type="checkbox"/> No
Aluminum Scrap Metal					<input type="checkbox"/> Yes <input type="checkbox"/> No
Lead Weights					<input type="checkbox"/> Yes <input type="checkbox"/> No
Non – Ferrous Scrap Metal					<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<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 antilock brake assemblies (ABS).

H&TS \_\_\_\_\_  
(Number)

ABS \_\_\_\_\_  
(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: \_\_\_\_\_

Number of Air Bags Deployed: \_\_\_\_\_

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: \_\_\_\_\_

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

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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: 10 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: 4 during operating year

Indicate name of facility(ies) accepting waste tires:  
Hoosick Tire

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## SECTION 9 – SELF INSPECTIONS

Number of self-inspections conducted for the year: 1

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, 2021:

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are facility personnel trained to implement the Contingency Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does your Contingency Plan include actions to be taken in the event of the following?				
9a. Fire.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9b. Spill or release of vehicle waste fluids.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9c. Unauthorized material received at facility.	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15a. Are the access controls working (i.e. controlling access)?	<input checked="" type="checkbox"/>	<input 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"/>	

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Waste Management Compliance Checklist	Date of Return to			Compliance
	NA	Yes	No	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18b. Lead acid batteries.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18c. Mercury switches or other mercury containing devices, if any.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18d. Refrigerants, if any.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18e. Air bags.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18f. PCB capacitors, if any.	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32c. Are combustion gases from used oil space heaters vented to the outside ambient air?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Are sludges properly recycled or disposed?	<input checked="" type="checkbox"/>	<input 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>N/A</u> pounds <u>N/A</u> gallons			

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

**NO**

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COMMENTS? (Attach additional sheets if necessary)

**NONE**

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**NONE**

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**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

02/14/22  
\_\_\_\_\_  
Date

Monty Wolfrum  
\_\_\_\_\_  
Name (Print or Type)

Owner  
\_\_\_\_\_  
Title (Print or Type)

perfab86@gmail.com  
\_\_\_\_\_  
Email (Print or Type)

22456 NY 22  
\_\_\_\_\_  
Address

Eagle Bridge  
\_\_\_\_\_  
City

NY 12057  
\_\_\_\_\_  
State and Zip

518 686 4268  
( ) \_\_\_\_\_  
Phone Number

ATTACHMENTS:  YES  NO



DEPARTMENT USE ONLY	
DEC ACTIVITY #	
DATE VALIDATED	
EXPIRATION DATE	

### REGISTRATION FORM FOR A SOLID WASTE MANAGEMENT FACILITY

Please read attached instructions (found at the end of this document) before completing this application. This is not a UPA permit. Solid waste management facility operations are not authorized until a registration is validated by the Department. Attach all required information to this form, as described in the instructions.

**1. REQUEST TYPE (check applicable box)**

Initial (new facility)       Renewal       Modification

**2. FACILITY INFORMATION**

Facility Name <b>Performance Auto</b>		Facility Address <b>22456 NY 22</b>	
City/Town <b>Eagle Bridge</b>	Zip Code <b>12057</b>	Phone <b>518-686-4268</b>	DEC Region <b>4</b>
NYTM - E Coordinate	NYTM-N Coordinate	DEC Activity Number (for renewal or modification only)	

**3. FACILITY OWNER**

Owner Name <b>Monty Wolfrum</b>		Owner Address <b>22456 NY 22</b>	
City/Town/State/Zip Code <b>Eagle Bridge, NY 12057</b>	Owner Phone <b>518-686-4268</b>	Owner Email <b>perfab86@gmail.com</b>	

**4. FACILITY OPERATOR**

Operator Name	<input checked="" type="checkbox"/> same as facility owner	Operator Address	
City/Town/State/Zip Code		Operator Phone	Operator Email

**5. SITE OWNER**

Site Owner Name	<input checked="" type="checkbox"/> same as facility owner	Site Owner Address	
City/Town/State/Zip Code		Site Owner Phone	Site Owner Email

**6. PREFERRED CONTACT**

Facility Owner       Site Owner  
 Facility Operator       Other (provide):

**7. FACILITY OPERATING DAYS/HOURS**

Mon.-Fri. 8-5

**8. SERVICE AREA**

Hoosick

**9. SOLID WASTE RECEIVED**

Material	Maximum Throughput		
	Quantity	Units	Frequency (day/month/week/year)
1.			
2.			
3.			
4.			

