



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, 2021.

This annual report is for the year of operation from January 01, 2020 to December 31, 2020
SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Eastern Metal Recycling			
FACILITY LOCATION ADDRESS: 2170 River Road	FACILITY CITY: Selkirk	STATE: NY	ZIP CODE: 12045
FACILITY TOWN: Coeymans	FACILITY COUNTY: Albany	FACILITY PHONE NUMBER: 518-218-6421	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Not Affiliated - Coeymans (Town)		NYS DEC ACTIVITY CODE:	NYSDEC REGION #: 4
FACILITY CONTACT: Cynthia McKeown	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 609-209-2942	CONTACT FAX NUMBER: 856-619-7370
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: Same as above	OWNER PHONE NUMBER: 609-209-2942	OWNER FAX NUMBER:	
OWNER ADDRESS: 201 N Front St	OWNER CITY: Camden	STATE: NJ	ZIP CODE: 08102
OWNER CONTACT: Cynthia McKeown	OWNER CONTACT EMAIL ADDRESS: cynthia.mckeown@emrgroup.com		
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 type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" 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):			

<p>Did you operate in 2020 <input checked="" type="checkbox"/> Yes; Complete this form.</p> <p><input type="checkbox"/> No; Complete and submit Sections 1 and 5.</p>
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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)	N/A				
Used Oil** (gallons)	N/A				
Diesel Fuel (gallons)	N/A				
Gasoline (gallons)	N/A				
Engine Coolant/ Antifreeze (gallons)	N/A				
Window Washing Fluid (gallons)	N/A				
Mercury (pounds)	N/A				
Other (specify)	N/a				

* 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	155,359			Exported via vessel
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.

Cynthia McKeown
Signature

2/28/2021
Date

Cynthia McKeown
Name (Print or Type)

EHS Director
Title (Print or Type)

cynthia.mckeown@emrgroup.com
Email (Print or Type)

201 N Front St
Address

Camden
City

NJ 08102
State and Zip

(609) 209-2942
Phone Number

ATTACHMENTS: YES NO