

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:				
CLON STRO PONICIONALICA				
COY Scrap Proxessing LLC. FACILITY LOCATION ADDRESS:	FACILITY CITY:	:	STATE:	ZIP CODE:
	Montuille		υγ	13111
FACILITY TOWN:	FACILITY COUNTY:			E NUMBER:
FACILITY TOWN:				
Strling FACILITY NYS PLANNING UNIT: (A list of NYS)	Cayuga	315	544-31	33
FACILITY NYS PLANNING UNIT: (A list of NYS	S Planning Units can be found at the end of t	this report)		SDEC
Cayuga			REC	GION #: /
FACILITY TYPE: Vehicle Dismantler	Motor Vehicle Repair Shop N	IYS DEC	ACTIVITY	Y CODE:
DMV I.D. #	☐ Mobile Vehicle Crusher			
FACILITY CONTACT:	public CONTACT PHONE	CC	ONTACT	FAX NUMBER:
3 /	Typrivate NUMBER: 3/5 673-4/3 2		N/A	
CONTACT EMAIL ADDRESS: SSCUR 3)	<u> </u>
CONTACT EMAIL ADDITION. 33Cay 3	OWNER INFORMATION			
OWNER NAME:	OWNER PHONE NUMBER:	OWNE	R FAX NU	JMBER:
OWNER NAME:	315-5734/32			NA
OWNER ADDRESS:	OWNER CITY:		STATE:	ZIP CODE:
2411 Jetniaz Ra	Pranciport		<u>uy</u>	14418
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRE			
shelley Carrier	SSCar 30 bluefre	1. Com		
OPERATOR INFORMATION				
OPERATOR NAME: Same as owner public				
□ private				
Preferred address to receive correspondence: Facility location address Preferred address to receive correspondence:				
Other (provide):	, [] I aunity location address	<u> </u>	1107 2241000	-
Preferred email address: Facility Contact Other (provide):				
Preferred individual to receive correspondence: Facility Contact Owner Contact Other (provide):				
Did you operate in 2021? Yes; Complet	e this form.			
□No; Complete	and submit Sections 1 and 13			
•				

SECTION 2A VDF/REPAIR SHOPS- END-OF-LIFE VEHICLES	(ELVs) PROCESSED
Provide the number of ELVs received from January 1 to December 31:	80
 Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 	40
Provide the number of ELVs stored at the facility as of December 31:	1/2
 Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 	120
Provide the approximate area used for the storage of vehicles (acres):	<u>19.62</u> acres
Provide the names of scrap metal processors to which you sold or sent dece	ommissioned ELVs:
1) 1 popule Shrolding Punder Paparas	
2) Linion Excap Processing	
3)	
SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLES	S (ELVs) PROCESSED
SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLES • Provide the number of ELVs crushed from January 1 to December 3:	S (ELVs) PROCESSED
Provide the number of ELVs crushed from January 1 to December 3:	
 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 number of ELVs crushed from January 1 to December 3: Provide the names of each facility where you crushed decommissioned ELV 	
 Provide the number of ELVs crushed from January 1 to December 3: Provide the names of each facility where you crushed decommissioned ELV 1)	
 Provide the number of ELVs crushed from January 1 to December 3: Provide the names of each facility where you crushed decommissioned ELV 1)	
Provide the number of ELVs crushed from January 1 to December 3: Provide the names of each facility where you crushed decommissioned ELV 1) 2) 3) 4)	

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	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)		\bigcirc		0		
Used Oil** (gallons)	0	190 Sellons	0	0		
Diesel Fuel (gallons)	180 gallons	0		0		
Gasoline (gallons)		100 gallors		0		
Engine Coolant/ Antifreeze (gallons)	45 gellows	US Stellons		0		
Window Washing Fluid (gallons)	35 gullors	0	7)	0		
Other (specify)	0		27	\odot		