**10. MATERIAL STORAGE & TOTAL STORAGE CAPACITY**

3 cars, total capacity 15


**11. REGISTRATION TYPE** \* Indicates Addendum required - see instructions for additional details

**Facility Type (check all applicable)**

<input type="checkbox"/> Research, Development, and Demonstration Project [360.18(a)]	<input type="checkbox"/> Waste Tire Collection and Storage [361-6.3(a)(1)]
<input type="checkbox"/> Recyclables Handling and Recovery < 5 tons/day [361-1.3(a)(1)]	<input type="checkbox"/> Waste Tire Sellers [361-6.3(a)(2)]
<input type="checkbox"/> Recyclables Handling and Recovery > 5 tons/day [361-1.3(a)(2)]	<input type="checkbox"/> Waste Tire Retreaders [361-6.3(a)(3)]
<input type="checkbox"/> Land Application and Associated Storage - Storage of Recognizable Food Processing Waste [361-2.3(a)] *	<input checked="" type="checkbox"/> Motor Vehicle Repair Shop - Store 26-50 ELVs on-site at any time [361-7.3(a)(1)]
<input type="checkbox"/> Land Application and Associated Storage - Storage of Manure [361-2.3(b)] *	<input checked="" type="checkbox"/> Vehicle Dismantling Facility - Receive < 25 ELVs/year and store < 50 ELVs on-site at any time [361-7.3(a)(2)]
<input type="checkbox"/> Land Application and Associated Storage - Land Application of Unrecognizable Food Processing Waste or Papermill Residuals [361-2.3(c)] *	<input type="checkbox"/> Scrap Metal Processors [361-7.3(a)(3)]
<input type="checkbox"/> Land Application and Associated Storage - Land Application of Septage [361-2.3(d)] *	<input type="checkbox"/> Motor Vehicle Repair Shop - Store > 50 ELVs on-site at any time [361-7.3(b)(1)]
<input type="checkbox"/> Land Application and Associated Storage - Storage of Septage [361-2.3(e)] *	<input type="checkbox"/> Vehicle Dismantling Facility - Receive > 25 ELVs/year or store > 50 ELVs on-site at any time [361-7.3(b)(2)]
<input type="checkbox"/> Composting - Yard Trimmings [361-3.2(b)(1)] *	<input type="checkbox"/> Mobile Vehicle Crusher [361-7.3(b)(3)]
<input type="checkbox"/> Composting - Source-separated Organics [361-3.2(b)(2)] *	<input type="checkbox"/> Used Cooking Oil and Yellow Grease Processing [361-8.3]
<input type="checkbox"/> Composting - Road-killed Animals or Routine Animal Mortalities [361-3.2(b)(3)] *	<input type="checkbox"/> Navigational Dredged Material Handling and Recovery [361-9.2]
<input type="checkbox"/> Composting - Digestate [361-3.2(b)(4)] *	<input type="checkbox"/> Combustion and Thermal Treatment - Waste Tires [362-1.3(a)]
<input type="checkbox"/> Anaerobic Digestion [361-3.3(b)(1)] *	<input type="checkbox"/> Combustion and Thermal Treatment - Uncontaminated, Unadulterated Wood [362-1.3(b)]
<input type="checkbox"/> Fermentation for Source-separated Organics [361-3.4(b)(1)] *	<input type="checkbox"/> Combustion and Thermal Treatment - Used Cooking Oil or Yellow Grease [362-1.3(c)]
<input type="checkbox"/> Animal Feed Production [361-3.5(b)(1)] *	<input type="checkbox"/> Combustion and Thermal Treatment - Alternative Fuel Storage [362-1.3(d)]
<input type="checkbox"/> Other Organics Recycling [361-3.6(b)(1)] *	<input type="checkbox"/> Transfer Facility [362-3.3]
<input type="checkbox"/> Mulch Processing [361-4.3] *	<input type="checkbox"/> Landfill Reclamation [363-11.2]
<input type="checkbox"/> CDDHRF - Concrete, Brick, Rock [361-5.2(a)(1)]	<input type="checkbox"/> RMW Treatment, Storage, and Transfer - Storage of Radiological RMW [365-2.3(a)] *
<input type="checkbox"/> CDDHRF - Asphalt Pavement or Millings [361-5.2(a)(2)]	<input type="checkbox"/> RMW Treatment, Storage, and Transfer - Treatment of less than 500 lbs/month at the Site of RMW Generation [365-2.3(b)] *
<input type="checkbox"/> CDDHRF - Asphalt Roofing Shingles [361-5.2(a)(3)]	<input type="checkbox"/> RMW Treatment, Storage, and Transfer - Healthcare Facilities that Treat, Store or Dispose of RMW from Other Generators (except Part 364 Transporters) [365-2.3(c)] *
<input type="checkbox"/> CDDHRF - Gypsum Wallboard [361-5.2(a)(4)]	<input type="checkbox"/> Infectious Waste Management - Storage at the Site of Waste Generation [365-3.3(a)] *
<input type="checkbox"/> CDDHRF - Uncontaminated, Unadulterated Wood [361-5.2(a)(5)]	<input type="checkbox"/> Infectious Waste Management - Storage/Transfer Locations Other than the Site of Generation [365-3.3(b)] *
<input type="checkbox"/> CDDHRF - Soil/Sand/Gravel/Rock without contamination [361-5.2(a)(6)] <b>Cannot be combined with 361-5.2(a)(7)</b>	<input type="checkbox"/> Infectious Waste Management - Temporary Treatment Devices at the Site of Waste Generation [365-3.3(c)] *
<input type="checkbox"/> CDDHRF - Restricted Use Fill, Limited-Use Fill [361-5.2(a)(7)] <b>Cannot be combined with 361-5.2(a)(6)</b>	<input type="checkbox"/> Used oil collection centers [374-2.10(a)]
<input type="checkbox"/> CDDHRF - Other CBD with Case-Specific BUD [361-5.2(a)(8)]	<input type="checkbox"/> Facility that holds a Federal Select Agent Program registration and inactivates BSL and ABSL 3 waste on-site* [9/19/19 EDL Para. VIII and 365-2.3(b)]

**12. CERTIFICATION**

I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority as owner (title) of Performance Auto (entity) to sign this registration form pursuant to 6 NYCRR Part 360, Section 360.15. By signing this registration form, I affirm that I have read the applicable regulations and will abide by all conditions of the registration requirements under Parts 360, 361, 362, 363, and 365, as applicable. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Printed/Typed Name <b>Monty Wolfrum</b>	Signature 	Date <b>2/14/22</b>
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