

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

Submit the Annual Report no later than March 1, 2023

This annual report is for the year of operation from January 01, 2022 to December 31, 2022

## **SECTION 1 – FACILITY INFORMATION**

FACILITY INFORMATION							
FACILITY NAME:							
PARTS ARE US INC/ D/B/A A & G USED AUTO PARTS							
FACILITY LOCATION ADDRESS:	LOCATION ADDRESS: FACILITY CITY: STATE: ZIP CODE:						
1937B FLUSHING AVE	QUEE	ENS		NY	11385		
FACILITY TOWN:	FACILITY TOWN: FACILITY COUNTY: FACILITY PHONE NUMBER:						
RIDGEWOOD QUEENS 718-497-3900							
FACILITY NYS PLANNING UNIT: (A list of NY New York City	S Planning Uni	ts can be found at the end o	f this repo		SDEC GION #:2		
FACILITY TYPE: Vehicle Dismantler DMV I.D. #7070016			NYS DE 41V500	C ACTIVIT	Y CODE:		
FACILITY CONTACT:	public	CONTACT PHONE		CONTACT	FAX NUMBER:		
ANTHONY WHITE	private	NUMBER: 718-497-3900			6-7054		
CONTACT EMAIL ADDRESS: AGAUTODI	SM@AOL.	COM					
	OWNER	INFORMATION					
OWNER NAME:		HONE NUMBER:		ER FAX NU			
PARTS ARE US INC/	718-497		/18-	456-705	1		
OWNER ADDRESS:OWNER CITY:STATE:ZIP CODE:1937B FLUSHING AVEQUEENSNY11385							
OWNER CONTACT:	OWNER C	ONTACT EMAIL ADDR	RESS:				
FREDRICK KIRSCHBAUM	AGAUT	ODISM@AOL.CC	M				
OPERATOR INFORMATION							
OPERATOR NAME: ☐ same as owner ☐ public ANTHONY WHITE ☐ private							
PREFERENCES							
Preferred address to receive correspondence: Facility location address  Owner address  Other (provide):							
Preferred email address: Facility Contact Owner Contact  Other (provide):							
Preferred individual to receive correspondence: Facility Contact Owner Contact  Other (provide):							
Did you operate in 2022? Yes; Complete this form.							
No; Complete and submit Sections 1 and 13							

SECTION 2A VDF/REPAIR SHOPS- END-OF-LIFE VEHICLE	,
Provide the number of ELVs received from January 1 to December 31:	1116
<ul> <li>Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31:</li> </ul>	1056
Provide the number of ELVs stored at the facility as of December 31:	64
<ul> <li>Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31:</li> </ul>	60
<ul> <li>Provide the approximate area used for the storage of vehicles (acres):</li> </ul>	.75 acres
• Provide the names of scrap metal processors to which you sold or sent dec	commissioned ELVs:
2)	
3)	S (ELVs) PROCESSED
3)SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLES	S (ELVs) PROCESSED
3)SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE: • Provide the number of ELVs crushed from January 1 to December 3:	
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 EL	
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 EL*	
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 EL*  1)	
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 ELT.  N/A	
3) 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 EL1  1)	
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 ELT.  N/A	

## **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.  $\sqrt[4]{s}$  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)	20			60	LOCAL REPAIR SHOPS
Used Oil** (gallons)		40	2400		PLANET EARTH, WANTAGH, NY
Diesel Fuel (gallons)		i			
Gasoline (gallons)	5200				
Engine Coolant/ Antifreeze (gallons)		25	1750		PLANET EARTH, WANTAGH, NY
Window Washing Fluid (gallons)					
Other (specify)					
		;			

<sup>\*</sup> 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. Destination Received Stored On Site **Sent Off Site Material Types** (tons) (tons) (tons) To Scrap NYS Planning Unit (or state if Metal other than New York) **Processor** Ferrous Scrap No Yes Metal Aluminum Yes No Scrap Metal N/A Lead Weights No Yes Non - Ferrous Yes No Scrap Metal Other (specify): Yes □No 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 0 ABS (Number) (Number) Indicate permitted facility or permitted transporter accepting mercury containing devices: SECTION 6 - AIR BAGS COLLECTED Provide the number of air bags recovered. 0 0 Number of Air Bags Removed: Number of Air Bags Deployed: 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:	902	_
Indicate permitted facility or permitted transporter accepting lead-acid batte	eries:	
Any materials disposed must undergo a hazardous waste determination ar hazardous.	nd proper handling,	storage and disposal, if
SECTION 8 – WASTE TIRES CO	OLLECTED	
Number of waste tires stored on-site:	200	as of December 31
Number of used tires available for sale on-site:	100	_ as of December 31
Number of used tires sold:	280	_ during operating year
Number of waste tires shipped off-site for recycling, disposal, other:	4004	_ during operating year
Indicate name of facility(ies) accepting waste tires:  JRG TIRE CENTER, BRONX, NY		
SECTION 9 – SELF INSPEC	TIONS	10
Number of self-inspections conducted for the year:		12
Are self-inspection records up-to-date with inspector name, what was in ☑ Yes ☐ No	spected, time and	date of inspection?
At a minimum, are fluid storage areas, vehicles, vehicle storage areas in Yes No	nspected for leaks/s	spills?
SECTION 10 – PROBLE	MS	
Were any problems encountered during the reporting period (e.g., specifacility procedures)?	fic occurrences whi	ch have led to changes in
Yes No If yes, attach additional sheets identifying each problem	n and the methods t	or resolution of the problem
SECTION 11 - CHANG	ES	
Were there any changes from approved reports, plans, specifications, a	and permit condition	ıs?
Yes No If yes, attach additional sheets identifying changes with	n a justification for e	each change.

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## **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?				
<ol><li>Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways?</li></ol>	V			
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 unauthorized wastes?		V		
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?		7		
9. Does your Contingency Plan include actions to be taken in the event of the following	ng?			
9a. Fire.		>		
9b. Spill or release of vehicle waste fluids.		~		
9c. Unauthorized material received at facility.	V			
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?		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?	~			
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)?		1		
16. Are fluids drained from end-of-life vehicles on a pad constructed of concrete or equivalent material?	4-7	~		
17. Are you doing the following with your concrete (or equivalent surface) pad that is u draining, crushing, etc.?	sed for	vehicle	disma	ntling, fluid
17a. Cleaning daily.		~		
17b. Cleaning spills as they occur.		V		
17c. Collecting and properly disposing of absorbent materials.		~		

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32b. Do on-site space heaters burn only used oil that is generated on-site or

32c. Are combustion gases from used oil space heaters vented to the outside

received from household do-it-yourself generators?

ambient air?

Waste Management Compliance Checklist	NA	Yes	No	Date of Return to
33. Is waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers?		V		
4. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?	V			
5. Are sludges properly recycled or disposed?	V			
6. Are used oil filters properly drained, crushed or dismantled?		V		
7. Are drained oil filters properly recycled or disposed?		V		
<ol> <li>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:</li> </ol>			13-37	
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?		V		
38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?		V		
89. 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 nonth?		-		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: 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.

The Signature	
Fred Kirschbaum Name (Print or Type)	Title (Print or Type)
AGAUTOMSM@A	
Email (Pr	int or Type)
1937 FLUSHONG AUE	RIDGEWOOD
Address	City
NY 11385	(78, 497 - 3900
State and Zip	Phone Number

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ATTACHMENTS:	YES		ľΝΟ