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## 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:	· · · · · · · · · · · · · · · · · · ·						
EIGHTEEN AUTO P.	ARTS, INC.						
FACILITY LOCATION ADDRESS:	FACILITY CITY:	STATE: ZIP CODE:					
127-40 Willets Pt. Blud.	Corona	NY 11368					
FACILITY TOWN:	FACILITY COUNTY:	FACILITY PHONE NUMBER:					
Corona	Queens	718 335-8624					
FACILITY NYS PLANNING UNIT: (A list of NYS	Planning Units can be found at the end of t	his report). NYSDEC REGION #: 2					
FACILITY TYPE:	Motor Vehicle Repair Shop	YS DEC ACTIVITY CODE:					
DMV I.D. #7053833	Mobile Vehicle Crusher						
FACILITY CONTACT:	public CONTACT PHONE	CONTACT FAX NUMBER:					
Yoset Koralashvili	□ private NUMBER: 718 335 8624	718 335-4900					
CONTACT EMAIL ADDRESS: A JKORAL @ MSN. WM							
OWNER INFORMATION							
OWNER NAME:	OWNER PHONE NUMBER:	OWNER FAX NUMBER:					
Yoset Koralushvili	718 335-8674	718 335 - 4900					
OWNER ADDRESS: 141-22 TIST AVE	OWNER CITY:	STATE: ZIP CODE:					
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRE	SS:					
718 335-8674	AJKORAL (WMSN, (						
OPERATOR INFORMATION							
OPERATOR NAME: Same as owner	ан на приладание на приладание со стание на стание На стание на						
		private					
PREFERENCES							
Preferred address to receive correspondence:	Facility location address	Owner address					
Preferred email address: Facility Contact	Owner Contact						
Preferred individual to receive correspondence: Precility Contact Other (provide):							
Did you operate in 2022? Ves; Complete	e this form.						
No; Complete	and submit Sections 1 and 13						

SECTION 2A VDF/REPAIR SHOPS- END-OF-LIFE VEHICLI	
Provide the number of ELVs received from January 1 to December 31:	
<ul> <li>Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31:</li> </ul>	_17
<ul> <li>Provide the number of ELVs stored at the facility as of December 31:</li> </ul>	25
<ul> <li>Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31:</li> </ul>	25
<ul> <li>Provide the approximate area used for the storage of vehicles (acres):</li> </ul>	1,000 SQ.FT. acres
Provide the names of scrap metal processors to which you sold or sent d     Gershow Recycling	ecommissioned ELVs:
2)	
-,	
3)	ES (ELVs) PROCESSED
3) SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLI	ES (ELVs) PROCESSED
3) SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLI • Provide the number of ELVs crushed from January 1 to December 3:	<u>()</u>
<ul> <li>3)</li></ul>	<u>()</u>
3)	<u>()</u>
3)  SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLI  • Provide the number of ELVs crushed from January 1 to December 3:  • Provide the names of each facility where you crushed decommissioned E  1)  2)	<u>()</u>
3) SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLI  • Provide the number of ELVs crushed from January 1 to December 3:  • Provide the names of each facility where you crushed decommissioned E  1) 2) 3)	<u>()</u>
	<u>()</u>

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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.  $\sqrt{3}$  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/ R <b>ecycled</b> off-site	Disposed off-site*	(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)		
Refrigerant (pounds)	5 lbs.				Eighteen Auto Ports		
<b>Used Oil**</b> (gallons)			*** ****	55 Gal	Cobra Scrap Waste Oil Removal, 1488 Der Pork AVE North Bubylon, NY 11703		
Diesel Fuel (gallons)	NA	,√,A	NA	JА	N,A		
<b>Gasoline</b> (gallons)	15Gal				Eighteen Auto Parts		
Engine Coolant/ Antifreeze (gallons)				10 Gal	Cobra Scrap Waste Cil Renxoval, 1488 Der Pork Are North Babylon, NY 11703		
Window Washing Fluid (gallons)	5Gal				Eighteen Auto Puts		
Other (specify)							

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

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<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.

