

US EPA ARCHIVE DOCUMENT

# Environmental Compliance Certification Program

## Self-Certification Checklist Package

For

## Auto Salvage Yard Facilities



May 2007



Rhode Island Department of Environmental Management  
Office of Technical and Customer Assistance  
235 Promenade Street  
Providence, RI 02908  
(401) 222-6822

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



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# 2007 Compliance Certification Instructions

## 1.0 What is Compliance Certification?

In order to improve environmental protection at less cost to both government and business, auto salvage yard facilities can now self-certify to the Rhode Island Department of Environmental Management Office of Technical & Customer Assistance (RIDEM) that they are complying with the environmental regulatory requirements that apply to their business. This new, common sense approach to regulation holds great promise for making it easier for the auto salvage yard industry to meet - and surpass - Rhode Island's environmental regulations. This package contains the materials needed to complete and submit the self-certification checklist. The accompanying workbook provides the information needed to help you understand and comply with state and federal regulations. The entire program package has two parts:

1. **Environmental Compliance Certification Workbook for Auto Salvage Yard Facilities:** The workbook explains the environmental protection standards and regulatory requirements that apply to your facility, and how to make sure you are complying with them. The workbook is designed to be used in conjunction with the accompanying self-certification checklist and can also be used as a reference for your facility. The workbook also provides information regarding best management practices and pollution prevention techniques that can help your facility minimize human health risks and environmental impacts while saving money.
2. **Self-Certification Checklist and Accompanying Forms Booklet (This Booklet):** The checklist requires facility information (facility name, address, owner, etc.), and contains a series of compliance questions, which generally require "Yes" or "No" answers about whether or not your facility is following the applicable environmental regulatory requirements. The checklist ends with a certification statement which must be signed by the facility owner. The checklist begins on Page 11 of this booklet. Also, two additional forms are provided as follows:
  - **2007 Non-Applicability Statement:** This statement is to be submitted only if you are not required to self-certify. See Section 1.1 of the **Certification Workbook** to determine if you are eligible to file a **Non-Applicability Statement** (You may file this statement only if there is no active auto salvage yard operations at your facility address, or if the facility property

has been sold.) If either of these situations are true, then complete this form and submit it to RIDEM. It can be found on Page 9 of this booklet.

- **Return-to-Compliance Plan:** Complete the **Return-to-Compliance (RTC) Plan** if your facility is not in compliance with a particular checklist item at the time of certification. The facility must detail its plans to address the particular items to bring them back into conformance with environmental regulations within a specified period of time. This form can be found on Page 39 of this booklet.
- **Return-to-Compliance Plan Completion:** Complete the **Return-to-Compliance Plan Completion Form** when checklist items that required that an RTC Plan be submitted have been corrected, for each item.

## 1.1 Submission Timeline

Workbooks and checklists were mailed in May of 2007. **Compliance Certification Checklists** must be returned and postmarked by September 15, 2007. **Return-to- Compliance Forms** must also be submitted with the compliance certification checklist on or before September 15, 2007. Facilities that submit **Return-to-Compliance Forms** will receive an additional 60-day grace period in which to bring their operations into compliance. Certification will take place every three years. Checklists are expected to be sent again in May of 2010.

**Questions and/or Comments can be directed to:**

**RI DEM - Office of Technical and Customer Assistance  
Auto Salvage Yard Facilities Certification Program  
235 Promenade Street  
Providence, RI 02908-5767  
(401) 222-6822, Ext. 4412**

## 1.2 Do I have to certify?

Participation in the program is voluntary. However, any auto salvage yard licensed and operating in the State of Rhode Island should strongly consider participating in this Self-Certification Program to take advantage of the benefits detailed in Section 1.2 of the workbook. All facilities that are licensed by the Rhode Island Department of Business Regulation (RIDBR) as an auto salvage yard, or Auto Wrecking and Salvage Yard as defined by RIDBR, are eligible to participate in the Self-Certification Program. [Note: facilities engaged in the business of operating an auto wrecking and salvage yard **must** be licensed by RIDBR]

All auto salvage yard facilities operating in the State of Rhode Island must comply with the standards outlined in the "Certification Workbook", whether or not they self-certify. To participate in the program, please complete and return the certification checklist as instructed.

