

# 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                   |            |                     |                     |  |
|--|-------------------------------|-------------------------------|------------|---------------------|---------------------|--|
| FACILITY NAME:   |                               |                               |            |                     |                     |  |
| Buck's Auto Parts  |                               |                               |            |                     |                     |  |
| FACILITY LOCATION ADDRESS:   | FACILITY                      | CITY:                         |            | STATE:              | ZIP CODE:           |  |
| 1551 Bri. Hen'T. L. Rd   | Roch                          | wkr                           |            | NY                  | 14623               |  |
| FACILITY TOWN:   | FACILITY                      | COUNTY:                       | FACIL      | ITY PHON            | IE NUMBER:          |  |
| Henrietta  | Henrietta Monroe 585 424-4131 |                               |            |                     |                     |  |
| FACILITY NYS PLANNING UNIT: (A list of NYS   | S Planning Uni                | ts can be found at the end of | this repor |                     | SDEC<br>SION #: 8   |  |
| Monroe County  |                               |                               |            | RE                  | GION #: o           |  |
| FACILITY TYPE: Vehicle Dismantler  | Motor                         | Vehicle Repair Shop           | NYS DE     | CACTIVIT            | Y CODE:             |  |
| DMV I.D. # 7001650   | Mobile                        | Vehicle Crusher               |            | NA                  |                     |  |
| FACILITY CONTACT:  | public                        | CONTACT PHONE                 | (          | CONTACT             | FAX NUMBER:         |  |
| John E Uranan  | private                       | NUMBER: 585 424-4/3           | , ,        |                     |                     |  |
| CONTACT EMAIL ADDRESS:   |                               | 013 /= / // 0                 |            |                     |                     |  |
|  | OWNER                         | INFORMATION                   |            |                     |                     |  |
| OWNER NAME: OWNER PHONE NUMBER: OWNER FAX NUMBER:  |                               |                               |            |                     |                     |  |
| John E Unanana   | 5854                          | 124-4131                      |            |                     |                     |  |
| OWNER ADDRESS:   | OWNER C                       |                               |            | STATE:              | ZIP CODE:           |  |
| 1551 Bri. Hen. T. LRd Rochester NY 1462  |                               |                               |            | 14623               |                     |  |
|  | OWNER CONTACT EMAIL ADDRESS:  |                               |            |                     |                     |  |
| John E Unemann   |                               |                               |            |                     |                     |  |
| The state of the s | OPERATO                       | RINFORMATION                  |            | , ,                 |                     |  |
| OPERATOR NAME:   ✓ same as owner   |                               |                               | 1.00       | □public<br>□private |                     |  |
|  | PREI                          | ERENCES                       |            |                     |                     |  |
| Preferred address to receive correspondence:   | Facility lo                   | cation address                |            | wner address        |                     |  |
| Preferred email address: Facility Contact Other (provide):   | □ 0ı                          | wner Contact                  |            |                     |                     |  |
| Preferred individual to receive correspondence Other (provide):  | e: Facilio                    | ty Contact Own                | er Contact |                     |                     |  |
|  |                               |                               |            |                     | RECEIVED            |  |
| Did you operate in 2021? Yes; Complete   | e this form.                  |                               |            |                     | MAR 0 8 2022        |  |
| ☐ No; Complete   | and submit S                  | Sections 1 and 13             |            |                     | DEC - REGION 8 AVON |  |

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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.).

| Waste Fluid<br>Recovered<br>Refrigerant<br>(pounds) | Used<br>on-site<br>(oil heater,<br>etc.) | Stored<br>on-site at<br>year-end | Sold/<br>Recycled |                       | (Indicate permitted facility or                         |
|---|--|----------------------------------|-------------------|-----------------------|---|
|   |  | year-end                         | off-site          | Disposed<br>off-site* | permitted Part 364 transporter accepting waste fluids.) |
|   | 0  | 5 /7 1P2<br>yblox                | 0                 | Ò                     |   |
| Used Oil**<br>(gallons)                             | 0  | یر                               | 0                 | Q                     |   |
| Diesel Fuel<br>(gallons)                            |  |                                  |                   |                       |   |
| Gasoline<br>(gallons)                               |  |                                  |                   |                       |   |
| Engine Coolant/<br>Antifreeze (gallons)             |  |                                  |                   |                       |   |
| Window Washing<br>Fluid (gallons)                   |  |                                  |                   |                       |   |
| Other (specify)                                     |  |                                  |                   |                       |   |

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

<sup>\*\*</sup> 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.

|  |                    | S. 10 S.                                   | C                       | Destination   |           |                       |
|--|--------------------|--|-------------------------|---|-----------|-----------------------|
| Material Types                           | Received<br>(tons) | Stored On Site<br>(tons)                   | Sent Off Site<br>(tons) | NYS <u>Planning Unit (</u> or state if other than New York)           | Me        | crap<br>etal<br>essor |
| Ferrous Scrap<br>Metal                   | ٥                  | 0  | D                       |   | □Yes      | □No                   |
| Aluminum<br>Scrap Metal                  | 6                  | 0  | Ò                       |   | □Yes      | □No                   |
| Lead Weights                             | 0                  | 0  | 6                       |   | □Yes      | □No                   |
| Non – Ferrous<br>Scrap Metal             | 0                  | 0  | 0                       |   | □Yes      | □No                   |
| Other (specify):                         |                    |  |                         |   | □Yes      | □No                   |
|  |                    |  |                         |   | □Yes      | □No                   |
| Provide the number<br>H&TS) and antilock | of mercury-cor     | ntaining devices <u>rec</u><br>lies (ABS). |                         | HES COLLECTED  Ing but not limited to hood & trunk li  ABS 0 (Number) | ghting sw | itches                |

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 O (Number)

H&TS O (Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

Eco Park

10 Avian Prive

585-753-7600

SECTION 6 - AIR BAGS COLLECTED

Provide the number of air bags recovered.

