



Environmental Compliance Certification Program

Self-Certification Checklist Package

For

Auto Salvage Yard Facilities



August 2016



**Rhode Island Department of Environmental Management
Office of Customer and Technical Assistance**

**235 Promenade Street
Providence, RI 02908
(401) 222-4700**

<http://www.dem.ri.gov/>

Rhode Island Department of Environmental Management
Auto Salvage Yard Facilities Certification Program
2016 Compliance Certification Checklist



Facility Name: WRIGHTS Auto PARTS

Address: Street 37 Mill Rd
City/Town Forster
County _____
State RI Zip Code 02825

Mailing Address (if different) _____

RI Department of Business Regulation License #: AW.0000106

Contact Person: BEN

Owner Name: MORRIS

Phone #: 401 647 1700 Fax #: 401 647-1706

E-mail: _____

Total Site Acreage: 30 ^{About} acres

Total Size of Vehicle Storage Area: About 24 acres

Approximate Total # Vehicles Currently Stored On-Site: 1400

Approximate Total # Vehicles Received Per Year: 520

Approximate Total # Vehicles Removed Per Year: 50

Total # Employees: 4

Federal Employer ID Number (FEIN): 47-3442687

Days and Hours of Operation: MON - FRI 8-5 SAT 8-4

Total Yrs. in Operation (former and current owners): 60+ Years est.

Prior Use of Facility Location (if different): Ø

Building Size: 40 ft. X 80 ft.

Paved Parking Area: 40 ft. X 80 ft.

Are you certified with any other program or organization (regulatory/industry)? If so, please explain:

Which of the following are in service at your facility? (please check all that apply)

- None*
- | | |
|---|--|
| <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> On-site Drinking Water Well |
| <input type="checkbox"/> Public Sewer System | <input type="checkbox"/> Septic System/Leachfield |
| <input type="checkbox"/> Floor Drain to Holding Tank | <input type="checkbox"/> UIC Authorized Discharge |
| <input type="checkbox"/> Floor drain to other location (please specify) _____ | |

Porton John Rest Room

Which of the following best describes your facility operations? (please check all that apply)

- | | | |
|---|--|--------------------------------------|
| <input checked="" type="checkbox"/> Dismantler/Recycler | <input type="checkbox"/> Towing Yard | <input type="checkbox"/> Auto Dealer |
| <input type="checkbox"/> Auto Repair/Service | <input type="checkbox"/> Auto Body or Rebuilder | |
| <input type="checkbox"/> Shredder/Processor | <input type="checkbox"/> Other (please specify: _____) | |

Which of the following describes vehicle crushing at your facility? (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> This facility does NOT crush vehicles | <input checked="" type="checkbox"/> Vehicles are taken to another site to be crushed |
| <input type="checkbox"/> Vehicles are crushed at this facility | <input type="checkbox"/> The crusher sits on a concrete/asphalt pad |
| <input type="checkbox"/> Vehicles are crushed on-site using our own dedicated crusher | <input type="checkbox"/> The crusher is covered or indoors |
| <input type="checkbox"/> The crusher sits on the bare ground | |

(Just Compact
Roofs For Loading
To Independent
Crushers)

Which of the following licenses and permits do you hold? (please check all that apply)

- ☒ Auto Wrecking & Salvage Yard License from the RI Department of Business Regulation
- ☐ Salvage Rebuilder License from the RI Department of Business Regulation
- ☐ Auto Body License from the RI Department of Business Regulation
- ☐ Second Hand Dealers License from the City or Town
- ☐ Auto Dealers License from the RI Department of Administration

Other than motor vehicles, does your facility receive any other type of solid waste, such as appliances, other scrap metal, or demolition debris?

