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 <u>January 01, 2017</u> to <u>December 31, 2017</u>

SECTION 1 - FACILITY INFORMATION

	= 1 OU (T)						
FACILITY NAME:	FACILITY	INFORMATION					
	^						
Diamond Hurwitz Scrap, LLC							
FACILITY LOCATION ADDRESS:	FACILITY			STATE:	ZIP CODE:		
267 Marilla Street	Buffal	0		NY	14220		
FACILITY TOWN:	FACILITY	FACILITY COUNTY:			FACILITY PHONE NUMBER:		
	Erie		716-823-2863				
	YS Planning Units can be found at the end of this report).				SDEC		
Not Affiliated - Buffalo (City)				RE	GION #: 9		
FACILITY TYPE: Scrap Metal Processor	r □ Metal	Salvage Facility Fa	cility th	nat Recove	ers Metal From		
			udges				
FACILITY CONTACT:	public	public CONTACT PHONE			CONTACT FAX NUMBER:		
Phil Pecoraro	private	— ·			716-824-4154		
CONTACT EMAIL ADDRESS: ppecoraro@libertyiron							
		INFORMATION					
OWNER NAME:	OWNER PHONE NUMBER: OWNER FAX NUMBER:						
Diamond Hurwitz Scrap, LLC	716-823	3-2863	716-	716-824-4154			
OWNER ADDRESS:	1	OWNER CITY:		STATE:	ZIP CODE:		
267 Marilla Street		Buffalo			14220		
OWNER CONTACT:	1	CONTACT EMAIL ADDRES					
Michael Diamond	lichael Diamond mdiamond@libertyiron.com						
	OPERATO:	RINFORMATION					
OPERATOR NAME: Same as owner Diamond Hurwitz Scrap, LLC In private							
Diamond Hurwitz Scrap, LLC PREFERENCES PREFERENCES							
Preferred address to receive correspondence: Facility location address Other (provide): Owner address							
Preferred email address:							
Preferred individual to receive correspondence ☐ Other (provide):	e: 📭 acility	Contact Dwner C	Contact				
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 <u>volumes</u> of waste fluids managed at the facility during the reporting period. <u>Qualitative</u> responses (i.e. \sqrt{s} or x) are not acceptable.

	Fluid Volume				Destination Name & Address
Waste Fluid Recovered	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	20	IRR - Buffalo, NY
Used Oil** (gallons)	0	0	4684	0	Noco-Tonawanda, NY Charleys Frontier -
Diesel Fuel (gallons)	0	0	0	0	
Gasoline (gallons)	0	0	0	2227	ESG, Tonawanda, NY
Engine Coolant/ Antifreeze (gallons)	0	0	998	0	Noco, Tonawanda, NY
Window Washing Fluid (gallons)	160.5	28	0	Ö	
Mercury (pounds)	0	0	.4	0	ELVS Mer Switch Progran
Other (specify)					

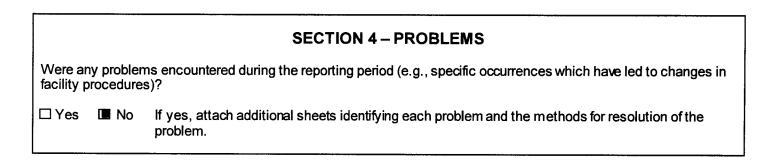
^{*} Any fluids disposed must undergo a hazardous waste determination and proper handling, storage and disposal if hazardous.

^{**} 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	Sent Off Site	Destination		
material Types			(tons)	NYS Planning Unit (or state if other than New York		
Ferrous Scrap Metal	27,651	2,389	29,473	Monroe County, Niagara, Northeast- Southtowns Solid Waste Management Board (NEST), Ohio, Pennsylvania		
Aluminum Scrap Metal	1,156	105	1,336	Canada, Colonie, Indiana, Monroe County, New Jersey, Northeast-Southtowns Solid Waste Management Board (NEST), Ohio, Pennsylvania		
Lead Weights	1	0	2	New Jersey		
Non – Ferrous Scrap Metal	1,601	120	1,646	Canada, Indiana, Monroe County, New Jersey, Ohio, Oklahoma, Ontario, Pennsylvania		
Other (specify):						



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.

Class A misucineanor pursuant to occi	ion 2 10.45 of the Fenal Law.
Signature	2/23/18 Date
Phil Pecoraro Name (Print or Type)	General Manages Title (Print or Type)
PPecoraro @ Liberto	Print or Type)
267 Marilla St Address	BUFFALO City
NY 1422 o State and Zip	(716) 331 - 843 o Phone Number

ATTACHMENTS: ___ YES __ NO