

**MANDATORY ANNUAL REPORT INCLUDING SELF-CERTIFICATION FOR VEHICLE DISMANTLING FACILITIES**

(If you need assistance filling out this form please email [swmfannualreport@dec.ny.gov](mailto:swmfannualreport@dec.ny.gov) or call 518-402-8678.)

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: <b>EASTERN METAL RECYCLING INC</b>			
FACILITY LOCATION ADDRESS: <b>145 CANNON ST</b>	FACILITY CITY: <b>GREEN ISLAND</b>	STATE: <b>NY</b>	ZIP CODE: <b>12183</b>
FACILITY TOWN: <b>GREEN ISLAND</b>	FACILITY COUNTY: <b>ALBANY</b>	FACILITY PHONE NUMBER: <b>5182731142</b>	
FACILITY NYS PLANNING UNIT: (A list of NYS <a href="#">Planning Units</a> can be found at the end of this report). Capital Region Solid Waste Mgmt Partnership (CRSWMP)			NYSDEC REGION #: <b>4</b>
NYS DEPARTMENT OF MOTOR VEHICLE REGISTRATION NUMBER: 7114373	REGISTRATION TYPE (Vehicle Dismantler, Mobile Crusher, etc.): Scrap Processor	NYS DEC ACTIVITY CODE:	
FACILITY CONTACT: <b>Cynthia McKeown</b>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 856-969-7035	CONTACT FAX NUMBER: <b>856-619-7370</b>
CONTACT EMAIL ADDRESS: <b>cynthia.mckeown@emrgroup.com</b>			
OWNER INFORMATION			
OWNER NAME: Eastern Metal Recycling Inc	OWNER PHONE NUMBER: 856-969-7035	OWNER FAX NUMBER: 856-619-7370	
OWNER ADDRESS: 143 HARDING AVE	OWNER CITY: BELLMAWR	STATE: NJ	ZIP CODE: 08031
OWNER CONTACT: <b>Cynthia McKeown</b>	OWNER CONTACT EMAIL ADDRESS: <b>cynthia.mckeown@emrgroup.com</b>		
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 type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" 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 11.

**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.

  
Signature

4-16-2018  
Date

CYNTHIA MCKEOWN  
Name (Print or Type)

EHS DIRECTOR  
Title (Print or Type)

cynthia.mckeown@emrgroup.com  
Email (Print or Type)

143 Harding Ave  
Address

Bellmawr  
City

NJ 08031  
State and Zip

(856) 969-7035  
Phone Number

ATTACHMENTS:  YES  NO