If your facility does not meet the description of an actively operating auto salvage yard, or if this package has been sent to you in error, please complete and sign the **2007 Non-Applicability Statement** found on Page 9 of this booklet, and return to RIDEM. If you have any questions regarding the status of your facility, please call us at 222-6822, Ext 4412.

## 2.0 How Do I Fill Out the Compliance Certification Forms?

1. Read the accompanying **Certification Workbook** to understand your environmental regulatory responsibilities.
2. Make a copy of the **Compliance Certification Checklist** to use as a working draft. It is found on Page 11 through Page 38 of this document.
3. Read the checklist and identify all the questions that apply to your facility. You may not have to answer all of the questions on the form. The form itself will direct you to skip certain questions. Do not answer questions that you are directed to skip. Additional step-by-step instructions for the **Compliance Certification Checklist** are included in Section 3.0 of this package.
4. Walk through your facility with the checklist copy and identify all the questions where you are already in compliance, and those where you will need to make changes to come into compliance. This step should be done *well* in advance of September 15, 2007.
5. If your facility will be out of compliance after September 15, 2007, be sure to submit a **Return-to-Compliance Plan** for each checklist item that you are not in compliance with.
6. Review your **Compliance Certification Checklist** for completeness. Once complete, copy your answers from the draft, make a copy of the completed certification checklist for your files, and mail the original signed copy to RIDEM.
7. When checklist items that required a **Return-to-Compliance Plan** to be submitted have been corrected, submit a **Return-to-Compliance Completion Plan Form** to RIDEM for each item when it has been completed. Do not submit this form with the **Compliance Certification Checklist**.



## 2.1 How do I submit a Compliance Certification?

If you intend to participate in the program, you are required to complete the **Compliance Certification Checklist (Pages 11-38) with any applicable Return-to-Compliance Plans**, and mail to RIDEM on or before September 15, 2007. Mail the completed certification checklist forms to:

RI Department of Environmental Management  
Office of Technical and Customer Assistance  
Auto Salvage Yard Facilities Certification Program  
235 Promenade Street  
Providence, RI 02908-5767

## 2.2 What is not covered by the Compliance Certification?

This Environmental Compliance Certification is intended to review many environmental regulatory requirements. There may be other Federal or Local requirements or permits that apply to your facility, such as permits, building codes, fire codes, etc. that are not covered in this program. You must still comply with these requirements.

## 2.3 What Does Participation in the Self-Certification Program Entitle Your Facility To?

Compliance with environmental regulations is a requirement for all auto salvage yard facilities. Participation in the Self-Certification Program is voluntary, but entitles your facility to the following incentives:

- reduced inspection priority by RIDEM
- receiving a Certificate of Participation from RIDEM
- being placed on a public list of certified auto salvage yard facilities on RIDEM's website
- the ability to correct environmental violations without gravity-based penalties, provided that you comply with the RI Compliance Incentive Act
- provides a comprehensive evaluation of your facility's compliance status, making you better prepared for a random inspection
- free technical assistance from RIDEM's Office of Technical and Customer Assistance and the URI Center for Pollution Prevention & Environmental Health.



**Note:** Participation in the Self-Certification Program does not guarantee that your shop will not be subject to a random inspection, or an inspection prompted by an employee or a complaint. Both state and federal environmental agencies have the authority to perform such inspections. These inspections can result in enforcement actions against your facility. Participation in this program will identify deficiencies and prepare your facility in the event of an inspection. However, keep copies of your checklists to assist you in demonstrating compliance with applicable state and federal regulations.

### **3.0 Step-by-step instructions for filling out the Compliance Certification Checklist & Associated Forms (Pages 11 through 38)**

**REMINDER: MAKE COPIES OF THIS FORM BEFORE YOU BEGIN**

#### ***3.1 Facility Information***

In this section, list the name and address of your business, the RI Department of Business Regulation (RIDBR) License Number, the individual that RIDEM should contact if there are questions about your *Certification*, your Federal Employer Identification number (FEIN) from your state and federal income tax forms, and other facility information as requested.

#### ***3.2 Non-Applicability Statement***

If your facility does not meet the description of an auto salvage yard actively operated by you, or if this package has been sent to you in error, please complete, sign and return to RIDEM the **2007 Non-Applicability Statement** found on Page 9 of this booklet. If you have any questions regarding the status of your facility, please call us at 222-6822, Ext 4412.