- ☒ No ☐ Yes (please specify type(s)) _____

Which of the following parts/components are removed from the vehicles and separately managed? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Air Bag Assemblies | <input checked="" type="checkbox"/> Anti-Freeze |
| <input checked="" type="checkbox"/> Batteries | <input type="checkbox"/> Brake Fluid |
| <input checked="" type="checkbox"/> Catalytic Converters | <input type="checkbox"/> CFC's (Chlorofluorocarbons)/Freon |
| <input type="checkbox"/> Fuel Tanks | <input checked="" type="checkbox"/> Lead Parts |
| <input checked="" type="checkbox"/> Mercury Switches | <input type="checkbox"/> Oil Filters |
| <input checked="" type="checkbox"/> Tires | <input type="checkbox"/> Used Oil (check all that apply): |
| <input type="checkbox"/> Windshield Washer Fluid | <input type="checkbox"/> Transmission Fluid <input type="checkbox"/> Crankcase Oil |
| <input checked="" type="checkbox"/> Drive Train/Engine | <input type="checkbox"/> Power Steering Fluid |
| <input type="checkbox"/> Other: _____ | |

2016 Compliance Certification Checklist

Checklists for Specific Areas



A. Air Pollution Control - Page 11 in Certification Workbook		Yes	No
i. Do you conduct any automobile refinishing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ii. Do you clean any parts at your facility in equipment containing organic solvents? If so, please list the cleaning solvents that are used and the equipment the parts are cleaned in: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
iii. Do you have a boiler, furnace or space heater in which you burn any used oil by itself or mixed with your regular fuel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
iv. Do you melt or burn any materials to recover metals at your facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
v. Do you burn any materials such as paper, wood or cardboard, etc., at your facility (not including the waste oil mentioned above)? <i>(Sometimes Wood)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
vi. Do any operations at your facility because dust to be generated that would travel beyond your property lines? If so, do you apply chemicals or liquids, other than water, to control the dust? Please note any used: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
vii. Do you have any operations that produce smoke or odors?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
viii. If you answered "Yes" to any of the questions above and have questions or concerns about any air related issues, have you contacted RIDEM/OTCA to discuss these activities?	<input type="checkbox"/>	<input type="checkbox"/>	
Please refer to Section 3.A in the Workbook for additional information.			

B. Freon/Refrigerant Recovery - Page 13 in Certification Workbook	Yes No
i. Do you remove air conditioner units from the motor vehicles that come into your facility?	<input checked="" type="checkbox"/> <input type="checkbox"/>
ii. Is Freon properly recovered and recycled prior to scrapping or crushing vehicles?	<input checked="" type="checkbox"/> <input type="checkbox"/> - Submit RTC
iii. Are your technicians EPA-certified?	<input type="checkbox"/> <input checked="" type="checkbox"/> - Submit RTC
iv. Do you use EPA-approved refrigerant recovery equipment?	<input type="checkbox"/> <input checked="" type="checkbox"/> - Submit RTC
v. Do you recycle refrigerants either on-site or off-site? If "Yes", please describe how you recycle: _____ _____	<input type="checkbox"/> <input checked="" type="checkbox"/>
vi. Do you ensure that refrigerants are not vented into the air? (e.g. make sure that all AC unit openings are sealed after evacuation to prevent leaking of residual refrigerant; make sure that storage tanks are not overfilled)	<input checked="" type="checkbox"/> <input type="checkbox"/> - Submit RTC
<p>Please refer to Section 3.B in the Workbook for additional information, or contact US EPA New England staff:</p> <p>Abdi Mohamoud (617) 918-1858 or Roy Crystal (617) 918-1745</p>	

C. Antifreeze Management - Page 14 in Certification Workbook	Yes	No
i. Do you ship any collected antifreeze to an off-site recycling company?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ii. Do you ship any collected antifreeze to an off-site disposal company?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iii. Is the antifreeze collected in containers that are in good condition and in such a way to minimize spills and leaks? (see Section 3.C in manual for explanation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iv. Is any antifreeze discharged to either the sewer or septic line? (If "Yes", go to v; if "No", go to vi)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v. If you discharge antifreeze, do you have a permit? If so, from which agency? <u>NO</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Submit RTC <input type="checkbox"/> N/A (no discharge)
vi. Do you always avoid dumping antifreeze on the ground or placing it in the trash?	<input checked="" type="checkbox"/>	<input type="checkbox"/> - Submit RTC
vii. Is any antifreeze reused as engine coolant (filter, test and recycle)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
viii. Do you give or sell recovered antifreeze to customers? <u>Give</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please refer to Section 3.C in the Workbook for additional information.		

