

* TO:

• D.E.C.

Region #7 Madison

att. • Bryan Parker

* From:

Newton Sewage

Feb. 21, 2023

① Pgs. including fax cover



Department of Environmental Conservation

DEPARTMENT USE ONLY	
DEC ACTIVITY #	
DATE VALIDATED	
EXPIRATION DATE	

DIVISION OF MATERIALS MANAGEMENT

TRANSITION REGISTRATION APPLICATION FORM FOR VEHICLE DISMANTLING FACILITIES AND SCRAP METAL PROCESSORS

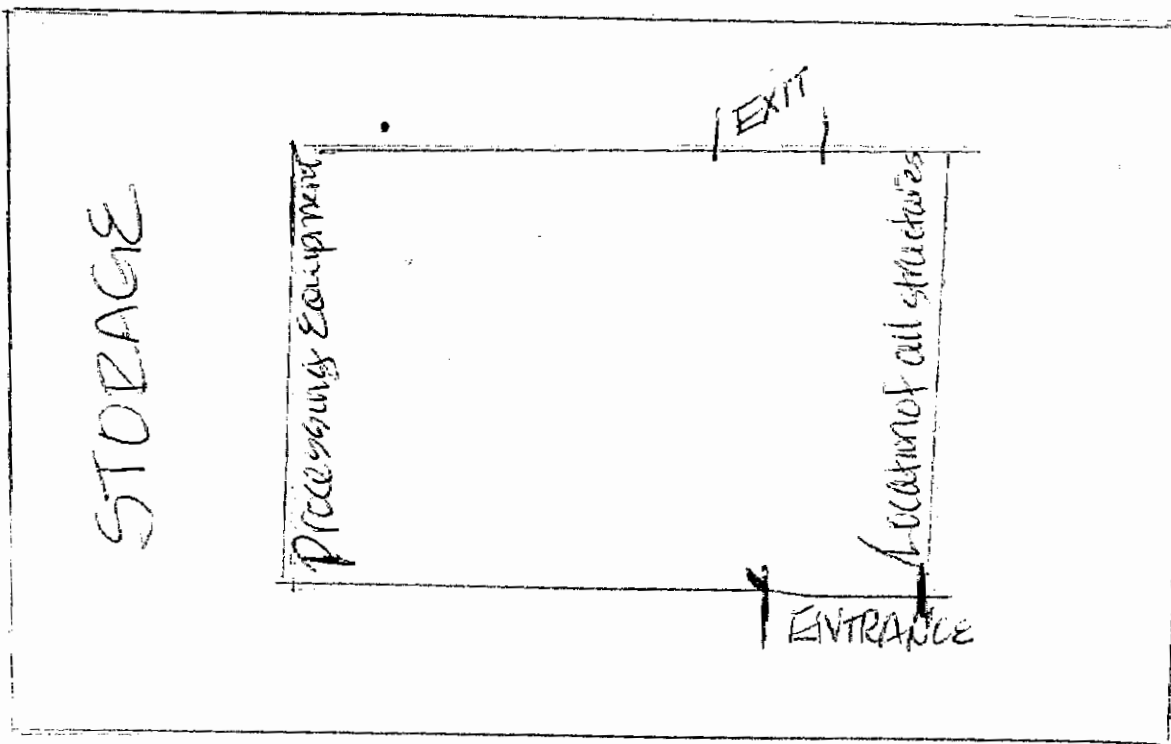
Please read attached instructions (found at the end of this document) before completing this application. This is not a UPA permit. Solid waste management facility operations are not authorized until a registration is validated by the Department. Attach all required information to this form, as described in the instructions.

1. FACILITY INFORMATION			
Facility Name Newton Salvage LLC		Facility Address 11038 Wilcox Rd.	
City/Town Georgetown	Zip Code 13072	Phone 315-399-8734	DEC Region 7
NYTM-E Coordinate 434679	NYTM-N Coordinate 4738700	DEC Activity Number	
2. FACILITY OWNER			
Owner Name ZACHARY D. Newton		Owner Address 11038 Wilcox Rd.	
City/Town/State/Zip Code Georgetown, NY 13072		Owner Phone 315-399-8734	Owner Email sunstarman5350e
3. FACILITY OPERATOR			
Operator Name <input checked="" type="checkbox"/> same as facility owner		Operator Address John's email/secretary@alibi.c	
City/Town/State/Zip Code		Operator Phone	Operator Email
4. SITE OWNER			
Site Owner Name <input checked="" type="checkbox"/> same as facility owner		Site Owner Address	
City/Town/State/Zip Code		Site Owner Phone	Site Owner Email
5. PREFERRED CONTACT			
<input checked="" type="checkbox"/> Facility Owner <input type="checkbox"/> Facility Operator <input type="checkbox"/> Site Owner <input type="checkbox"/> Other (provide): _____			
6. FACILITY OPERATING HOURS			
MON-FRIDAY 9-5 PM.			
7. SERVICE AREA List all municipalities within the service area of the facility			
Madison County - Town of Georgetown, NY			
8. REGISTRATION TYPE			
Facility Type (check all applicable)			
<input type="checkbox"/> Vehicle Dismantling Facility -- Receive < 25 ELVs/year and store < 50 ELVs on-site at any time [361-7.3(a)(2)]		<input type="checkbox"/> Vehicle Dismantling Facility - Receive > 25 ELVs/year or store > 50 ELVs on-site at any time [361-7.3(b)(2)]	
<input type="checkbox"/> Motor Vehicle Repair Shop -- Store 26-50 ELVs on-site at any time [361-7.3(a)(1)]		<input type="checkbox"/> Motor Vehicle Repair Shop - Store > 50 ELVs on-site at any time [361-7.3(b)(1)]	
<input checked="" type="checkbox"/> Scrap Metal Processors [361-7.3(a)(3)]		<input type="checkbox"/> Mobile Vehicle Crusher [361-7.3(b)(3)]	

