SCRAP METAL PROCESSORS ANNUAL REPORT



Department of Environmental (If you need assistance filling out this form please email swmfannualreport@dec.ny.gov or call 518-402-8678.)

Conservation 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: TRANSCESSION		-		
JB Car Sevui	ces Ir	1C.		
FACILITY LOCATION ADDRESS: FA	ACILITY CIT		STATE:	ZIP CODE:
241 Plat bush va	West C	'OXSACHie	NY	12192
FACILITY TOWN: Patimore FA	ACILITY CO	unty: Elleene	FACILITY PHO	NE NUMBER: 219/
FACILITY NYS PLANNING UNIT: (A list of NYS Plan	nning Units car	NYS DEC ACTIVIT	Y CODE: N	SDEC / I
be found at the end of this report). GREENE COUNTY	ŕ			GION #:
FACILITY CONTACT:		ONTACT PHONE		FAX NUMBER:
Orgay organic		JMBER: (518) 779-		756-8917
CONTACT EMAIL ADDRESS: Julia Savices	709mail.6	OFFice@	JBCarse	rvices. com
	OWNER INF	ORMATION		
owner name: Youganiv Sunda (WNER PHO 518) 331-	NE NUMBER: -4609	OWNER FAX N	UMBER:
OWNER ADDRESS: O' TO TOWNOTH LA.	WNER CITY	j	STATE:	ZIP CODE:
OWNER CONTACT: O	WNÈR CON	TACT EMAIL ADDRES	SS:	
OF	PERATOR IN	IFORMATION	· · · · · · · · · · · · · · · · · · ·	
OPERATOR NAME: Same as owner			public private	
	PREFER	ENCES		va deceli. Me rej literiere a la
Preferred address to receive correspondence:	Facility locatio	n address	Owner addres	s
Preferred email address: A Facility Contact Other (provide):	Owner	Contact		
Preferred individual to receive correspondence:	▲ Facility Co	ontact Owner	r Contact	
Did you operate in 2022? 🗵 Yes; Complete th	is form.			
☐ No; Complete and	d submit Sec	etions 1 and 5.	e, Sec	

SECTION 2 - WASTE FLUIDS RECOVERED

Complete this table by reporting <u>volumes</u> or weights of waste fluids managed at the facility during the reporting period. Qualitative responses (i.e. \sqrt{s} or X's) are not acceptable.

allell so we do	Fluid V	/olume (gallo	Destination Name & Address		
Waste Fluid Recovered	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	(Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)
Refrigerant (pounds)	•	1.00			
Used Oil** (gallons)	1550 35	350		WALLES TO THE STATE OF THE STAT	
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.

				Destination	
Material Types	Received (tons)	Stored On-Site (tons)	Sent Off-Site (tons)	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	6	0	4	
Non – Ferrous Scrap Metal	18	ì	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.

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.

Serger Sandul Manager

Name (Print or Type)

Email (Print or Type)

Title (Print or Type)

Email (Print or Type)

West Corsackie

City

NY 12192

State and Zin

Phone Number

ATTACHMENTS: O YES O NO