

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

MAR 01 2023

Submit the Annual Report no later than March 1, 2023

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

LOF MATERIALS MANAGEMENT SECTION	<u>ON 1 – FACILITY INFORMATIO</u>	<u>N</u>					
	FACILITY INFORMATION						
FACILITY NAME:							
PERRY CITY AU	TOMOTIVE						
FACILITY LOCATION ADDRÉSS:	LOCATION ADDRESS: FACILITY CITY: STATE: ZIP CODE:						
6211 BROOK RD	TRUMANSBURG			14886			
FACILITY TOWN:							
ULYSSET	TOMPKINS	VS 607-387-5892					
FACILITY NYS PLANNING UNIT: DOMPKINS	Marie groundstand in Sunt and a section	reserve ( )	NYS REC	SDEC GION #: 7			
FACILITY TYPE: Vehicle Dismantler	Motor Vehicle Repair Shop N	IYS DEC	CACTIVITY	( CODE:			
DMV I.D. # 7017768	Mobile Vehicle Crusher	N		<u>, i.e.</u> - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 1			
FACILITY CONTACT:	public   CONTACT PHONE		ONTACT	AX NUMBER:			
JOE ALCEN	private NUMBER: 607 - 387 - 585	92	NA				
CONTACT EMAIL ADDRESS: NA							
	OWNER INFORMATION						
OWNER NAME: OWNER PHONE NUMBER: OWNER FAX NUMBER:							
JOE ALLEN	607-387-5892	/	VA				
OWNER ADDRESS:	OWNER CITY:		STATE:	ZIP CODE:			
6211 BROOK RD	TRUMANSBURG		NY	14886			
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRE	SS:					
JOE ALLEN	NA						
	OPERATOR INFORMATION						
OPERATOR NAME: same as owner			_public _private				
	PREFERENCES						
Preferred address to receive correspondence Other (provide):	e: 🏞 Facility location address	<u> </u>	vner address				
Preferred email address: Facility Contact  Other (provide): NA	Owner Contact						
Preferred individual to receive correspondent Other (provide):	ce: Facility Contact	r Contact					
Did you operate in 2022? X Yes; Comple	te this form.						
L No; Complete	and submit Sections 1 and 13						

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:	55 Approx
Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31:	55
Provide the approximate area used for the storage of vehicles (acres):	8acres
Provide the names of scrap metal processors to which you sold or sent de	commissioned ELVs:
1) NONE SOLD	
2)	
3)	
3)	
ECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE	S (ELVs) PROCESSED
ECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE	S (ELVs) PROCESSED
ECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE	S (ELVs) PROCESSED
	<u>C) (NA)</u>
ECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLE Provide the number of ELVs crushed from January 1 to December 3:	<u>C) (NA)</u>
Provide the number of ELVs crushed from January 1 to December 3:  Provide the names of each facility where you crushed decommissioned EL	<u>C) (NA)</u>
ECTION 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	<u>C) (NA)</u>
Provide the number of ELVs crushed from January 1 to December 3:  Provide the names of each facility where you crushed decommissioned EL1)	<u>C) (NA)</u>
Provide the number of ELVs crushed from January 1 to December 3:  Provide the names of each facility where you crushed decommissioned EL	<u>C) (NA)</u>
Provide the number of ELVs crushed from January 1 to December 3:  Provide the names of each facility where you crushed decommissioned EL1)	<u>C) (NA)</u>
Provide the number of ELVs crushed from January 1 to December 3:  Provide the names of each facility where you crushed decommissioned EL1)  2)  3)	<u>C) (NA)</u>
Provide the number of ELVs crushed from January 1 to December 3:  Provide the names of each facility where you crushed decommissioned EL1)	<u>C) (NA)</u>

#### **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 Volume			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	0	0	0	Ø	
Used Oil**	0	0	0	0	have used motor oil burner
Diesel Fuel	0	0	0	0	
Gasoline	0	0	0	0	
Engine Coolant/ Antifreeze	0	0	0	0	
Window Washing Fluid (and a	0	0	0	O	
Other sprewie					

