

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: JOHN FRANCESCO SCRAP INC			
FACILITY LOCATION ADDRESS: 267 HOOKER PLACE	FACILITY CITY: STATEN ISLAND	STATE: NY	ZIP CODE: 10303
FACILITY TOWN: STATEN ISLAND	FACILITY COUNTY: RICHMOND	FACILITY PHONE NUMBER: 718-727-9674	
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: JOHN NOTARFRANCESCO	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 718-727-9674	CONTACT FAX NUMBER: 718-727-9131
CONTACT EMAIL ADDRESS: JSCRAP45@AOL.COM			
OWNER INFORMATION			
OWNER NAME: JOHN FRANCESCO SCRAP INC	OWNER PHONE NUMBER: 718-727-9674	OWNER FAX NUMBER: 718-727-9131	
OWNER ADDRESS: 267 HOOKER PLACE	OWNER CITY: STATEN ISLAND	STATE: NY	ZIP CODE: 10303
OWNER CONTACT: JOHN NOTARFRANCESCO	OWNER CONTACT EMAIL ADDRESS: JSCRAP45@AOL.COM		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner JOHN NOTARFRANCESCO		<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.

	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)			N/A		
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 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	1040	30	1010	NJ
Aluminum Scrap Metal	23	3	20	NJ
Lead Weights	1		1	NJ
Non – Ferrous Scrap Metal	65	3	62	nj
Other (specify):				

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

1-24-20
Date

John Notarfrancesco
Name (Print or Type)

President
Title (Print or Type)

JSCRAP 45 @ AOL . Com
Email (Print or Type)

267 Hooker Pl
Address

Staten Island
City

NY 10303
State and Zip

212 727-9674
Phone Number

ATTACHMENTS: ☐ YES ☐ NO