	Descived	Stored On Site	Cont Off Site	Destination		
Material Types	Received (tons)	Stored On Site (tons)	Sent Off Site (tons)	NYS <u>Planning Unit (</u> or state if other than New York)	Me	icrap etal essor
Ferrous Scrap Metal	None				∏Yes	⊡No
Aluminum Scrap Metal	None				□Yes	⊡No
Lead Weights	None				□Yes	DN₀
Non – Ferrous Scrap Metal	None				□Yes	<b>□</b> No
Other (specify):	Lun				□Yes	<b>⊡</b> No
					□Yes	

## **SECTION 5 – MERCURY SWITCHES COLLECTED**

Provide the number of mercury-containing devices <u>recovered</u>. Including but not limited to hood & trunk lighting switches (H&TS) and antilock brake assemblies (ABS).

H&TS () (Number)

ABS	O
(Number	)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

SE	CTION 6 - AIR	BAGS COLLECTED	
Provide the number of air bags <u>recovere</u>	<u>d</u> .		
Number of Air Bags Removed:		Number of Air Bags Deployed:	_17_
Indicate permitted facility or permitted tr	ansporter acceptir	ng 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:

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

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:

Number of used tires available for sale on-site:

Number of used tires sold:

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

Indicate name of facility(ies) accepting waste tires:

as of December 31	
during operating year	
	$\hat{O}$

perating year during operating year

as of December 31

SECTION 9 – SELF INSPECT	IONS
Number of self-inspections conducted for the year:	50
Are self-inspection records up-to-date with inspector name, what was insp	pected, time and date of inspection?
At a minimum, are fluid storage areas, vehicles, vehicle storage areas insported by the No	pected for leaks/spills?
SECTION 10 - PROBLEM	S
Were any problems encountered during the reporting period (e.g., specific facility procedures)?	occurrences which have led to changes in
Yes XNo If yes, attach additional sheets identifying each problem a	and the methods for resolution of the problem
SECTION 11 - CHANGES	3
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:

				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?	$\boxtimes$			
<ol> <li>Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways?</li> </ol>		X		
3. Have you recorded the date of receipt for all end-of-life vehicles received?		$\square$		
4. Are the end-of-life vehicle records available on-site?		$\square$		
5. Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes?		$\square$		
6. Have all observed leaks been remedied or contained?		$\square$		
7. Does your facility have a written Contingency Plan?		$\square$		
8. Are facility personnel trained to implement the Contingency Plan?		$\square$		
9. Does your Contingency Plan include actions to be taken in the event of the followin	ıg?			
9a. Fire.		$\square$		
9b. Spill or release of vehicle waste fluids.		$\mathbf{X}$		
9c. Unauthorized material received at facility.		$\square$		
10. Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection?		$\square$		
<ol> <li>Are all vehicle residues prevented from migrating from or running off your property?</li> </ol>		$\square$		
12. Is dust controlled to prevent interference with facility operations or from leaving facility site?		$\square$		
13. Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations?		$\boxtimes$		
14. Are waste fluids kept from being discharged onto the ground or into surface waters?		$\square$		
15. Is access to your facility controlled by: fences, gates, sign and/or natural barriers (not vehicles)?		$\square$		
15a. Are the access controls working (i.e. controlling access)?		$\square$		
16. Are fluids drained from end-of-life vehicles on a pad constructed of concrete or equivalent material?		$\square$		
17. Are you doing the following with your concrete (or equivalent surface) pad that is us draining, crushing, etc.?	sed for	vehicle	dismar	ntling, fluid
17a. Cleaning daily.		$\square$		
17b. Cleaning spills as they occur.		$\square$		
17c. Collecting and properly disposing of absorbent materials.		$\square$		

