

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: NORTHSIDE AUTO II INC.			
FACILITY LOCATION ADDRESS: 134-34 CROSSBAY BLVD		FACILITY CITY: OZONE PARK	STATE: NY ZIP CODE: 11417
FACILITY TOWN: OZONE PARK		FACILITY COUNTY: QUEENS	FACILITY PHONE NUMBER: (718) 846-6700
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). New York City		NYS DEC ACTIVITY CODE: <input checked="" type="checkbox"/> 2082008-DCA	NYSDEC REGION #: 2
FACILITY CONTACT: THOMAS CASILLO	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: (718) 846-6700	CONTACT FAX NUMBER: NONE
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: THOMAS CASILLO	OWNER PHONE NUMBER: (718) 846-6700		OWNER FAX NUMBER: NONE
OWNER ADDRESS: 134-34 CROSSBAY BLVD	OWNER CITY: OZONE PARK	STATE: NY	ZIP CODE: 11417
OWNER CONTACT: THOMAS CASILLO	OWNER CONTACT EMAIL ADDRESS: NORTHSIDEINC@YAHOO.COM		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner THOMAS CASILLO		<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 type="checkbox"/> Yes; Complete this form. <input checked="" 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. √'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)	0	0	0	0	N/A
Used Oil** (gallons)	0	0	0	0	N/A
Diesel Fuel (gallons)	0	0	0	0	N/A
Gasoline (gallons)	0	0	0	0	N/A
Engine Coolant/ Antifreeze (gallons)	0	0	0	0	N/A
Window Washing Fluid (gallons)	0	0	0	0	N/A
Mercury (pounds)	0	0	0	0	N/A
Other (specify)	0	0	0	0	N/A

* 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	0	0	0	N/A	
Aluminum Scrap Metal	0	0	0	N/A	
Lead Weights	0	0	0	N/A	
Non – Ferrous Scrap Metal	0	0	0	N/A	
Other (specify):	0	0	0	N/A	

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

02/05/2020

Date

THOMAS CASILLO

Name (Print or Type)

PRESIDENT

Title (Print or Type)

NORTHSIDEINC@YAHOO.COM

Email (Print or Type)

134-34 CROSSBAY BLVD

Address

OZONE PARK

City

NY, 11417

State and Zip

718 846 6700

Phone Number

ATTACHMENTS: ☐ YES ☒ NO