

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: DPR Scrap Metal | | | |
| FACILITY LOCATION ADDRESS: 125 Hopper St | FACILITY CITY: Westbury | STATE: NY | ZIP CODE: 11590 |
| FACILITY TOWN: North Hempstead | FACILITY COUNTY: Nassau | FACILITY PHONE NUMBER: 516-280-9353 | |
| FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). North Hempstead SWMA | | NYS DEC ACTIVITY CODE: | NYSDEC REGION #: 1 |
| FACILITY CONTACT: Michael Meinardus | <input type="checkbox"/> public <input checked="" type="checkbox"/> private | CONTACT PHONE NUMBER: 516-280-9353 | CONTACT FAX NUMBER: 516-280-9355 |
| CONTACT EMAIL ADDRESS: mikedprscrap@aol.com | | | |
| OWNER INFORMATION | | | |
| OWNER NAME: Jeffrey Sissons | OWNER PHONE NUMBER: 631-484-5312 | OWNER FAX NUMBER: 516-280-9355 | |
| OWNER ADDRESS: 49 Neulist Ave | OWNER CITY: Port Washington | STATE: NY | ZIP CODE: 11050 |
| OWNER CONTACT: Jeffrey Sissons | OWNER CONTACT EMAIL ADDRESS: deerparkrecycling@yahoo.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? ☒ 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. √'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) | 86 | 30 | | | |
| Used Oil** (gallons) | 0 | 200 | 708 | | Waste Oil Solutions NYD980762843 |
| Diesel Fuel (gallons) | 560 | 275 | | | |
| Gasoline (gallons) | 1800 | 90 | | | |
| Engine Coolant/ Antifreeze (gallons) | 132 | 50 | | | |
| Window Washing Fluid (gallons) | 55 | 5 | | | |
| Mercury (pounds) | | 0 | 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 | 34842 | 190 | 34652 | New Jersey  |
| Aluminum Scrap Metal | 168 | 0 | 168 | |
| Lead Weights | 0 | 0 | 0 | |
| Non - Ferrous Scrap Metal | 62 | 0 | 62 | |
| 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

10/31/2020

Date

Michael Meinardus

Name (Print or Type)

Manager

Title (Print or Type)

mikedprscrap@aol.com

Email (Print or Type)

125 Hopper St

Address

Westbury

City

NY 11590

State and Zip

516 280 9353

Phone Number

ATTACHMENTS: ☐ YES ☒ NO