#### ***3.3 Compliance Certification Checklist***

These questions provide RIDEM with some background information about your facility and information about whether or not your facility is following the environmental protection standards and requirements that apply to it. The workbook contains the information you will need to determine how to answer the questions. The checklist tells you where in the workbook you can find information about the environmental requirements referred to in each question.

RIDEM strongly advises you to consult the Certification Workbook before answering any questions. Most of the questions are "Yes" or "No" questions about compliance with particular standards or management practices. If you are not in compliance with the regulatory requirements (identified with "Submit RTC" on the "No" box checklist) on the date you certify, you must complete a *Return-to-Compliance Plan (RTC)* described below, and submit it with the *Compliance Certification Checklist*.

Please note that it is your responsibility to keep your facility in compliance with environmental protection requirements at all times. You may be subject to enforcement action if you do not comply with the standards. There are some questions that ask whether you have been doing a routine activity for the past year, such as properly maintaining your equipment. Be sure to comply with the requirements throughout the year. The *Certification Statement* includes a pledge that you have systems in place to keep your business in compliance with environmental protection standards over the next three years.

### **3.4 Certification Statement**

The *Certification Statement* is a preprinted statement which says that the person signing the form:

- has reviewed it,
- believes the information being submitted is true,
- will make sure that management systems are in place that will keep the facility in compliance with environmental protection requirements throughout the next three years, and
- understands that information provided to RIDEM is true, accurate, and complete, to the best of that person's knowledge.

The statement may only be signed by the facility owner or certain other types of senior managers. The types of managers that are allowed to sign the statement are listed below the space for the signature. The person who signs the form must also print or type his or her name and title on the appropriate lines, date the form, and check the space next to the type of manager he or she is. Note that you must hold one of the titles listed on the form to sign it.

### ***3.5 Return-to-Compliance Plan (RTC)***

If your facility is unable to comply with a standard at the time you certify, fill out this form. The form asks for the standard you are violating, what you plan on doing to comply, and when you will be in compliance with the requirement. Note that submittal of a "RTC" gives only an additional sixty (60) days to come into compliance. A separate form is required each time your answer to a checklist question indicates that a **Return-to-Compliance Form** is required. Three copies of a **Return-to-Compliance Plan Form** can be found beginning on Page 39 of this booklet. If you need more forms, make the necessary number of copies, or call RIDEM at (401) 222-6822, Ext. 4412 for additional copies. Attach all **Return-to-Compliance Plan Forms** to your completed **Compliance Certification Checklist**, and mail to RIDEM.

### ***3.6 Return-to-Compliance Plan Completion***

If your facility submits **Return-to-Compliance (RTC) Plan Forms** with your completed **Compliance Certification Checklist**, you must submit a **Return-to-Compliance Plan Completion Form** for each RTC that is submitted.

This form is not submitted with your **Compliance Certification Checklist**, but is completed and submitted to RIDEM, for each RTC, when the compliance issue has been corrected, and it states what corrective action that you have taken.

Three copies of a **Return-to-Compliance Plan Completion Form** can be found beginning on Page 45 of this booklet. If you need more forms, make the necessary number of copies, or call RIDEM at (401) 222-6822, Ext. 4412 for additional copies.

Program documents are also found on the Auto Salvage Yard Facilities Certification Program webpage at

<http://www.dem.ri.gov/programs/benviron/assist/asy/index.htm>

Rhode Island Department of Environmental Management  
Auto Salvage Yard Facilities Certification Program  
**2007 Facility Non-Applicability Statement**



Note: Participation in the program is voluntary. However, any actively operated auto salvage yard facility should consider participating in the Self-Certification Program to take advantage of the incentives detailed in Section 2.3. All facilities that are licensed by the RI Department of Business Regulation as an "Auto Wrecking and Salvage Yard" are eligible to participate in the Self-Certification Program. [Note: facilities engaged in the business of operating an auto wrecking and salvage yard **must** be licensed by the RI Department of Business Regulation.] If your facility does not meet the description of an auto salvage facility actively operated by you, or if this package has been sent to you in error, please complete, sign and return the **2007 Non-Applicability Statement** to RIDEM. If you have any questions regarding the status of your facility, please call us at 222-6822, Ext. 4412.

