



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: WEITSMAN SHREDDING
Facility Location Address: 1 RECYCLE DRIVE
Facility City: OWEGO
State: NY
Zip Code: 13827
Facility Town: TOWN OF OWEGO
Facility County: TIOGA
Facility Phone Number: (607) 687-7777
Facility NYS Planning Unit: Tioga County
NYS DEC Activity Code: 54V30016
NYSDEC Region #: 7
Facility Contact: SCOTT THEAL
Contact Phone Number: (607) 687-7777
Contact Fax Number: (607) 687-7746
Contact Email Address: STHEAL@WEITSMAN.COM

OWNER INFORMATION

Owner Name: WEITSMAN SHREDDING, LLC
Owner Phone Number: (607) 687-7777
Owner Fax Number: (607) 687-7746
Owner Address: 15 WEST MAIN STREET, P.O. BOX 420
Owner City: OWEGO
State: NY
Zip Code: 13827
Owner Contact: SCOTT THEAL
Owner Contact Email Address: STHEAL@WEITSMAN.COM

OPERATOR INFORMATION

Operator Name: [checked] same as owner
[unchecked] public
[checked] private

PREFERENCES

Preferred address to receive correspondence: [checked] Facility location address, [checked] Owner address
Preferred email address: [checked] Facility Contact, [checked] Owner Contact
Preferred individual to receive correspondence: [checked] Facility Contact, [checked] Owner Contact

Did you operate in 2021 [checked] Yes; Complete this form.
[unchecked] 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 |
|--------------------------------------|---|----------------------------|-------------------------|--------------------|--|
| | Used on-site (oil heater, etc.) | Stored on-site at year-end | Sold/ Recycled off-site | Disposed off-site* | <i>(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)</i> |
| Refrigerant (pounds) | | | | | |
| Used Oil** (gallons) | | | | | |
| Diesel Fuel (gallons) | | | 1 N/A | | |
| 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.

1 NO END OF LIFE VEHICLES ARE DECOMMISSIONED AT THIS FACILITY.

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 | 627,699 | 11,612 | 616,603 | |
| Aluminum Scrap Metal | 6,407 | 26 | 6,410 | |
| Lead Weights | 0 | 0 | 0 | |
| Non – Ferrous Scrap Metal | 3,540 | 186 | 3,490 | |
| Other (specify): | | | | |
| | | | | |

***CUSTOMER INFORMATION IS CONSIDERED CONFIDENTIAL BUSINESS INFORMATION. THIS INFORMATION WILL BE SUBMITTED SEPARATELY UPON REQUEST AS CONFIDENTIAL.**

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

FEBRUARY 25, 2022

Date

SCOTT THEAL

Name (Print or Type)

ENV. HEALTH & SAFETY MANAGER

Title (Print or Type)

STHEAL@WEITSMAN.COM

Email (Print or Type)

1 RECYCLE DRIVE

Address

OWEGO

City

NEW YORK, 13827

State and Zip

607 687 7777

Phone Number

ATTACHMENTS: YES NO