

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: Plantys Salvage LLC			
FACILITY LOCATION ADDRESS: 16 Planty Dr	FACILITY CITY: Warren	STATE: NY	ZIP CODE: 12885
FACILITY TOWN: Warrensburg	FACILITY COUNTY: Warren	FACILITY PHONE NUMBER: 518-623-2409	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Warren			NYSDEC REGION #: 5
FACILITY CONTACT: Richard Hill	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 518 623 2409	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Shawn Planty	OWNER PHONE NUMBER: 518 623-2409	OWNER FAX NUMBER:	
OWNER ADDRESS: P.O. Box 203	OWNER CITY: Warrensburg	STATE: NY	ZIP CODE: 12885
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: Richard Hill	<input type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input type="checkbox"/> private
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address			
<input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact			
<input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" 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.

RECEIVED
NYS DEC

MAR 08 2019

DIVISION OF
MATERIALS MANAGEMENT

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. \checkmark '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	0	0	
Used Oil** (gallons)	0	0	0	0	
Diesel Fuel (gallons)	0	0	0	0	
Gasoline (gallons)	0	0	0	0	
Engine Coolant/ Antifreeze (gallons)	0	0	0	0	
Window Washing Fluid (gallons)	0	0	0	0	
Mercury (pounds)	0	0	0	0	
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	152	0	152	Ben Weitsman of Albany
Aluminum Scrap Metal	7	0	7	300 Smith Blvd
Lead Weights	0	0	0	Albany, NY
Non - Ferrous Scrap Metal	11	0	11	12202
Other (specify):				

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.

Shawn Plontz
Signature

3-6-15
Date

Shawn Plontz
Name (Print or Type)

Owner
Title (Print or Type)

Email (Print or Type)

P.O. Box 203
16 Plontz Dr
Address

Warrensburg
City

974 17885
State and Zip

(518) 626 2404
Phone Number

ATTACHMENTS: YES NO