

REGISTERED C&D DEBRIS HANDLING AND RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-8678.)

Complete and submit this form by March 1, 2021.

This annual report is for the year of operation from January 01, 2020 to December 31, 2020

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Simsmetal East, LLC - Bronx Metals Recycling			
FACILITY LOCATION ADDRESS: 850 Edgewater Rd	FACILITY CITY: Bronx	STATE: NY	ZIP CODE: 10474
FACILITY TOWN: NA	FACILITY COUNTY: Bronx	FACILITY PHONE NUMBER: 718-542-2300	
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
360 PERMIT #: (Refer to DEC Permit)	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration)
FACILITY CONTACT: Ray Crespo	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 347-708-5060	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: Ray.Crespo@simsmm.com			
OWNER INFORMATION			
OWNER NAME: Simsmetal East, LLC	OWNER PHONE NUMBER: 201-577-3200	OWNER FAX NUMBER: 201-333-4296	
OWNER ADDRESS: 1 Linden Ave, E	OWNER CITY: Jersey City	STATE: NJ	ZIP CODE: 07305
OWNER CONTACT: Craig Cunningham	OWNER CONTACT EMAIL ADDRESS: Craig.Cunningham@simsmm.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner		<input type="checkbox"/> public <input checked="" 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 2020? Yes; Complete this form.

No; Complete and submit Sections 1 and 11. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at: <http://www.dec.ny.gov/chemical/52706.html> .

For facilities that have not transitioned into 6 NYCRR 361-5 and operated during 2018 under 6 NYCRR 360-16, please go directly to Section 2.

For facilities regulated under 6 NYCRR 361-5, the check boxes correspond with the registrations that have been issued to your facility. Please check all that apply and then move to Section 2:

For clarifications, see 6 NYCRR 361-5.2

<input type="checkbox"/> 1. Facility received less than 500 tons per day of the following recognizable, uncontaminated wastes: concrete and other masonry materials (including steel or fiberglass reinforcing embedded in concrete), brick , and rock .	<input type="checkbox"/> 2. Facility received less than 500 tons per day uncontaminated asphalt pavement or asphalt millings .
<input type="checkbox"/> 3. Facility received less than 500 tons per day of uncontaminated asphalt roofing shingles and roofing paper that do not contain asbestos-containing materials	<input type="checkbox"/> 4. Facility received less than 500 tons per day of uncontaminated, unadulterated gypsum wallboard .
<input type="checkbox"/> 5. Facility received less than 500 tons per day of unadulterated, uncontaminated wood .	<input checked="" type="checkbox"/> 6. Facility received less than 500 tons per day of soil, sand, gravel, or rock . The soil must have no evidence of chemical or physical contamination. This may NOT be combined with 7.
<input type="checkbox"/> 7. Facility received less than 500 tons per day of restricted-use fill and limited-use fill . This may NOT be combined with 6.	<input type="checkbox"/> 8. Facility received less than 500 tons per day of other uncontaminated, source-separated recyclables generated from C&D debris for use under an approved case-specific beneficial use determination .

SECTION 2 – SOLID WASTE RECEIVED (continued)

Type of Waste	Tip Fee (\$/Ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Concrete								
Other Masonry Materials								
Brick								
Rock								
Asphalt Pavement								
Asphalt Millings								
Asphalt Roofing Shingles								
Roofing Paper								
Gypsum Wallboard								
Unadulterated Wood								
Soil								
Sand		7753.12	7780	5307.89	7896.53	9188.45	75486.39	206.82
Gravel		3726.45	3105.92	1948.90	4829.42	5853.85	34895.43	95.6
Rock								
Restricted-Use Fill								
Limited-Use Fill								
Other (specify)								
Total Tons Received		11479.57	10885.92	7256.79	12725.95	15042.30	110381.82	302.42

If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

SECTION 3 – SERVICE AREA OF SOLID WASTE RECEIVED

Please identify where the material is coming from. The total tons received reported below should equal the total tons received in Section 2 (Solid Waste Received). **DO NOT REPORT IN CUBIC YARDS!**

- If the waste **WAS** received from another solid waste management facility, please write in the name *and* address of the facility along with the appropriate state, county and planning unit/municipality.
- If the waste **WAS NOT** received from another solid waste management facility, please write in "**Direct Haul**" along with the appropriate state, county, and planning unit/municipality where the waste was generated.

