NEW YORK STATE OF OPPORTUNITY | 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 518-402-8678.)

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: Urban Metal Recycling			
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).	**NYS DEC ACTIVITY CODE:**	**NYSDEC REGION #:** 2	
FACILITY CONTACT: Vincent Lo	☑ public ☐ private	**CONTACT PHONE NUMBER:** 718-629-1371	**CONTACT FAX NUMBER:** N/A
CONTACT EMAIL ADDRESS:			

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: ☐ *same as owner* ☐ public ☐ private

PREFERENCES

Preferred address to receive correspondence: ☐ *Facility location address* ☐ *Owner address* ☐ *Other (provide):*

Preferred email address: ☐ *Facility Contact* ☐ *Owner Contact* ☐ *Other (provide):*

Preferred individual to receive correspondence: ☐ *Facility Contact* ☐ *Owner Contact* ☐ *Other (provide):*

Did you operate in 2022? ☐ 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	381		381	New York City
Aluminum Scrap Metal	203		2023	Kearny, NJ
Lead Weights	14		14	Kearny, NJ
Non – Ferrous Scrap Metal	740		740	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.

Vincent Lo
Signature

Jan. 7th 2023
Date

Vincent Lo
Name (Print or Type)

Assistant Manager
Title (Print or Type)

vincentl@scrapkingusa.com
Email (Print or Type)

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Address

Brooklyn
City

NY 11236
State and Zip

(718) 629-1371
Phone Number

ATTACHMENTS: ○ YES ◉ NO

Reprinted (12/22)