D. Lead Acid Batteries - Page 16 in Certification Workbook		Yes	No
i.	Do you test the batteries that are removed from vehicles to determine if they are to be reused, recycled or disposed of?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ii.	Do you store used lead acid batteries in a safe manner to prevent spills and leaks? ("Safe" meaning indoors, stacked not more than 5 batteries high, in either a closed, leak-proof container or on a curbed, coated or lined concrete surface with spill controls such as drip pans, lime/baking soda kits to neutralize any acid leaks)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iii.	Do you inspect the stored batteries for leaks and cracks on a weekly basis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iv.	Do you send used lead acid batteries to an off-site recycling facility? If so, please name the facility: <u>Full Circle Johnston RI</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
v.	Do you send used lead acid batteries to an off-site disposal facility? If so, please name the facility: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
vi.	If disposed of, as opposed to recycling, usually due to condition, do you manage the unusable batteries as a universal waste, or hazardous waste, if necessary?	<input type="checkbox"/>	<input type="checkbox"/>
vii.	Approximately how many lead acid batteries do you collect annually? <u>only up to 50 a month</u>	<u>500</u>	
viii.	Have you completed a one time Land Disposal Restriction Notification identifying the facility that receives your batteries for recycling and submitted the form to the EPA?	<input type="checkbox"/>	<input type="checkbox"/>

E. Fuel/Gasoline - Page 18 in Certification Workbook	Yes No
i. Do you drain fuel tanks using an air-powered pump or some other method that eliminates fire/explosion risk? If other method, please note: _____	<input checked="" type="checkbox"/> <input type="checkbox"/>
ii. Do you empty fuel tanks over an impermeable surface? If "Yes", what kind of surface? <u>Cement Surface</u> Do you empty fuel tanks over the ground surface?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
iii. Do you remove fuel tanks prior to crushing?	<input type="checkbox"/> <input checked="" type="checkbox"/>
iv. Do you store fuel tanks outside in a manner to allow ventilation, but not accumulate precipitation?	<input type="checkbox"/> <input checked="" type="checkbox"/>
v. Do you determine whether the recovered fuel is usable or waste?	<input type="checkbox"/> <input checked="" type="checkbox"/>
vi. Do you store recovered fuel in appropriately-labeled containment (ex: "Good Fuel" and "Waste Fuel")? If so, indicate how: Outdoor, above ground tanks ----- Outdoor, underground storage tanks ----- Outdoor drums ----- Outdoor, other containers ----- Indoor, above ground tanks ----- Indoor, underground storage tanks ----- Indoor drums ----- Indoor, other containers ----- If Underground Storage Tanks are used, are they registered with RIDEM?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -Submit RTC <input checked="" type="checkbox"/> N/A (no UST's)
vii. Are these containers leak-proof with spill controls and always closed when not in use?	<input type="checkbox"/> <input checked="" type="checkbox"/>

E. Fuel/Gasoline, continued		Yes	No
viii.	Do you inspect the containers weekly to check for leaks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ix.	Is any fuel safely reused on-site (ie. in facility vehicles or equipment)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
x.	Do you ship any unused fuel to a recycling or disposal facility? If so, please note name of facility: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
xi.	Is gasoline given to employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please refer to Section 3.E in the Workbook for additional information.			

