



SCRAP METAL PROCESSORS ANNUAL REPORT

(If you need assistance filling out this form please email environmentalreport@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:		NYSDEC - Region 5 Environmental Quality	
JOHNSON'S AUTO CRUSHERS INC.			
FACILITY LOCATION ADDRESS:	FACILITY CITY:	STATE:	ZIP CODE:
81 BALLARD ROAD	WILTON	NY	12831
FACILITY TOWN:	FACILITY COUNTY:	FACILITY PHONE NUMBER:	
WILTON	SARATOGA	518-584-8110	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report)		NYS DEC ACTIVITY CODE:	NYSDEC REGION #:
SARATOGA			5
FACILITY CONTACT:	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER:	CONTACT FAX NUMBER:
JAMES V JOHNSON		518-584-8110	518-584-4303
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME:	OWNER PHONE NUMBER:	OWNER FAX NUMBER:	
JAMES V JOHNSON	518-799-8115	518-584-4303	
OWNER ADDRESS:	OWNER CITY:	STATE:	ZIP CODE:
73 BALLARD ROAD	WILTON	NY	12831
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
JAMES V JOHNSON	JUNK4GA@YAHOO.COM		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> Same as owner	<input type="checkbox"/> public	<input type="checkbox"/> private
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address			
<input checked="" type="checkbox"/> Other (provide): PO BOX 2166, WILTON NY 12831			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact			
<input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input 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 (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)	X	}			Used in WASTE OIL BURNER
Used Oil** (gallons)	X				
Diesel Fuel (gallons)	X				
Gasoline (gallons)	X				
Engine Coolant/ Antifreeze (gallons)	X				
Window Washing Fluid (gallons)	X				
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	302		302	Den Waitsman of Albany NY 11260, NY 12227
Aluminum Scrap Metal	3		3	" "
Lead Weights				
Non - Ferrous Scrap Metal				
Ferrous Other (specify)	56		56	NH FELMAN 41 Euclid St Cohoes, NY 12047
Alum	18		18	" "

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.

James V. Johnson
Signature

2-10-92
Date

JAMES V. JOHNSON
Name (Print or Type)

OWNER
Title (Print or Type)

JUNYGA YARD CO.
Email (Print or Type)

PO BOX 2166
81 BALLARD TRAIL
Address

WILTON
City

NY 12831
State and Zip

518-584-8110
Phone Number

ATTACHMENTS: YES NO