

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: GREENPOINT SCRAP METAL INC			
FACILITY LOCATION ADDRESS: 304 GREENPOINT AVE	FACILITY CITY: BROOKLYN	STATE: NY	ZIP CODE: 11222
FACILITY TOWN:	FACILITY COUNTY: KINGS	FACILITY PHONE NUMBER: 718-389-5200	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). NYC		NYS DEC ACTIVITY CODE:	NYSDEC REGION #: 2
FACILITY CONTACT: ALAN FRIEDMAN	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 718-389-3200	CONTACT FAX NUMBER: —
CONTACT EMAIL ADDRESS: IBYSCRAP@AOL.COM + LOUREBS@AOL.COM			

OWNER INFORMATION

OWNER NAME: ALAN FRIEDMAN	OWNER PHONE NUMBER: 718-389-3200	OWNER FAX NUMBER: —
OWNER ADDRESS: 203 VINLAND AVE	OWNER CITY: SI	STATE: NY ZIP CODE: 10314
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: IBYSCRAP@AOL.COM	

OPERATOR INFORMATION

OPERATOR NAME: <input checked="" type="checkbox"/> same as owner	<input type="checkbox"/> public <input checked="" type="checkbox"/> private
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PREFERENCES

Preferred address to receive correspondence: <input type="checkbox"/> Other (provide):	<input checked="" type="checkbox"/> Facility location address	<input type="checkbox"/> Owner address
Preferred email address: <input type="checkbox"/> Other (provide):	<input checked="" type="checkbox"/> Facility Contact	<input type="checkbox"/> Owner Contact
Preferred individual to receive correspondence: <input type="checkbox"/> Other (provide):	<input checked="" type="checkbox"/> Facility Contact	<input type="checkbox"/> Owner Contact

Did you operate in 2019? ☒ Yes; Complete this form.

☐ No; Complete and submit Sections 1 and 5.

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GREENPOINT SCRAP METAL INC.

FACILITY LOCATION ADDRESS:

304 GREENPOINT AVE

FACILITY CITY:

BROOKLYN

STATE:

NY

ZIP CODE:

11222

FACILITY TOWN:

FACILITY COUNTY:

KINGS

FACILITY PHONE NUMBER:

718-389-3200

FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).

NYC

NYS DEC ACTIVITY CODE:

NYSDEC
REGION #: 2

FACILITY CONTACT:

ALAN FRIEDMAN

☐ public
☒ private

CONTACT PHONE
NUMBER:

718-389-3200

CONTACT FAX NUMBER:

—

CONTACT EMAIL ADDRESS:

IBYSCRAP@AOL.COM + LOURIBS@AOL.COM

OWNER INFORMATION

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., V'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 304 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)					

* 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 this 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				
Aluminum Scrap Metal	~ 200	~ 200	~ 100	
Lead Weights				
Non - Ferrous Scrap Metal				
Other (specify)	~ 500	~ 500	~ 300	

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.

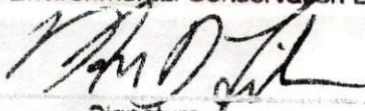
SECTION 5 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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

9/17/20
Date

ALAN FRIEDMAN
Name (Print or Type)

V. PRES
Title (Print or Type)

IBYSCRAP@AOL.COM
Email (Print or Type)

304 GREENPOINT AVE
Address

BKLYN
City

NY 11222
State and Zip

718.389.3200
Phone Number

ATTACHMENTS. ☐ YES ☒ NO