



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 518-402-8078.)
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: Star Scrap Iron + metal			
FACILITY LOCATION ADDRESS: 418 Irish Settlement Rd	FACILITY CITY: Ogdensburg	STATE: NY	ZIP CODE: 13669
FACILITY TOWN: Ogdensburg	FACILITY COUNTY: ST Lawrence	FACILITY PHONE NUMBER: 315 854 6289	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).	NYS DEC ACTIVITY CODE:	NYSDEC REGION #: 6	
FACILITY CONTACT: Roland Lafave Jr	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 315 854 6289	CONTACT FAX NUMBER: -
CONTACT EMAIL ADDRESS: RlautoCrushers@yahoo.com			
OWNER INFORMATION			
OWNER NAME: Roland Lafave Jr	OWNER PHONE NUMBER: 315-854-6289	OWNER FAX NUMBER: -	
OWNER ADDRESS: 930 CRK 4	OWNER CITY: Ogdensburg	STATE: NY	ZIP CODE: 13669
OWNER CONTACT: Roland Lafave Jr	OWNER CONTACT EMAIL ADDRESS: RlautoCrushers@yahoo.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner			<input checked="" type="checkbox"/> public <input type="checkbox"/> private
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Other (provide):		<input checked="" type="checkbox"/> Owner address	
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Other (provide):		<input checked="" type="checkbox"/> Owner Contact	
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Other (provide):		<input checked="" type="checkbox"/> Owner Contact	
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)	200 gallons	200 gallons	○	○	
Diesel Fuel (gallons)	1,000 gallons	○	○	○	
Gasoline (gallons)	○	○	○	○	
Engine Coolant/ Antifreeze (gallons)	8 gallons	8 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.

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	0	100 TON	30 TON	
Aluminum Scrap Metal	0	1 TON	650 lbs	
Lead Weights	0	0	0	
Non - Ferrous Scrap Metal	300 lbs	0	300 lbs	
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: SWMAnnualreport@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

2/26/2023
Date

Boland LaFave Jr
Name (Print or Type)

owner
Title (Print or Type)

RLauto crushers@yahoo.com
Email (Print or Type)

930 County RT4
Address

Ogdensburg
City

New York 13669
State and Zip

(315) 854-60789
Phone Number

ATTACHMENTS: YES NO