F. Auto Mercury Switches - Page 21 in Certification Workbook	Yes No
i. Do you remove mercury switches from vehicles? a. hood/trunk convenience light switches b. anti-locking brake switches	<input checked="" type="checkbox"/> <input type="checkbox"/> - Submit RTC <input type="checkbox"/> <input checked="" type="checkbox"/>
ii. Do you store the removed switches in a heavy-duty plastic container?	<input checked="" type="checkbox"/> <input type="checkbox"/>
iii. Do you store the container in a safe place, and label the container properly to prevent misuse and exposure to workers, in accordance with the universal waste rule?	<input checked="" type="checkbox"/> <input type="checkbox"/> - Submit RTC
iv. Do you send the switches to a recycling company? If so, please note the name of the company: <u>NOT YET</u>	<input type="checkbox"/> <input type="checkbox"/>
v. Do you send the switches to a disposal company (necessary due to condition, such as a damaged or leaking switch)? If so, please note the name of the company: _____	<input type="checkbox"/> <input checked="" type="checkbox"/>
vi. Are the switches shipped in accordance with the universal waste rule?	<input type="checkbox"/> <input type="checkbox"/> - Submit RTC ^{NA}
vii. Do you remove other mercury-containing parts such as display screens from DVD players and navigation system sources?	<input type="checkbox"/> <input checked="" type="checkbox"/>
viii. Approximately how many auto mercury switches do you remove and collect annually?	<u>12</u>
Please refer to Section 3.F in the Workbook for additional information.	

G. Waste Tires - Page 24 in Certification Workbook		Yes	No
i.	Do you store waste tires at your facility? If "No", skip to Section H.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ii.	Do you store the tires outside?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iii.	Do you store tires in a trailer, shed, or other container such as a rolloff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iv.	Do you take the tires off the rims?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Both
v.	Do you send the tires to a <i>recycling</i> facility? If so, please note name of facility: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
vi.	Do you send the tires to a <i>disposal</i> facility? If so, please note name of facility: <u>Bobs Tire McHefen MA</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
vii.	Do you store more than 400 tires at any given time? If "No", skip to Section H. If "Yes", are you licensed to operate a vehicle tire storage and recycling facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/> -Submit RTC
viii.	Do you store tires for periods of six (6) months or <u>less</u> ?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> -Submit RTC
ix.	Do you store tires in piles? If so, are the tire piles lower than 20 feet in height?	<input type="checkbox"/>	<input checked="" type="checkbox"/> - Submit RTC
x.	Are the tire piles less than 200 feet in length and 50 feet in width?	<input type="checkbox"/>	<input type="checkbox"/> -Submit RTC

G. Waste Tires, continued		Yes	No
xi.	Are the tire piles located more than 50 feet between piles, and away from buildings and other structures?	<input type="checkbox"/>	<input type="checkbox"/> -Submit RTC
xii.	Are the tire piles located more than 200 feet from property lines?	<input type="checkbox"/>	<input type="checkbox"/> -Submit RTC
xiii.	Do you cover outside tire piles or provide for other mosquito control? If "Yes", please note mosquito control method: _____	<input type="checkbox"/>	<input type="checkbox"/> -Submit RTC
xiv.	Do you store tires in a way that prevents fires and allows for fire control if needed? (e.g. easy access to water supply; removal of weeds, trees and other items to allow access for fire fighting equipment) <i>Tire Racks</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/> -Submit RTC
xv.	Do you shred or cut tires into smaller pieces? If "Yes", do you store tire chips (8 inches in size and less) in piles that do not exceed 200 feet in length, 150 feet in width and 20 feet in height?	<input type="checkbox"/>	<input checked="" type="checkbox"/> -Submit RTC
Please refer to Section 3.6 in the Workbook for additional information.			

H. Used Oil - Page 27 in Certification Workbook		Yes	No
i. Is used oil stored in tanks or containers that are in good condition with proper spill control measures?	<input checked="" type="checkbox"/>	<input type="checkbox"/> - Submit RTC	
ii. Do you label the containers as "Used Oil"?	<input checked="" type="checkbox"/>	<input type="checkbox"/> - Submit RTC	
iii. Do you mix used oil with other non-oil wastes? If so, with what: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
iv. If used oil filters are removed, are they properly managed by draining, and proper recycling with documentation?	<input type="checkbox"/>	<input type="checkbox"/> - Submit RTC	<i>Not Removed</i>
v. Please indicate how the recovered oil is stored: Outdoor, above ground tanks ----- Outdoor, underground storage tanks ----- Outdoor drums ----- Outdoor, other containers: _____ Indoor, above ground tanks ----- Indoor, underground storage tanks ----- Indoor drums ----- Indoor, other containers: _____ Underground Storage Tanks (if used, they must be registered with RIDEM)	Yes <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
vi. Do you ship used oil to a re-refining, recycling, or disposal company? If "Yes", please note name of company: <u>Western oil Lincoln RI</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