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				Date of Return to
Waste Management Compliance Checklist	NA	Yes	No	Compliance
<ol> <li>Have the following wastes been drained, removed, deployed, collected and/or stor practices, prior to vehicle crushing or shredding?</li> </ol>	ed follow	wing be	st 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.		X		
18c. Mercury switches or other mercury containing devices, if any.				
18d. Refrigerants, if any.		$\mathbf{X}$		
18e. Air bags.				
18f. PCB capacitors, if any.		X		
19. Are fluids stored separately & in containers that are compatible with their contents?		$\square$		
20. Are fluids stored in closed containers?		X		
21. Are containers which contain waste fluids in good condition and not visibly leaking?		$\square$		
22. Are containers clearly and legibly labeled to describe their contents?		$\square$		
23. Are containers stored on a bermed pad constructed of concrete or equivalent material?		$\square$		
24. Are lead-acid batteries stored upright and off the ground?		X		
25. Are lead-acid batteries covered to protect them from precipitation?		$\square$		
26. Are all lead-acid batteries sent for recycling within one-year of receipt?		$\boxtimes$		
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?		$\mathbf{X}$		
28. Are mercury switches and other mercury containing devices stored in appropriate, labeled containers and then sent for recycling?		$\boxtimes$		
29. Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal?		$\boxtimes$		<u></u>
30. Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code?		$\boxtimes$		
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 answ	wer 32a	. <b>, 32</b> b.,	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?			$\boxtimes$	
32b. Do on-site space heaters burn only used oil that is generated on-site or received from household do-it-yourself generators?			$\boxtimes$	
32c. Are combustion gases from used oil space heaters vented to the outside ambient air?		$\boxtimes$		

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	Date	of	Rei	Ш	m	fre	3
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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?		$\square$		
34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?		$\mathbf{X}$		
35. Are sludges property recycled or disposed?		$\mathbf{X}$		
36. Are used oil filters property drained, crushed or dismantled?	X			
37. Are drained oil filters property recycled or disposed?		X		
<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>				
38a. If required by the SPDES MSGP, has a Stormwater Pollution Prevention Plan been prepared for this facility?	$\boxtimes$			
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?	$\boxtimes$			
38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?	$\square$			
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? $N$ , $A$				_ pounds gallons

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

COMMENTS? (Attach additional sheets if necessary)

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#### 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:

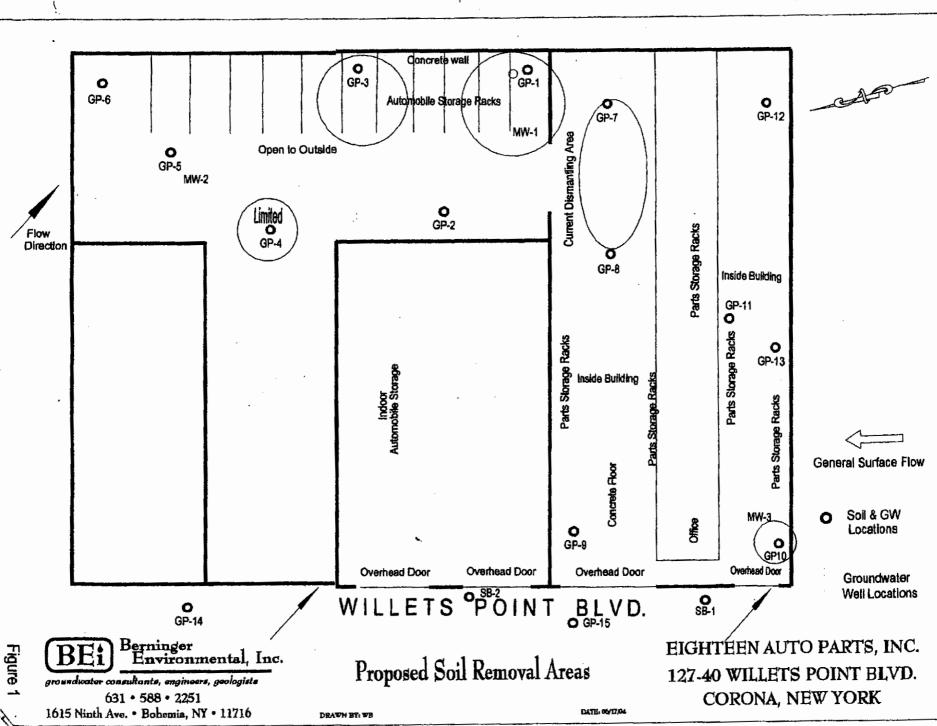
#### New York State Department of Environmental Conservation **Division of Materials Management Bureau of Solid Waste Management** 625 Broadway Albany, New York 12233-7260 Fax 518-402-9041 Email address: SWMFannualreport@dec.ny.gov

