MEW YORK OPPORTUNITY Environmental Conservation

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

SECTIO	ON 1 - FACILITY	INFORMATIC	N	
	FACILITY INFOR	MATION		
FACILITY NAME: Auto Salvage T	echnol 9	is In	-	
FACILITY LOCATION ADDRESS:	FACILITY CITY:		STA	
3107 Rt 28 Herkinur	Pler	imer	N-	1 13350
FACILITY TOWN:	FACILITY COUNT	Υ:		HONE NUMBER:
Herkimer	Merkin	res	315 2	3007278
FACILITY NYS PLANNING UNIT: (A list of NY heida - Herkines	Solic Was		this report).	NYSDEC REGION #: 6
FACILITY TYPE: Vehicle Dismantler	Motor Vehicle	Repair Shop	NYS DEC ACT	IVITY CODE:
DMV I.D. #	Mobile Vehicl	e Crusher		
FACILITY CONTACT:	Diprivate NUME	ACT PHONE ER: 5 7171531	CONT	ACT FAX NUMBER:
CONTACT EMAIL ADDRESS:		- 11		
	OWNER INFORM	ATION		
OWNER NAME:	OWNER PHONE	UMBER:	OWNER FA	X NUMBER:
Albert Dodlen	315 52	50858		
OWNER ADDRESS:	OWNER CITY:	ort.	STA	TE: ZIP CODE: 3340
OWNER CONTACT:	OWNER CONTAC			
Amanda Craux	Cruin929	192 @9m	ail.com	
	OPERATOR INFO	RMATION		
DPERATOR NAME: Same as owner			Dpub Dpriv	
	PREFERENC	CAR CAR IN COMPANY	110	
Preferred address to receive correspondence: Other (provide): P-0 B 9 5 Preferred email address: Facility Contact	Facility location add	ur NY	0wner ad 13350	ldress
] Other (provide): Preferred individual to receive correspondence] Other (provide):	9: Facility Contact	Owne	ər Contact	
bid you operate in 2022? Ves; Complete	this form.			

SECTION 2A VDF/REPAIR SHOPS- END-OF-LIFE VEHICLES (ELVs) PROCESSED 120 • Provide the number of ELVs received from January 1 to December 31: · Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 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: · Provide the approximate area used for the storage of vehicles (acres): acres · Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs: 1) 2) 3) SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLES (ELVs) PROCESSED • Provide the number of ELVs crushed from January 1 to December 3: · Provide the names of each facility where you crushed decommissioned ELVs: 1) 2) 3) 4) 5)_ 6)_ Reprinted (12/22)

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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	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)	0	б	12	0	RE nither
Used Oil** (gallons)	370	0	0	0	Crystal Clean
Diesel Fuel (gallons)	200	0	0	0	Crystal Clean Crystal Clean
Gasoline (gallons)	670	0	0	0	Egan Enviramete
Engine Coolant/ Antifreeze (gallons)	0	6	0	600	Solvants & Petroleu
Window Washing Fluid (gallons)	40	0	0	0	arystel Chean
Other (specify)	- Unit			i a Mercan	
				(m) ··· (lip-)	

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

	Received	Stored On Site	Sent Off Site	Destination		
Material Types	(tons)	(tons)	(tons)	NYS <u>Planning Unit (</u> or state if other than New York)	To Scrap Metal Processor	
Ferrous Scrap Metal	6000	20	6000	Tioga County	Yes	□No
Aluminum Scrap Metal	45	0	45	The other	Pres	□ No
Lead Weights	1	0	- 11/1	Tioga County	Tres	□ No
Non – Ferrous Scrap Metal	230	0	240 -	Tiogo (aenty	Pres	No
Other (specify):				Jeen	Yes	□No
	and the second	a sharen ma			Yes	No

Complete this table by reporting the amount of metal received, stored and sent off site, by the facility, during the reporting period.

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).

15 H&TS (Number)

ABS (Number)

icos

Indicate permitted facility or permitted transporter accepting mercury containing devices:

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:

15

as of December 31

as of December 31

during operating year

during operating year

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:

SECTION 9 – SELF INSPECTIONS

Number of self-inspections conducted for the year:

Are self-inspection records up-to-date with inspector name, what was inspected, time and date of inspection?

At/a minimum, are fluid storage areas, vehicles, vehicle storage areas inspected for leaks/spills?

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 Woo 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. MC	If your facility stores LESS THAN 1,000 tires, check NA. If your facility stores RE THAN 1,000 tires, do you have a PART 360 permit for tire storage?	V			
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?		\square		
4.	Are the end-of-life vehicle records available on-site?		P		
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?		\square		
7.	Does your facility have a written Contingency Plan?		\square		
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 followin	ng?	1		
	9a. Fire.		∇		
	9b. Spill or release of vehicle waste fluids.		\square		
	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?		$\overline{\mathbf{A}}$		
	Are all vehicle residues prevented from migrating from or running off your property?		\square		
12.	Is dust controlled to prevent interference with facility operations or from leaving facility site?		$\overline{\checkmark}$		
	Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations?		\Box		
	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)?		\Box ,		
	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?				
17.	Are you doing the following with your concrete (or equivalent surface) pad that is u draining, crushing, etc.?	sed for	vehicle	dismar	ntling, fluid
	17a. Cleaning daily.		J		
	17b. Cleaning spills as they occur.				
	17c. Collecting and properly disposing of absorbent materials.				

				Date of Return
Waste Management Compliance Checklist	NA	Yes	No	Compliance
18. Have the following wastes been drained, removed, deployed, collected and/or sto practices, prior to vehicle crushing or shredding?	ored follo	wing 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).				
18b. Lead acid batteries.		N	Π	
18c. Mercury switches or other mercury containing devices, if any.		N		
18d. Refrigerants, if any.				
18e. Air bags.		V		
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?		∇_{i}		
21. Are containers which contain waste fluids in good condition and not visibly leaking?		\overline{M}_{1}		
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?		V		
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?		\square		
27. Are <u>leaking</u> lead-acid batteries, if any are encountered, stored in leak-proof containers separated from intact batteries?		\square		
27a. Are provisions in place to absorb any acid leakage?				
8. Are mercury switches and other mercury containing devices stored in appropriate, labeled containers and then sent for recycling?		V		
9. Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal?		Ø/		
Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code?		\checkmark		
 If sent off-site, is used oil transported via a permitted hauler? 		\checkmark		
2. If you do not burn used oil onsite check NA for 32a., 32b., 32c. If you do, then answ	ver 32a.,	32b./3	2c:	
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?		\Box_{i}		
32b. Do on-site space heaters burn only used oil that is generated on-site or received from household do-it-yourself generators?		D)		
32c. Are combustion gases from used oil space heaters vented to the outside ambient air?				

				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?				
34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?		T		
35. Are sludges properly recycled or disposed?		1		
36. Are used oil filters properly drained, crushed or dismantled?				
37. Are drained oil filters properly recycled or disposed?		17		
 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?		P		
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?		Ø		
38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?	P			
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 smail, 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 taw, 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.

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Manda (Vain Name (Print or Type)

Title (Print or Type)

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-0 BOX 5 Markimen

State and Zip

DEAL 153 Phone Number

ATTACHMENTS YES