Specify transport method, list type of material(s) and percentages of total material transported by each:

_____ % Road: Waste Type(s): _____ _____ % Rail: Waste Type(s): _____
 _____ % Water: Waste Type(s): _____ 100 % Other (specify: Barge): Waste Type(s): Sand/Gravel

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR " Direct Haul "	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS <u>Planning Units</u>)	TONS RECEIVED
Concrete					
Other Masonry Materials					
Brick					
Rock					

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)

TYPE OF WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Asphalt Pavement					
Asphalt Millings					
Asphalt Roofing Shingles					
Roofing Paper					
Gypsum Wallboard					
Unadulterated Wood					

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)

TYPE OF WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Soil					
Sand	North American Aggregates 1250 State Street Perth Amboy, NJ 08861	NJ	MIDDLESEX	New York City	75486.39
Gravel	North American Aggregates 1250 State Street Perth Amboy, NJ 08861	NJ	MIDDLESEX	New York City	34895.43
Rock					
Restricted-Use Fill					
Limited-Use Fill					
Other (specify)					
TOTAL RECEIVED (tons):					110381.82

If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

SECTION 5 - MATERIAL RECOVERED FOR REUSE/RECYCLING

Please identify destination of recovered materials. Indicate the location of use/name of the destination, **address**, corresponding State/Country, County/Province, Destination Planning Unit/Municipality and the amount of material recovered. **DO NOT REPORT IN CUBIC YARDS!**

Specify transport method, list type of material(s) and percentages of total material transported by each:

100 % Road: Material(s): Sand, Gravel
 _____ % Water: Material(s): _____
 _____ % Rail: Material(s): _____
 _____ % Other (specify: _____): Material(s): _____

Loads of material that are to be used under a pre-determined or case-specific BUD do not need to be reported. The only exception is for specific material types (RCA, asphalt millings, etc.) distributed in excess of 10,000 tons (360.12(c)(5)) In this case, the total tonnage should be reported, but not the individual destinations.

MATERIAL RECOVERED FOR REUSE/RECYCLING					
MATERIAL RECOVERED	LOCATION OF USE/DESTINATION (Name & Address) Please note that "direct haul", "various", and "various locations" are not acceptable responses for the address of the location of use.	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Concrete					
Other Masonry Materials					
Brick					
Rock					
Bulk Metal (from C&D Debris)					

MATERIAL RECOVERED FOR REUSE/RECYCLING					
MATERIAL RECOVERED	LOCATION OF USE/DESTINATION (Name & Address) Please note that "direct haul", "various", and "various locations" are not acceptable responses for the address of the location of use.	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Asphalt Pavement					
Asphalt Millings					
Asphalt Roofing Shingles					
Roofing Paper					
Gypsum Wallboard					
Unadulterated Wood					
Soil					
Sand	North American Aggregates	NJ	MIDDLESEX	New York City	78042.47
	1250 State Street				
	Perth Amboy, NJ 08861				

Note: Sand and gravel tonnages in Section 2 are calculated from barge surveys of incoming material. The tonnages reported in Sections 5 determined by scale weight of outgoing truck shipments are considered slightly more accurate.

MATERIAL RECOVERED FOR REUSE/RECYCLING					
MATERIAL RECOVERED	LOCATION OF USE/DESTINATION <small>(Name & Address) Please note that "direct haul", "various", and "various locations" are not acceptable responses for the address of the location of use.</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
Gravel	Athens Aggregates				33904.48
	3798 Railroad Ave	NY	New York County		
	Queens, NY 11101				
Restricted-Use Fill					
Limited-Use Fill					
Other (specify)					
TOTAL RECOVERED (tons):					111946.95

If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

SECTION 6 – UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste, including other construction & demolition debris not authorized for management at your facility, been received at the facility during the reporting period?

Yes No If yes, give information below for each incident (attach additional sheets if necessary):

Date Received	Type Received	Date Disposed	Disposal/Transfer Method & Location

SECTION 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Are there required cost estimates and financial assurance documents for closure?

Yes No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

SECTION 8 – 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 9 – CHANGES

Were there any changes from approved reports, plans, specifications, and permit conditions?

Yes No If yes, attach additional sheets identifying changes with a justification for each change.

SECTION 10 - REGISTRATION/CONSENT ORDER REPORTING REQUIREMENTS

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form?

Yes No If yes, attach additional sheets identifying the reporting requirements with their respective responses.

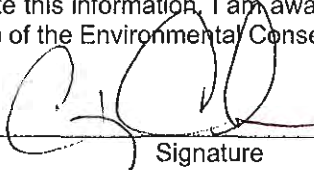
SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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

3/1/21

Date

Craig Cunningham

Name (Print or Type)

Director, SHECS

Title (Print or Type)

Craig.Cunningham@Simsmm.com

Email (Print or Type)

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Jersey City

City

NJ, 07305

State and Zip

(201) 577 3158

Phone Number

ATTACHMENTS: YES NO
(Please check appropriate line)