

SCRAP METAL PROCESSORS ANNUAL REPORT

Submit the Annual Report no later than March 1, 2020.

This annual report is for the year of operation from January 01, 2019 to December 31, 2019

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DIVISION OF
MATERIALS MANAGEMENT

SECTION 1 - FACILITY INFORMATION

| FACILITY INFORMATION | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------|
| FACILITY NAME: SERVICE SCRAP METAL INC | | | |
| FACILITY LOCATION ADDRESS: 3425 HAMPTON RD | FACILITY CITY: OCEANSIDE | STATE: NY | ZIP CODE: 11572 |
| FACILITY TOWN: HEMPSTEAD | FACILITY COUNTY: NASSAU | FACILITY PHONE NUMBER: (516) 285-5400 | |
| FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). HEMPSTEAD | | | NYSDEC REGION #: 1 |
| FACILITY CONTACT: MICHAEL TAYLOR | <input type="checkbox"/> public <input checked="" type="checkbox"/> private | CONTACT PHONE NUMBER: (516) 285-5400 | CONTACT FAX NUMBER: |
| CONTACT EMAIL ADDRESS: | | | |
| OWNER INFORMATION | | | |
| OWNER NAME: SERVICE SCRAP METAL INC | OWNER PHONE NUMBER: (516) 285-5400 | OWNER FAX NUMBER: | |
| OWNER ADDRESS: 3425 HAMPTON RD | OWNER CITY: OCEANSIDE | STATE: NY | ZIP CODE: 11572 |
| OWNER CONTACT: MICHAEL TAYLOR | OWNER CONTACT EMAIL ADDRESS: | | |
| 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 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 2019? <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 <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 | | | | |
| Used Oil** (gallons) | 0 | 20 | 100 | | |
| Diesel Fuel (gallons) | 150 | | | | |
| Gasoline (gallons) | 0 | | | | |
| Engine Coolant/ Antifreeze (gallons) | 0 | | | | |
| Window Washing Fluid (gallons) | 0 | | | | |
| Mercury (pounds) | 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 | 12000 | 50 | 11950 | NEW YORK CITY |
| Aluminum Scrap Metal | 500 | 10 | 490 | NEW YORK CITY |
| Lead Weights | .10 | 0 | .10 | NEW YORK CITY |
| Non - Ferrous Scrap Metal | 650 | 15 | 635 | NEW YORK CITY |
| 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.

[Handwritten Signature]
Signature

1/15/20
Date

MICHAEL TAYLOR
Name (Print or Type)

PRESIDENT
Title (Print or Type)

Email (Print or Type)

3425 HAMPTON RD
Address

OCCONOMOC
City

NY 11572
State and Zip

(516) 285 5400
Phone Number

ATTACHMENTS: YES NO