H. Used Oil, continued	Yes	No
vii. Do you avoid using oil to suppress dust on your property?	<input checked="" type="checkbox"/>	<input type="checkbox"/> -Submit RTC
viii. Do you burn used oil to heat your building? If "No", skip to ix. If "Yes", is the burner capacity less than 500,000 BTU's? If "Yes", skip to ix. If the burner capacity is greater than 500,000 BTU's, have you complied with the regulatory requirements outlined in RIDEM Hazardous Waste Rule 15.03(B) or (D), as appropriate for the burner capacity?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -Submit RTC
ix. Do you use oil for any purpose on-site besides heating purposes? If so, please note: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
x. How much used oil do you generate annually (including used oil burned on-site in waste oil burners)? How much used oil do you ship off-site annually?	<u>55</u>	<u>55</u> Gallons Gallons
Please refer to Section 3.H in the Workbook for additional information.		

I. Wastewater Discharge - Page 30 in Certification Workbook	Yes No
<p>i. Is process wastewater generated by any of the following business activities (sanitary wastewater from toilets and hand washing is not considered process wastewater)? If the answer is "No" to all questions, then skip to ii.</p> <p>a. steam cleaning -----</p> <p>b. power washing -----</p> <p>c. flushing radiators -----</p> <p>d. painting -----</p> <p>e. other process operations _____</p> <p>_____</p>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="text-align: center;"> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> </div> </div>
<p>ii. Do you manage any process wastewater as hazardous waste?</p>	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input checked="" type="checkbox"/> </div>
<p>iii. Is any process wastewater treated or reused on-site? (Methods of treatment include but are not limited to filtration, oil/water separation, evaporation, etc.).</p>	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input checked="" type="checkbox"/> </div>
<p>iv. Are any floor trenches or floor drains located in the facility? (If "Yes", please answer below)</p> <p>a. Do you know where the drain discharges to? If known, please indicate (ground outside, drywell, cesspool, septic system, leach field, sewer)</p> <p>_____</p> <p>b. What kind of fluids might be discharged into the floor drain (wash water, other fluids)?</p> <p>_____</p>	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input checked="" type="checkbox"/> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <input type="checkbox"/> <input type="checkbox"/> -Submit RTC </div>

I. Wastewater Discharge, continued	Yes No
<p>v. Does any process wastewater go into a drywell, cesspool, septic system, leach field, onto the ground outside, or otherwise potentially impact groundwater?</p> <p>If "Yes", does your facility have a RIDEM permit to discharge waste water in this manner?</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> -Submit RTC</p>
<p>vi. Does any of your process wastewater go into a public sewer system?</p> <p>If "Yes" does your facility have a municipal permit to discharge waste water in this manner?</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> -Submit RTC</p>
<p>vii. Is any process wastewater discharged into surface waters, including a stream, river, waterway, pond, lake or wetland?</p> <p>If "Yes" does your facility have a RIDEM permit to discharge waste water in this manner?</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> -Submit RTC</p>
<p>viii. Do you have any process wastewater shipped off-site for disposal or reclaim by an outside contractor?</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/></p>
<p>Please refer to Section 3.I in the Workbook for additional information.</p>	

J. Stormwater Management - Page 32 in Certification Workbook		Yes	No
i.	At your site, are there any of the following?		
a.	Above-ground outdoor storage tank	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Hazardous waste storage area	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Outdoor construction activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ii.	Does your site generate a point-source of stormwater discharge? (Point sources include confined conveyances such as a pipe, drain, ditch, channel, and may even include a graded lot). If "Yes", do you have a RIDEM permit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/> -Submit RTC	
iii.	Does precipitation (rain/snow) or runoff come into contact with any of your business activities or materials?		
a.	Holding area for incoming vehicles -----	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	Dismantling area -----	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Fluid removal area -----	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d.	Fluid storage area -----	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e.	Engine and transmission storage area -----	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f.	Battery storage area -----	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g.	Tire storage area -----	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h.	Vehicle storage area -----	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i.	Core storage area -----	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j.	Scrap storage area -----	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k.	Pressure washing area -----	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l.	Parts cleaning area -----	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m.	Painting area -----	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n.	Crushing area -----	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o.	Soil erosion area -----	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p.	Vehicle and equipment maintenance area ----- (fixing, fueling, cleaning)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q.	Sandblasting area -----	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r.	Dumpster contents-----	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s.	Other _____	<input type="checkbox"/>	<input type="checkbox"/>

