

SCRAP METAL PROCESSORS ANNUAL REPORT

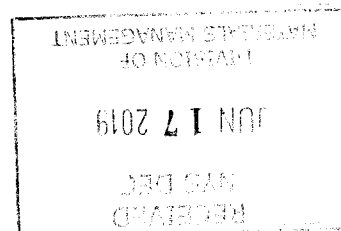
Submit the Annual Report no later than March 1, 2019.

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: Phillip Gordon & Sons, Inc.			
FACILITY LOCATION ADDRESS: 89 East 12 Street	FACILITY CITY: Oswego	STATE: NY	ZIP CODE: 13126
FACILITY TOWN:	FACILITY COUNTY: Oswego	FACILITY PHONE NUMBER: 315-343-2120	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Oswego County			<input checked="" type="checkbox"/> NYSDEC REGION #: 7
FACILITY CONTACT: Phillip Gordon	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 315-343-2120	CONTACT FAX NUMBER: 315-343-2120
CONTACT EMAIL ADDRESS: cindydeary@hotmail.com			
OWNER INFORMATION			
OWNER NAME: Phillip Gordon	OWNER PHONE NUMBER: 315-806-3700	OWNER FAX NUMBER: [Handwritten mark]	
OWNER ADDRESS: 183 East 13th Street PO Box 143	OWNER CITY: Oswego	STATE: NY	ZIP CODE: 13126
OWNER CONTACT: Phillip Gordon	OWNER CONTACT EMAIL ADDRESS: pgordoninc@hotmail.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 type="checkbox"/> Facility location address <input type="checkbox"/> Owner address			
<input checked="" type="checkbox"/> Other (provide): P.O. Box 143 Oswego NY 13126			
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? <input checked="" type="checkbox"/> Yes; Complete this form. <input type="checkbox"/> No; Complete and submit Sections 1 and 5.
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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)					
Used Oil** (gallons)	800	150			
Diesel Fuel (gallons)					
Gasoline (gallons)					
Engine Coolant/ Antifreeze (gallons)					
Window Washing Fluid (gallons)					
Mercury (pounds)					
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	700	100	600	Onondaga County (except Skaneateles (T) & (V) <input type="checkbox"/>
Aluminum Scrap Metal	56	6	50	Onondaga County
Lead Weights	4	1	3	Onondaga County
Non - Ferrous Scrap Metal	40	3	37	Onondaga County
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.

Phillip Gordon 06.11.2019
Signature Date

Phillip Gordon Owner
Name (Print or Type) Title (Print or Type)

pgordoninc@hotmail.com
Email (Print or Type)

89 East 12 Street Oswego
Address City

New York 13126 (315) 343-2120
State and Zip Phone Number

ATTACHMENTS: YES NO