

VEHICLE DISMANTLING FACILITY, MOTOR VEHICLE REPAIR SHOP AND MOBILE VEHICLE CRUSHER ANNUAL REPORT

NYS DEC 5110

This annual report is for the year of operation from January 01, 2021 to December 31, 2021

SECTION 1 – FACILITY INFORMATION 09 2022

FACILITY INFORMATION			
FACILITY NAME: RECEIVED Bennys			
FACILITY LOCATION ADDRESS: 2540 Degroff Rd		FACILITY CITY: Nunda	
FACILITY TOWN: Nunda		FACILITY COUNTY: Livingston	
FACILITY NYS PLANNING UNIT: Glow		STATE: NY	
FACILITY PHONE NUMBER: (585) 468-5551		ZIP CODE: 14517	
FACILITY TYPE: <input type="checkbox"/> Vehicle Dismantler		FACILITY TYPE: <input type="checkbox"/> Motor Vehicle Repair Shop	
DMV I.D. #		FACILITY TYPE: <input type="checkbox"/> Mobile Vehicle Crusher	
FACILITY CONTACT: Mark Wilkins		NYS DEC ACTIVITY CODE:	
CONTACT EMAIL ADDRESS:		CONTACT PHONE NUMBER: (585) 469-5469	
CONTACT FAX NUMBER:		CONTACT FAX NUMBER:	
OWNER INFORMATION			
OWNER NAME: Mark Wilkins		OWNER PHONE NUMBER:	
OWNER ADDRESS: 2539 Degroff Rd		OWNER FAX NUMBER:	
OWNER CITY: Nunda		STATE: NY	
OWNER CONTACT:		ZIP CODE: 14517	
OWNER CONTACT EMAIL ADDRESS: bennysmarkw@gmail.com		OWNER CONTACT EMAIL ADDRESS:	
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public	
		<input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address			
<input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact			
<input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact			
<input type="checkbox"/> Other (provide):			

Did you operate in 2021? Yes; Complete 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: 1029
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 885
- Provide the number of ELVs stored at the facility as of December 31: 750
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 980
- Provide the approximate area used for the storage of vehicles (acres): 10 acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:

- 1) Metalico - Buffalo NY
- 2) _____
- 3) _____

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

- Provide the number of ELVs crushed from January 1 to December 31: 885
- Provide the names of each facility where you crushed decommissioned ELVs:

- 1) Benny's Auto Salvage - 2540 Degroff Rd Nunda NY 14517
- 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 <i>(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)</i>
	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	
Refrigerant	8	0	25	0	
Used Oil**	1600	300	1000	0	
Diesel Fuel	200	0	0	0	
Gasoline	1200	100	0	0	
Engine Coolant/ Antifreeze	100	0	80	0	
Window Washing Fluid	30	0	50	0	
Other Other	0	0	0	0	

* 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	Stored On Site	Sent Off Site	Destination	
				NYS Planning Unit (or state if other than New York)	To Scrap Metal Processor
Ferrous Scrap Metal	3120	600 0000	2520	metalico/Ed Arnolds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Aluminum Scrap Metal	63	15	48	metalico/Ed Arnolds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lead Weights	.01	.001	.009	metalico/Ed Arnolds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Non – Ferrous Scrap Metal	240	25	220	metalico/Ed Arnolds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other					<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 40
(Number)

ABS _____
(Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

Metalico

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:

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:

980

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

Metallico

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:

700

as of December 31

Number of used tires available for sale on-site:

700

as of December 31

Number of used tires sold:

300

during operating year

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

4500

during operating year

Indicate name of facility(ies) accepting waste tires:

Metallico

SECTION 9 – SELF INSPECTIONS

Number of self-inspections conducted for the year:

12

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:

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?		✓		
2. Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways?		✓		
3. Have you recorded the date of receipt for all end-of-life vehicles received?		✓		
4. Are the end-of-life vehicle records available on-site?		✓		
5. Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes?		✓		
6. Have all observed leaks been remedied or contained?		✓		
7. Does your facility have a written Contingency Plan?		✓		
8. Are facility personnel trained to implement the Contingency Plan?		✓		
9. Does your Contingency Plan include actions to be taken in the event of the following?				
9a. Fire.		✓		
9b. Spill or release of vehicle waste fluids.		✓		
9c. Unauthorized material received at facility.		✓		
10. Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection?		✓		
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?		✓		
14. Are waste fluids kept from being discharged onto the ground or into surface waters?		✓		
15. Is access to your facility controlled by: fences, gates, sign and/or natural barriers (not vehicles)?		✓		
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 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.		✓		