**Facility Information:**

Facility Name: \_\_\_\_\_

Facility Street Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Fax #: \_\_\_\_\_

City/Town: \_\_\_\_\_ Federal Employer ID # (FEIN): \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Owner/Corporation: \_\_\_\_\_

This facility is not participating in the Auto Salvage Yard Facilities Certification Program for the following reason(s):

- No actively operated auto salvage yard operations occur at this address.
- The facility/property has been sold.

**Please submit this form by September 15, 2007**

Returning this statement does not relieve you of your responsibility to comply with environmental requirements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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Rhode Island Department of Environmental Management  
Auto Salvage Yard Facilities Certification Program  
**2007 Compliance Certification Checklist**



Facility Name: \_\_\_\_\_

Address: Street \_\_\_\_\_  
City/Town \_\_\_\_\_  
County \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_  
\_\_\_\_\_

RI Department of Business Regulation License #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Total Site Acreage: \_\_\_\_\_ acres

Total Size of Vehicle Storage Area: \_\_\_\_\_ acres

Approximate Total # Vehicles Currently Stored On-Site: \_\_\_\_\_

Approximate Total # Vehicles Received Per Year: \_\_\_\_\_

Approximate Total # Vehicles Removed Per Year: \_\_\_\_\_

Total # Employees: \_\_\_\_\_

Federal Employer ID Number (FEIN): \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

Total Yrs. in Operation (former and current owners): \_\_\_\_\_

Prior Use of Facility Location (if different): \_\_\_\_\_

Building Size: \_\_\_\_\_ ft. X \_\_\_\_\_ ft.

Paved Parking Area: \_\_\_\_\_ ft. X \_\_\_\_\_ ft.

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

\_\_\_\_\_

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

- Public Water Supply
- On-site Drinking Water Well
- Public Sewer System
- Septic System/Leachfield
- Floor Drain to holding tank
- UIC Authorized Discharge
- Floor drain to other location (please specify) \_\_\_\_\_

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

- Dismantler/Recycler
- Towing Yard
- Auto Dealer
- Auto Repair/Service
- Auto Body or Rebuilder
- Shredder/Processor
- Other (please specify: \_\_\_\_\_)

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

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



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

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## 2007 Compliance Certification Checklist

### Checklists for Specific Areas



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A. Air Pollution Control - Page 14 in Certification Workbook	Yes	No
i. Do you conduct any automobile refinishing?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Do you conduct any parts cleaning in degreasing tanks? If so, please list the solvents that are used:  _____	<input type="checkbox"/>	<input type="checkbox"/>
iii. Do you have a boiler, furnace or space heater in which you burn any waste oil by itself or mixed with your regular fuel?	<input type="checkbox"/>	<input type="checkbox"/>
iv. Do you melt or burn any materials to recover metals at your facility?	<input type="checkbox"/>	<input type="checkbox"/>
v. Do you burn any waste such as paper, wood or cardboard, including material in barrels (not including the waste oil mentioned above)?	<input type="checkbox"/>	<input type="checkbox"/>
vi. Do you have a dust control problem at your facility?  If so, do you apply chemicals or liquids, other than water, to control the dust? Please note any used:  _____	<input type="checkbox"/>	<input type="checkbox"/>
vii. Do you have any operations that produce smoke or odors?	<input type="checkbox"/>	<input 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 16 in Certification Workbook	Yes    No
i. Do you remove air conditioner units from the motor vehicles that come into your facility?	<input type="checkbox"/> <input type="checkbox"/>
ii. Is Freon properly recovered and recycled prior to scrapping or crushing vehicles?	<input type="checkbox"/> <input type="checkbox"/> - Submit RTC
iii. Are your technicians EPA-certified?	<input type="checkbox"/> <input type="checkbox"/> - Submit RTC
iv. Do you use EPA-approved refrigerant recovery equipment?	<input type="checkbox"/> <input 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 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 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 17 in Certification Workbook	Yes	No
i. Do you ship any collected antifreeze to an off-site recycling company?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Do you ship any collected antifreeze to an off-site disposal company?	<input type="checkbox"/>	<input 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 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 type="checkbox"/>
v. If you discharge antifreeze, do you have a permit? If so, from which agency? _____	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/> - Submit RTC
vii. Is any antifreeze reused as engine coolant (filter, test and recycle)?	<input type="checkbox"/>	<input type="checkbox"/>
viii. Do you give or sell recycled antifreeze to customers?	<input type="checkbox"/>	<input type="checkbox"/>
Please refer to Section 3.C in the Workbook for additional information.		



