

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: B & B SALVAGE			
FACILITY LOCATION ADDRESS: 9362 ROUTE 9	FACILITY CITY: CHAZY	STATE: NY	ZIP CODE: 12921
FACILITY TOWN: CHAZY	FACILITY COUNTY: CLINTON	FACILITY PHONE NUMBER: 518-846-7800	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Clinton County			NYSDEC REGION #: 5
FACILITY CONTACT: ROBERT BOURGEOIS	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 518-846-7800	CONTACT FAX NUMBER: 518-846-7800
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: ROBERT BOURGEOIS	OWNER PHONE NUMBER: 518-846-7800	OWNER FAX NUMBER: 518-846-7800	
OWNER ADDRESS: 9362 ROUTE 8	OWNER CITY: CHAZY	STATE: NY	ZIP CODE: 12921
OWNER CONTACT: ROBERT BOURGEOIS	OWNER CONTACT EMAIL ADDRESS: b.b.salvage@gmail.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input checked="" 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 checked="" 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):			

Did you operate in 2019? ☒ 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 (Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)
	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	
Refrigerant (pounds)	NONE				
Used Oil** (gallons)	SENT HARRY TRANSPORT		waste oil furnace		
Diesel Fuel (gallons)	NONE				
Gasoline (gallons)	used in land CR2				
Engine Coolant/ Antifreeze (gallons)	used in machinery				
Window Washing Fluid (gallons)	NONE				
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	1 Ton	none	All	
Aluminum Scrap Metal	none	none		
Lead Weights	none	none		
Non – Ferrous Scrap Metal	265 Tons		265 All	ATM Metal, Oversee
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.

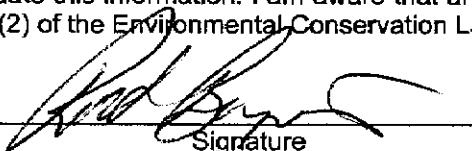
SECTION 5 - SIGNATURE AND DATE BY OWNER OR OPERATOR

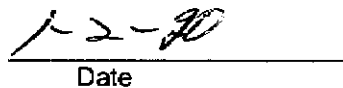
Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management Contacts).

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


Date

ROBERT BOURGE
Name (Print or Type)

OWNER
Title (Print or Type)

b.b.salvage@gmail.com
Email (Print or Type)

9362 ROUTE 9
Address

CHAZY
City

NY 12921
State and Zip

518 846 7800
Phone Number

ATTACHMENTS: ☐ YES ☒ NO