

MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR VEHICLE DISMANTLING FACILITIES

(If you need assistance filling out this form please email svmfannualreport@dec.ny.gov or call 516 402-6678.)

Submit the Annual Report no later than March 1, 2018.

This annual report is for the year of operation from January 01, 2017 to December 31, 2017

RECEIVED
NYSDEC - Region 1
MAY 24 2018
Division of Materials Mgmt.

SECTION 1 - FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <u>SERVICE SCRAP METAL INC</u>			
FACILITY LOCATION ADDRESS: <u>3425 HAMPTON RD</u>	FACILITY CITY: <u>OCCONSID</u>	STATE: <u>NY</u>	ZIP CODE: <u>11572</u>
FACILITY TOWN: <u>HEMPSTEAD</u>	FACILITY COUNTY: <u>NASSAU</u>	FACILITY PHONE NUMBER: <u>(516) 285-5400</u>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <u>HEMPSTEAD</u>			NYSDEC REGION #: <u>1</u>
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: <u>7049210 SCP</u>	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): <u>SCRAP PROCESSOR</u>	NYS DEC ACTIVITY CODE: <u>5093</u>	
FACILITY CONTACT: <u>MICHAEL TAYLOR</u>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <u>516 285 5400</u>	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <u>SERVICE SCRAP METAL</u>	OWNER PHONE NUMBER: <u>516 285 5400</u>	OWNER FAX NUMBER:	
OWNER ADDRESS: <u>3425 HAMPTON RD</u>	OWNER CITY: <u>OCCONSID</u>	STATE: <u>NY</u>	ZIP CODE: <u>11572</u>
OWNER CONTACT: <u>MICHAEL TAYLOR</u>	OWNER CONTACT EMAIL ADDRESS:		
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 checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Did you operate in 2017? <input checked="" type="checkbox"/> Yes; Complete this form. <input type="checkbox"/> No; Complete and submit Sections 1 and 11.			

SECTION 2 - END-OF-LIFE VEHICLES (ELVs) PROCESSED

• Provide the number of ELVs received from January 1 to December 31:

0

• Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31:

0

• Provide the number of ELVs stored at the facility as of December 31:

0

• Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31:

0

• Provide the approximate area used for the storage of vehicles (acres):

0 acres

• Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:

1) _____

2) _____

3) _____

If your facility has **received 25 or fewer ELVs** during the year AND **stored no more than 50 ELVs** at any one time check this box and complete only sections 3, 4, and 11.

If not, leave this box blank.

→ Please, write "Not Applicable" on sections that do not pertain to your facility.

If your facility has **not processed or stored ANY ELVs** during the year, check this box and complete only section 9.

If not, leave this box blank

→ Please, write "Not Applicable" on sections that do not pertain to your facility.

**IF NEITHER OF THESE DESCRIPTIONS APPLIES TO YOUR FACILITY,
COMPLETE THE ENTIRE FORM BELOW:**

SECTION 6 - LEAD-ACID BATTERIES COLLECTED

Provide the number of lead-acid batteries recovered and their disposition.

Number of Lead-Acid Batteries collected from ELVs _____

Indicate permitted facility or permitted transporter accepting lead-acid batteries:

Any materials disposed must undergo a hazardous waste determination and proper handling, storage and disposal if hazardous.

SECTION 7 - WASTE TIRES COLLECTED

Number of waste tires stored on-site: _____ as of December 31

Number of used tires available for sale on-site: _____ as of December 31

Number of used tires sold: _____ during operating year

Number of waste tires shipped off-site for recycling, disposal, other: _____ during operating year

Indicate name of facility(ies) accepting waste tires:

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 11 - SIGNATURE AND DATE BY OWNER, OPERATOR, OR RESPONSIBLE REPRESENTATIVE

Owner or Operator must sign, date and submit the completed form by email or mail to the appropriate Regional Office (See attachment for Regional Office email & mailing addresses and Solid Waste Contacts.)

The Owner, Operator, or Responsible Representative must also submit one copy by email, fax or mail to:

**New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Permitting and Planning
625 Broadway
Albany, New York 12233-7260
Fax 518-402-9041**

Email address: SWMAnnualreport@dec.ny.gov

I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this report form pursuant to 6 NYCRR Part 380. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.


Signature

5/20/2018
Date

MICHAEL JAYLE
Name (Print or Type)

PRESIDENT
Title (Print or Type)

Email (Print or Type)

3425 HAMPTON RD
Address

OCEANSIDE
City

NY 11574
State and Zip

516.285.5400
Phone Number

ATTACHMENTS: YES NO