

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: Urban Metal Recycling, Inc.				
FACILITY LOCATION ADDRESS: 8701 Ditmas Ave.		FACILITY CITY: Brooklyn		STATE: NY ZIP CODE: 11236
FACILITY TOWN:		FACILITY COUNTY:	FACILITY PHONE NUMBER: (718) 629 - 1371	
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: Vincent Lo		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: (917) 225 - 5893	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: vincentl@scrapkingusa.com				
OWNER INFORMATION				
OWNER NAME:		OWNER PHONE NUMBER:		OWNER FAX NUMBER:
OWNER ADDRESS:		OWNER CITY:		STATE: ZIP CODE:
OWNER CONTACT:		OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION				
OPERATOR NAME: <input type="checkbox"/> same as owner Xiangming Zheng			<input checked="" 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)					
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	406.1		406.1	New York City	
Aluminum Scrap Metal	73.7		73.7	Kearny, NJ	
Lead Weights					
Non – Ferrous Scrap Metal	232.9		232.9	Kearny, 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

Jan. 29 2020
Date

Vincent Lo
Name (Print or Type)

Asst. Mgr
Title (Print or Type)

vincentl@scrapkingusa.com
Email (Print or Type)

8701 Ditmas Ave.
Address

Brooklyn
City

NY 11236
State and Zip

(718) 629-1371
Phone Number

ATTACHMENTS: ☐ YES ☒ NO