

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:

Auto Salvage Technologies, Inc.

FACILITY LOCATION ADDRESS:

3107 State Route 28

FACILITY CITY:

Herkimer

STATE:

NY

ZIP CODE:

13350

FACILITY TOWN:

Herkimer

FACILITY COUNTY:

Herkimer

FACILITY PHONE NUMBER:

315-717-1531

FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).

Oneide-Herkimer Solid Waste Authority (OHSWA)

NYS DEC ACTIVITY CODE:

5093

NYSDEC

REGION #: 6

FACILITY CONTACT:

Amanda Crain

public

private

CONTACT PHONE

NUMBER:
315-717-1531

CONTACT FAX NUMBER:

CONTACT EMAIL ADDRESS: autosalvagetechn315@gmail.com

OWNER INFORMATION

OWNER NAME:

Auto Salvage Technologies, Inc.

OWNER PHONE NUMBER:

315-717-1531

OWNER FAX NUMBER:

OWNER ADDRESS:

3107 State Route 28

OWNER CITY:

Herkimer

STATE:

NY

ZIP CODE:

13350

OWNER CONTACT:

Email/Phone

OWNER CONTACT EMAIL ADDRESS:

autosalvagetechn315@gmail.com

OPERATOR INFORMATION

OPERATOR NAME:



same as owner

public

private

PREFERENCES

Preferred address to receive correspondence: Facility location address

Owner address

Other (provide):

Preferred email address: Facility Contact

Owner Contact

Other (provide):

Preferred individual to receive correspondence: Facility Contact

Owner Contact

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)	0	0	10	0	RE Michael
Used Oil** (gallons)	376	0	0	0	Crystal Clean
Diesel Fuel (gallons)	200	0	0	0	Crystal Clean
Gasoline (gallons)	670	0	0	0	Egan environmental
Engine Coolant/ Antifreeze (gallons)	0	0	0	400	Solvents & Petroleum
Window Washing Fluid (gallons)	50	0	0	0	Crystal Clean
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	7,000	20	7,000	Tioga County
Aluminum Scrap Metal	40	0	40	OHSWA
Lead Weights	1	0	1	Tioga County
Non - Ferrous Scrap Metal	230	0	230	Tioga 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.

Amanda Crain
Signature

11-18-20
Date

Amanda Crain
Name (Print or Type)

manager
Title (Print or Type)

crain92992@gmail.com
Email (Print or Type)

PO Box 5
Address

Herkimer
City

NY 13350
State and Zip

315.866.7278
Phone Number

ATTACHMENTS: YES NO