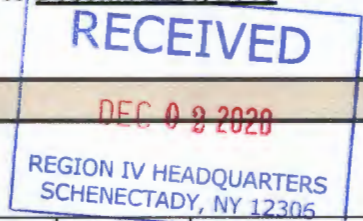


# SCRAP METAL PROCESSORS ANNUAL REPORT

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			
<b>FACILITY NAME:</b> <span style="font-size: 1.2em;">Zabel's Auto Repair</span>			
<b>FACILITY LOCATION ADDRESS:</b> <span style="font-size: 1.2em;">127 Zabel Hill Road</span>		<b>FACILITY CITY:</b> <span style="font-size: 1.2em;">Feura Bush</span>	<b>STATE:</b> <span style="font-size: 1.2em;">NY</span>
		<b>ZIP CODE:</b> <span style="font-size: 1.2em;">12067</span>	
<b>FACILITY TOWN:</b> <span style="font-size: 1.2em;">Coeymans</span>		<b>FACILITY COUNTY:</b> <span style="font-size: 1.2em;">Albany</span>	<b>FACILITY PHONE NUMBER:</b> <span style="font-size: 1.2em;">(518) 391-9603</span>
<b>FACILITY NYS PLANNING UNIT:</b> <small>(A list of NYS Planning Units can be found at the end of this report).</small> Capital Region Solid Waste Management Partnership (CRSWMP) <input checked="" type="checkbox"/>		<b>NYS DEC ACTIVITY CODE:</b> <span style="font-size: 1.2em;">5015</span>	<b>NYSDEC REGION #:</b> <span style="font-size: 1.2em;">4</span>
<b>FACILITY CONTACT:</b> <span style="font-size: 1.2em;">Gilbert Zabel</span>		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	<b>CONTACT PHONE NUMBER:</b> <span style="font-size: 1.2em;">(518) 391-9603</span>
			<b>CONTACT FAX NUMBER:</b> <span style="font-size: 1.2em;">7028698</span>
<b>CONTACT EMAIL ADDRESS:</b> zartruckparts@gmail.com			
OWNER INFORMATION			
<b>OWNER NAME:</b> <span style="font-size: 1.2em;">Gilbert Zabel</span>		<b>OWNER PHONE NUMBER:</b> <span style="font-size: 1.2em;">(518) 391-9603</span>	<b>OWNER FAX NUMBER:</b>
<b>OWNER ADDRESS:</b> <span style="font-size: 1.2em;">127 Zabel Hill Road</span>		<b>OWNER CITY:</b> <span style="font-size: 1.2em;">Feura Bush</span>	<b>STATE:</b> <span style="font-size: 1.2em;">NY</span>
			<b>ZIP CODE:</b> <span style="font-size: 1.2em;">12067</span>
<b>OWNER CONTACT:</b> <span style="font-size: 1.2em;">Phone/Email</span>		<b>OWNER CONTACT EMAIL ADDRESS:</b> <span style="font-size: 1.2em;">zartruckparts@gmail.com</span>	
OPERATOR INFORMATION			
<b>OPERATOR NAME:</b> <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
<b>Preferred address to receive correspondence:</b> <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
<b>Preferred email address:</b> <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
<b>Preferred individual to receive correspondence:</b> <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

<b>Did you operate in 2019?</b> <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	0			
Used Oil** (gallons)	400	250			
Diesel Fuel (gallons)	0	0			
Gasoline (gallons)	0	0			
Engine Coolant/ Antifreeze (gallons)	0	0			
Window Washing Fluid (gallons)	0	0			
Mercury (pounds)	0	0			
Other (specify)					
NO FLUIDS RECOVERED THIS YEAR					

\* 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	0	100	0	Cabida, Region 1 Solid Waste Management Partnership
Aluminum Scrap Metal	0	5	0	
Lead Weights	0	0	0	
Non - Ferrous Scrap Metal	0	0	0	
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.

  
Signature

2-28-2020  
Date

Gilbert Zabel  
Name (Print or Type)

Owner  
Title (Print or Type)

\_\_\_\_\_  
Email (Print or Type)

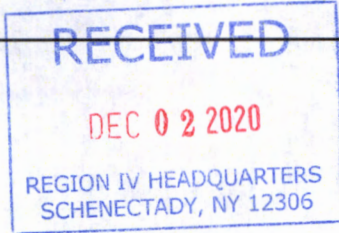
131 Zabel Hill RD  
Address

Feargus Bush  
City

NY 12067  
State and Zip

(518) 391-9603  
Phone Number

ATTACHMENTS:  YES  NO



February 14, 2020

Certified Mail  
7019 0140 0000 5897 7815

Victoria Schmitt  
NYSDEC – Materials Management - Region 4  
Bureau of Solid Waste Management  
1130 North Westcott Road  
Schenectady, NY 12306

Re: **Zabel's Auto Repair**  
**127 Zabel Hill Road**  
**Feura Bush, NY 12067**  
**Permit No. NYR00C400**

On behalf of Zabel's Auto Repair, James Environmental Management, Inc. (JEM), would like to submit the enclosed **Scrap Metal Processors 2019 Annual Report**.

Should you have any questions or require additional information, please feel free to contact the JEM office.

Sincerely,

A handwritten signature in black ink, appearing to read "Mahdi Al Sallami".

Mahdi Al Sallami  
Environmental Specialist  
[msallami@jamesenvironmental.com](mailto:msallami@jamesenvironmental.com)

Enc: 2019 Annual Report - Solid Waste

cc: Gilbert Zabel, Owner, Zabel's Auto Repair