

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, 2022.

This annual report is for the year of operation from January 01, 2021 to December 31, 2021

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: NJC SCRAP METAL PROCESSING OF BAY SHORE INC			
FACILITY LOCATION ADDRESS: 34 MOFFITT BLVD	FACILITY CITY: BAY SHORE	STATE: NY	ZIP CODE: 11706
FACILITY TOWN: ISLIP	FACILITY COUNTY: SUFFOLK	FACILITY PHONE NUMBER: 631-277-2727	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Islip Resource Recovery Agency <input type="checkbox"/>		NYS DEC ACTIVITY CODE:	NYSDEC REGION #: 1
FACILITY CONTACT: JOHN COHEN	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 631-277-2727	CONTACT FAX NUMBER: N/A
CONTACT EMAIL ADDRESS: NCOHEN@NJCRECYCLING.COM			
OWNER INFORMATION			
OWNER NAME: NJC SCRAP METAL PROCESSING OF BAY SHORE INC	OWNER PHONE NUMBER: 631-277-2727	OWNER FAX NUMBER: N/A	
OWNER ADDRESS: 34 MOFFITT BLVD	OWNER CITY: BAY SHORE	STATE: NY	ZIP CODE: 11706
OWNER CONTACT: JOHN COHEN	OWNER CONTACT EMAIL ADDRESS: NCOHEN@NJCRECYCLING.COM		
OPERATOR INFORMATION			
OPERATOR NAME: NICK COHEN	<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 checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Did you operate in 2021 <input checked="" type="checkbox"/> Yes; Complete this form. <input type="checkbox"/> 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)	30	20	180		LOCAL BODY SHOPS
Used Oil** (gallons)		200	11,600		JK PETROLEUM, STATEN ISLAND, NY
Diesel Fuel (gallons)					
Gasoline (gallons)	7000		18,000		IGAM FUEL
Engine Coolant/ Antifreeze (gallons)		75	5800		JK PETROLEUM, STATEN ISLAND, NY
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	10,490	10	10,500	Islip Resource Recovery Agency	▼
Aluminum Scrap Metal	117	3	120	Islip Resource Recovery Agency	▼
Lead Weights	2.90		2.90	Islip Resource Recovery Agency	▼
Non – Ferrous Scrap Metal	103	2	105	Islip Resource Recovery Agency	▼
Other (specify):					
AUTOMOBILES	5765	45	5800	New York City	▼

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.

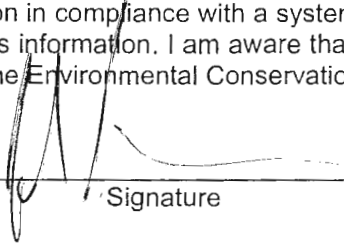
SECTION 5 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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: SWMAnnualreport@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

11/18/22

Date

JOHN COHEN

Name (Print or Type)

PRESIDENT

Title (Print or Type)

jcohen@nisc recycling.com

Email (Print or Type)

34 MORRITT BLVD

Address

Bay Shore

City

NY 11706

State and Zip

631
~~516~~ 277-2727

Phone Number

ATTACHMENTS: YES NO