

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: Northstar Auto And Salvage LLC			
FACILITY LOCATION ADDRESS: 28722 NYS Rt. 37	FACILITY CITY: Evans Mills	STATE: NY	ZIP CODE: 13637
FACILITY TOWN: Evans Mills	FACILITY COUNTY: Jefferson	FACILITY PHONE NUMBER: 3156294824	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Development Authority of the North County (DANC) <input type="checkbox"/>		NYS DEC ACTIVITY CODE:	NYSDEC REGION #: 6
FACILITY CONTACT: Samantha	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 3156294824	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: northstarautoandsalvage@yahoo.com			
OWNER INFORMATION			
OWNER NAME: Madeline Shoen	OWNER PHONE NUMBER: 3159215153	OWNER FAX NUMBER:	
OWNER ADDRESS: 28722 NYS Rt. 37	OWNER CITY: Evans Mills	STATE: NY	ZIP CODE: 13637
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: madelineshoen@yahoo.com		
OPERATOR INFORMATION			
OPERATOR NAME: Scott Shoen	<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):			

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 <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	0	0	
Used Oil** (gallons)	6600	0	0	0	
Diesel Fuel (gallons)	0	0	0	0	
Gasoline (gallons)	1300	0	0	0	
Engine Coolant/ Antifreeze (gallons)	0	0	1100	0	Crystal Clean
Window Washing Fluid (gallons)	260	0	0	0	
Mercury (pounds)	0	5	0	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	7000	0	7000	Tioga County	▼
Aluminum Scrap Metal	600	0	600	Cayuga County	▼
Lead Weights	0	0	0		
Non – Ferrous Scrap Metal	3400	0	3400	Cayuga 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.

Madeline Shoen
Signature

Nov. 3, 2020
Date

Madeline Shoen
Name (Print or Type)

Owner
Title (Print or Type)

Madelineshoen@yahoo.com
Email (Print or Type)

28722 NYS Rt. 37
Address

Evans Mills
City

NY 13637
State and Zip

(315) 921 5153
Phone Number

ATTACHMENTS: YES NO