



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, 2022.

This annual report is for the year of operation from January 01, 2021 to December 31, 2021  
**SECTION 1 – GENERAL INFORMATION**

RECEIVED

APR 26 2022

FACILITY INFORMATION			
FACILITY NAME: New England Quality Service, Inc.		NYSDEC - Region 5 Environmental Quality	
FACILITY LOCATION ADDRESS: 942 Mason St.	FACILITY CITY: Morrisonville	STATE: NY	ZIP CODE: 12962
FACILITY TOWN: Morrisonville	FACILITY COUNTY: Clinton	FACILITY PHONE NUMBER: 518-561-3577	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Clinton County		NYS DEC ACTIVITY CODE:	NYSDEC REGION #: 5
FACILITY CONTACT: Kevin Elnicki	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 802-775-7722	CONTACT FAX NUMBER: 802-786-9070
CONTACT EMAIL ADDRESS: sroberts@earthwasteandmetal.com			
OWNER INFORMATION			
OWNER NAME: EWS Real Estate of NY	OWNER PHONE NUMBER: 802-775-7722	OWNER FAX NUMBER: 802-786-9070	
OWNER ADDRESS: 49 Wales St., Suite 1	OWNER CITY: Rutland	STATE: VT	ZIP CODE: 05701
OWNER CONTACT: Kevin Elnicki	OWNER CONTACT EMAIL ADDRESS: sroberts@earthwasteandmetal.com		
OPERATOR INFORMATION			
OPERATOR NAME: New England Quality Service, Inc.	<input type="checkbox"/> same as owner	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address			
<input checked="" 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. Y'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)		7 units		161 units	Interstate Refrigerant, PO Box 517 Foxboro, MA (reported only in units)
Used Oil** (gallons)	1650 gal	385 gal			
Diesel Fuel (gallons)	0	0			
Gasoline (gallons)	0	150			
Engine Coolant/ Antifreeze (gallons)	0	110			
Window Washing Fluid (gallons)	0	0			
Mercury (pounds)	0	0			
Other (specify)		N/A			

\* 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	2304.13	1819.66	1686.8	Colonie & East Rensselaer County SWMA (ERCSV)
Aluminum Scrap Metal	83.83	0	83.83	Mass. & NH
Lead Weights	.12	0	.12	VT
Non - Ferrous Scrap Metal	182.78	33.00	149.78	Mass., NH, & PA
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.

Reprinted (12/21)

15102 / 11  
 Facility

11/23

Revised (1)

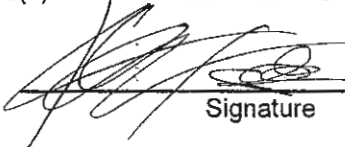
**SECTION 5 - SIGNATURE AND DATE BY OWNER OR OPERATOR**

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.

  
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Signature

03/01/2022  
Date

Kevin Elnicki  
Name (Print or Type)

Owner/President  
Title (Print or Type)

sroberts@earthwasteandmetal.com  
Email (Print or Type)

49 Wales St., Suite 1  
Address

Rutland  
City

VT 05701  
State and Zip

(802) 775-7722  
Phone Number

ATTACHMENTS:  YES  NO