



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, 2023.

This annual report is for the year of operation from January 01, 2022 to December 31, 2022

SECTION 1 - GENERAL INFORMATION

FACILITY INFORMATION

FACILITY NAME: ASAP Scrap Recycling, LLC.

FACILITY LOCATION ADDRESS: 2780 Route 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 County NYS DEC ACTIVITY CODE: NYSDEC REGION #: 3

FACILITY CONTACT: Michele Prieto CONTACT PHONE NUMBER: 845-275-3331 CONTACT FAX NUMBER: public/private checkboxes

CONTACT EMAIL ADDRESS: michele@asapscrap.com

OWNER INFORMATION

OWNER NAME: ASAP Scrap Recycling OWNER PHONE NUMBER: 845-275-3331 OWNER FAX NUMBER:

OWNER ADDRESS: 2780 Route 208 OWNER CITY: Walden STATE: NY ZIP CODE: 12586

OWNER CONTACT: Edward Alicea OWNER CONTACT EMAIL ADDRESS: ed@asapscrap.com

OPERATOR INFORMATION

OPERATOR NAME: same as owner public/private checkboxes

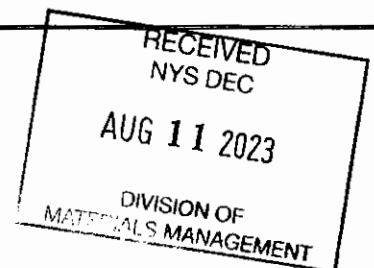
PREFERENCES

Preferred address to receive correspondence: Facility location address/Owner address checkboxes

Preferred email address: Facility Contact/Owner Contact checkboxes

Preferred individual to receive correspondence: Facility Contact/Owner Contact checkboxes

Did you operate in 2022? Yes/No checkboxes and completion instructions



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)					
Used Oil** (gallons)			835		Westchester Waste Oil Company PO Box 254 Washingtonville, NY
Diesel Fuel (gallons)	200				
Gasoline (gallons)			5720		Westchester Waste Oil Company PO Box 254 Washingtonville, NY
Engine Coolant/ Antifreeze (gallons)			929		Westchester Waste Oil Company PO Box 254 Washingtonville, 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	2841	90	2751	Capital Region Solid Waste Management Partnersh
Aluminum Scrap Metal	65	7	58	Capital Region Solid Waste Management Partnersh
Lead Weights				
Non – Ferrous Scrap Metal	102	6	96	Capital Region Solid Waste Management Partnersh
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

7/31/23

Date

Edward Alicea

Name (Print or Type)

President / Owner

Title (Print or Type)

ed@asapscrap.com

Email (Print or Type)

2780 Route 208

Address

Walden

City

NY 12586

State and Zip

(845) 275 3331

Phone Number

ATTACHMENTS: YES NO