

SUBMITTED BY
TABS CONSULTING GROUP
(718) 492-6484

SCRAP METAL PROCESSOR, METAL SALVAGE FACILITIES AND FACILITIES THAT 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 January 01, 2017 to December 31, 2017

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: LIBERTY SCRAP METAL INC			
FACILITY LOCATION ADDRESS: 95-49 TUCKERTON ST	FACILITY CITY: QUEENS	STATE: NY	ZIP CODE: 11433
FACILITY TOWN: JAMAICA	FACILITY COUNTY: QUEENS	FACILITY PHONE NUMBER: 718-657-6900	
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: <input checked="" type="checkbox"/> Scrap Metal Processor <input type="checkbox"/> Metal Salvage Facility <input type="checkbox"/> Facility that Recovers Metal From Sludges			
FACILITY CONTACT: CARMINE AGNELLO	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 718-657-6900	CONTACT FAX NUMBER: 718-657-6933
CONTACT EMAIL ADDRESS: AJSCRAP123@GMAIL.COM			
OWNER INFORMATION			
OWNER NAME: LIBERTY SCRAP METAL INC	OWNER PHONE NUMBER: 718-657-6800	OWNER FAX NUMBER: 718-657-6933	
OWNER ADDRESS: 95-49 TUCKERTON ST	OWNER CITY: JAMAICA	STATE: NY	ZIP CODE: 11433
OWNER CONTACT: CARMINE	OWNER CONTACT EMAIL ADDRESS: AGNELLO		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" 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 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 <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)		20		90	LOCAL REPAIR SHOPS
Used Oil** (gallons)		40		9,800	AAR-BEE OIL, FLUSHING, NY
Diesel Fuel (gallons)					
Gasoline (gallons)	6,272				
Engine Coolant/ Antifreeze (gallons)		45		6,100	AAR-BEE OIL
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	13	1	12	NEW YORK CITY
Aluminum Scrap Metal	3	1	2	NEW YORK CITY
Lead Weights				
Non – Ferrous Scrap Metal				
Other (specify): COPPER 5		1	4	NEW YORK CITY
BRASS 1		.5	.5	NEW YORK CITY

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.

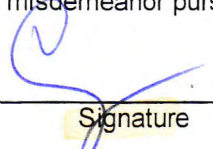
SECTION 5 - SIGNATURE AND DATE BY OWNER, OPERATOR, OR RESPONSIBLE REPRESENTATIVE

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 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.

 _____ Signature	2/13/18 _____ Date
Carla Miller _____ Name (Print or Type)	Pres. _____ Title (Print or Type)
AJScrap123@gmail.com _____ Email (Print or Type)	
155 11 Liberty Ave _____ Address	Schenectady _____ City
Schenectady NY 12303 _____ State and Zip	(518) 637-6900 _____ Phone Number

ATTACHMENTS: YES NO