<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		
Material Types	Received Stored On Site Sent Off Site NYS Page 15 (or state other than New York)		NYS <u>Hame Lea (</u> or state if other than New York)	To Scrap Metal Processor		
Ferrous Scrap Metal	0	3	0		□Yes	□No
Aluminum Scrap Metal	0	0	0		□Yes	□No
Lead Weights	0	0	0		□Yes	□No
Non – Ferrous Scrap Metal	0	0	O		□Yes	□No
Other (store is					□Yes	□No
					□Yes	□No
Provide the number (H&TS) and antilog	er of mercury-con	taining devices redies (ABS).		CHES COLLECTED  Ing but not limited to hood & trunk li  ABS (Number)	ghting sw	ritches
Indicate permitted  A	facility or permitte	ed transporter acco	epting mercury c	ontaining devices:		
		SECTION 6 -	- AIR BAGS (	COLLECTED		
Provide the number	er of air bags <u>rec</u>	overed.			$\sim$	
Number of Air Bag	gs Removed:		Nur	mber of Air Bags Deployed:	<u> </u>	
Indicate permitted	facility or permit	ted transporter ac	ccepting air bags	s:		

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### **SECTION 7 – LEAD-ACID BATTERIES COLLECTED**

Provide the number of lead-acid batteries recovered and their dispos	sition.		
Number of Lead-Acid Batteries collected from ELVs:	-	0	
Indicate permitted facility or permitted transporter accepting lead-ac	d batteries:		
Any materials disposed must undergo a hazardous waste determina hazardous.	ation and prope	r handling, st	orage and disposal, if
SECTION 8 – WASTE TIR	ES COLLEC	TED	
Number of waste tires stored on-site:	APPROX.	20	as of December 31
Number of used tires available for sale on-site:	APPROX	100	as of December 31
Number of used tires sold:	APPROX	15	during operating year
Number of waste tires shipped off-site for recycling, disposal, other:	-	0_	during operating year
Indicate name of facility(ies) accepting waste tires:			
Used tires sold with No Moun	tor GA	LANCE:	NO Old
tires left behind			
		, 1 /	
Used tires for the most part are	Cabeled	9 Kep	+ Indoors
SECTION 9 – SELF IN	SPECTIONS	<u> </u>	
Number of self-inspections conducted for the year:			4
Are self-inspection records up-to-date with inspector name, what   ☐ Yes ☐ No	t was inspected	f, time and da	ate of inspection?
At a minimum, are fluid storage areas, vehicles, vehicle storage Yes No	areas inspecte	d for leaks/sp	ills?
SECTION 10 - PR	OBLEMS	••	
Were any problems encountered during the reporting period (e.g. facility procedures)?	., specific occur	rences which	have led to changes in
Yes No If yes, attach additional sheets identifying each	problem and th	e methods for	r resolution of the problem
SECTION 11 - CH	IANGES		
Were there any changes from approved reports, plans, specifica	tions, and pern	nit conditions	?
☐ Yes ເ⊠No If yes, attach additional sheets identifying chan	ges with a justif	fication for ea	ch change.

## **SECTION 12 – COMPLIANCE CERTIFICATION**

22. As of December 31, <del>2021</del>:

				,	Date of Return to
	Waste Management Compliance Checklist	NA	Yes	No	Compliance
1. MO	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?	X			
2.	Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways?		X		
3.	Have you recorded the date of receipt for all end-of-life vehicles received?		X		
4.	Are the end-of-life vehicle records available on-site?		$\chi$		<b>,</b>
5.	Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes?		X		BMP's PRATICE for decades
6.	Have all observed leaks been remedied or contained?		X		NO LEAKS Detecte
7.	Does your facility have a written Contingency Plan?		X		
8.	Are facility personnel trained to implement the Contingency Plan?		X		Nomployers
9.	Does your Contingency Plan include actions to be taken in the event of the following	ng?			
	9a. Fire.		X		
	9b. Spill or release of vehicle waste fluids.		X		
	9c. Unauthorized material received at facility.		$\boxtimes$		
10.	Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection?		K		
11.	Are all vehicle residues prevented from migrating from or running off your property?		X		
12.	Is dust controlled to prevent interference with facility operations or from leaving facility site?		X		
13.	Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations?		X		
14.	Are waste fluids kept from being discharged onto the ground or into surface waters?		X		
15.	Is access to your facility controlled by: fences, gates, sign and/or natural barriers (not vehicles)?		X		
	15a. Are the access controls working (i.e. controlling access)?		$\times$		
	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 udraining, crushing, etc.?	ised for	vehicle	dismaı	
	17a. Cleaning daily.		X		AS REQUIRED
	17b. Cleaning spills as they occur.		X		
	17c. Collecting and properly disposing of absorbent materials.		$\overline{\times}$		

