

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: CEMCO			
FACILITY LOCATION ADDRESS: 130 York St	FACILITY CITY: Auburn	STATE: NY	ZIP CODE: 13021
FACILITY TOWN:	FACILITY COUNTY: Cayuga	FACILITY PHONE NUMBER: 315 253 2886	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Cayuga County			NYSDEC REGION #: 7
FACILITY CONTACT: Sharon Skibo	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 315 253 2886	CONTACT FAX NUMBER: n/a
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Sharon Skibo	OWNER PHONE NUMBER: 315 253 2886	OWNER FAX NUMBER: n/a	
OWNER ADDRESS: 130 York St	OWNER CITY: Auburn	STATE: NY	ZIP CODE: 13021
OWNER CONTACT: Sharon Skibo	OWNER CONTACT EMAIL ADDRESS: cemcony@prosgo.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input 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 type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide): cemcony@prosgo.com			
Preferred individual to receive correspondence: <input 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)	N/A				
Used Oil** (gallons)	N/A				
Diesel Fuel (gallons)	N/A				
Gasoline (gallons)	N/A				
Engine Coolant/ Antifreeze (gallons)	N/A				
Window Washing Fluid (gallons)	N/A				
Mercury (pounds)	N/A				
Other (specify) Propane	2706 gals				

* 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	40.5 tons			
Aluminum Scrap Metal				
Lead Weights				
Non – Ferrous Scrap Metal	2070 lbs.			
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: 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	1/22/19 _____ Date
Sharon Skibo _____ Name (Print or Type)	Owner _____ Title (Print or Type)
cemcony@prosgo.com _____ Email (Print or Type)	
130 York St _____ Address	Auburn _____ City
NY 13021 _____ State and Zip	(315) 253-2886 _____ Phone Number

ATTACHMENTS: YES NO