9. SOLID WASTE RECEIVED – Please provide estimates for the following:


Material	What is the maximum amount your facility will receive annually?	What is the maximum that will be stored on-site at any given time?
END OF LIFE VEHICLES (# of ELVs)	5	1
SCRAP METAL (tons)	4	1

10. SITE PLAN - Please provide a sketch of the site below or on an attached separate sheet.



11. CERTIFICATION

I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority as _____ (title) of Newton Salvage (entity) to sign this registration form pursuant to 6 NYCRR Part 360, Section 360.15. By signing this registration form, I affirm that I have read the applicable regulations and will abide by all conditions of the registration requirements under Parts 360, 361, 362, 363, and 365, as applicable. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Printed/Typed Name <u>ZACHARY D. NEWTON</u>	Signature 	Date <u>2.21.23</u>
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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: Newton Salvage				
FACILITY LOCATION ADDRESS: 1638 Wilcox Rd		FACILITY CITY: Georgetown	STATE: NY	ZIP CODE: 13072
FACILITY TOWN: Georgetown		FACILITY COUNTY: Madison	FACILITY PHONE NUMBER: #315-399-8734	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Madison County		NYS DEC ACTIVITY CODE:	NYSDEC REGION #: 7	
FACILITY CONTACT: ZACHARY Newton		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 315-399-8734	CONTACT FAX NUMBER: 315-464-3004
CONTACT EMAIL ADDRESS: sunstarmoon5350@yahoo.com				

OWNER INFORMATION

OWNER NAME: ZACHARY Newton		OWNER PHONE NUMBER: 315-399-8734	OWNER FAX NUMBER: 315-464-3004	
OWNER ADDRESS: 1638 Wilcox Rd		OWNER CITY: Georgetown	STATE: NY	ZIP CODE: 13072
OWNER CONTACT: ZACH/owner JOANNE/secretary		OWNER CONTACT EMAIL ADDRESS: sunstarmoon5350@yahoo.com		

OPERATOR INFORMATION

OPERATOR NAME: <input checked="" type="checkbox"/> same as owner	<input checked="" type="checkbox"/> public <input checked="" type="checkbox"/> private	JPM
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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 checked="" type="checkbox"/> Other (provide):	<input checked="" type="checkbox"/> Owner Contact (ZACH)
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Other (provide): or JOANNE secretary	<input checked="" type="checkbox"/> Owner Contact

Did you operate in 2022? Yes; Complete this form.
 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 (Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.)
	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site*	
Refrigerant (pounds)	∅	∅	∅	∅	∅
Used Oil** (gallons)	100%	8gals	∅	∅	
Diesel Fuel (gallons)	100%	none was stored	∅	∅	
Gasoline (gallons)	100%	none	∅	∅	
Engine Coolant/ Antifreeze (gallons)	100%	4gals	∅	∅	
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	4.5 tons	0	4.5 tons	Metalize
Aluminum Scrap Metal	0	0	0	0
Lead Weights	0	0	0	0
Non - Ferrous Scrap Metal	0	0	0	0
Other (specify):	0	0	0	0

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.

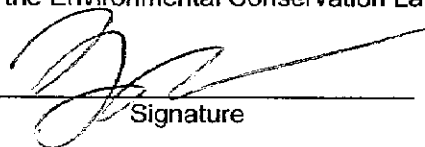
SECTION 5 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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

2.21.2023
Date

ZACHARY D. Newton
Name (Print or Type)

Owner
Title (Print or Type)

gunstarmoon5350@yahoo.com/JoAnne/secretary
Email (Print or Type)

1638 Wilcox Rd
Address

Georgetown
City

NY 13072
State and Zip

315 399 8734 (ZACH'S Cell)
Phone Number

ATTACHMENTS: YES NO