



Department of
Environmental
Conservation

SCRAP METAL PROCESSORS ANNUAL REPORT

(If you need assistance filling out this form please email 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

RECEIVED

FACILITY INFORMATION			
FACILITY NAME: ASAP Scrap Recycling LLC		FEB 22 2021	
FACILITY LOCATION ADDRESS: 2780 Rte 208	FACILITY CITY: Walden	STATE: NY	ZIP CODE: 12586
FACILITY TOWN: Walden	FACILITY COUNTY: Orange	FACILITY PHONE NUMBER: 845-275-3331	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report.) Orange		NYS DEC ACTIVITY CODE:	NYSDEC REGION #: 3
FACILITY CONTACT: George Sanchez	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 845-325-3296	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: george@asapscrap.com			
OWNER INFORMATION			
OWNER NAME: Asap Scrap Recycling LLC	OWNER PHONE NUMBER: 845-325-3296	OWNER FAX NUMBER:	
OWNER ADDRESS: 2780 Rte 208	OWNER CITY: Walden	STATE: NY	ZIP CODE: 12586
OWNER CONTACT: George Sanchez	OWNER CONTACT EMAIL ADDRESS: george@asapscrap.com		
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):			

Did you operate in 2020 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		
Used Oil** (gallons)			500		Westchester Waste Oil
Diesel Fuel (gallons)	250				
Gasoline (gallons)			1480		Westchester Waste Oil
Engine Coolant/ Antifreeze (gallons)			390		Westchester Waste Oil
Window Washing Fluid (gallons)	20				
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	2688	100	2588	Capital Region Solid Waste Management Partne <input type="text"/>
Aluminum Scrap Metal	39	2	37	Capital Region Solid Waste Management Partne <input type="text"/>
Lead Weights	2	2		
Non – Ferrous Scrap Metal	69	59	10	Capital Region Solid Waste Management Partne <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.

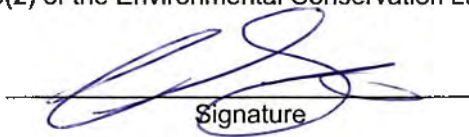
SECTION 5 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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.


Signature

1/22/21
Date

George Sanchez
Name (Print or Type)

Owner
Title (Print or Type)

george@asapscrap.com
Email (Print or Type)

2780 rte 208
Address

Walden
City

NY 12586
State and Zip

(845) 275 3331
Phone Number

ATTACHMENTS: YES NO