D. Lead Acid Batteries - Page 19 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 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 type="checkbox"/>	<input type="checkbox"/>
iii. Do you inspect the stored batteries for leaks and cracks on a weekly basis?	<input type="checkbox"/>	<input type="checkbox"/>
iv. Do you send used lead acid batteries to an off-site <b>recycling</b> facility? If so, please name the facility:  _____	<input type="checkbox"/>	<input type="checkbox"/>
v. Do you send used lead acid batteries to an off-site <b>disposal</b> facility? If so, please name the facility:  _____	<input type="checkbox"/>	<input type="checkbox"/>
vi. If <b>disposed</b> 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?	_____	
Please refer to Section 3.D in the Workbook for additional information.		

E. Fuel/Gasoline - Page 21 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 type="checkbox"/>	<input type="checkbox"/>
ii. Do you empty fuel tanks over an impermeable surface? If "Yes", what kind of surface? _____ Do you empty fuel tanks over the ground surface?	<input type="checkbox"/>	<input type="checkbox"/>
iii. Do you remove fuel tanks prior to crushing?	<input type="checkbox"/>	<input type="checkbox"/>
iv. Do you store fuel tanks outside in a manner to allow ventilation, but not accumulate precipitation?	<input type="checkbox"/>	<input type="checkbox"/>
v. Do you determine whether the recovered fuel is usable or waste?	<input type="checkbox"/>	<input 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 ----- <input type="checkbox"/> <input type="checkbox"/> Outdoor, underground storage tanks ----- <input type="checkbox"/> <input type="checkbox"/> Outdoor drums ----- <input type="checkbox"/> <input type="checkbox"/> Outdoor, other containers ----- <input type="checkbox"/> <input type="checkbox"/> Indoor, above ground tanks ----- <input type="checkbox"/> <input type="checkbox"/> Indoor, underground storage tanks ----- <input type="checkbox"/> <input type="checkbox"/> Indoor drums ----- <input type="checkbox"/> <input type="checkbox"/> Indoor, other containers ----- <input type="checkbox"/> <input type="checkbox"/> If Underground Storage Tanks are used, are they registered with RIDEM? <input type="checkbox"/> <input type="checkbox"/> -Submit RTC <input 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 type="checkbox"/>

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

F. Auto Mercury Switches - Page 23 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 type="checkbox"/> <input type="checkbox"/> - Submit RTC <input type="checkbox"/> <input type="checkbox"/>
ii. Do you store the removed switches in a heavy-duty plastic container?	<input 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 type="checkbox"/> <input type="checkbox"/> - Submit RTC
iv. Do you send the switches to a <b>recycling</b> company? If so, please note the name of the company: <hr/>	<input type="checkbox"/> <input type="checkbox"/>
v. Do you send the switches to a <b>disposal</b> company (necessary due to condition, such as a damaged or leaking switch)? If so, please note the name of the company: <hr/>	<input type="checkbox"/> <input type="checkbox"/>
vi. Are the switches shipped in accordance with the universal waste rule?	<input type="checkbox"/> <input type="checkbox"/> - Submit RTC
vii. Do you remove other mercury-containing parts such as display screens from DVD players and navigation system sources?	<input type="checkbox"/> <input type="checkbox"/>
viii. Approximately how many auto mercury switches do you remove and collect annually? <hr/>	<hr/>
<p>Please refer to Section 3.F in the Workbook for additional information.</p>	

