

SCRAP METAL PROCESSOR, METAL SALVAGE FACILITIES AND FACILITIES THAT RECOVER METAL FROM SLUDGES ANNUAL REPORT

SUBMITTED BY  
TABS CONSULTING GROUP  
(718) 492-6484

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

SECTION 1 - FACILITY INFORMATION

FACILITY INFORMATION

FACILITY NAME:  
S.F.C. INDUSTRIES D/B/A J & J RECYCLING

FACILITY LOCATION ADDRESS: 1641 RICHMOND TERRACE  
FACILITY CITY: STATEN ISLAND  
STATE: NY  
ZIP CODE: 10310

FACILITY TOWN: STATEN ISLAND  
FACILITY COUNTY: RICHMOND  
FACILITY PHONE NUMBER: 718-273-3000

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

FACILITY TYPE:  Scrap Metal Processor  Metal Salvage Facility  Facility that Recovers Metal From Sludges

FACILITY CONTACT: DAWN MILLER  
 public  private  
CONTACT PHONE NUMBER: 718-273-3000  
CONTACT FAX NUMBER: 718-273-6282

CONTACT EMAIL ADDRESS: DAWN\_JJRECYCLING@VERIZON.NET

OWNER INFORMATION

OWNER NAME: S.F.C. INDUSTRIES INC  
OWNER PHONE NUMBER: 718-273-3000  
OWNER FAX NUMBER: 718-273-6282

OWNER ADDRESS: 1641 RICHMOND TERRACE  
OWNER CITY: STATEN ISLAND  
STATE: NY  
ZIP CODE: 10310

OWNER CONTACT: DAVE BERMAN  
OWNER CONTACT EMAIL ADDRESS: KLACKENCORP@AOL.COM

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 2017?  Yes; Complete this form.  
 No; Complete and submit Sections 1 and 5.

## SECTION 2 - WASTE FLUIDS RECOVERED

Complete this table by reporting volumes 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				Destination Name & Address
	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)		30		30	Meyers Bros, Staten Island, NY
Used Oil** (gallons)		100		825	Quick Response, Jackson, NJ
Diesel Fuel (gallons)					
Gasoline (gallons)	3156				
Engine Coolant/ Antifreeze (gallons)		200		1250	Quick Response
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 (supplemental section) – 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	1,000	.2	980	NJ
Aluminum Scrap Metal	239.8	.8	239	NJ
Lead Weights				NJ
Non – Ferrous Scrap Metal	11,000	2	10,090	NJ
Other (specify):	COPPER 73		73	NJ
	BRASS 12		12	NJ

**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 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 360. 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.

Dawn Miller  
Signature

1/24/18  
Date

Dawn Miller  
Name (Print or Type)

Office Manager  
Title (Print or Type)

Dawn\_JJRecycling@verizon.net  
Email (Print or Type)

1641 Richmond Terrace  
Address

Staten Island  
City

N.Y. 10310  
State and Zip

718.273.3000  
Phone Number

ATTACHMENTS:  YES  NO