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 property 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.

Ĉ Signature Name (Print or 'Û Email (Print or Type) Address

State and Zip

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#### NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water, Bureau of Water Permits 625 Broadway, Albany, New York 12233-3505 P: (518) 402-8111 | F: (518) 402-9029 www.dec.ny.gov

5/29/2019

## EIGHTEEN AUTO PARTS INC 127-40 WILLETS POINT BLVD CORONA, NY 11368

Re: Acknowledgement of the Conditional No Exposure Certification for exclusion from permitting under the SPDES Multi-Sector General Permit for Stormwater Discharges Associated with Industrial Activity (GP-0-17-004)

Dear Owner/Operator:

This is to acknowledge that the New York State Department of Environmental Conservation (the Department) has received a complete Conditional No Exposure Certification for exclusion from permitting under the terms and conditions imposed by the New York State Department of Environmental Conservation (DEC) SPDES Multi-Sector General Permit for Stormwater Discharges Associated with Industrial Activity (GP-0-17-004) (MSGP) for the following facility:

EIGHTEEN AUTO PARTS INC 127-40 WILLETS POINT BLVD CORONA, NY 11368

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The Conditional No Exposure Certification identification number for this facility is NYR00D369. Please be sure to include this identification number on any forms or correspondence you send the Department related to this Conditional No Exposure Certification.

This facility has been granted exclusion from permitting under the terms and conditions imposed by the MSGP, effective 12/31/2018. It is not, however, a Department determination of the validity of the information you provided. Your signature on the Conditional No Exposure Certification form certifies that you have read, understood and are implementing all of the applicable requirements. An important aspect of this certification requires that you have correctly determined whether you are eligible for permitting exclusion under MSGP.

The Conditional No Exposure Certification is valid for a 5-year term. You will need to submit a new Conditional No Exposure Certification Form on or before 12/31/2023 in order to maintain the Conditional No Exposure Certification. The Conditional No Exposure Certification Form can found on the Department's website at <a href="http://www.dec.ny.gov/docs/water\_pdf/noexposure.pdf">http://www.dec.ny.gov/docs/water\_pdf/noexposure.pdf</a>.



If you determine you are no longer eligible for the Conditional No Exposure Certification, you must apply for coverage under MSGP. Information regarding the MSGP and a copy of the Notice of Intent needed to obtain coverage under the MSGP can be found on the Department's website at <u>http://www.dec.ny.gov/chemical/9009.html</u>

Conditional No Exposure Certification only relieves a facility of the responsibility to obtain a permit for stormwater discharges covered by the MSGP. If you have questions whether or not your facility needs other permits related to stormwater discharges, you should contact your Regional Permit Administrator (<u>http://www.dec.ny.gov/about/39381.html</u>).

If you have any questions or require additional information, please contact me at (518) 402-8108 or steven.mccague@dec.ny.gov

Sincerely,

Ateven J. Mª Cag

Steven J McCague, P.E. MSGP Permit Coordinator