

**Empire Recycling Services LLC**  
**538 Stewart Ave**  
**Brooklyn, NY 11222**  
**Tel: 718-387-2077 Fax: 718-387-0011**

**Fax**

**To:** 5184029041

**From:** Donato Quartuccia

**Fax:** 1-518-402-9041

**Date:** Jan 23/20 03:56 PM

**Subject: Brooklyn Processing II Inc Scrap Metal Processors Annual Report**

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**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 Processing II Inc			
FACILITY LOCATION ADDRESS: 24 Thomas St	FACILITY CITY: Brooklyn	STATE: NY	ZIP CODE: 11222
FACILITY TOWN: Brooklyn	FACILITY COUNTY: Kings	FACILITY PHONE NUMBER: (718) 486-9730	
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: Daniel Colasuonno	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: (718) 486-9730	CONTACT FAX NUMBER: (844) 852-5192
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Daniel Colasuonno	OWNER PHONE NUMBER: (718) 486-9730	OWNER FAX NUMBER: (718) 478-2385	
OWNER ADDRESS: 538 Stewart Ave	OWNER CITY: Brooklyn	STATE: NY	ZIP CODE: 11222
OWNER CONTACT: Daniel Colasuonno	OWNER CONTACT EMAIL ADDRESS: dc@titangroupny.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<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):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
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.

	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)	n/a	n/a	n/a	n/a	
Used Oil** (gallons)	n/a	n/a	n/a	n/a	
Diesel Fuel (gallons)	n/a	n/a	n/a	n/a	
Gasoline (gallons)	n/a	n/a	n/a	n/a	
Engine Coolant/ Antifreeze (gallons)	n/a	n/a	n/a	n/a	
Window Washing Fluid (gallons)	n/a	n/a	n/a	n/a	
Mercury (pounds)	n/a	n/a	n/a	n/a	
Other (specify)	n/a	n/a	n/a	n/a	

\* 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	22,685.21	280.00	16,702.07 3,310.07 2,393.07	New York City Brookhaven (Town) New Jersey
Aluminum Scrap Metal				
Lead Weights				
Non – Ferrous Scrap Metal	459.04	32.50	86.47 24.07 316.00	New York City Hempstead (Town) New Jersey
Other (specify): Stainless Steel	98.24	1.50	0.15 96.59	New York City New Jersey

**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](mailto: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

01/20/2020

Date

Daniel Colasuonno

Name (Print or Type)

Principal

Title (Print or Type)

dc@titangroupny.com

Email (Print or Type)

538 Stewart Ave

Address

Brooklyn

City

NY 11222

State and Zip

718 486 9730

Phone Number

ATTACHMENTS: ☐ YES ☒ NO