

JAN 27 2020

Division of Materials Mgmt.

SCRAP METAL PROCESSORS ANNUAL REPORT

Submit the Annual Report no later than March 1, 2020.

This annual report is for the year of operation from January 01, 2019 to December 31, 2019**SECTION 1 - FACILITY INFORMATION**

FACILITY INFORMATION			
FACILITY NAME: SERVICE SCRAP METAL INC			
FACILITY LOCATION ADDRESS: 3425 HAMPTON RD	FACILITY CITY: OCEANSIDE	STATE: NY	ZIP CODE: 11572
FACILITY TOWN: HEMPSTEAD	FACILITY COUNTY: NASSAU	FACILITY PHONE NUMBER: (516) 285-5400	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). HEMPSTEAD			NYSDEC REGION #: 1
FACILITY CONTACT: MICHAEL TAYLOR	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: (516) 285-5400	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: SERVICE SCRAP METAL INC	OWNER PHONE NUMBER: (516) 285-5400	OWNER FAX NUMBER:	
OWNER ADDRESS: 3425 HAMPTON RD	OWNER CITY: OCEANSIDE	STATE: NY	ZIP CODE: 11572
OWNER CONTACT: MICHAEL TAYLOR	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2019? ☒ Yes; Complete this form.☐ No; Complete and submit Sections 1 and 5.

SECTION 2 - WASTE FLUIDS RECOVERED

Complete this table by reporting volumes or weights of waste fluids managed at the facility during the reporting period.
Qualitative responses (i.e. \checkmark 's or X's) are not acceptable.

Waste Fluid Recovered	Fluid Volume (gallons) or Weight (pounds)				Destination Name & Address (Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)
	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	
Refrigerant (pounds)	0				
Used Oil** (gallons)	0	20	100		
Diesel Fuel (gallons)	150				
Gasoline (gallons)	0				
Engine Coolant/ Antifreeze (gallons)	0				
Window Washing Fluid (gallons)	0				
Mercury (pounds)	0				
Other (specify)					

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

** Includes Engine Oil, Transmission Fluid, Axle Fluids, Hydraulic Fluid, Power Steering Fluid, Brake Fluid, etc.

SECTION 3- SCRAP METAL
Complete this table by reporting the amount of metal received, stored and sent off site, by the facility, during the reporting period.

Material Types	Received (tons)	Stored On-Site (tons)	Sent Off-Site (tons)	Destination
				NYS Planning Unit (or state if other than New York)
Ferrous Scrap Metal	12000	50	11950	NEW YORK CITY
Aluminum Scrap Metal	500	10	490	NEW YORK CITY
Lead Weights	.10	0	.10	NEW YORK CITY
Non - Ferrous Scrap Metal	650	15	635	NEW YORK CITY
Other (specify):				

SECTION 4 - PROBLEMS

Were any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures)?

☐ Yes. ☒ No.

If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.

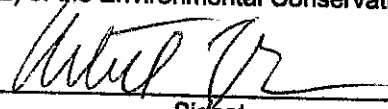
SECTION 5 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management Contacts).

The Owner or Operator must also submit one copy by email, fax or mail to:

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

I certify, under penalty of law, that the data and other information identified in this report have been prepared under my direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuant to section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.


Signature

1/15/20
Date

MICHAEL TAYLOR
Name (Print or Type)

PRESIDENT
Title (Print or Type)

Email (Print or Type)

3425 HAMPTON RD
Address

OCEANVIEW
City

NY 11572
State and Zip

(516) 285 5400
Phone Number

ATTACHMENTS: ☐ YES ☒ NO