					e.
					Date of Return to
	Waste Management Compliance Checklist	ŇΑ	Yes	No	Compliance
18.	Have the following wastes been drained, removed, deployed, collected and/or store practices, prior to vehicle crushing or shredding?	ed follow	ing bes	st mana	igement
	18a. Fluids (including engine oil, transmission fluid, transaxle fluid, front and rear axle fluid, brake fluid, power steering fluid, coolant, and fuel).	X			CRUSHINS
	18b. Lead acid batteries.	X			on site
	18c. Mercury switches or other mercury containing devices, if any.	X			NO SCRAP
	18d. Refrigerants, if any.	$\times$			PROCESSIN
	18e. Air bags.	X			SITE
	18f. PCB capacitors, if any.	X			)
19.	Are fluids stored separately & in containers that are compatible with their contents?		X		
20.	Are fluids stored in closed containers?		X		
21.	Are containers which contain waste fluids in good condition and not visibly leaking?		X		
22.	Are containers clearly and legibly labeled to describe their contents?		X		
23.	Are containers stored on a bermed pad constructed of concrete or equivalent material?		X		
24.	Are lead-acid batteries stored upright and off the ground?		X		
25.	Are lead-acid batteries covered to protect them from precipitation?		$\overline{\mathbb{X}}$		
26.	Are all lead-acid batteries sent for recycling within one-year of receipt?		X		
27.	Are <u>leaking</u> lead-acid batteries, if any are encountered, stored in leak-proof containers separated from intact batteries?	1	X		
	27a. Are provisions in place to absorb any acid leakage?		X		
28.	Are mercury switches and other mercury containing devices stored in appropriate, labeled containers and then sent for recycling?		$\square$		
29.	Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal?		X		
30.	Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code?		X		
31.	If sent off-site, is used oil transported via a permitted hauler?	X			Used on SITE
32.	If you do not burn used oil onsite check NA for 32a., 32b., 32c. If you do, then answ	wer 32a.	, 32b., 3	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?		X		
	32b. Do on-site space heaters burn only used oil that is generated on-site or received from household do-it-yourself generators?		X		
	32c. Are combustion gases from used oil space heaters vented to the outside ambient air?		X		

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				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?		$\boxtimes$		
34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?	$\boxtimes$			NO SLUDGES OR SEPERATORS
35. Are sludges properly recycled or disposed?	区			serek
6. Are used oil filters properly drained, crushed or dismantled?		X		
7. Are drained oil filters properly recycled or disposed?		$\times$		
<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?	X			
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?	X			
38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?	X			
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?		_	NA	pounds gallons
Do you have any other Environmental Conservation Law or regulatory violations? (Attach additional sheets as necessary.)  **MO**	·····			
COMMENTS? (Attach additional sheets if necessary)  * No employees  * most elus are antique auto  * very little dismawthing   Repair Activit  * very Minimal Amts of Fluids & Spray bombs  * SMALL Amt of used oil Received from No  * no onsite crushing or scrap processing	eisabo	visite ved d	//in	nted hesot ite

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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 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.

Signature

Joseph J. Allen
Signature

Joseph J. Allen
Name (Print or Type)

Email (Print or Type)

L211 BROOK Rd.
Address

Ny 14886
State and Zip

Phone Number

ATTACHMENTS: YES NO