

# SCRAP METAL PROCESSORS ANNUAL REPORT

Submit the Annual Report no later than March 1, 2019.

This annual report is for the year of operation from January 01, 2018 to December 31, 2018

## SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <b>J+U Auto Salvage</b>			
FACILITY LOCATION ADDRESS: <b>375 Majors Path</b>	FACILITY CITY: <b>Southampton</b>	STATE: <b>Ny</b>	ZIP CODE: <b>11968</b>
FACILITY TOWN: <b>Southampton</b>	FACILITY COUNTY: <b>Suffolk</b>	FACILITY PHONE NUMBER: <b>631-283-5111</b>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #:
FACILITY CONTACT: <b>John Saladino</b>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <b>631-402-0151</b>	CONTACT FAX NUMBER: <b>631-283-7809</b>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <b>John M. Saladino</b>	OWNER PHONE NUMBER: <b>631-402-0151</b>	OWNER FAX NUMBER: <b>631-283-7809</b>	
OWNER ADDRESS: <b>10 Baynes RD</b>	OWNER CITY: <b>Southampton</b>	STATE: <b>Ny</b>	ZIP CODE: <b>11968</b>
OWNER CONTACT: <b>J</b>	OWNER CONTACT EMAIL ADDRESS:		
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 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):			
Did you operate in 2018? <input checked="" type="checkbox"/> Yes; Complete this form. <input type="checkbox"/> No; Complete and submit Sections 1 and 5.			

## SECTION 2 - WASTE FLUIDS RECOVERED

Complete this table by reporting volumes or weights 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 (gallons) or Weight (pounds)				Destination Name & Address  (Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)
	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	
Refrigerant (pounds)	20 lbs	8-10 lbs	30 lbs	N/A	Sell/USE for Delivery vehicles Employees cars
Used Oil** (gallons)	N/A	100-125 gal	120 gal	N/A	waste oil solutions NY DP#80762843
Diesel Fuel (gallons)	75 gal	N/A	N/A	N/A	All Diesel gets reused in machines
Gasoline (gallons)	280 gal	N/A	N/A	N/A	Used for heavy cars + delivery trucks
Engine Coolant/ Antifreeze (gallons)	15 gal <del>5 gal</del>	15 gal <del>10 gal</del>	15 gal <del>10 gal</del>	180 gal <del>N/A</del>	USE on machinery Delivery Trucks
Window Washing Fluid (gallons)	55 gal	10 gal	40 gal	N/A	✓
Mercury (pounds)	N/A	16	N/A	N/A	waste management Lamp tracks
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— 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	1 1/2 TON	1 1/4 TON	1	Gershaw
Aluminum Scrap Metal	3	1 1/4 TON	2	Gershaw/capes galore
Lead Weights	10	N/A	use to make sinkers	for personal use sinkers for fishing
Non - Ferrous Scrap Metal	1 1/2 TON	1 1/4 TON	3/4 - 1 TON	Gershaw
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.

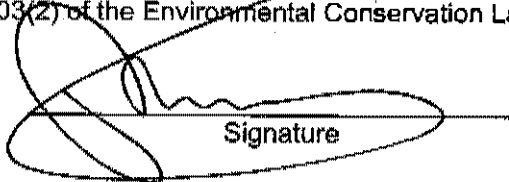
**SECTION 5 - SIGNATURE AND DATE BY OWNER OR OPERATOR**

Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management Contacts).

The Owner or Operator must also submit one copy by email, fax or mail to:

**New York State Department of Environmental Conservation  
Division of Materials Management  
Bureau of Solid Waste Management  
625 Broadway  
Albany, New York 12233-7260  
Fax 518-402-9041  
Email address: SWMFannualreport@dec.ny.gov**

I certify, under penalty of law, that the data and other information identified in this report have been prepared under my direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuant to section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.

  
Signature

3/5/19  
Date

John M. Salcedo  
Name (Print or Type)

Owner  
Title (Print or Type)

JVAUTOSALVAGE@Yahoo.com  
Email (Print or Type)

375 Majors Park  
Address

Southampton  
City

NY 11968  
State and Zip

631 402 0151  
Phone Number

ATTACHMENTS:  YES  NO