

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: Diamond Hurwitz Scrap, LLC			
FACILITY LOCATION ADDRESS: 267 Marilla Street	FACILITY CITY: Buffalo	STATE: NY	ZIP CODE: 14220
FACILITY TOWN:	FACILITY COUNTY: Erie	FACILITY PHONE NUMBER: 716-823-2863	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Not Affiliated - Buffalo (City)			NYSDEC REGION #: 9
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: Phil Pecoraro	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 716-823-2863	CONTACT FAX NUMBER: 716-824-4154
CONTACT EMAIL ADDRESS: ppecoraro@libertyiron			
OWNER INFORMATION			
OWNER NAME: Diamond Hurwitz Scrap, LLC	OWNER PHONE NUMBER: 716-823-2863	OWNER FAX NUMBER: 716-824-4154	
OWNER ADDRESS: 267 Marilla Street	OWNER CITY: Buffalo	STATE: NY	ZIP CODE: 14220
OWNER CONTACT: Michael Diamond	OWNER CONTACT EMAIL ADDRESS: mdiamond@libertyiron.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner Diamond Hurwitz Scrap, LLC		<input type="checkbox"/> public <input checked="" 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 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.

	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	0	
Mercury (pounds)	0	0	.4	0	ELVS Mer Switch Program
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	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 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.

Phil Pecoraro
Signature

2/23/18
Date

Phil Pecoraro
Name (Print or Type)

General Manager
Title (Print or Type)

PPecoraro@Libertyiron.com
Email (Print or Type)

267 Marilla St
Address

BUFFALO
City

NY 14220
State and Zip

(716) 331 - 8430
Phone Number

ATTACHMENTS: ☐ YES ☒ NO