Number of Air Bags Removed:

O Number of Air Bags Deployed:

Eco Park

10 Avian Prive

Reprinted (12/21)

## **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:   | O                         |                           |
| Indicate permitted facility or permitted transporter accepting lead-acid batte   | eries:                    |                           |
| Interstate Pattery   |                           |                           |
| 391 Clay Rd  |                           |                           |
| 585 359-3150   |                           |                           |
| Any materials disposed must undergo a hazardous waste determination ar hazardous.  |                           |                           |
| SECTION 8 – WASTE TIRES CO   | OLLECTED                  |                           |
| Number of waste tires stored on-site:  | Agence 200                | 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     |
| ndicate name of facility(ies) accepting waste tires:   |                           |                           |
| Silvarole Trucking   |                           |                           |
| 85 Silvarde Drive  |                           |                           |
| 585 272 - 0741   |                           |                           |
| SECTION 9 – SELF INSPEC  | CTIONS                    |                           |
| Number of self-inspections conducted for the year:   |                           | 12                        |
| Are self-inspection records up-to-date with inspector name, what was in<br>✓ Yes  ☐ No   | nspected, time and dat    | te of inspection?         |
| At a minimum, are fluid storage areas, vehicles, vehicle storage areas in the storage areas in the storage areas in the storage areas. | nspected for leaks/spi    | lls?                      |
| SECTION 10 - PROBLE  | IMS                       |                           |
| Were any problems encountered during the reporting period (e.g., specifacility procedures)?  | fic occurrences which     | have led to changes in    |
| Yes No If yes, attach additional sheets identifying each problem   | n and the methods for     | resolution of the problem |
| SECTION 11 - CHANG   | ES                        |                           |
| Were there any changes from approved reports, plans, specifications, a   | and permit conditions?    |                           |
| Yes No If yes, attach additional sheets identifying changes wit  | h a justification for eac | ch 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? | Ø        |   |       |                   |
| <ol><li>Is a system in place to control vegetation and prevent it from encroaching onto<br/>fire access lanes or driveways?</li></ol>                      |          |   |       |                   |
| 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?  |          | V   |       |                   |
| 5. Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and<br>unauthorized wastes?  |          | V   |       |                   |
| 6. Have all observed leaks been remedied or contained?   |          | $\square$   |       |                   |
| 7. Does your facility have a written Contingency Plan?   |          |   |       |                   |
| 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 follow   | /ing?    |   |       |                   |
| 9a. Fire.  |          | V   |       |                   |
| 9b. Spill or release of vehicle waste fluids.  |          | M   |       |                   |
| 9c. Unauthorized material received at facility.  |          | Image: Control of the con |       |                   |
| 10. Are spills of waste fluids, if any occur, reported to the NYSDEC<br>Spills Hotline within two hours of detection?                                      |          | V   |       |                   |
| 11. Are all vehicle residues prevented from migrating from or running off your property?   |          | V   |       |                   |
| 12. Is dust controlled to prevent interference with facility operations or from leaving facility site?   |          | V   |       |                   |
| 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?  |          |   |       |                   |
| 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<br>equivalent material?   |          | V   |       |                   |
| 17. Are you doing the following with your concrete (or equivalent surface) pad that is draining, crushing, etc.?   | used for | vehicle   | disma | ntling, fluid     |
| 17a. Cleaning daily.   |          |   |       |                   |
| 17b. Cleaning spills as they occur.  |          | V   |       |                   |
| 17c. Collecting and properly disposing of absorbent materials.   |          | N   |       |                   |

|     |   |           |          |         | 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 follov | ving 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). |           | M        |         |                   |
|     | 18b. Lead acid batteries.   |           | 1        |         |                   |
|     | 18c. Mercury switches or other mercury containing devices, if any.  |           | V        |         |                   |
|     | 18d. Refrigerants, if any.  |           | ~        |         |                   |
|     | 18e. Air bags.  |           | ~        |         |                   |
|     | 18f. PCB capacitors, if any.  |           | 7        |         |                   |
| 19. | Are fluids stored separately & in containers that are compatible with their contents?   |           | $\Box$   |         |                   |
| 20. | Are fluids stored in closed containers?   |           | 1        |         |                   |
| 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?   |           | $\Box$   |         |                   |
| 24. | Are lead-acid batteries stored upright and off the ground?  |           | V        |         |                   |
| 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?                              |           | 7        |         | å.                |
| 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?   |           | 1        |         |                   |
| 32. | If you do not burn used oil onsite check NA for 32a., 32b., 32c. If you do, then answ   | ver 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?                          | <b>I</b>  |          |         |                   |
|     | 32c. Are combustion gases from used oil space heaters vented to the outside<br>ambient air?   | V         |          |         |                   |

|  |    |     |    | 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?  |    |     |    |                     |
| 84. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?  |    |     |    |                     |
| 35. Are sludges properly recycled or disposed?   | V  |     |    |                     |
| 86. Are used oil filters properly drained, crushed or dismantled?  |    | 1   |    |                     |
| 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<br>Termination submission for the SPDES MSGP still accurate and up to<br>date?   |    |     |    |                     |
| 38c. Has the facility's Annual Certification Report for the SPDES MSGP been<br>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 | A_pounds<br>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: 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.

| Jol & U- Jr Signature                 | 3/02/22<br>Date  |
|---------------------------------------|------------------|
| John EUnemenn<br>Name (Print or Type) | <u> </u>         |
| Email (Pri                            | nt or Type)      |
| Address                               | Roche to<br>City |
| NY 14623                              | (585)424 - 412/  |

ATTACHMENTS: YES NO

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