

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: 41 Hannah Street		FACILITY CITY: Buffalo		STATE: NY
		ZIP CODE: 14206		
FACILITY TOWN:		FACILITY COUNTY: Erie	FACILITY PHONE NUMBER: 716-856-6618	
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: 41 Hannah Street		OWNER CITY: Buffalo		STATE: NY
				ZIP CODE: 14206
OWNER CONTACT: Michael Diamond		OWNER CONTACT EMAIL ADDRESS: mdiamond@libertyiron.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 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.

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)					
Used Oil** (gallons)					
Diesel Fuel (gallons)					
Gasoline (gallons)					
Engine Coolant/ Antifreeze (gallons)					
Window Washing Fluid (gallons)					
Mercury (pounds)					
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				
Aluminum Scrap Metal				
Lead Weights				
Non – Ferrous Scrap Metal				
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.


Signature

2/23/18
Date

Phil Pecoraro
Name (Print or Type)

General Manager
Title (Print or Type)

pPecoraro@Libertyiron.com
Email (Print or Type)

41 Hannah St
Address

Buffalo
City

NY 14206
State and Zip

(716) 331-8430
Phone Number

ATTACHMENTS: ☐ YES ☒ NO