

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 # 7097231

FACILITY INFORMATION			
FACILITY NAME: Robert's Scrap Processing			
FACILITY LOCATION ADDRESS: 135 Hemlock Hill Road	FACILITY CITY: Whitney Point	STATE: NY	ZIP CODE: 13862
FACILITY TOWN: Triangle	FACILITY COUNTY: Broome	FACILITY PHONE NUMBER: 607-692-7510	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).		NYS DEC ACTIVITY CODE:	NYSDEC REGION #: 7
FACILITY CONTACT: Robert E Womack	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 607-692-7510	CONTACT FAX NUMBER: 607-692-7511
CONTACT EMAIL ADDRESS: robertsscrap@frontiernet.net			
OWNER INFORMATION			
OWNER NAME: Robert E Womack	OWNER PHONE NUMBER: 607-69-7510	OWNER FAX NUMBER: 607-692-7511	
OWNER ADDRESS: 135 Hemlock Hill Road	OWNER CITY: Whitney Point	STATE: NY	ZIP CODE: 13862
OWNER CONTACT: Bob	OWNER CONTACT EMAIL ADDRESS: robertsscrap@frontiernet.net		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" 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 checked="" type="checkbox"/> Facility Contact <input 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><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)	30	25			
Used Oil** (gallons)	269	220			We have a waste oil furnace we use to heat our building
Diesel Fuel (gallons)	150	0			We use in our equipment on site
Gasoline (gallons)	0	0			
Engine Coolant/ Antifreeze (gallons)	50	50			We use in our equipment and personal vehicles
Window Washing Fluid (gallons)	28	0			We use on site and in our personal vehicles
Mercury (pounds)		2			
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	2032	31.86	2001.6	Weitsman/Upstate Shredding, 1 Recycle Drive <input type="text"/>
Aluminum Scrap Metal	68		68.06	Weitsman & Son, Main Street Owego NY 13827 <input type="text"/>
Lead Weights	0	0		We Do Not Purchase Lead Weights <input type="text"/>
Non – Ferrous Scrap Metal	36	6.3	29.72	Weitsman & Son, Main Street, Owego NY 13827 <input type="text"/>
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.

Robert E. Womack

Signature

02/04/2020

Date

Robert E Womack

Name (Print or Type)

Owner

Title (Print or Type)

robertsscrap@frontiernet.net

Email (Print or Type)

135 Hemlock Hill Road

Address

Whitney Point

City

NY 13862

State and Zip

(607) 692 7510

Phone Number

ATTACHMENTS: YES NO