

**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: BEN WEITSMAN OF SYRACUSE, LLC			
FACILITY LOCATION ADDRESS: 333 BRIDGE STREET	FACILITY CITY: SYRACUSE	STATE: NY	ZIP CODE: 13209
FACILITY TOWN: TOWN OF GEDDES	FACILITY COUNTY: ONONDAGA	FACILITY PHONE NUMBER: (315) 488-3171	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Onondaga County (except Skaneateles (T) & (V))			NYSDEC REGION #: 7
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: JAMES ROTHENBURG	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: (315) 488-3171	CONTACT FAX NUMBER: (315) 468-1893
CONTACT EMAIL ADDRESS: JROTHENBURG@WEITSMAN.COM			
OWNER INFORMATION			
OWNER NAME: BEN WEITSMAN OF SYRACUSE, LLC	OWNER PHONE NUMBER: (315) 488-3171	OWNER FAX NUMBER: (315) 468-1893	
OWNER ADDRESS: 15 WEST MAIN STREET, P.O. BOX 420	OWNER CITY: OWEGO	STATE: NY	ZIP CODE: 13827
OWNER CONTACT: JAMES ROTHENBURG	OWNER CONTACT EMAIL ADDRESS: JROTHENBURG@WEITSMAN.COM		
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 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)	0	2	100	0	Meier Supply Company, Inc. 1043 Erie Boulevard East Syracuse, New York 13210
Used Oil** (gallons)	0	175	4,405	0	Sheldon Oil Services, Inc. 1005 Route 9 Nassau, New York 12123
Diesel Fuel (gallons)	0	0	0	0	NA
Gasoline (gallons)	0	200	6,354	0	Gary Dyer Excavating & Tank Service, Inc. 2198 Route 26 Endicott, New York 13760
Engine Coolant/ Antifreeze (gallons)	0	5	54	0	Sheldon Oil Services, Inc. 1005 Route 9 Nassau, New York 12123
Window Washing Fluid (gallons)	20	5	0	0	NA
Mercury (pounds)	0	4	0	0	ELVS Mercury Switch Program 36255 Michigan Avenue Wayne, Michigan 48184
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	57,800	620	57,180	
Aluminum Scrap Metal	2,014	35	1,979	
Lead Weights	2.24	0	2.24	
Non – Ferrous Scrap Metal	2,873	36	2,837	
Other (specify):				

* CUSTOMER INFORMATION IS CONSIDERED CONFIDENTIAL BUSINESS INFORMATION. THIS INFORMATION WILL BE SUBMITTED SEPARATELY UPON REQUEST AS CONFIDENTIAL.

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.

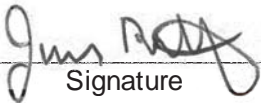
SECTION 5 - SIGNATURE AND DATE BY OWNER, OPERATOR, OR RESPONSIBLE REPRESENTATIVE

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.



Signature

FEBRUARY 14, 2018

Date

JAMES ROTHENBURG

Name (Print or Type)

GENERAL MANAGER

Title (Print or Type)

JROTHENBURG@WEITSMAN.COM

Email (Print or Type)

333 BRIDGE STREET

Address

SYRACUSE

City

NEW YORK, 13209

State and Zip

(315) 488-3171

Phone Number

ATTACHMENTS: YES NO