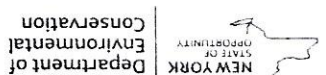


Submit the Annual Report no later than March 1, 2022
 This annual report is for the year of operation from January 01, 2021 to December 31, 2021

AND MOBILE VEHICLE CRUSHER ANNUAL REPORT



SECTION 1 - FACILITY INFORMATION

FACILITY NAME: Phillip R Skow for	
FACILITY LOCATION ADDRESS: 186 Chapman Rd Fulton County	FACILITY TOWN: Fulton
FACILITY CITY: Fulton	FACILITY COUNTY: Shoharie
STATE: NY ZIP CODE: 12071	FACILITY PHONE NUMBER: 518 824 5442
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). NYSDEC REGION #:	
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler <input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher	DMV I.D. # 711820
FACILITY CONTACT: <input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 518 824 5442
CONTACT EMAIL ADDRESS: Phill Skow for	CONTACT FAX NUMBER: 518 824 5442

OWNER NAME: Phillip R Skow for	
OWNER ADDRESS: 126 Chapman Rd Fulton County	OWNER CITY: Fulton
OWNER PHONE NUMBER: 518 824 5442	OWNER FAX NUMBER: 518 824 5442
OWNER CONTACT EMAIL ADDRESS: Phill Skow for	OWNER CONTACT: Phill Skow for

OPERATOR INFORMATION	
OPERATOR NAME: <input type="checkbox"/> same as owner	<input type="checkbox"/> public <input type="checkbox"/> private

PREFERENCES	
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Other (provide):	Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact	Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Other (provide):

Did you operate in 2021? Yes; Complete this form.
 No; Complete and submit Sections 1 and 13

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 2A REPAIR SHOPS - END-OF-LIFE VEHICLES (ELVs) PROCESSED

- Provide the number of ELVs received from January 1 to December 31: _____
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: _____
- Provide the number of ELVs stored at the facility as of December 31: 100
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 100
- Provide the approximate area used for the storage of vehicles (acres): _____
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs: _____

1) WELLS

2) _____

3) _____

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.).

Destination Name & Address	Fluid Volume					Recovered Waste Fluid
	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.)	
	N/A					Refrigerant (pounds)
	✓					Used Oil** (gallons)
	✓					Diesel Fuel (gallons)
	✓					Gasoline (gallons)
	✓					Engine Coolant/ Antifreeze (gallons)
	✓					Window Washing Fluid (gallons)
						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 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:

None Generated

Indicate permitted facility or permitted transporter accepting mercury containing devices:

H&TS (Number) *N/A*

ABS (Number) *N/A*

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

SECTION 5 – MERCURY SWITCHES COLLECTED

Material Types	Received (tons)	Stored On Site (tons)	Sent Off Site (tons)	Destination	
				To Scrap Metal Processor	NYS Planning Unit (or state if other than New York)
Ferrous Scrap Metal		<i>400</i>	<i>200</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Aluminum Scrap Metal		<i>may be 2 tons</i>		<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

Complete this table by reporting the amount of metal received, stored and sent off site, by the facility, during the reporting period.

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 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 9 - SELF INSPECTIONS

Number of self-inspections conducted for the year: *Every 15 minutes*

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 8 - WASTE TIRES COLLECTED

Number of waste tires stored on-site: *Less 1000*

Number of used tires available for sale on-site: *0*

Number of used tires sold: *0*

Number of waste tires shipped off-site for recycling, disposal, other: *0*

Number of waste tires stored on-site: *Less 1000*

Number of used tires available for sale on-site: *0*

Number of used tires sold: *0*

Number of waste tires shipped off-site for recycling, disposal, other: *0*

Indicate name of facility(ies) accepting waste tires: *Carroll Waste*

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

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: _____

Waste Management Compliance Checklist

NA Yes No Compliance

Date of Return to

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 type="checkbox"/>	<input type="checkbox"/>
4.	Are the end-of-life vehicle records available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have all observed leaks been remedied or contained?	<input checked="" type="checkbox"/>	<input 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9a.	Fire.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9b.	Spill or release of vehicle waste fluids.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9c.	Unauthorized material received at facility.	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15a.	Are the access controls working (i.e. controlling access)?	<input type="checkbox"/>	<input checked="" 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 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. 17b. Cleaning spills as they occur. 17c. Collecting and properly disposing of absorbent materials.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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18a. Fluids (including engine oil, transmission fluid, coolant, and fuel), axle fluid, brake fluid, power steering fluid, transaxle fluid, front and rear	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18b. Lead acid batteries.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18c. Mercury switches or other mercury containing devices, if any.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18d. Refrigerants, if any.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18e. Air bags.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18f. PCB capacitors, if any.	<input 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 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 type="checkbox"/>	<input type="checkbox"/>
27a. Are provisions in place to absorb any acid leakage?	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29. Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32c. Are combustion gases from used oil space heaters vented to the outside ambient air?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

18. Have the following wastes been drained, removed, deployed, collected and/or stored following best management practices, prior to vehicle crushing or shredding?

Waste Management Compliance Checklist

NA Yes No Compliance

Date of Return to

Waste Management Compliance Checklist

NA
 Yes
 No
 Compliance

Date of Return to

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35. Are sludges properly recycled or disposed?	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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?	pounds <u>NA</u> gallons _____		

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

100

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: SWMAnnualreport@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
Blair R Skowron

Date
2-28-2025

Name (Print or Type)
Blair R Skowron

Title (Print or Type)
Partner

Email (Print or Type)

Address
186 Chapman Rd

City
Fultonham

State and Zip
NY 12051

Phone Number
518 827-4892

ATTACHMENTS: YES NO