J. Stormwater, continued	Yes No
iv. Does the stormwater discharge directly to a surface water (wetland, pond, river, cove, etc.)? If so, which one: _____ If "Yes", do you have a permit from RIDEM?	<div> <input type="checkbox"/> <input checked="" type="checkbox"/> </div> <div> <input type="checkbox"/> <input type="checkbox"/> -Submit RTC </div>
v. Does the stormwater discharge directly to a municipal storm water collection system? If so, which one: _____ If "Yes", do you have a permit from RIDEM?	<div> <input type="checkbox"/> <input checked="" type="checkbox"/> </div> <div> <input type="checkbox"/> <input type="checkbox"/> -Submit RTC </div>
vi. Does the primary activity at your facility meet one of the following definitions? <div> a. primarily engaged in the distribution and wholesale of used motor vehicle parts, including dismantling motor vehicles for the purpose of selling parts (SIC 5015) <input checked="" type="checkbox"/> <input type="checkbox"/> </div> <div> b. primarily engaged in assembling, breaking up, sorting, and wholesale distribution of scrap and waste materials including auto wreckers engaged in dismantling automobiles for scrap (SIC 5093) <input type="checkbox"/> <input checked="" type="checkbox"/> </div>	
vii. Have you completed and submitted a Stormwater Permit Application (RIPDES) to the Rhode Island Department of Environmental Management? If "Yes", RIPDES Permit No. _____	<div> <input type="checkbox"/> <input checked="" type="checkbox"/> -Submit RTC </div>
viii. Have you completed and submitted a "No Exposure Certification Form" to the Rhode Island Department of Environmental Management?	<div> <input type="checkbox"/> <input checked="" type="checkbox"/> </div>
ix. Are there any air particulates are emitted or produced from your facility which could end up on the roof or other surfaces and impact stormwater?	<div> <input type="checkbox"/> <input checked="" type="checkbox"/> </div>
x. Are all of your business activities/materials that can impact stormwater located under a roof or tarpaulin?	<div> <input checked="" type="checkbox"/> <input type="checkbox"/> </div>

J. Stormwater, continued	Yes No
xi. Are all business activities that can cause a spill or leak conducted on an impermeable surface where spills/leaks are cleaned up promptly?	<input checked="" type="checkbox"/> <input type="checkbox"/>
xii. Are all materials that are susceptible to a spill or leak located on an impermeable surface where spills/leaks are cleaned up promptly?	<input checked="" type="checkbox"/> <input type="checkbox"/>
xiii. Do you crush or shred any non-automotive waste streams (discarded appliances, misc. scrap metal, empty transformer casings, etc.)	<input type="checkbox"/> <input checked="" type="checkbox"/>
xiv. Do you treat stormwater? If "Yes", circle the method(s) that you use: a. Detention Basin b. Oil/Water Separator c. Filtration Unit d. Swirl Concentrator (Aqua-Swirl, Stormceptor, Vortech, etc.) e. Deep Sump Catch Basins f. Other: _____	<input type="checkbox"/> <input checked="" type="checkbox"/>
xv. Do you reuse stormwater? If "Yes", for what purpose: _____	<input type="checkbox"/> <input checked="" type="checkbox"/>
xvi. Does any of your stormwater ultimately enter a public or private sewage disposal system (e.g. septic tank or leach field)?	<input type="checkbox"/> <input checked="" type="checkbox"/>
xvii. Do you follow a written plan such as a Stormwater Management Plan; Best Management Practices Plan; EPA Spill Prevention, Control and Countermeasure Plan or Environmental Management System to manage stormwater?	<input type="checkbox"/> <input type="checkbox"/> -Submit RTC
xviii. Have you sampled and analyzed your stormwater discharges, conducted quarterly routine facility inspections, completed quarterly visual monitoring of your stormwater discharges, conducted annual comprehensive site evaluations and submitted to RIDEM Annual Reports and Discharge Monitoring Reports (DMRs)?	<input type="checkbox"/> <input type="checkbox"/> -Submit RTC

