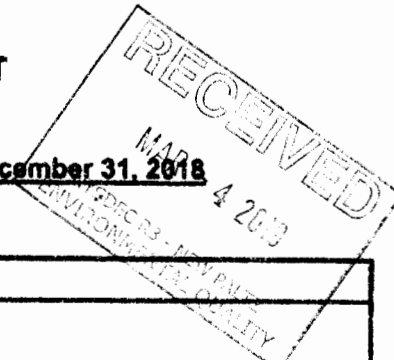


SCRAP METAL PROCESSORS ANNUAL REPORT

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: <i>CAH Salvage Corp</i>			
FACILITY LOCATION ADDRESS: <i>2837 Rt 27</i>	FACILITY CITY: <i>Campbell Hall</i>	STATE: <i>N.Y.</i>	ZIP CODE: <i>10916</i>
FACILITY TOWN: <i>Hampdenburgh</i>	FACILITY COUNTY: <i>Orange</i>	FACILITY PHONE NUMBER: <i>845-427-2147</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <i>Orange County</i>			NYSDEC REGION #: <i>3</i>
FACILITY CONTACT: <i>JOSEPH INNAMORATO</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <i>845-427-2147</i>	CONTACT FAX NUMBER: <i>845-427-5371</i>
CONTACT EMAIL ADDRESS:			

OWNER INFORMATION			
OWNER NAME: <i>JOSEPH INNAMORATO</i>	OWNER PHONE NUMBER: <i>845-427-2147</i>	OWNER FAX NUMBER: <i>845-427-5371</i>	
OWNER ADDRESS: <i>P. Box 12</i>	OWNER CITY: <i>CAMPBELL HALL</i>	STATE: <i>N.Y.</i>	ZIP CODE: <i>10916</i>
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: <i>joeinna@yahoo.com</i>		

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 checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact	<input checked="" type="checkbox"/> Other (provide): <i>carolh@frontier.net.net</i>
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 (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)		25			Stored on site
Used Oil** (gallons)	1125				Leaking on location
Diesel Fuel (gallons)	125				Leaking on location
Gasoline (gallons)	2400				Used in our vehicles
Engine Coolant/ Antifreeze (gallons)					
Window Washing Fluid (gallons)					
Mercury (pounds)					
Eng oil mixed Other (specify) w/anti freeze					Slurry mixed - Advanced Rec. Pa.
Sludge from Wastewater Cleaners					advanced Rec. PA. 650

* 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		400	600 tons	Middletown Auto Wrecking
Aluminum Scrap Metal			71.79	Middletown Auto Wrecking
Lead Weights				
Non - Ferrous Scrap Metal				
Other (specify):	152 Cans			

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] 2-25-19
Signature Date

JOSEPH INNAMORATO IPES
Name (Print or Type) Title (Print or Type)

candh@frontier.net.net
Email (Print or Type)

2837 Rt 207
Po Box 253
Address Campbell Hall
City

N.Y. 10916 845-427-2147
State and Zip Phone Number

ATTACHMENTS: YES NO