

# SCRAP METAL PROCESSORS ANNUAL REPORT

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

SUBMITTED BY  
TABS CONSULTING GROUP  
(718) 492-6464

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: ALPHA RECYCLING INC			
FACILITY LOCATION ADDRESS: 1641 E. 233rd STREET	FACILITY CITY: BRONX	STATE: NY	ZIP CODE: 10461
FACILITY TOWN: BRONX	FACILITY COUNTY: BRONX	FACILITY PHONE NUMBER: 718-944-2300	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). NEW YORK CITY			NYSDEC REGION #: 2
FACILITY CONTACT: DAVID ZENKO	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 718-944-2300	CONTACT FAX NUMBER: N/A
CONTACT EMAIL ADDRESS: INFO@ALPHARECYCLINGUS.COM			
OWNER INFORMATION			
OWNER NAME: ALPHA RECYCLING INC	OWNER PHONE NUMBER: 718-944-2300	OWNER FAX NUMBER: N/A	
OWNER ADDRESS: 1641 E. 233rd STREET	OWNER CITY: BRONX	STATE: NY	ZIP CODE: 10461
OWNER CONTACT: DAVID ZENKO	OWNER CONTACT EMAIL ADDRESS: INFO@ALPHARECYCLINGUS.COM		
OPERATOR INFORMATION			
OPERATOR NAME: DAVID ZENKO	<input type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input 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.

	Fluid Volume (gallons) or Weight (pounds)				Destination Name & Address
Waste Fluid Recovered	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)			N/A		
Window Washing Fluid (gallons)					
Mercury (pounds)					
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	9867	3	9864	KENTUCKY, CHIGAGO
Aluminum Scrap Metal	6658	3	6655	
Lead Weights				
Non – Ferrous Scrap Metal	5229	4	5225	CONNECTICUT, TEXAS, MISSOURI, MARYLAND,
Other (specify): CONNECTICUT, TEXAS, M				
BATTERIES	3115		3115	INDIANA, MARYLAND

### 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.



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**SECTION 12 - 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

1/27/20  
Date

DAVID ZENKO  
Name (Print or Type)

PRESIDENT  
Title (Print or Type)

info@alpharecyclingus.com  
Email (Print or Type)

1641 EAST 233<sup>RD</sup> ST Bronx  
Address City

NY 10466 (718) 944 2300  
State and Zip Phone Number

ATTACHMENTS: ☐ YES ☐ NO