Clear Form

SCRAP METAL PROCESSOR, METAL SALVAGE FACILITIES AND FACILITIES THAT TAES CONTINUE THE TAES CONTINUE THE TARS CONTINU RECOVER METAL FROM SLUDGES ANNUAL REPORT

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

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

SECTION 1 - FACILITY INFORMATION

	FACILITY	IN	ORMATION			
FACILITY NAME:						
S.F.C. INDUSTRIES D/B/A						
FACILITY LOCATION ADDRESS:	FACILITY	CIT	Υ:		STATE:	ZIP CODE:
1641 RICHMOND TERRACE					NY	10310
FACILITY TOWN:	FACILITY	CO	UNTY:	FACIL	ITY PHO	NE NUMBER:
STATEN ISLAND	RICH	M	OND	718	3-273	-3000
FACILITY NYS PLANNING UNIT: (A list of NYS NEW YORK CITY	S Planning Unit	s ca	n be found at the end of t	his repor		SDEC GION#: 2
FACILITY TYPE: Scrap Metal Processor	☐ Metal	Sal		cility th udges	at Recov	ers Meta I From
FACILITY CONTACT:	□ public		NTACT PHONE	(CONTACT	FAX NUMBER:
DAWN MILLER	private	718	MBER: 273-3000	7	18-27	73-6282
CONTACT EMAIL ADDRESS: DAWN_JJRE	CYCLING@	VE	RIZON.NET			
			ORMATION			
OWNER NAME:		10.1	NE NUMBER:		ER FAX N	
S.F.C. INDUSTRIES INC	718-273	1111		/18-	273-62	
OWNER ADDRESS: 1641 RICHMOND TERRACE	OWNER C STATEN				STATE: NY	ZIP CODE: 10310
OWNER CONTACT:		Airc.	TACT EMAIL ADDRE	SS:		100.10
DAVE BERMAN		- 100	NCORP@AOI		M	
OPERATOR INFORMATION						
OPERATOR NAME: Same as owner					□ public □ private	
		_	ENCES			
Preferred address to receive correspondence. Other (provide):	Facility lo	catio	n address	L O	vneraddres.	s
Preferred email address: Facility Contact Other (provide):	□ Ow	ner	Contact			
Preferred individual to receive correspondence Other (provide):	e: Facility	Con	tact Dwner	Contact		
Did you operate in 2017? Yes; Complete this form. No; Complete and submit Sections 1 and 5.						

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SECTION 2 - WASTE FLUIDS RECOVERED

Complete this table by reporting <u>volumes</u> of waste fluids managed at the facility during the reporting period. <u>Qualitative</u> responses (i.e. \sqrt{s} or X's) are not acceptable.

		Fluid	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 transported 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)				3 - 26 20 - 28	
Mercury (pounds)					
Other (specify)					

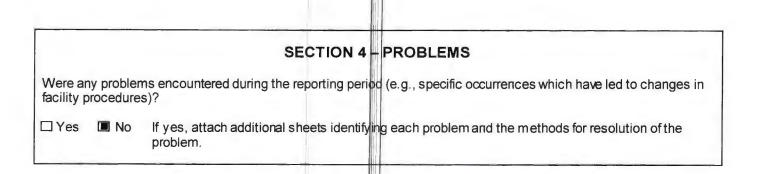
^{*} Any fluids disposed must undergo a hazardous waste determination and proper handling, storage and disposal if hazardous.

^{**} 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	Stored On Site		Sent Off Site	Destination	
	(tons)	(tons)			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					ГИ	
Non – Ferrous Scrap Metal	11,000	2		10,090	NJ	
Other (specify):	COPPER 73			73	NJ	
	BRASS 12			12	NJ	



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: SWMFannualreport@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.

e as a Class A misdemeanor pursuant to Section 210	45 of the Penal Law.
Signature	
Dawn Miller Name (Print or Type)	Office Manager Title (Print or Type)
Dawn_JJRecyc Email (Print	ing a verizon. Net
1641 Richmond Terrace Address	Staten Island
N.Y. 10310 State and Zip	718 273 - 3000 Phone Number

ATTACHMENTS: L

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YES