

# 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+V Auto Salvage</b>			
FACILITY LOCATION ADDRESS: <b>104 South Country Rd.</b>	FACILITY CITY:	STATE: <b>Ny</b>	ZIP CODE: <b>11978</b>
FACILITY TOWN: <b>Westhampton Beach</b>	FACILITY COUNTY: <b>Suffolk / S.H. Town</b>	FACILITY PHONE NUMBER: <b>631-288-2620</b>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: <b>1</b>
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>631-288-6155</b>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <b>John Saladino</b>	OWNER PHONE NUMBER: <b>631-288-2620</b>	OWNER FAX NUMBER: <b>631-288-6155</b>	
OWNER ADDRESS: <b>70 Queens Rd</b>	OWNER CITY: <b>Southampton</b>	STATE: <b>Ny</b>	ZIP CODE: <b>11908</b>
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: <b>JVAUTOSALVAGE@yahoo.com</b>		
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 type="checkbox"/> Facility Contact <input 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)	44 lbs.	5 lbs	39 lbs	N/A	USE ON REFRIGERATOR FOR DELIVERY TRUCKS, COILS, WORKERS CARS/SELLS TO LOCAL SHOP
Used Oil** (gallons)	N/A	100-105 gal.	835 gal	N/A	Waste oil solutions - NY 0980762843
Diesel Fuel (gallons)	115 gal	N/A	N/A	N/A	Any Diesel that we get in we use in our machines.
Gasoline (gallons)	425 gal	N/A	N/A	N/A	USE FOR GARAGE CARS + DELIVERY TRUCKS
Engine Coolant/ Antifreeze (gallons)	10 gal	20 gal	165 gal	N/A	waste oil solutions USED 10 gal <del>USED</del> ON SITE YARD
Window Washing Fluid (gallons)	80 gal	10 gal	65 gal	N/A	USE ON MACHINERY, DELIVERY TRUCKS, WORKERS CARS
Mercury (pounds)	N/A	19	N/A	N/A	Waste management Camp Teacher
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	23 1/4 TONS	1 1/2 TON	2	Gershaw
Aluminum Scrap Metal	6	1 1/2 TON	4	Gershaw / CORES galore
Lead Weights	22 lb	N/A	USE TO MAKE SINKES	FOR PERSONAL USE SINKES FOR FISHING
Non - Ferrous Scrap Metal	1 1/2 TON	250-300 lb	1 1/2 TONS	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.

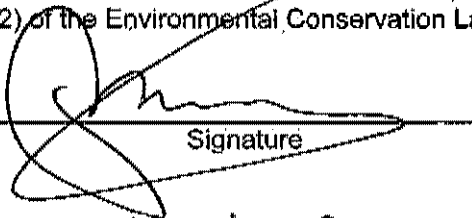
**SECTION 5 - SIGNATURE AND DATE BY OWNER OR OPERATOR**

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

2/27/19  
Date

John M. Salcedo  
Name (Print or Type)

Owner  
Title (Print or Type)

JUAUTOSALVAGE@bghoo.com  
Email (Print or Type)

1045 County RD  
Address

Westhampton Beach  
City

NY 11978  
State and Zip

(631) 288-2600  
Phone Number

ATTACHMENTS:  YES  NO