



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: Tri-City Recycling LLC			
FACILITY LOCATION ADDRESS: 201 Edison Ave	FACILITY CITY: Schenectady	STATE: NY	ZIP CODE: 12305
FACILITY TOWN: City of Schenectady	FACILITY COUNTY: Schenectady	FACILITY PHONE NUMBER: (518)346-3445	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Schenectady County		NYS DEC ACTIVITY CODE:	NYSDEC REGION #: 4
FACILITY CONTACT: Andrew Paige	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: (518)346-3445	CONTACT FAX NUMBER: (518)346-5393
CONTACT EMAIL ADDRESS: apaige@tricityrecycling.com			
OWNER INFORMATION			
OWNER NAME: Nathan Kelman	OWNER PHONE NUMBER: (518)237-5133	OWNER FAX NUMBER: (518)233-8550	
OWNER ADDRESS: 41 Euclid St	OWNER CITY: Cohoes	STATE: NY	ZIP CODE: 12047
OWNER CONTACT: Nathan Kelman	OWNER CONTACT EMAIL ADDRESS: Nate.Kelman@nhkelman.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner Tri-City Recycling LLC		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input checked="" type="checkbox"/> Other (provide): PO Box 942 Schenectady NY 12301			
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):			

<p>Did you operate in 2022? <input checked="" type="checkbox"/> Yes; Complete this form.</p> <p><input type="checkbox"/> No; Complete and submit Sections 1 and 5.</p>
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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)	0	0	0	0	N/A
Used Oil** (gallons)	0	0	9644	0	Covanta Environmental Services 120 Dry Rd. Orinsky, NY 13424
Diesel Fuel (gallons)	0	0	0	0	N/A
Gasoline (gallons)	0	0	12571	0	Covanta Environmental Services 120 Dry Rd. Orinsky, NY 13424
Engine Coolant/ Antifreeze (gallons)	0	0	1650	0	Crystal Clean 26 Sicker Rd. Latham, NY 12110
Window Washing Fluid (gallons)	0	0	0	0	N/A
Mercury (pounds)	0	0	0	0	N/A
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	39344.54	836.03	38508.51	Capital Region Solid Waste Management Partnersh
Aluminum Scrap Metal	10086.02	458.64	9627.38	Colonie (Town)
Lead Weights	17.94	1.5	16.44	Colonie (Town)
Non – Ferrous Scrap Metal	7248.92	215.13	7033.79	Colonie (Town)
Other (specify): Battery	971.65	27.4	944.25	Orange County

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.



03/01/2023

Signature

Date

Nathan D Kelman

Managing Member

Name (Print or Type)

Title (Print or Type)

nate.kelman@nhkelman.com

Email (Print or Type)

PO Box 942

Address

Schenectady

City

NY 12301

State and Zip

(518) 346-3445

Phone Number

ATTACHMENTS: YES NO