

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: Fortune Metal, Inc.			
FACILITY LOCATION ADDRESS: 239 India Street	FACILITY CITY: Brooklyn	STATE: NY	ZIP CODE: 11222
FACILITY TOWN: Greenpoint	FACILITY COUNTY: Kings	FACILITY PHONE NUMBER: 718-389-3000	
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: Dan Oclaret	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 718-389-3000	CONTACT FAX NUMBER: 718-389-3921
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Norman Ng	OWNER PHONE NUMBER: 718-389-3000	OWNER FAX NUMBER: 718-389-3921	
OWNER ADDRESS: 239 India Street	OWNER CITY: Brooklyn	STATE: NY	ZIP CODE: 11222
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> same as owner		<input 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.

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	NA
Used Oil** (gallons)	0	55g	55g	0	Lorco Petroleum Service 450 S Front Street Elizabeth NJ 07202
Diesel Fuel (gallons)	0	0	0	0	NA
Gasoline (gallons)	0	0	0	0	NA
Engine Coolant/ Antifreeze (gallons)	5 g	1 g	0	0	Fortune Metal
Window Washing Fluid (gallons)	1 g	1 g	0	0	Fortune Metal
Mercury (pounds)	0	0	0	0	NA
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	288 Metric ton	0	328 Metric ton	New York City
Aluminum Scrap Metal	3082 Metric ton	0	3058 metric ton	export overseas and domestic shipment
Lead Weights	95 Metric ton	0	92 Metric ton	Export overseas
Non – Ferrous Scrap Metal	9736 Metric ton	0	9490 Metric ton	export overseas and domestic shipment
Other (specify): automotive batteries	171 Metric ton	0	201 Metric ton	Domestic shipment RSR Corp. Middletown NY

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.

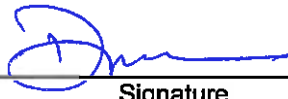
SECTION 5 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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

1 - 3 - 20

Date

Dan Oclaret

Name (Print or Type)

Opr. Mgr.

Title (Print or Type)

dano@fortunegroup.net

Email (Print or Type)

239 India Street

Address

Brooklyn

City

New York 11222

State and Zip

(718) 389-3000

Phone Number

ATTACHMENTS: ☐ YES ☒ NO