K. Hazardous Waste - Page 37 in Certification Workbook	Yes No
i. Does your facility generate hazardous waste? If "No", skip to Section L. (Hazardous waste can come from different sources, depending on the characteristics of the waste and how the material is managed as determined in other sections.)	<input type="checkbox"/> <input checked="" type="checkbox"/>
ii. Has your company evaluated all waste it generates to determine if any waste meets the definition of hazardous waste? Regarding all your waste streams, do you have appropriate documentation (i.e., analytical test records, MSDS, etc.) or process knowledge that supports your hazardous waste determination?	<input type="checkbox"/> <input type="checkbox"/> -Submit RTC <input type="checkbox"/> <input type="checkbox"/> -Submit RTC
iii. If you generate hazardous waste, do you have an EPA (generator) hazardous waste identification number? Please list number: _____	<input type="checkbox"/> <input type="checkbox"/> -Submit RTC
iv. Do you prepare a Hazardous Waste manifest for each offsite shipment of hazardous waste? Do you have proper documentation (manifests) which shows where your hazardous waste is being shipped?	<input type="checkbox"/> <input type="checkbox"/>
v. Are all containers kept closed when not in use (i.e., bungs kept in place, funnels are only used when needed)?	<input type="checkbox"/> <input type="checkbox"/> -Submit RTC
vi. Do you recycle hazardous waste on-site? If "Yes", list type of waste and method used for recycling: _____	<input type="checkbox"/> <input type="checkbox"/>
vii. How much hazardous waste do you ship off-site annually?	_____ <u>Gal/lbs.</u>

K. Hazardous Waste, continued		Yes	No
viii.	Where is your hazardous waste being stored (check all that apply)? - Satellite accumulation area - 90-day (for a LQG), 180-day (for a SGG), 365-day (for a CESQG) storage area	<input type="checkbox"/>	<input type="checkbox"/>
ix.	Do you have a satellite accumulation area ? If "Yes", please answer below; if "No", skip to question x. a. Is the area clearly marked and the container properly labeled with the words " Hazardous Waste " and other words to identify the contents of the container(s)? b. Is the container under control of the operator and at or near the point of generation?	<input type="checkbox"/>	<input type="checkbox"/>
x.	If you have a 90/180/365-day hazardous waste storage area , please answer below; if "No", skip to xii: a. Are containers/tanks labeled with the words "Hazardous Waste"? b. Does the label include the Hazardous Waste Generator's name and facility address? c. Are containers/tanks labeled with the name of the waste (USDOT shipping name and generic names of the principal hazardous waste components) and its waste code? d. Are containers/tanks labeled with the date upon which the waste first began to accumulate in excess of satellite accumulation when placed in the storage area? e. Are all containers/tanks in good condition? f. Is the storage area itself secure and protected from stormwater? g. Does the hazardous waste that is stored in tanks have proper secondary containment? h. Are containers kept closed except when removing/adding waste? i. Do you inspect the storage area weekly (container) or daily (tanks) and is this inspection documented (written	<input type="checkbox"/>	<input type="checkbox"/>

