

Petroleum Bulk Storage Application

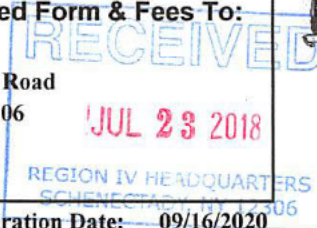
Pursuant to the Environmental Conservation Law: Article 17, Title 10; and
Regulations 6 NYCRR Part 613 and 6 NYCRR Subpart 374-2

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

Section A - Facility/Property Owner/Contact Information

Return Completed Form & Fees To:

NYSDEC Region 4
1130 North Westcott Road
Schenectady, NY 12306
(518) 357-2045



PBS Number:
4-601049

Transaction Type: 3 1) Initial/New Facility 2) Change of Ownership 3) Tank Installation, Closing, or Repair 4) Information Correction 5) Renewal	F A C I L I T Y	Facility Name: METRO METAL RECYCLING, LLC	Tax Map Borough/Section	TYPE OF PETROLEUM FACILITY (Check only one) <input type="checkbox"/> 01=Storage Terminal/Petrol. Distributor <input type="checkbox"/> 02=Retail Gasoline Sales <input type="checkbox"/> 03=Other Retail Sales <input type="checkbox"/> 04=Manufacturing <input type="checkbox"/> 05=Utility <input checked="" type="checkbox"/> 06=Trucking/Transportation/Fleet <input type="checkbox"/> 07=Apartment/Office Building <input type="checkbox"/> 08=School <input type="checkbox"/> 09=Farm <input type="checkbox"/> 10=Private Residence <input type="checkbox"/> 11=Airline/Air Taxi/Airport <input type="checkbox"/> 12=Chemical Distributor <input type="checkbox"/> 13=Municipality <input type="checkbox"/> 15=Railroad <input type="checkbox"/> 25=Auto Service/Repair (No Gasoline) <input type="checkbox"/> 28=Cemetery/Memorial <input type="checkbox"/> 26=Religious (Church, Synagogue, Mosque, Temple, etc.) <input type="checkbox"/> 27=Hospital/Nursing Home/Health Care <input type="checkbox"/> 52=Marina <input type="checkbox"/> 53=Nuclear Power Plant <input type="checkbox"/> 99=Other (Specify):	
		Facility Address (Physical Address, No P.O. Boxes): 849 First Street	Block:		
		Facility Address (cont.):	Lot:		
		City: Watervliet	State: ZIP NY 12189		
		County: Township or City: Albany Watervliet (c)	Facility Phone Number: (518) 273-9978		
Facility Operator: CHARLES VAN HALL	Emergency Contact Name: CHARLES VAN HALL		Emergency Telephone Number: (518) 378-1324		
NOTE: Fill in Property Owner information here....>>> Indicate Tank Owner in Section C.	O W N E R	Facility (Property) Owner (from Deed): CHARLES F. VAN HALL	I hereby certify, under penalty of law, that all of the information provided on this form is true and correct. False statements made herein may be punishable as a criminal offense and/or a civil violation in accordance with applicable state and federal law.		
		Facility Owner Address (Street and/or P.O. Boxes): 849 FIRST ST	Name of Property Owner or Authorized Representative: CHARLES F. VAN HALL		Amount Enclosed: \$
		City: State: ZIP Code: WATERVLIET NY 12189	Title: SOLE MEMBER		Signature: Date: 7/15/18
		Federal Tax ID Number: Owner Telephone Number: (518) 378-1324	Type of Owner (check only one): 3 <input type="checkbox"/> Local Government 1 <input type="checkbox"/> Private Resident 4 <input type="checkbox"/> Federal Government 2 <input type="checkbox"/> State Government 5 <input checked="" type="checkbox"/> Corporate/Commercial/Other		
		Official Use Only Date Received: ___/___/___ Date Processed: ___/___/___ Amount Received: \$ _____ Reviewed By: _____ Rev. 8/2/2017	C O R R E S P O N D E N C E	(Please keep this information up to date.) Facility Contact Person Name: PAVLO PAVENKO Contact Person Company Name: METRO METAL RECYCLING, LLC Address: 849 FIRST ST Address (cont.): City/State/ZIP Code: WATERVIET, NY 12189 Tel. Number: (518) 273-9978 eMail Address:	

