



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: <i>Paige Recycling, LLC</i>			
FACILITY LOCATION ADDRESS: <i>19151 Star School House Road</i>	FACILITY CITY: <i>Dexter</i>	STATE: <i>N.Y.</i>	ZIP CODE: <i>13634</i>
FACILITY TOWN: <i>Brownville</i>	FACILITY COUNTY: <i>Jefferson</i>	FACILITY PHONE NUMBER: <i>315-782-0368</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <i>Development Authority of the North Country (DANC)</i>		NYS DEC ACTIVITY CODE:	NYSDEC REGION #: <i>6</i>
FACILITY CONTACT: <i>James Paige</i>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <i>315-782-0368</i>	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: <i>jimbarkpaige@yahoo.com</i>			
OWNER INFORMATION			
OWNER NAME: <i>James Paige</i>	OWNER PHONE NUMBER: <i>315-782-0368</i>	OWNER FAX NUMBER:	
OWNER ADDRESS: <i>19151 Star School House Road</i>	OWNER CITY: <i>Dexter</i>	STATE: <i>N.Y.</i>	ZIP CODE: <i>13634</i>
OWNER CONTACT: <i>JAMES PAIGE</i>	OWNER CONTACT EMAIL ADDRESS: <i>jimbarkpaige@yahoo.com</i>		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> same as owner		<input 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 type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2022? Yes; Complete this form.

No; Complete and submit Sections 1 and 5.

RECEIVED
NYS DEC
FEB 27 2023
DIVISION OF
MATERIALS MANAGEMENT

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)	0	0	0	0	
Used Oil** (gallons)	14	0	0	0	
Diesel Fuel (gallons)	0	0	0	0	
Gasoline (gallons)	9	0	0	0	
Engine Coolant/ Antifreeze (gallons)	8	0	0	0	
Window Washing Fluid (gallons)	2	0	0	0	
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	/		/	
Aluminum Scrap Metal	/		/	
Lead Weights				
Non - Ferrous Scrap Metal				
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.

James Paige
Signature

2/22/27
Date

JAMES PAIGE
Name (Print or Type)

OWNER
Title (Print or Type)

Jim Barb Paige @ Yahoo. com
Email (Print or Type)

19157 Star School House Road
Address

DEXTER
City

N.Y. 13624
State and Zip

(315) 782-0368
Phone Number

ATTACHMENTS: YES NO