

To:

2017 Annual Report
for SCRAP Metal Processor

From:

Newton SALVAGE LLC
ZACH Newton (owner)

Feb. 2, 2018

(5) Pages including fax cover

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: Newton Salvage LLC			
FACILITY LOCATION ADDRESS: 1638 Wilcox Rd.		FACILITY CITY: Georgetown	STATE: NY ZIP CODE: 13072
FACILITY TOWN: Georgetown		FACILITY COUNTY: Madison	FACILITY PHONE NUMBER: 315.662.3044
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). NYS Planning Unit R7			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: Duane Newton		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 315.559.3910
CONTACT EMAIL ADDRESS: Sunstarmoon5350@yahoo.com		CONTACT FAX NUMBER: 315.662.3044	
OWNER INFORMATION			
OWNER NAME: ZACHARY Newton		OWNER PHONE NUMBER: 315.399.8734	OWNER FAX NUMBER: 315.662.3044
OWNER ADDRESS: 1638 Wilcox Rd		OWNER CITY: Georgetown	STATE: NY ZIP CODE: 13072
OWNER CONTACT: ZACHARY Newton		OWNER CONTACT EMAIL ADDRESS: JoAnne Newton Sunstarmoon5350@yahoo.com	
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 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): email: JoAnne Newton sunstarmoon5350@yahoo.com	
Did you operate in 2017? <input checked="" type="checkbox"/> Yes; Complete this form. <input type="checkbox"/> No; Complete and submit Sections 1 and 5.			

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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. \checkmark 's or X's) are not acceptable.

Waste Fluid Recovered	Fluid Volume				Destination Name & Address
	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)
Refrigerant (pounds)	0	0	0	0	0
Used Oil** (gallons)	ALL USED 100	NONE	0	0	0
Diesel Fuel (gallons)	Put directly INTO TRUCKS	NONE	0	0	0
Gasoline (gallons)	Put directly into TRUCKS	NONE	0	0	0
Engine Coolant/ Antifreeze (gallons)	Re-use in trucks + equipment	25 GALS.	0	0	0
Window Washing Fluid (gallons)	Re-use in trucks directly	5 GALS.	0	0	0
Mercury (pounds)	0	0	0	0	0
Other (specify)	0	0	0	0	0

* 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	0	0	0	0
Aluminum Scrap Metal	30 LBS	0	30 LBS	Metalliz
Lead Weights	0	0	0	0
Non – Ferrous Scrap Metal	25 TON	0	25 ton	0
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.

X 
Signature

2-5-2018
Date

ZACHARY NEWTON
Name (Print or Type)

OWNER
Title (Print or Type)

SUNSTARMOON5350@yahoo.com
Email (Print or Type)

1638 WILCOX RD
Address

Georgetown
City

NY. 13072
State and Zip

315.399.8734
Phone Number

ATTACHMENTS: ☐ YES ☒ NO

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