



Petroleum Bulk Storage Application

Pursuant to the Petroleum Bulk Storage Law,
Article 17, Title 10 of ECL; 6 NYCRR 612-614 and 6 NYCRR, Subpart 374-2

(Please Type or Print Clearly and Complete All Items for Sections A & B)

Section A - Facility/Owner/Contact Information

Return Completed Form & Fees To:
NYSDEC Region 4

1130 North Westcott Road
Schenectady, NY 12306
(518) 357-2045



Expiration Date: 09/16/2010

PBS Number:
4-601049

<p>Transaction Type: 5</p> <p>1) Initial/New Facility 2) Change of Ownership 3) Tank Installation, Closing, Repair or Reconditioning 4) Information Correction 5) Renewal</p>	<p>Facility Name: METRO METAL RECYCLING, LLC</p> <p>Location (Not P.O. Boxes) 849 First Street</p> <p>Location (cont.):</p> <p>City: Watervliet State: NY Zip Code: 12189</p> <p>County: Albany Township or City: Watervliet (c)</p> <p>Name of Daily On-Site Operator: CHARLES VAN HALL Training: <input type="checkbox"/> Facility Phone Number: (518) 274-1366</p> <p>Name of Primary Operator: Training: <input type="checkbox"/> Primary Operator Phone Number:</p>	<p>TYPE OF PETROLEUM FACILITY (Check only one)</p> <p><input type="checkbox"/> 01=Storage Terminal/Petroleum Distributor <input type="checkbox"/> 02=Retail Gasoline Sales</p> <p><input type="checkbox"/> 03=Other Retail Sales <input type="checkbox"/> 04=Manufacturing <input type="checkbox"/> 05=Utility</p> <p><input checked="" type="checkbox"/> 06=Trucking/Transportation <input type="checkbox"/> 07=Apartment/Office Building <input type="checkbox"/> 08=School</p> <p><input type="checkbox"/> 09=Farm <input type="checkbox"/> 10=Private Residence <input type="checkbox"/> 11=Airline/Air Taxi/Airport</p> <p><input type="checkbox"/> 12=Chemical Distributor <input type="checkbox"/> 13=Municipality <input type="checkbox"/> 15=Railroad</p> <p><input type="checkbox"/> 25=Auto Service/Repair (No Gasoline Sales)</p> <p><input type="checkbox"/> 26=Religious (Church, Synagogue, Mosque, Temple, etc.)</p> <p><input type="checkbox"/> 27=Hospital/Nursing Home/Health Care <input type="checkbox"/> 28=Cemetery / Memorial</p> <p><input type="checkbox"/> 99=Other (Specify):</p>
<p>NOTE: A change of ownership and/or federal tax ID submission must include the first page of the deed.</p>	<p>Owner Name: CHARLES F. VAN HALL</p> <p>Address (Street and/or P.O.): 849 FIRST ST</p> <p>City: WATERVLIET State: NY Zip Code: 12189</p> <p>Federal Tax ID Number: [REDACTED] Owner Telephone Number: (518) 378-1324</p> <p>Check If Multiple Tank Owners: <input type="checkbox"/></p> <p>Type of Owner: (check only one)</p> <p>1 <input type="checkbox"/> Private Resident 2 <input type="checkbox"/> State Government 3 <input type="checkbox"/> Local Government 4 <input type="checkbox"/> Federal Government 5 <input checked="" type="checkbox"/> Corporate/Commercial</p>	<p>Emergency Contact Name: CHARLES VAN HALL Emergency Telephone Number: (518) 274-1366</p> <p>I hereby certify under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.</p> <p>Name of Owner or Authorized Representative: CHARLES F. VAN HALL Amount Enclosed: \$ 100.00</p> <p>Title: PRESIDENT</p> <p>Signature: <i>[Signature]</i> Date: 12/28/10</p>
<p>***The Application will be returned if these items are blank</p>	<p>(Please keep up to date - this information is used for mailing and contact purposes)</p> <p>Attention: ZOE ANN MCAULIFFE Yuri Cheban</p> <p>Name of Company: METRO METAL RECYCLING, LLC</p> <p>Address: 849 FIRST ST</p> <p>Address:</p> <p>City/State/Zip Code: WATERVIET, NY 12189</p> <p>Telephone Number: (518) 273-9978 E-Mail Address:</p>	<p>OFFICIAL USE ONLY</p> <p>Date Received 1/6/11</p> <p>Date Processed 1/24/11</p> <p>Amount Received \$ 100</p> <p>Reviewed by [Signature]</p> <p>(pbsapplication2009.rpt)</p>