K. Hazardous Waste, continued		Yes	No
xi.	Are you shipping your hazardous waste off-site according to the 90/180/365-day storage time limit?	<input type="checkbox"/>	<input type="checkbox"/> -Submit RTC
xii.	If the 90/180/365 storage area contains ignitables, please answer below; if "No", proceed to next question.		
	i. Is the area separated from sources of ignition?	<input type="checkbox"/>	<input type="checkbox"/> -Submit RTC
	ii. Are "No Smoking" signs posted in the area?	<input type="checkbox"/>	<input type="checkbox"/> -Submit RTC
	iii. Is the area located at least fifty (50) feet from the property line?	<input type="checkbox"/>	<input type="checkbox"/> -Submit RTC
	iv. Are drums of ignitable waste electrically grounded?	<input type="checkbox"/>	<input type="checkbox"/> -Submit RTC
xiii.	Does your facility contain and maintain (per manufacturing specification) emergency equipment designed to help reduce the possibility of an explosion, fire or accidental release of hazardous materials?	<input type="checkbox"/>	<input type="checkbox"/> -Submit RTC
xiv.	If applicable, does your facility have a written contingency plan designed to help reduce hazards associated with the possibility of an explosion, fire or accidental release of hazardous materials?	<input type="checkbox"/>	<input type="checkbox"/> -Submit RTC <input type="checkbox"/> N/A- SQG or CESQG
xv.	Has this plan been submitted to local emergency response providers (e.g. local police, fire departments)?	<input type="checkbox"/>	<input type="checkbox"/> -Submit RTC <input type="checkbox"/> N/A- SQG or CESQG
xvi.	Does your facility have an employee training program that teaches them proper hazardous waste management procedures, including how to implement the contingency plan?	<input type="checkbox"/>	<input type="checkbox"/> -Submit RTC <input type="checkbox"/> N/A - CESQG or SQG satellite storage only
xvii.	Does your facility have records indicating that an employee training program is occurring?	<input type="checkbox"/>	<input type="checkbox"/> -Submit RTC <input type="checkbox"/> N/A

K. Hazardous Waste, continued

xviii. Please list the type(s) of hazardous waste generated at your facility:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Please refer to Section 3.K in the Workbook for additional information.

L. Other Fluid Management – Page 51 in Certification Workbook	Yes	No
i. Do you store all new liquids indoors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ii. Do you store all new liquids outdoors under a roof?	<input type="checkbox"/>	<input type="checkbox"/>
iii. Do you store all liquid wastes in leak-proof containers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iv. Do you store the waste containers indoors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
v. Do you store the waste containers outdoors under a roof?	<input type="checkbox"/>	<input type="checkbox"/>
vi. Do you inspect the containers and storage areas often for leaks and spills?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
vii. Are all containers clearly labeled with the proper information, identifying the contents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
viii. If any vehicles are crushed on-site, is any resulting residual liquid waste properly managed?	<input checked="" type="checkbox"/>	<input type="checkbox"/> -Submit RTC
ix. Is all windshield washer fluid re-used, recycled, or managed for proper off-site disposal?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
x. Is brake fluid disposed of properly? Please explain: <u>Brake Systems are kept intact</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
xi. Excluding used oil or fuel, do you store any chemicals or fluids in: Outdoor, above ground tanks ----- Outdoor, underground storage tanks ----- Indoor, above ground tanks ----- Indoor, underground storage tanks -----	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Please refer to Section 3.L in the Workbook for additional information.		

Certification Statement

Note: Complete all required Return-to-Compliance Plans (RTC) before signing this statement!

I Morris Maglioli, hereby certify to the following:

- I) That I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;
- II) That, based on my inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is, to the best of my knowledge, true, accurate and complete;
- III) That systems to maintain compliance are in place at the facility and will be maintained for the next three (3) years even if processes or operating procedures are changed over the course of this time; and
- IV) That I am fully authorized to make this attestation on behalf of this facility.

I certify that the information that I have provided in this form is true, accurate and complete, to the best of my knowledge.

Signature: Mr. [Signature] Date: 11/4/16

Printed Name: Morris Maglioli Title: Owner

Source of Signatory Authority: ☒ Owner

(other, Please indicate)

If a Corporation:

- ☐ President ☐ Secretary ☐ Treasurer
- ☐ Vice President (If authorized by corporate vote.)
- ☐ Representative of the above (If authorized by corporate vote and if responsible for overall operation of the facility.)

If a Partnership:

☐ General Partner

If a Sole Proprietorship:

☒ Proprietor

Return this form to: RI DEM/Office of Customer & Technical Assistance
Auto Salvage Yard Facilities Certification Program
235 Promenade Street
Providence, RI 02908-5767

Return the completed checklist by November 15, 2016