



Department of
Environmental
Conservation

SCRAP METAL PROCESSORS ANNUAL REPORT

(If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-3678.)
Submit the Annual Report no later than March 1, 2023.

This annual report is for the year of operation from January 01, 2022 to December 31, 2022
SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Pascap Co., Inc.			
FACILITY LOCATION ADDRESS: 4250 Boston Road	FACILITY CITY: Bronx	STATE: NY	ZIP CODE: 10475
FACILITY TOWN: Bronx	FACILITY COUNTY: Bronx	FACILITY PHONE NUMBER: 718-325-7200	
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: NY005	NYSDEC REGION #: 2
FACILITY CONTACT: James Capasso	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 718-325-7200	CONTACT FAX NUMBER: 718-325-7595
CONTACT EMAIL ADDRESS: james@pascapco.com			
OWNER INFORMATION			
OWNER NAME: Pascap Co., Inc.	OWNER PHONE NUMBER: 718-325-7200	OWNER FAX NUMBER: 718-325-7595	
OWNER ADDRESS: 4250 Boston Road	OWNER CITY: Bronx	STATE: NY	ZIP CODE: 10475
OWNER CONTACT: James Capasso	OWNER CONTACT EMAIL ADDRESS: james@pascapco.com		
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 type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Did you operate in 2022? <input checked="" type="checkbox"/> Yes; Complete this form. <input type="checkbox"/> 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 <i>(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)</i>
	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	
Refrigerant (pounds)	N/A	N/A	N/A	N/A	
Used Oil** (gallons)	N/A	35	N/A	4914	Enviro Waste, 279 US-6, Mahopac NY 10541
Diesel Fuel (gallons)	N/A	2000	N/A	N/A	Enviro Waste, 279 US-6, Mahopac NY 10541
Gasoline (gallons)	N/A	1000	N/A	N/A	Enviro Waste, 279 US-6, Mahopac NY 10541
Engine Coolant/ Antifreeze (gallons)	N/A	40	N/A	798	Enviro Waste, 279 US-6, Mahopac NY 10541
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	84151	5732	79151	New York City
Aluminum Scrap Metal	7997	640	7357	New York City
Lead Weights	.61	0.04	.57	New York City
Non – Ferrous Scrap Metal	17590	1407	16183	New York City
Other (specify):	N/A	N/A	N/A	

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: SWMAnnualreport@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

8/4/23
Date

James Capasso
Name (Print or Type)

President
Title (Print or Type)

james@pascapco.com
Email (Print or Type)

4250 Boston Road
Address

Bronx
City

New York 10475
State and Zip

(718) 325-7200
Phone Number

ATTACHMENTS: YES NO