

**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: WEITSMAN SHREDDING, LLC			
FACILITY LOCATION ADDRESS: 1 RECYCLE DRIVE	FACILITY CITY: OWEGO	STATE: NY	ZIP CODE: 13827
FACILITY TOWN: TOWN OF OWEGO	FACILITY COUNTY: TIOGA	FACILITY PHONE NUMBER: (607) 687-7777	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Tioga County			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: KEVIN DEET	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: (607) 687-7777	CONTACT FAX NUMBER: (607) 687-7746
CONTACT EMAIL ADDRESS: KDEET@WEITSMAN.COM			
OWNER INFORMATION			
OWNER NAME: WEITSMAN SHREDDING, LLC	OWNER PHONE NUMBER: (607) 687-7777	OWNER FAX NUMBER: (607) 687-7746	
OWNER ADDRESS: 15 WEST MAIN STREET, P.O. BOX 420	OWNER CITY: OWEGO	STATE: NY	ZIP CODE: 13827
OWNER CONTACT: KEVIN DEET	OWNER CONTACT EMAIL ADDRESS: KDEET@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)					
Used Oil** (gallons)					
Diesel Fuel (gallons)					
Gasoline (gallons)					
Engine Coolant/ Antifreeze (gallons)					
Window Washing Fluid (gallons)					
Mercury (pounds)					
Other (specify)					

NA¹

* 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.

¹ NO END OF LIFE VEHICLES ARE DECOMMISSIONED AT THIS FACILITY.

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	359,453	1,045	325,408	
Aluminum Scrap Metal	9,220	515	9,735	
Lead Weights	0	0	0	
Non – Ferrous Scrap Metal	3,158	40	3,118	
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.

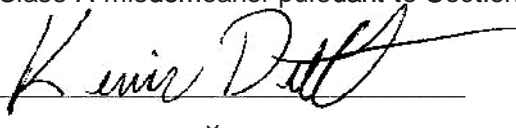
SECTION 5 - SIGNATURE AND DATE BY OWNER, OPERATOR, OR RESPONSIBLE REPRESENTATIVE

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.



FEBRUARY 19, 2018
Date

KEVIN DEET
Name (Print or Type)

CHIEF OPERATIONS OFFICER
Title (Print or Type)

KDEET@WEITSMAN.COM
Email (Print or Type)

1 RECYCLE DRIVE
Address

OWEGO
City

NEW YORK, 13827
State and Zip

(607) 687-7777
Phone Number

ATTACHMENTS: YES NO