

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 <u>January 01, 2021</u> to <u>December 31, 2021</u>

SECTION 1 – FACILITY INFORMATION

	FACILITY	INFORMATION	Mahaha aya aya aya aya aya aya aya aya ay		
FACILITY NAME:					
Shulman Co	Inc				
FACILITY LOCATION ADDRESS:	FACILITY	ST	ATE:	ZIP CODE:	
197 E. Washington Ave	E	N	Y	1490)	
FACILITY TOWN:	FACILITY		FACILITY	PHON	NE NUMBER:
	Elmira Chemuns 607-733-7111				
FACILITY NYS PLANNING UNIT: (A list of NY NY R 000730	S Planning Uni	ts can be found at the end of	f this report).		SDEC GION #: 8
FACILITY TYPE: Vehicle Dismantler	Motor	Vehicle Repair Shop	NYS DEC AC	TIVIT	Y CODE:
DMV I.D. #	Mobile	Vehicle Crusher			
FACILITY CONTACT:	public	CONTACT PHONE	CON	TACT	FAX NUMBER:
David Leonardo	private	NUMBER: 607-233-7111	60	607-733-0111	
CONTACT EMAIL ADDRESS:					
		INFORMATION	×.		
OWNER NAME:		HONE NUMBER:	OWNER F		
Stephan Shulman		-733-7111			33-0111
OWNER ADDRESS; Same as	DWNER C		ST	ATE:	ZIP CODE:
OWNER CONTACT:	The state of the s	ONTACT EMAIL ADDR	ESS:		
	OPERATO	R INFORMATION			
OPERATOR NAME: same as owner Leonardo				ublic	
20018 2501,417.00	PRE	FERENCES	Kh	rivate	
Preferred address to receive correspondence Other (provide):		A STATE OF THE STA	Owner	address	S
Preferred email address: Facility Contact Other (provide):		wner Contact			
Preferred individual to receive correspondent Other (provide):	ce: Facili	ty Contact Own	ner Contact		
Did you operate in 2021? Yes; Complete		Sections 1 and 13			

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DECTION ZA VDF/REPAIR SHOPS- END-OF-LIFE VEHICLE	
Provide the number of ELVs received from January 1 to December 31:	15-20
Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31:	15-20
Provide the number of ELVs stored at the facility as of December 31:	
Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31:	_2
Provide the approximate area used for the storage of vehicles (acres):	
Provide the names of scrap metal processors to which you sold or sent decorated.	ecommissioned ELVs:
1) Upstate Shredding	
2) Penn Recycling	
2) 101111 1-10401111 9	
, G	
3)	ES (ELVs) PROCESSED
SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICL	ES (ELVs) PROCESSED
SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICL	MA
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 E	MA
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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)						
Used Oil** (gallons)	28	10	18	-0		
Diesel Fuel (gallons)		75				
Gasoline (gallons)	5	5				
Engine Coolant/ Antifreeze (gallons)	2	2				
Window Washing Fluid (gallons)	2	2				
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.

	Bassived Stored On Site Sont Off Site		Destination	on			
Material Types	(tons)	(tons)	(tons)	NYS <u>Planning Unit</u> (or state if other than New York)	Me	To Scrap Metal Processor	
Ferrous Scrap Metal	1200	65	1135		☐Yes	□No	
Aluminum Scrap Metal	45	7	38		□Yes	□No	
Lead Weights	(0	(□Yes	□No	
Non – Ferrous Scrap Metal	72	4	65		Yes	□No	
Other (specify):		* ***		And Annual Control of the Annual Control of	□Yes	■No	
					□Yes	□No	
Provide the numb (H&TS) and antilo	er of mercury-con	taining devices rec		CHES COLLECTED Ing but not limited to hood & trunk light	ghting sw	itches	
	H&TS (Number)			ABS (Number)			
	facility or permitte		epting mercury c	ontaining devices:			
		SECTION 6 -	- AIR BAGS (COLLECTED	-		
Provide the numb	er of air bags rec	overed.		_			
Number of Air Ba	gs Removed:		Nur	mber of Air Bags Deployed:			
	, ,	Shredin		S:			

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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:						
Indicate permitted facility or permitted transporter accepting lead-acid batteries						
RSR Corporation						
Any materials disposed must undergo a hazardous waste determination and phazardous.	proper handling, st	orage and disposal, if				
SECTION 8 – WASTE TIRES COL	LECTED					
Number of waste tires stored on-site:	15	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:	_5_	during operating year				
Indicate name of facility(ies) accepting waste tires: Seneca Meadows (and fill)						
SECTION 9 – SELF INSPECT	IONS	, 1				
Number of self-inspections conducted for the year:						
Are self-inspection records up-to-date with inspector name, what was inspector name.	ected, time and d	ate of inspection?				
At a minimum, are fluid storage areas, vehicles, vehicle storage areas ins	pected for leaks/s	pills?				
SECTION 10 - PROBLEM	S					
Were any problems encountered during the reporting period (e.g., specific facility procedures)?	occurrences whic	h have led to changes in				
Yes No If yes, attach additional sheets identifying each problem a	and the methods fo	or resolution of the problem				
SECTION 11 - CHANGES	8	***				
Were there any changes from approved reports, plans, specifications, and	d permit condition	s?				
Vos PNo If you attach additional sheets identifying changes with a	a justification for e	ach change				

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