VEHICLE DISMANTLING FACILITY, MOTOR VEHICLE REPAIR SHOP AND MOBILE VEHICLE

CRUSHER ANNUAL REPORT

Submit the Annual Report no later than March 1, 2021. This

annual report is for the year of operation from January 01, 2020 to December 31, 2020

| SECTION 1 – FACILITY INFORMATION | | | | | | | | |
|--|----------------|--------------------------------|-------------|---------------|------------|-------------------|--|--|
| FACILITY INFORMATION | | | | | | | | |
| FACILITY NAME: WEITSMAN RECYCLING - BINGHAMTON DIVISION | | | | | | | | |
| FACILITY LOCATION ADDRESS: FACILITY CITY: STATE: ZIP CODE: | | | | | | | | |
| 10 BRANDYWINE AVENUE | BING | HAMTON | | 13901 | | | | |
| FACILITY TOWN: | FACILITY | COUNTY: | FAC | ILITY P | HON | E NUMBER: | | |
| CITY OF BINGHAMTON | BROC | DME | (60 |)7)7 | 24 | -3244 | | |
| FACILITY NYS PLANNING UNIT: (A list of NYS Broome County | S Planning Uni | ts can be found at the end o | of this rep | ort). | NYS REC | SDEC SION #: 7 | | |
| FACILITY TYPE: Vehicle DismantlerMotor Vehicle Repair ShopNYS DEC ACTIVITY CODE:DMV I.D. #7113790Mobile Vehicle Crusher04\/50037 | | | | | | | | |
| FACILITY CONTACT: | public | CONTACT PHONE | | CONTA | ACT F | AX NUMBER: | | |
| CHRIS PAWCIO | 🔽 private | Private NUMBER: (607) 724-3244 | | | | 607) 724-4350 | | |
| CONTACT EMAIL ADDRESS: BINGHAMTON | @WEITSM | AN.COM | l | | | | | |
| | OWNER | INFORMATION | | | | | | |
| OWNER NAME: | _ | HONE NUMBER: | | | | IMBER: | | |
| WEITSMAN RECYCLING, LLC - BINGHAMTON DIVISION | (607) 724 | 1-3244 | (607 | ′) 724· | -435 | 0 | | |
| OWNER ADDRESS: | OWNER C | | | STA | ΓE: | ZIP CODE: | | |
| P.O. BOX 351 | BINGHAM | | | NY | | 13902 | | |
| OWNER CONTACT: | | ONTACT EMAIL ADD | | | | | | |
| CHRIS PAWCIO | BINGHA | AMTON@WEITS | SMAN | CON | | | | |
| | OPERATO | R INFORMATION | | | | | | |
| OPERATOR NAME: I same as owner | | | | _pub ⊡priv | | | | |
| | PREF | FERENCES | | | | | | |
| Preferred address to receive correspondence: Other (provide): | Facility loo | cation address | V | Owner ad | ldress | | | |
| Preferred email address: Facility Contact | D Ov | vner Contact | | | | | | |
| Preferred individual to receive correspondence Other (provide): | Ə: 🔽 Facilit | y Contact 🚺 Ow | ner Conta | ct | | | | |

| Did you operate in 2020 | Yes; Complete this form. | |
|-------------------------|--------------------------|--|
| | | |

No; Complete and submit Sections 1 and 12.

| | (ELVs) PROCESSED |
|--|------------------|
| • Provide the number of ELVs received from January 1 to December 31: | 3,747 |
| Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: | 3,761 |
| • Provide the number of ELVs stored at the facility as of December 31: | 15 |
| • Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: | 33 |
| Provide the approximate area used for the storage of vehicles (acres): | 0.1acres |
| • Provide the names of scrap metal processors to which you sold or sent deco 1) WEITSMAN SHREDDING, LLC | mmissioned ELVs: |
| 2) | |
| 3) | |
| , <u> </u> | |
| SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLES | (ELVs) PROCESSED |
| • Provide the number of ELVs crushed from January 1 to December 3: | |
| | |
| Provide the names of each facility where you crushed decommissioned ELV | |
| Provide the names of each facility where you crushed decommissioned ELV | |
| | |
| 1) | |
| 1) 2) | |
| 1) 2) 3) | |
| 1) 2) 3) 4) | |

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. \sqrt{s} or X's are not acceptable. Report only fluids generated from dismantling operations not general car repair, etc.).

