

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

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: BRONX JUNK CAR DEPORT LLC			
FACILITY LOCATION ADDRESS: 1287 EAST BAY AVENUE	FACILITY CITY: BRONX	STATE: NY	ZIP CODE: 10474
FACILITY TOWN: BRONX	FACILITY COUNTY: BRONX	FACILITY PHONE NUMBER: 718-620-1981	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). NEW YORK CITY			NYSDEC REGION #: 2
FACILITY CONTACT: JAMES RUGGIERO	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 718-620-1981	CONTACT FAX NUMBER: 718-620-1985
CONTACT EMAIL ADDRESS: BRONXJUNKCARDEPOT@GMAIL.COM			
OWNER INFORMATION			
OWNER NAME: BRONX JUNK CAR DEPORT LLC	OWNER PHONE NUMBER: 718-620-1981	OWNER FAX NUMBER: 718-620-1985	
OWNER ADDRESS: 1287 EAST BAY AVENUE	OWNER CITY: BRONX	STATE: NY	ZIP CODE: 10474
OWNER CONTACT: JAMES RUGGIERO	OWNER CONTACT EMAIL ADDRESS: BRONXJUNKCARDEPOT@GMAIL.COM		
OPERATOR INFORMATION			
OPERATOR NAME: JOE GAMBINO	<input 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 type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

<p>Did you operate in 2019? <input checked="" type="checkbox"/> Yes; Complete this form.</p> <p style="text-align: center;"><input type="checkbox"/> No; Complete and submit Sections 1 and 5.</p>

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)		40		160	LOCAL REPAIR SHOPS
Used Oil** (gallons)		50	28,000		ENVIROWASTE, MAHOPAC, NY
Diesel Fuel (gallons)					
Gasoline (gallons)	32,780				
Engine Coolant/ Antifreeze (gallons)		40	12,680		ENVIROWASTE, MAHOPAC, NY
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	21,000	80	21,000	NJ
Aluminum Scrap Metal	470	20	450	NJ
Lead Weights				
Non – Ferrous Scrap Metal				
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.

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SECTION 19 - SIGNATURE AND DATE BY OWNER OR OPERATOR

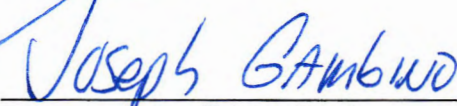
Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management Contacts).

The Owner or Operator must also submit one copy by email, fax or mail to:

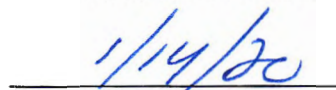
New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Solid Waste Management
625 Broadway
Albany, New York 12233-7260
Fax 518-402-9041
Email address: SWMFannualreport@dec.ny.gov

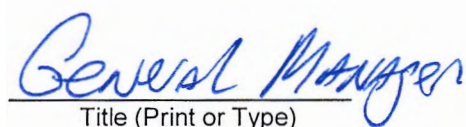
I certify, under penalty of law, that the data and other information identified in this report have been prepared under my direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any 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


Name (Print or Type)



Date


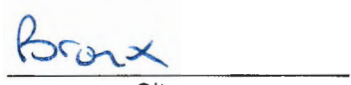
Title (Print or Type)



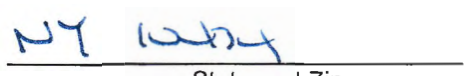
Email (Print or Type)



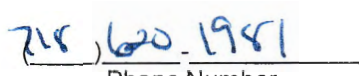
Address



City



State and Zip



Phone Number

ATTACHMENTS: YES NO

SCRAP METAL PROCESSORS ANNUAL REPORT

SUBMITTED BY
TABS CONSULTING GROUP
(718) 492-6464

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				NYS Planning Unit (or state if other than New York)
Ferrous Scrap Metal	16,560	80	20,080	NJ
Aluminum Scrap Metal	360	20	340	NJ
Lead Weights				
Non - Ferrous Scrap Metal				
Other (specify):				
BATTERIES			4,280 UNITS	BRONX

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.

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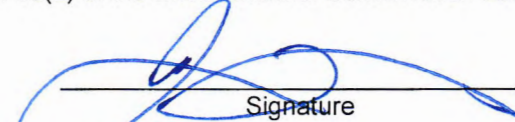
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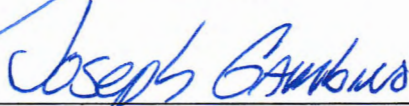
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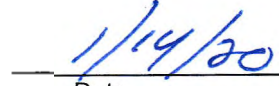
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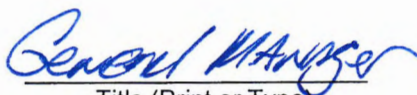
Signature



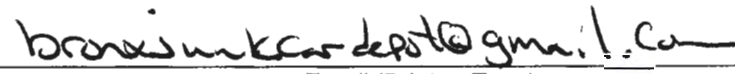
Name (Print or Type)



Date



Title (Print or Type)



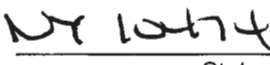
Email (Print or Type)



Address



City



State and Zip



Phone Number

ATTACHMENTS: YES NO