

# 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>Chappell's Auto Recycling Scrap</b>			
FACILITY LOCATION ADDRESS: <b>4630 County rd 46</b>	FACILITY CITY: <b>Canandaigua</b>	STATE: <b>NY</b>	ZIP CODE: <b>14424</b>
FACILITY TOWN: <b>Canandaigua</b>	FACILITY COUNTY: <b>Ontario</b>	FACILITY PHONE NUMBER: <b>585-764-7811</b>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <b>8</b>		NYS DEC ACTIVITY CODE: <b>6 NYCR-360-2</b>	NYSDEC REGION #: <b>8</b>
FACILITY CONTACT: <b>Martin Chappell</b>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <b>585-764-7811</b>	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <b>Martin Chappell</b>	OWNER PHONE NUMBER: <b>585-764-7811</b>	OWNER FAX NUMBER: <b>Same</b>	
OWNER ADDRESS: <b>4630 County rd 46</b>	OWNER CITY: <b>Canandaigua</b>	STATE: <b>NY</b>	ZIP CODE: <b>14424</b>
OWNER CONTACT: <b>Martin</b>	OWNER CONTACT EMAIL ADDRESS: <b>C4C585@gmail</b>		
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): <b>Same</b> <b>585-</b>			
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact			
<input type="checkbox"/> Other (provide): <b>C4C@gmail.com</b>			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact			
<input type="checkbox"/> Other (provide): <b>Martin</b>			
Did you operate in 2019? <input checked="" type="checkbox"/> Yes; Complete this form.			
<input type="checkbox"/> No; Complete and submit Sections 1 and 5.			

Currently not operating!  
or processing!

## 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	0	0	NY
Used Oil** (gallons)	0	0	0	0	
Diesel Fuel (gallons)	0	0	0	0	
Gasoline (gallons)	0	0	0	0	
Engine Coolant/ Antifreeze (gallons)	0	0	0	0	
Window Washing Fluid (gallons)	0	0	0	0	
Mercury (pounds)	PROCESSING			0	
Other (specify)	6	0	0	0	
		6	6	6	

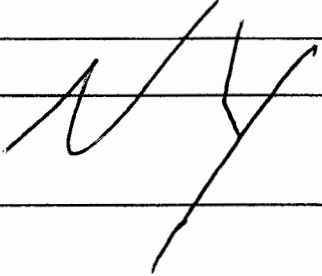
\* Any fluids disposed must undergo a hazardous waste determination and proper handling, storage and disposal if hazardous.

\*\* Includes Engine Oil, Transmission Fluid, Axle Fluids, Hydraulic Fluid, Power Steering Fluid, Brake Fluid, etc.

Currently not operating!

### 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	0	
Aluminum Scrap Metal	0	0	0	
Lead Weights	0	0	0	
Non - Ferrous Scrap Metal	0	0	0	
Other (specify):	0	0	0	
	0	Processing		

### 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.

Currently not processing!

**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.

Martin Clappell  
Signature

3-20-20  
Date

Martin Clappell  
Name (Print or Type)

OWNER  
Title (Print or Type)

C4C545@gmail.com  
Email (Print or Type)

4630 County rd 46 Canandaigua  
Address City

NY 14424 585 764-7811  
State and Zip Phone Number

Currently not processing

ATTACHMENTS:  YES  NO