| | | 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 | 0 | 10 | 30 | 0 | NA |
| Used Oil** (gallons | 0 | 250 | 4,209 | 0 | Hazleton Oil and Environmental, Inc. 300 Tamaqua Street Hazleton, PA 18201-7913 |
| Diesel Fuel (gallons | 0 | 0 | 0 | 0 | NA |
| Gasoline (gallons | 0 | 500 | 11,891 | 0 | LiftSafe FuelSafe, Inc. 515 East Brighton Avenue Syracuse, New York 13210 |
| Engine Coolant/ Antifreeze (gallons | 0 | 20 | 253 | 0 | Hazleton Oil and Environmental, Inc. 300 Tamaqua Street Hazleton, PA 18201-7913 |
| Window Washing Fluid (gallons | 0 | 0 | 0 | 0 | NA |
| 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 | 23,048 | 449 | 22,746 | | □ Yes | □ No | |
| Aluminum Scrap Metal | 728 | 7 | 722 | | ∎Yes | No | |
| Lead Weights | 2.55 | 0 | 3.05 | | D Yes | □ No | |
| Non – Ferrous Scrap Metal | 852 | 17 | 854 | | PYes | □ No | |
| Other (specify): | | | | | PYes | □No | |
| | | | | | D 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 8 (Number)

| ABS | 0 | |
|-------|-----|--|
| (Numb | er) | |

Indicate permitted facility or permitted transporter accepting mercury containing devices: ELVS MERCURY SWITCH PROGRAM

| SECTION 6 – AIR BAGS COLLECTED | | | | | | |
|--|-------|------------------------------|---|--|--|--|
| Provide the number of air bags recover | ered. | | | | | |
| Number of Air Bags Removed: | 0 | Number of Air Bags Deployed: | 0 | | | |

Indicate permitted facility or permitted transporter accepting air bags:

NA

Reprinted (12/20

Number of Air

*CUSTOMER INFORMATION IS CONSIDERED CONFIDENTIAL BUSINESS INFORMATION. THIS INFORMATION WILL BE SUBMITTED SEPARATELY UPON REQUEST AS CONFIDENTIAL.

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:

| 1,097 |
|-------|
|-------|

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

WEITSMAN RECYCLING, LLC - OWEGO DIVISION

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: | 0 | 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: | | |
| NA | | |

| | SECTION 9 – SELF INSPECTIONS | |
|------------------------------------|--|---------------------------------|
| Number of self- | inspections conducted for the year: | 12 |
| Are self-inspec ☑ Yes ☐ No | tion records up-to-date with inspector name, what was inspected, tim | e and date of inspection? |
| At a minimum, ☑ Yes ᅟ☐ No | are fluid storage areas, vehicles, vehicle storage areas inspected for | leaks/spills? |
| | | |
| | | |
| | SECTION 10 – PROBLEMS | |
| Were any probl facility procedu | ems encountered during the reporting period (e.g., specific occurrenc | es which have led to changes in |
| | ems encountered during the reporting period (e.g., specific occurrenc | |
| facility procedu | ems encountered during the reporting period (e.g., specific occurrence)? If yes, attach additional sheets identifying each problem and the me | - |
| facility procedu | ems encountered during the reporting period (e.g., specific occurrence)? | - |

Were there any changes from approved reports, plans, specifications, and permit conditions?

Yes INo 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? | \checkmark | | | |
| 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 following | ng? | - | | |
| 9a. Fire. | | \checkmark | | |
| 9b. Spill or release of vehicle waste fluids. | | \checkmark | | |
| 9c. Unauthorized material received at facility. | | \checkmark | | |
| Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection? | | \checkmark | | |
| 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 ? | | 1 | | |
| 16. Are fluids drained from end-of-life vehicles on a pad constructed of concrete or equivalent material? | | \checkmark | | |
| 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 |
|--|--------------|--------------|--------------|-------------------|
| Waste Management Compliance Checklist | NA | Yes | No | Compliance |
| 18. Have the following wastes been drained, removed, deployed, collected and/or stor practices, prior to vehicle crushing or shredding? | ed follov | wing 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. | | \checkmark | | |
| 18c. Mercury switches or other mercury containing devices, if any. | | \checkmark | | |
| 18d. Refrigerants, if any. | | \checkmark | | |
| 18e. Air bags. | | | 1 | |
| 18f. PCB capacitors, if any. | | | \checkmark | |
| 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? | | \checkmark | | |
| 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? | | \checkmark | | |
| 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? | | \checkmark | | |
| 32. If you do not burn used oil onsite check NA for 32a., 32b., 32c. If you do, then answ | wer 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? | \checkmark | | | |
| 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? | | \checkmark | | |
| 36. Are used oil filters properly drained, crushed or dismantled? | | 1 | | |
| 37. Are drained oil filters properly recycled or disposed? | | \checkmark | | |
| 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? | | \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? | | _ | | 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) |
|-----------|---|
| NONE | |

| | VENUE BIN 3901 607 | CHRIS PAWCIO GENERAL MANAGER Name (Print or Type) Title (Print or Type) BINGHAMTON@WEITSMAN.COM Email (Print or Type) | 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 February 8, 2022 Date Date | 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 | The Owner or Operator must also submit one copy by email, fax or mail to: | 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). |
|--|-----------------------|---|---|--|---|---|
|--|-----------------------|---|---|--|---|---|

SECTION 12 - SIGNATURE AND DATE BY OWNER OR OPERATOR