

# 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: <i>Brewerton Auto Parts inc</i>		Brewerton Auto Parts, Inc. 9413 Brewerton Rd Brewerton, NY 13029 Fac. #7002875	
FACILITY LOCATION ADDRESS: <i>9413 Brewerton Rd</i>		FACILITY CITY: <i>Brewerton</i>	STATE: <i>NY</i> ZIP CODE: <i>13029</i>
FACILITY TOWN: <i>Cicero</i>	FACILITY COUNTY: <i>ONONDAGA</i>	FACILITY PHONE NUMBER: <i>315 4307198</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report.) <i>ONONDAGA County</i>			NYSDEC REGION #: <i>7</i>
FACILITY TYPE: <input checked="" type="checkbox"/> Scrap Metal Processor <input type="checkbox"/> Metal Salvage Facility <input type="checkbox"/> Facility that Recovers Metal From Sludges <i>USED CARS + TRUCK Dealer</i>			
FACILITY CONTACT: <i>Kevin Klekosky</i>	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <i>315 4307198</i>	CONTACT FAX NUMBER: <i>NONE</i>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <i>Kevin Klekosky</i>	OWNER PHONE NUMBER: <i>315 4307198</i>	OWNER FAX NUMBER: <i>NONE</i>	
OWNER ADDRESS: <i>9413 Brewerton Rd</i>	OWNER CITY: <i>Brewerton</i>	STATE: <i>NY</i>	ZIP CODE: <i>13029</i>
OWNER CONTACT: <i>Kevin Klekosky</i>	OWNER CONTACT EMAIL ADDRESS: <i>NONE</i>		
OPERATOR INFORMATION			
OPERATOR NAME: <i>Kevin Klekosky</i>	<input checked="" type="checkbox"/> same as owner	<input checked="" 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): <i>NONE</i>			
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.

FEB 20 2018  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
RECEIVED

## 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  (Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)
	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	
Refrigerant (pounds)	0	0	0	0	
Used Oil** (gallons)	0	70	0	0	Clean Harbors Environ Service 37 Romery Rd S. Portland ME 04106
Diesel Fuel (gallons)	150	5	0	0	
Gasoline (gallons)	25	5	0	0	
Engine Coolant/ Antifreeze (gallons)	22	40	0	0	
Window Washing Fluid (gallons)	5	2	0	0	
Mercury (pounds)	0	0	0	0	
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	6 <sub>tons</sub>	154	84	Metallco Syracuse 6225 Thompson Rd Syr N.Y. Ben Weitzman Recycling Salamanca N.Y.
Aluminum Scrap Metal	0	20	0	
Lead Weights	0	1/8	0	
Non – Ferrous Scrap Metal	0	22	1 1/2 <sub>Ton</sub>	Metallco Syracuse 6225 Thompson Rd Syracuse N.Y.
Other (specify):	0	0	0	

**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: SWMAnnualreport@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.

Kevin Klekosky VP  
Signature

2/19/18  
Date

Kevin Klekosky  
Name (Print or Type)

Vice President  
Title (Print or Type)

None  
Email (Print or Type)

9413 Brewerton Rd  
Address

Brewerton N.Y.  
City

New York 13029  
State and Zip

315 430 7198  
Phone Number

ATTACHMENTS:  YES  NO