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: BRIM	Recy	clers In	10				
FACILITY LOCATION ADDRESS:	FACILITY	FACILITY CITY:			ZIP CODE:		
25 State Pt 211	Cudde	Cuddehackulle			12729		
FACILITY TOWN:	FACILITY	FACILITY COUNTY:			FACILITY PHONE NUMBER:		
Deelpark	ORa	Orange			845-754-7671		
FACILITY NYS PLANNING UNIT: (A list o	f NYS Planning Uni	ts can be found at the end of	f this report).		SDEC GION #: 3		
FACILITY CONTACT:	Public	CONTACT PHONE			FAX NUMBER:		
Robin Geiger	☑ private						
CONTACT EMAIL ADDRESS:	Dingeiger	athre. RR.C	om				
	OWNER	NFORMATION					
OWNER NAME:	OWNER P	OWNER PHONE NUMBER:		OWNER FAX NUMBER:			
lum Beadley Burnett	845-	154-7671	84	5-754	1-8239		
OWNER ADDRESS:	OWNER C	OWNER CITY: Cuddebac Kulle		STATE:	ZIP CODE: 12729		
OWNER CONTACT:	OWNER C	ONTACT EMAIL ADDR	ESS:	(
Robin Geiger	robi	ngeigerat hu	C.RR.	com			
	OPERATO	RINFORMATION					
OPERATOR NAME: Same as own	ner			public private			
	PREF	ERENCES					
Preferred address to receive corresponde Other (provide): £mai		cation address		er address			
Preferred email address: Facility Conta		vner Contact					
Preferred individual to receive correspond Other (provide):	lence: 🔀 Facili	ty Contact Own	ner Contact				
Did you operate in 2018? ☑ Yes; Com				-	-		
☐ No; Comp	olete and submit	Sections 1 and 5.					

SECTION 2 - WASTE FLUIDS RECOVERED

Complete this table by reporting <u>volumes</u> or weights of waste fluids managed at the facility during the reporting period. Qualitative responses (i.e. \sqrt{s} or X's) are not acceptable.

	Fluid Volume (gallons) or Weight (pounds)				Destination Name & Address	
Waste Fluid Recovered	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)		10 lbs				
Used Oil** (gallons)	EST APROX	2759*	2500		Advanced Recycling POBOX 4 Milford, PA 18338	
Diesel Fuel (gallons)	ale/mixed				Reuse Recycle	
Gasoline (gallons)	all	Ø			Reuse Recycle	
Engine Coolant/ Antifreeze (gallons)			500	500g	Advanced Rekyding POBOX4 Milford, PA. 1833	
Window Washing Fluid (gallons)	Reuse	Ø	\$	6	Reuse	
Mercury (pounds)	Collected	Stored DEC bullets	nooutets	Calledod-	no outlet	
Other (specify)						
Waste Tires		Less them	10 Loads		Empire The of Easewater 1914 North of Rel. Plainfield, CT 0637	

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)		Destination		
			Sent Off-Site (tons)	NYS Planning Unit (or state if othe than New York		
Ferrous Scrap Metal	42.18NT	LHD NT	42.1810	Philippelphia, PA Northeash Metal Tildon		
Aluminum Scrap Metal	52.70 Nr	5+on-	52.70NT	Fortune metals, NoT: NJ Scrop Processors No.		
Lead Weights	2 NT	45	2 NT	Tolline metal & , seesey why New Jersey		
Non – Ferrous Scrap Metal	27129+	100 gt	27129+	Renselaer front metal		
Batteries Other (specify):	82.72 NT	4+0=- +ons	82.72 NF	Entered Materials RSR Corp Middletown, Ny. 1999		
autoScrap	2077.85 NT	150NT	7077.85,	milliron front metal, mans freid up state Shredding, Owege, N.G. Total metal Receivery, Land, ac		

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.

Rand Hugg	1 15 2019 Date
Robin LGelger Name (Print or Type)	Title (Print or Type)
robin geiger Email (P	rint or Type)
Po Box 347 Address	Cuddebac Kville
N.Y., 12729 State and Zip	845 7547 671 Phone Number

ATTACHMENTS: O YES NO