G. Waste Tires - Page 26 in Certification Workbook	Yes	No
i. Do you store waste tires at your facility? If "No", skip to Section H.	<input type="checkbox"/>	<input type="checkbox"/>
ii. Do you store the tires outside?	<input type="checkbox"/>	<input type="checkbox"/>
iii. Do you store tires in a trailer, shed, or other container such as a rolloff?	<input type="checkbox"/>	<input type="checkbox"/>
iv. Do you take the tires off the rims?	<input type="checkbox"/>	<input 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 type="checkbox"/>
vi. Do you send the tires to a <i>disposal</i> facility? If so, please note name of facility:  _____	<input type="checkbox"/>	<input type="checkbox"/>
vii. Do you store more than 400 tires at any given time? <b>If "No", skip to Section H.</b>  If "Yes", are you licensed to operate a vehicle tire storage and recycling facility?	<input type="checkbox"/>	<input type="checkbox"/> -Submit RTC
viii. Do you store tires for periods of six (6) months or less?	<input type="checkbox"/>	<input 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 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)	<input 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 type="checkbox"/> -Submit RTC
Please refer to Section 3.G in the Workbook for additional information.			

H. Used Oil - Page 29 in Certification Workbook	Yes    No																		
i. Is used oil stored in tanks or containers that are in good condition with proper spill control measures and secondary containment?	<input type="checkbox"/> <input type="checkbox"/> - Submit RTC																		
ii. Do you label the containers as "Used Oil"?	<input 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 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																		
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)	<table border="0"> <tr> <td><b>Yes</b></td> <td><b>No</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Yes</b>	<b>No</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Yes</b>	<b>No</b>																		
<input type="checkbox"/>	<input type="checkbox"/>																		
<input type="checkbox"/>	<input type="checkbox"/>																		
<input type="checkbox"/>	<input type="checkbox"/>																		
<input type="checkbox"/>	<input type="checkbox"/>																		
<input type="checkbox"/>	<input type="checkbox"/>																		
<input type="checkbox"/>	<input type="checkbox"/>																		
<input type="checkbox"/>	<input type="checkbox"/>																		
<input type="checkbox"/>	<input type="checkbox"/>																		
vi. Do you ship used oil to a re-refining, recycling, or disposal company? If "Yes", please note name of company:  _____	<input type="checkbox"/> <input type="checkbox"/>																		



H. Used Oil, continued	Yes	No
vii. Do you avoid using oil to suppress dust on your property?	<input 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 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 type="checkbox"/>
x. How much used (waste) oil do you generate annually (including used oil burned on-site in waste oil burners)?  How much used (waste) oil do you ship off-site annually?	_____	<u>Gallons</u>
	_____	<u>Gallons</u>
Please refer to Section 3.H in the Workbook for additional information.		



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 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 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 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 type="checkbox"/></p>
<p>Please refer to Section 3.I in the Workbook for additional information.</p>	



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?	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/> -Submit RTC
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?	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/> -Submit RTC
vi. Does the primary activity at your facility meet one of the following definitions? 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) 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 type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
vii. Have you completed and submitted a Stormwater Permit Application (RIPDES) to the Rhode Island Department of Environmental Management? If "Yes", RIPDES Permit No. _____	<input type="checkbox"/>	<input type="checkbox"/> -Submit RTC
viii. Did you ever apply for and get accepted into EPA's "Group Permit Application"?	<input type="checkbox"/>	<input type="checkbox"/>
ix. Have you completed and submitted a "No Exposure Certification Form" to the Rhode Island Department of Environmental Management?	<input type="checkbox"/>	<input type="checkbox"/>
x. 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?	<input type="checkbox"/>	<input type="checkbox"/>

<b>J. Stormwater, continued</b>		Yes	No
xi.	Are all of your business activities/materials that can impact stormwater located under a roof or tarpaulin?	<input type="checkbox"/>	<input type="checkbox"/>
xii.	Are all business activities that can cause a spill or leak conducted on an impermeable surface where spills/leaks are cleaned up promptly?	<input type="checkbox"/>	<input type="checkbox"/>
xiii.	Are all materials that are susceptible to a spill or leak located on an impermeable surface where spills/leaks are cleaned up promptly?	<input type="checkbox"/>	<input type="checkbox"/>
xiv.	Do you crush or shred any non-automotive waste streams (discarded appliances, misc. scrap metal, empty transformer casings, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
xv.	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, Vortechincs, etc.) e. Deep Sump Catch Basins f. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
xvi.	Do you reuse stormwater? If "Yes", for what purpose: _____	<input type="checkbox"/>	<input type="checkbox"/>
xvii.	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 type="checkbox"/>
xviii.	Do you follow a written plan such as a Stormwater Pollution Prevention 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
<b>Please refer to Section 3.J in the Workbook for additional information.</b>			

