

# 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: Cousins Metal Industries, Inc.			
FACILITY LOCATION ADDRESS: 460 Brown Court	FACILITY CITY: Oceanside	STATE: NY	ZIP CODE: 11572
FACILITY TOWN: Oceanside	FACILITY COUNTY: Nassau	FACILITY PHONE NUMBER: 516-536-7755	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Hempstead		NYS DEC ACTIVITY CODE: 1	NYSDEC REGION #: 1
FACILITY CONTACT: Kaitlyn D'Agostino	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 516-536-7755	CONTACT FAX NUMBER: 516-536-7490
CONTACT EMAIL ADDRESS: info@cousinsmetal.com			
OWNER INFORMATION			
OWNER NAME: Sheldon Gering, President	OWNER PHONE NUMBER: 516-536-7755		OWNER FAX NUMBER: 516-536-7490
OWNER ADDRESS: 183 Bayville Road	OWNER CITY: Lattingtown	STATE: NY	ZIP CODE: 11560
OWNER CONTACT: Kaitlyn D'Agostino	OWNER CONTACT EMAIL ADDRESS: info@cousinsmetal.com		
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 checked="" 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? <input checked="" type="checkbox"/> Yes; Complete this form. <input type="checkbox"/> 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. Y's or X's) are not acceptable.

Waste Fluid Recovered	Fluid Volume (gallons) or Weight (pounds)				Destination Name & Address
	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)
Refrigerant (pounds)					
Used Oil** (gallons)					
Diesel Fuel (gallons)					
Gasoline (gallons)					
Engine Coolant/ Antifreeze (gallons)					
Window Washing Fluid (gallons)					
Mercury (pounds)					
Other (specify) we do not handle waste fluids					

\* 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	15,118	800	14,318	New York City, New Jersey
Aluminum Scrap Metal	242	12.5	229.50	Florida, Pennsylvania
Lead Weights	0			
Non - Ferrous Scrap Metal	1875	200	1975	Ohio, Pennsylvania, Missouri, Florida
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

11/30/2020  
\_\_\_\_\_  
Date

NORMAN GERING  
\_\_\_\_\_  
Name (Print or Type)

SEC-TREAS.  
\_\_\_\_\_  
Title (Print or Type)

info@cousinsmetal.com  
\_\_\_\_\_  
Email (Print or Type)

1 High Ridge Lane  
\_\_\_\_\_  
Address

Oyster Bay  
\_\_\_\_\_  
City

New York, 11771  
\_\_\_\_\_  
State and Zip

516-536-7755  
\_\_\_\_\_  
Phone Number

ATTACHMENTS: ☐ YES ☒ NO