

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: CEMCO			
FACILITY LOCATION ADDRESS: 130 York St.	FACILITY CITY: Auburn	STATE: NY	ZIP CODE: 13021
FACILITY TOWN:	FACILITY COUNTY: Cayuga	FACILITY PHONE NUMBER: 315 253 2886	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report)			NYSDEC REGION #: 7
FACILITY TYPE: <input type="checkbox"/> Scrap Metal Processor <input checked="" type="checkbox"/> Metal Salvage Facility <input type="checkbox"/> Facility that Recovers Metal From Sludges			
FACILITY CONTACT: Sharon Skibo	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 315 253 2886	CONTACT FAX NUMBER: N/A
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Sharon Skibo	OWNER PHONE NUMBER: 315 253 2886	OWNER FAX NUMBER: N/A	
OWNER ADDRESS: 130 York St	OWNER CITY: Auburn	STATE: NY	ZIP CODE: 13021
OWNER CONTACT: Sharon Skibo	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 type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

RECEIVED

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)	N/A				
Used Oil** (gallons)	N/A				
Diesel Fuel (gallons)	N/A				
Gasoline (gallons)	N/A				
Engine Coolant/ Antifreeze (gallons)	N/A				
Window Washing Fluid (gallons)	N/A				
Mercury (pounds)	N/A				
Other (specify) PROPANE	2728 Gallons				

* 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				
Aluminum Scrap Metal				
Lead Weights				
Non – Ferrous Scrap Metal	39.83			
Other (specify)				

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 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.

Sharon Skibo
Signature

02/17/2018
Date

Sharon Skibo
Name (Print or Type)

Owner
Title (Print or Type)

cemcony@prosgo.com
Email (Print or Type)

130 York St
Address

Auburn
City

NY 13021
State and Zip

315 253 2886
Phone Number

ATTACHMENTS: YES NO