K. Hazardous Waste - Page 39 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 type="checkbox"/>
ii. Regarding all your waste streams, do you have appropriate documentation or process knowledge that supports your hazardous waste determination?	<input type="checkbox"/> <input type="checkbox"/> -Submit RTC
iii. If you generate hazardous waste, do you have an EPA hazardous waste identification number? List below:  <hr/>	<input type="checkbox"/> <input type="checkbox"/> -Submit RTC
iv. Do you have proper documentation (manifests) which shows where your hazardous waste is being shipped?	<input type="checkbox"/> <input type="checkbox"/> -Submit RTC
ix. Has your facility submitted to RIDEM/OCI a list of authorized agents to sign the hazardous waste manifest?	<input type="checkbox"/> <input type="checkbox"/> -Submit RTC
vi. 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
vii. Do you recycle hazardous waste on-site? If "Yes", list type of waste:  <hr/>	<input type="checkbox"/> <input type="checkbox"/>
viii. How much hazardous waste do you ship off-site annually?	<hr/> <u>Gal/lbs.</u>



K. Hazardous Waste, continued	Yes    No
ix. Where is your hazardous waste being stored (check all that apply)? - Satellite accumulation area - 90-day storage area	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
x. Do you have a <b>satellite accumulation area</b> ? If "Yes", please answer below; if "No", skip to xi.  a. Is the area clearly marked and the container properly labeled with the words " <b>Hazardous Waste</b> " and what the contents in the container are?  b. Is the container under control of the operator and at or near the point of generation?	<input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> -Submit RTC  <input type="checkbox"/> <input type="checkbox"/> -Submit RTC
xi. Do you have a <b>90-day hazardous waste storage area</b> ? If "Yes", please answer below; if "No", skip to xii:  a. Are containers labeled with the words "Hazardous Waste"?  b. Are containers labeled with the name of the waste and its waste code?  c. Are containers labeled with the date when placed in the storage area?  d. Are all containers in good condition?  e. Is the area itself secure and protected from stormwater?  f. Do you store the liquid waste with proper secondary containment?  g. Do you inspect the storage area weekly, and is this inspection documented (written records)?	<input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> -Submit RTC  <input type="checkbox"/> <input type="checkbox"/> -Submit RTC  <input type="checkbox"/> <input type="checkbox"/> -Submit RTC  <input type="checkbox"/> <input type="checkbox"/> -Submit RTC  <input type="checkbox"/> <input type="checkbox"/> -Submit RTC  <input type="checkbox"/> <input type="checkbox"/> -Submit RTC

K. Hazardous Waste, continued	Yes No
xii. Are you shipping your hazardous waste off-site according to the 90-day storage time limit?	<input type="checkbox"/> <input type="checkbox"/> -Submit RTC
xiii. If the 90-day storage area contains ignitables, please answer below; if 'No", proceed to next question. <ul style="list-style-type: none"> <li>i. Is the area separated from sources of ignition?</li> <li>ii. Are "No Smoking" signs posted in the area?</li> <li>iii. Is the area located at least fifty (50) feet from the property line?</li> <li>iv. Are drums of ignitable waste electrically grounded?</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> -Submit RTC <input type="checkbox"/> <input type="checkbox"/> -Submit RTC <input type="checkbox"/> <input type="checkbox"/> -Submit RTC <input type="checkbox"/> <input type="checkbox"/> -Submit RTC
xiv. Does your facility contain and maintain 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
xv. Does your facility have a <u>written</u> 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
xvi. Has this plan been submitted to local emergency response providers (e.g. local police, fire departments)?	<input type="checkbox"/> <input type="checkbox"/> -Submit RTC
xvii. 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
xviii. Does your facility have records indicating that an employee training program is occurring?	<input type="checkbox"/> <input type="checkbox"/> -Submit RTC

