



Department of
Environmental
Conservation

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: JB Car Services Inc. | | | |
| FACILITY LOCATION ADDRESS: 241 Flatbush rd | FACILITY CITY: West Coxsackie | STATE: NY | ZIP CODE: 12192 |
| FACILITY TOWN: New Baltimore | FACILITY COUNTY: Greene | FACILITY PHONE NUMBER: (518) 756-2191 | |
| FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Greene county | NYS DEC ACTIVITY CODE: | NYSDEC REGION #: 4 | |
| FACILITY CONTACT: Sergey Sander | <input checked="" type="checkbox"/> public <input checked="" type="checkbox"/> private | CONTACT PHONE NUMBER: (518) 779-9275 | CONTACT FAX NUMBER: 518-756-8977 |
| CONTACT EMAIL ADDRESS: Jbcar services57@gmail.com Office@JBcarServices.com | | | |
| OWNER INFORMATION | | | |
| OWNER NAME: Yevgeniy Sander | OWNER PHONE NUMBER: (518) 331-4609 | OWNER FAX NUMBER: | |
| OWNER ADDRESS: 40 Towpath Ln. | OWNER CITY: Watertford | STATE: NY | ZIP CODE: 12188 |
| OWNER CONTACT: | OWNER CONTACT EMAIL ADDRESS: | | |
| OPERATOR INFORMATION | | | |
| OPERATOR NAME: | <input checked="" type="checkbox"/> same as owner | | <input checked="" 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 2022? <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) | | | | | |
| Used Oil** (gallons) | 1550 | 350 | | | |
| Diesel Fuel (gallons) | 35 | 0 | | | |
| Gasoline (gallons) | 650 | 125 | 10,637 | | Midwest Gas 4A-681 |
| Engine Coolant/ Antifreeze (gallons) | 35 | 10 | | | |
| 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 | 3235 | | | 4 |
| Aluminum Scrap Metal | 29 | 2 | 27 | 4 |
| Lead Weights | 0 | 0 | 0 | 4 |
| Non – Ferrous Scrap Metal | 18 | 1 | 17 | 4 |
| 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.

