

February 11, 2019

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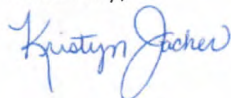
New York State Department of Environmental Conservation  
Division of Materials Management  
Bureau of Solid Waste Management  
625 Broadway  
Albany, New York 12233-7260

**Re: Zabel's Auto Repair  
127 Zabel Hill Road  
Feura Bush, NY 12067  
Permit No. NYR00C400**

On behalf of Zabel's Auto Repair, James Environmental Management, Inc. (JEM), would like to submit the enclosed Scrap Metal Processors 2018 Annual Report.

Should you have any questions or require additional information, please feel free to contact the JEM office.

Sincerely,



Kristyn Jacher  
Environmental Specialist  
[Kjacher@jamesenvironmental.com](mailto:Kjacher@jamesenvironmental.com)

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NYS DEC

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DIV. OF MATERIALS MANAGEMENT

Enc: 2018 Annual Report - Solid Waste

cc: Gilbert Zabel, Owner, Zabel's Auto Repair

# 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: Zabel's Auto Repair			
FACILITY LOCATION ADDRESS: 127 Zabel Hill Road	FACILITY CITY: Feura Bush	STATE: NY	ZIP CODE: 12067
FACILITY TOWN: Coeymans	FACILITY COUNTY: Albany	FACILITY PHONE NUMBER: (518) 391-9603	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Capital Region Solid Waste Management Partnership (CRSWMP)			NYSDEC REGION #: 4
FACILITY CONTACT: Gilbert Zabel	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: (518) 391-9603	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: zartruckparts@gmail.com			
OWNER INFORMATION			
OWNER NAME: Gilbert Zabel	OWNER PHONE NUMBER: (518) 391-9603	OWNER FAX NUMBER:	
OWNER ADDRESS: 127 Zabel Hill Road	OWNER CITY: Feura Bush	STATE: NY	ZIP CODE: 12067
OWNER CONTACT: Phone/Email	OWNER CONTACT EMAIL ADDRESS: zartruckparts@gmail.com		
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 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?  Yes; Complete this form.

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)	0	0			
Used Oil** (gallons)	200	200			
Diesel Fuel (gallons)	0	0			
Gasoline (gallons)	0	0			
Engine Coolant/ Antifreeze (gallons)	0	0			
Window Washing Fluid (gallons)	0	0			
Mercury (pounds)	0	0			
Other (specify)					
	NO EL V'S RECOVERED				

\* 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	0	100	0	Capital Region Solid Waste Management Partnersh
Aluminum Scrap Metal	0	5	0	Capital Region Solid Waste Management Partnersh
Lead Weights	0	0	0	Capital Region Solid Waste Management Partnersh
Non - Ferrous Scrap Metal	0	0	0	Capital Region Solid Waste Management Partnersh
Other (specify):				Capital Region Solid Waste Management Partnersh
				Capital Region Solid Waste Management Partnersh

### 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

2-27-18  
Date

Gilbert Zabel  
Name (Print or Type)

Owner  
Title (Print or Type)

\_\_\_\_\_  
Email (Print or Type)

131 Zabel Hill Rd  
Address

Feara Bush  
City

NY 12067  
State and Zip

518) 381-4603  
Phone Number

ATTACHMENTS:  YES  NO