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. Destination Received Stored On Site Sent Off Site **Material Types** To Scrap (tons) (tons) (tons) NYS Planning Unit (or state if Metal other than New York) Processor Ferrous Scrap No 16 8,68648 V Yes Metal Aluminum VYes No Scrap Metal ✓Yes ■No Lead Weights Non - Ferrous Yes No Scrap Metal □No Yes Other (specify): ΠNo Yes 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) Indicate permitted facility or permitted transporter accepting mercury containing devices: SECTION 6 - AIR BAGS COLLECTED Provide the number of air bags recovered. Number of Air Bags Deployed: Number of Air Bags Removed: 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 <u>recovered</u> and their disposition.				
Number of Lead-Acid Batteries collected from ELVs: 45				
Indicate permitted facility or permitted transporter accepting lead-acid batteries: **DUTSmern Nagra Webs, Wobalico** **The Company of the				
Any materials disposed must undergo a hazardous waste determination and prohazardous.	per handling, sto	prage and disposal, if		
SECTION 8 – WASTE TIRES COLLI	ECTED			
Number of waste tires stored on-site:	950	as of December 31		
Number of used tires available for sale on-site:		as of December 31		
Number of used tires sold:		during operating year		
Number of waste tires shipped off-site for recycling, disposal, other:		during operating year		
Indicate name of facility(ies) accepting waste tires:				
SECTION 9 - SELF INSPECTIO	NS			
Number of self-inspections conducted for the year:		12		
Are self-inspection records up-to-date with inspector name, what was inspectives \(\subseteq \text{No} \)	ted, time and da	te of inspection?		
At a minimum, are fluid storage areas, vehicles, vehicle storage areas inspec	cted for leaks/sp	ills?		
SECTION 10 - PROBLEMS				
Were any problems encountered during the reporting period (e.g., specific oc facility procedures)?	currences which	have led to changes in		
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 po-				
Yes No If yes, attach additional sheets identifying changes with a ju	stification for ea	ch change.		

SECTION 12 - COMPLIANCE CERTIFICATION

As of December 31, 2021:

				Date of Return to
Waste Management Compliance Checklist	NA	Yes	No	Compliance
 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? 				
Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways?		V		
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?		1		
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.		1		
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?				
12. Is dust controlled to prevent interference with facility operations or from leaving facility site?				
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)?				
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 udraining, crushing, etc.?	used for	vehicle	disma	antling, fluid
17a. Cleaning daily.				
17b. Cleaning spills as they occur.		7		
17c. Collecting and properly disposing of absorbent materials.				

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					0 8 2 2 2 2 3
					Date of Return to
	Waste Management Compliance Checklist	NA	Yes	No	Compliance
18.	Have the following wastes been drained, removed, deployed, collected and/or store practices, prior to vehicle crushing or shredding?	ed follow	ing bes	t mana	gement
	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.		V		
	18c. Mercury switches or other mercury containing devices, if any.	V			
	18d. Refrigerants, if any.				
	18e. Air bags.	V			
	18f. PCB capacitors, if any.	V			
19.	Are fluids stored separately & in containers that are compatible with their contents?		V		
20.	Are fluids stored in closed containers?		V		
21.	Are containers which contain waste fluids in good condition and not visibly leaking?		V		
22.	Are containers clearly and legibly labeled to describe their contents?				
23.	Are containers stored on a bermed pad constructed of concrete or equivalent material?		V		
24.	Are lead-acid batteries stored upright and off the ground?		~		
25.	Are lead-acid batteries covered to protect them from precipitation?		1		
26.	. Are all lead-acid batteries sent for recycling within one-year of receipt?				
27.	. Are <u>leaking</u> lead-acid batteries, if any are encountered, stored in leak-proof containers separated from intact batteries?		U		
	27a. Are provisions in place to absorb any acid leakage?		V		
28.	. Are mercury switches and other mercury containing devices stored in appropriate, labeled containers and then sent for recycling?				
29.	Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal?				
30.	. Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code?		V		
31	. If sent off-site, is used oil transported via a permitted hauler?		V		
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?	V			
	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?	V			

			Date of Return t
NA	Yes	No	Compliance
	V		
V			
	1		
	1		
	<u> </u>	0	pounds gallons
	NA O	NA Yes	NA Yes No NA Yes Na Yes No NA Yes Na

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.

Shelley Civics Signature	2/28/22 Date
Shelly Camer Name (Print or Type)	Title (Print or Type)
Sscar	3 @ blucfrzg. Com
En	nali (Print or Type)
2411 Wetware Rd	Branchport
Address	City
ν 144/8 State and Zin	35 521 - 8014 Phone Number

ATTACHMENTS: YES NO