**K. Hazardous Waste, continued**

xix. 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 53 in Certification Workbook	Yes	No
i. Do you store all new liquids indoors?	<input 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 type="checkbox"/>	<input type="checkbox"/>
iv. Do you store the waste containers indoors?	<input 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 type="checkbox"/>	<input type="checkbox"/>
vii. Are all containers clearly labeled with the proper information, identifying the contents?	<input type="checkbox"/>	<input type="checkbox"/>
viii. If any vehicles are crushed on-site, is any resulting residual liquid waste properly managed?	<input type="checkbox"/>	<input type="checkbox"/> -Submit RTC
ix. Is all windshield washer fluid re-used, recycled, or managed for proper off-site disposal?	<input type="checkbox"/>	<input type="checkbox"/>
x. Is brake fluid disposed of properly? Please explain: _____	<input 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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input 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 \_\_\_\_\_, 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: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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 Technical & Customer Assistance  
 Auto Salvage Yard Facilities Certification Program  
 235 Promenade Street  
 Providence, RI 02908-5767

Return the completed checklist by September 15, 2007

Rhode Island Department of Environmental Management  
Auto Salvage Yard Facilities Certification Program  
2007 Return-to-Compliance Plan Form



- Before you complete this form, make as many copies as needed. Complete a separate Return-to-Compliance Form for EACH compliance question that requires one. Attach to Certification Checklist and return with entire package.
- Only submit a Return-to-Compliance Plan for violations that you were unable to correct **BEFORE** certifying.
- Completing this form does not relieve the facility of its affirmative responsibility to operate in compliance with applicable regulations. Failure to operate in full compliance with the applicable regulations may result in enforcement actions which may include fines or penalties.

Facility Information:

Facility Name: \_\_\_\_\_

Please note that submittal of this RTC Form gives your facility an additional sixty (60) days to come into compliance.

1. What is the Compliance Section & Question # for which you are reporting non-compliance?  
Compliance Question #: \_\_\_\_\_
2. What is the specific violation (reference the Workbook Section & Page # in which the requirement is explained, and a description of the requirement)  
Workbook Section & Page #: \_\_\_\_\_

Brief Description of Requirement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What corrective action will you take to return to compliance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Date that facility is expected to be in compliance with this issue? \_\_\_\_\_

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Rhode Island Department of Environmental Management  
Auto Salvage Yard Facilities Certification Program  
2007 Return-to-Compliance Plan Form



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2. What is the specific violation (reference the Workbook Section & Page # in which the requirement is explained, and a description of the requirement)

Workbook Section & Page #: \_\_\_\_\_

Brief Description of Requirement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What corrective action will you take to return to compliance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Date that facility is expected to be in compliance with this issue? \_\_\_\_\_



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Workbook Section & Page #: \_\_\_\_\_

Brief Description of Requirement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Date that facility is expected to be in compliance with this issue? \_\_\_\_\_

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Rhode Island Department of Environmental Management  
Auto Salvage Yard Facilities Certification Program  
**2007 Return-to-Compliance Plan Completion Form**



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Auto Salvage Yard Facilities Certification Program  
235 Promenade Street  
Providence, RI 02908-5767**

- Completing this form does not relieve the facility of its responsibility to operate in compliance with applicable regulations. Failure to operate in full compliance with the applicable regulations may result in enforcement actions which may include fines or penalties.

Facility Information:

Facility Name: \_\_\_\_\_

1. What is the Compliance Section and Question # for which you reported non-compliance?

Compliance Question #: \_\_\_\_\_

2. What is the specific violation (reference the Workbook Section and Page # in which the requirement is explained and a description of the requirement)

Workbook Section & Page #: \_\_\_\_\_

Brief Description of Requirement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What corrective action did you take to return to compliance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Date that facility returned to compliance with this issue? \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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Auto Salvage Yard Facilities Certification Program  
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Compliance Question #: \_\_\_\_\_

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Workbook Section & Page #: \_\_\_\_\_

Brief Description of Requirement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What corrective action did you take to return to compliance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Date that facility returned to compliance with this issue? \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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1. What is the Compliance Section and Question # for which you reported non-compliance?

Compliance Question #: \_\_\_\_\_

2. What is the specific violation (reference the Workbook Section and Page # in which the requirement is explained and a description of the requirement)

Workbook Section & Page #: \_\_\_\_\_

Brief Description of Requirement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What corrective action did you take to return to compliance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Date that facility returned to compliance with this issue? \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_