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).		✓		
18b. Lead acid batteries.		✓		
18c. Mercury switches or other mercury containing devices, if any.		✓		
18d. Refrigerants, if any.		✓		
18e. Air bags.		✓		
18f. PCB capacitors, if any.		✓		
19. Are fluids stored separately & in containers that are compatible with their contents?		✓		
20. Are fluids stored in closed containers?		✓		
21. Are containers which contain waste fluids in good condition and not visibly leaking?		✓		
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?		✓		
24. Are lead-acid batteries stored upright and off the ground?		✓		
25. Are lead-acid batteries covered to protect them from precipitation?		✓		
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?		✓		
27a. Are provisions in place to absorb any acid leakage?		✓		
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?		✓		
31. If sent off-site, is used oil transported via a permitted hauler?				
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?		✓		
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?		✓		

Waste Management Compliance Checklist	Date of Return to			
	NA	Yes	No	Compliance
33. Is waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers?		✓		
34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?		✓		
35. Are sludges properly recycled or disposed?		✓		
36. Are used oil filters properly drained, crushed or dismantled?		✓		
37. Are drained oil filters properly recycled or disposed?		✓		
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?		✓		
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?		✓		
38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?		✓		
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?	NA			_____ pounds _____ gallons

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

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.

Mark Wilkins
Signature

4/29/22
Date

Mark Wilkins
Name (Print or Type)

Partner
Title (Print or Type)

bennysmarkw@gmail.com
Email (Print or Type)

2540 Degroff Rd
Address

Nunda
City

NY 14517
State and Zip

(585) 468-5551
Phone Number

ATTACHMENTS: YES NO

SCRAP METAL PROCESSORS ANNUAL REPORT

This annual report is for the year of operation from January 01, 2021 to December 31, 2021
SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <i>Benny's</i>			
FACILITY LOCATION ADDRESS: <i>2540 Degroff Rd</i>	FACILITY CITY: <i>Nunda</i>	STATE: <i>NY</i>	ZIP CODE: <i>14517</i>
FACILITY TOWN: <i>Nunda</i>	FACILITY COUNTY: <i>Livingston</i>	FACILITY PHONE NUMBER: <i>(585) 468-5551</i>	
FACILITY NYS PLANNING UNIT: <i>Glow</i>	NYS DEC ACTIVITY CODE: <i>S</i>	NYSDEC REGION #: <i>8</i>	
FACILITY CONTACT: <i>Mark Wilkins</i>	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <i>(585) 468-5551</i>	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <i>Mark Wilkins</i>	OWNER PHONE NUMBER: <i>(585) 468-5551</i>	OWNER FAX NUMBER:	
OWNER ADDRESS: <i>2539 Degroff Rd</i>	OWNER CITY: <i>Nunda</i>	STATE: <i>NY</i>	ZIP CODE: <i>14517</i>
OWNER CONTACT: <i>(585) 469-5469</i>	OWNER CONTACT EMAIL ADDRESS: <i>bennysmarkw@gmail.com</i>		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> same as owner	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2021	<input checked="" type="checkbox"/> Yes; Complete this form.
	<input type="checkbox"/> No; Complete and submit Sections 1 and 5.

SECTION 2 - WASTE FLUIDS RECOVERED

Complete this table by reporting volumes or weights of waste fluids managed at the facility during the reporting period.

Qualitative responses (i.e. √'s or X's) are not acceptable.

Waste Fluid Recovered	Fluid Volume (gallons) or Weight (pounds)				Destination Name & Address <i>(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)</i>
	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	
Refrigerant	8	0	25	0	
Used Oil**	1600	300	1000	0	
Diesel Fuel	200	0	0	0	
Gasoline	1200	100	0	0	
Engine Coolant/ Antifreeze	100	0	80	0	
Window Washing Fluid	30	0	50	0	
Mercury	0	1	0	0	
Other	0	0	0	0	

* 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 3- 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	Stored On-Site	Sent Off-Site	Destination
				NYS Planning Unit (or state if other than New York)
Ferrous Scrap Metal	3120	600	2520	metalico / Ed Arnolds
Aluminum Scrap Metal	63	15	48	metalico / Ed Arnolds
Lead Weights	.01	.001	.009	metalico
Non - Ferrous Scrap Metal	240	25	220	metalico / Ed Arnolds
Other				

SECTION 4 - 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 5 - 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
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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.

Mark Wilkins 4/29/22
Signature Date

Mark Wilkins Partner
Name (Print or Type) Title (Print or Type)

bennysmarkw@gmail.com
Email (Print or Type)

2540 DeGroff Rd Nunda
Address City

NY, 14517 (585) 468-5551
State and Zip Phone Number

ATTACHMENTS: ___ YES NO