



Department of  
Environmental  
Conservation

# SCRAP METAL PROCESSORS ANNUAL REPORT

(If you need assistance filling out this form please email [swmfannualreport@dec.ny.gov](mailto:swmfannualreport@dec.ny.gov) or call 518-402-8678.)  
Submit the Annual Report no later than March 1, 2021.

This annual report is for the year of operation from January 01, 2020 to December 31, 2020  
**SECTION 1 – GENERAL INFORMATION**

## FACILITY INFORMATION

FACILITY NAME:

Fair Deal Scrap Metals & Towing Co. Inc.

FACILITY LOCATION ADDRESS:

166 Akron Street.

FACILITY CITY:

Lindenhurst

STATE:

NY

ZIP CODE:

11757

FACILITY TOWN:

Babylon

FACILITY COUNTY:

Suffolk

FACILITY PHONE NUMBER:

(631)226-1990

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

Babylon (Town)

NYS DEC ACTIVITY CODE:

NYSDEC  
REGION #:

1

FACILITY CONTACT:

John Embleton

public  
 private

CONTACT PHONE

NUMBER:  
(631)226-1990

CONTACT FAX NUMBER:

N/A

CONTACT EMAIL ADDRESS: N/A

## OWNER INFORMATION

OWNER NAME:

John Embleton

OWNER PHONE NUMBER:

(631)226-1990

OWNER FAX NUMBER:

N/A

OWNER ADDRESS:

620 South 6th Street

OWNER CITY:

Lindenhurst

STATE:

NY

ZIP CODE:

11757

OWNER CONTACT:

(631)226-1990

OWNER CONTACT EMAIL ADDRESS:

N/A

## 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): N/A

Preferred individual to receive correspondence:  Facility Contact

Owner Contact

Other (provide):

Did you operate in 2020  Yes; Complete this form.

No; Complete and submit Sections 1 and 5.

RECEIVED  
NYS DEC

FEB 26 2021

## 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
	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)
Refrigerant (pounds)					
Used Oil** (gallons)					
Diesel Fuel (gallons)					
Gasoline (gallons)					
Engine Coolant/ Antifreeze (gallons)					
Window Washing Fluid (gallons)					
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				
Aluminum Scrap Metal				
Lead Weights				
Non -- Ferrous Scrap Metal				
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

02/24/2021  
Date

John Embleton  
Name (Print or Type)

Pres.  
Title (Print or Type)

N/A  
Email (Print or Type)

166 Akron Street  
Address

Lindenhurst  
City

NY, 11757  
State and Zip

6312261990  
Phone Number

ATTACHMENTS:  YES  NO