

# 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: Brooklyn Resource Recovery, Inc.,			
FACILITY LOCATION ADDRESS: 5811 Preston Ct.	FACILITY CITY: Brooklyn	STATE: NY	ZIP CODE: 11234
FACILITY TOWN:	FACILITY COUNTY: Kings	FACILITY PHONE NUMBER: (917) 576-1115	
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:	NYSDEC REGION #: 2
FACILITY CONTACT: Patrick Christopher	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: (917) 576-1115	CONTACT FAX NUMBER: (440) 519-1769
CONTACT EMAIL ADDRESS: patrickchristopher@brooklynresource.com			
OWNER INFORMATION			
OWNER NAME: Brooklyn Resource Recovery, Inc	OWNER PHONE NUMBER: (917) 576-1115	OWNER FAX NUMBER: (440) 519-1769	
OWNER ADDRESS: 4550 Darrow Rd.	OWNER CITY: Stow	STATE: OH	ZIP CODE: 44224
OWNER CONTACT: Dennis Stropko	OWNER CONTACT EMAIL ADDRESS: dennisstropko@reserve-group.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner Brooklyn Resource Recovery, Inc.		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address			
<input type="checkbox"/> Other (provide): 4550 Darrow Rd., Stow, OH 44224			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact			
<input type="checkbox"/> Other (provide): dennisstropko@reserve-group.com			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" 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  <i>(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)</i>
	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	
Refrigerant (pounds)	0	0	0	0	
Used Oil** (gallons)	1,500	0	2,000 gallons	0	JB Waste Oil; New York Oil Recovery
Diesel Fuel (gallons)	0	0	0	0	
Gasoline (gallons)	0	0	0	0	
Engine Coolant/ Antifreeze (gallons)	0	0	0	0	
Window Washing Fluid (gallons)	0	0	0	0	
Mercury (pounds)	0	0	0	0	
Other (specify) Lead Acid Batteries	24 tons	2 tons	22 tons	0	Plakos

\* 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	133,241	8,719	85,078	
Aluminum Scrap Metal	81	23	66	
Lead Weights	0	0	0	
Non – Ferrous Scrap Metal	2,948	164	2,827	
Other (specify): Shredder Residue	N/A	1,500	40,932	Ohio - 3rd party ASR processor

### 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.

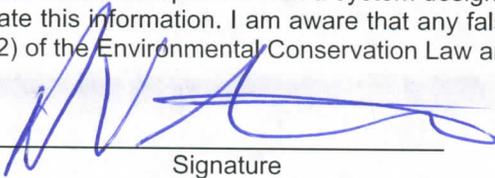
**SECTION 5 - SIGNATURE AND DATE BY OWNER OR OPERATOR**

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

2/24/2020  
\_\_\_\_\_  
Date

Dennis Stropko  
\_\_\_\_\_  
Name (Print or Type)

HSE Manager  
\_\_\_\_\_  
Title (Print or Type)

dennisstropko@reserve-group.com  
\_\_\_\_\_  
Email (Print or Type)

4550 Darrow Rd.  
\_\_\_\_\_  
Address

Stow  
\_\_\_\_\_  
City

OH 44224  
\_\_\_\_\_  
State and Zip

(440) 287 7216  
\_\_\_\_\_  
Phone Number

ATTACHMENTS:  YES  NO