

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: S.F.C. INDUSTRIES D/B/A J & J RECYCLING			
FACILITY LOCATION ADDRESS: 1641 RICHMOND TERRACE		FACILITY CITY: STATEN ISLAND	
		STATE: NY	ZIP CODE: 10310
FACILITY TOWN: STATEN ISLAND		FACILITY COUNTY: RICHMOND	
		FACILITY PHONE NUMBER: 718-273-3000	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). NEW YORK CITY			NYSDEC REGION #: 2
FACILITY CONTACT: DAWN MILLER		<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 718-273-3000
		CONTACT FAX NUMBER: 718-273-6282	
CONTACT EMAIL ADDRESS: DAWN_JJRECYCLING@VERIZON.NET			
OWNER INFORMATION			
OWNER NAME: S.F.C. INDUSTRIES CORP		OWNER PHONE NUMBER: 718-273-3000	
		OWNER FAX NUMBER: 718-273-6282	
OWNER ADDRESS: 1641 RICHMOND TERRACE		OWNER CITY: STATEN ISLAND	
		STATE: NY	ZIP CODE: 10310
OWNER CONTACT: DAVE BERMAN		OWNER CONTACT EMAIL ADDRESS: KLACKENCORP@AOL.COM	
OPERATOR INFORMATION			
OPERATOR NAME: DAWN MILLER		<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):			
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 <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)	20		90		LOCAL REPAIR SHOPS
Used Oil** (gallons)		150	5,455		QUICK RESPONSE, JACKSON, NJ
Diesel Fuel (gallons)					
Gasoline (gallons)	1080				
Engine Coolant/ Antifreeze (gallons)		130	3,625		QUICK RESPONSE
Window Washing Fluid (gallons)	2				
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	8820	5	8825	NY
Aluminum Scrap Metal	45	4	49	NY
Lead Weights				
Non – Ferrous Scrap Metal	142	5	147	NY
Other (specify):				
ELV BATTERIES	2455 3600	65	2390 3600	NY

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: SWMAnnualreport@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

David Berman
Name (Print or Type)

President
Title (Print or Type)

Dawn - JJRecycling@Verizon.net
Email (Print or Type)

1641 Richmond Terrace
Address

Staten Island
City

NY 10310
State and Zip

(718) 273-3000
Phone Number

ATTACHMENTS: YES NO