

## 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>FERREIRA AUTO RECYCLING INC</b>			
FACILITY LOCATION ADDRESS: <b>432 BRYANT AVE</b>	FACILITY CITY: <b>BRONX</b>	STATE: <b>NY</b>	ZIP CODE: <b>10474</b>
FACILITY TOWN: <b>BRONX</b>	FACILITY COUNTY: <b>BRONX</b>	FACILITY PHONE NUMBER: <b>718-842-7122</b>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). NEW YORK CITY			NYSDEC REGION #: <b>2</b>
FACILITY CONTACT: <b>RALPH FALGIANO</b>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 718-842-7122	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: FERREIRARECYCLING@GMAIL.COM			
OWNER INFORMATION			
OWNER NAME: FERREIRA AUTO RECYCLING INC	OWNER PHONE NUMBER: 718-842-7122	OWNER FAX NUMBER:	
OWNER ADDRESS: 432 BRYANT AVE	OWNER CITY: BRONX	STATE: 	ZIP CODE: 10474
OWNER CONTACT: RALPH FALGIANO	OWNER CONTACT EMAIL ADDRESS: FERREIRARECYCLING@GMAIL.COM		
OPERATOR INFORMATION			
OPERATOR NAME: RALPH FALGIANO	<input 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):			
<p>Did you operate in 2018? <input checked="" type="checkbox"/> Yes; Complete this form.</p> <p style="padding-left: 100px;"><input type="checkbox"/> No; Complete and submit Sections 1 and 5.</p>			

## 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  <i>(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)</i>
	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	
Refrigerant (pounds)					
Used Oil** (gallons)					
Diesel Fuel (gallons)					
Gasoline (gallons)					
Engine Coolant/ Antifreeze (gallons)			N/A		
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– 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	290	10	280	NEW YORK CITY
Aluminum Scrap Metal	13	3	10	NEW YORK CITY
Lead Weights	1500	0	1500	NEW YORK CITY
Non – Ferrous Scrap Metal				NEW YORK CITY
Other (specify):	COPPER 22	2	20	NEW YORK CITY
	BRASS 19	2	17	NEW YORK CITY

### 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	Date
_____	_____
Name (Print or Type)	Title (Print or Type)
_____	
Email (Print or Type)	
_____	_____
Address	City
_____	( ) - _____
State and Zip	Phone Number

ATTACHMENTS:  YES  NO

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Anthony Laf...  
Signature

2/22/19  
Date

ANTHONY FALGIANO  
Name (Print or Type)

Pres  
Title (Print or Type)

Fenerias Recycling @ Gmail.Com  
Email (Print or Type)

432 Bayant Ave  
Address

Bronx  
City

NY 10474  
State and Zip

(718) 842-7122  
Phone Number

ATTACHMENTS:  YES  NO