Section B - Tank Information

(Please use the key located on the last page to complete each item/column)

Registration Expiration Date:
9/16/2020

PBS Number:
4-601049

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
Action	Tank Number	Tank Location	Status	Installation, out-of-service, or Permanent Closure Date (mm/dd/yyyy) Application will be returned if blank	Capacity (Gallons)	Product Stored (If Gasoline w/ethanol or Biodiesel, list % additive) %	Tank Type	Tank Internal Protection	Tank External Protection	Tank Secondary Containment	Tank Leak Detection	Tank Overfill Prevention	Tank Spill Prevention	Pumping/Dispensing Method	Piping Location	Piping Type	Piping External Protection	Piping Secondary Containment	Piping Leak Detection	Under Dispenser Containment (UDC) (Check box if present)
	1	3	1	5/22/2001	1,000	0008	01	00	01	00	00	04	00	02	01	01	01	00	00	
	2	3	1	11/16/2001	1,000	0008	01	00	01	00	00	04	00	02	01	01	01	00	00	

Note: If you need to add tanks to your registration, write them in using blank lines above. Attach additional sheets as needed. Blank Section B is available at http://www.dec.ny.gov/docs/remediation_hudson_pdf/pbsrenewal.pdf

PBS Number:

4-601049

Petroleum Bulk Storage Application

Section C - Tank Ownership Information (for PBS tanks listed in Section B)

Tank Owner Information

Tank Owner Name (Company/Individual):
LONG ENERGY

Contact Person:
LONG

Tank Owner Address:
192 MAIN ST

City: ALTAMONT

State: NY

ZIP: 12009

Contact Person Telephone Number:
(518) 872--0092

Contact Person email:

Specific Tanks Owned

Tank Number:

Name of Class B (Daily On-Site) Operator:

Authorization No:

Name of Class A (Primary) Operator:

Authorization No:

Tank Owner Information

Tank Owner Name (Company/Individual):

Contact Person:

Tank Owner Address:

City:

State:

ZIP:

Contact Person Telephone Number:

Contact Person email:

Specific Tanks Owned

Tank Number:

Name of Class B (Daily On-Site) Operator:

Authorization No:

Name of Class A (Primary) Operator:

Authorization No:

1	2
---	---

New York State Department of Environmental Conservation
Pre-Work Notification for Bulk Storage (PBS or CBS) Tank Installation or Closure



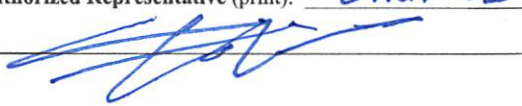
This form provides notice of an upcoming tank installation and/or closure per 6 NYCRR Sections 613-1.9(h) and (f), 613-2.6(b) (1), 613-3.5 (b) (1) and 613-4.5 (b) (1) of the Petroleum Bulk Storage (PBS) Regulations, or 6 NYCRR Sections 596.2(f) and (h) of the Chemical Bulk Storage (CBS) Regulations. Submit the completed form to the Department's Regional Office at least 30 days prior to action for PBS tank installation * and permanent closure** ; at least 3 days prior for CBS tank installation *** . For CBS permanent tank closure, a minimum of 3 day prior notice is recommended. **If the schedule for work changes you must notify the Department's Regional Office before work begins. Once the work is complete, the facility (property) owner is responsible for submitting a PBS or CBS application to the Department with the complete tank information including the date the action was completed.** The Owner is also responsible to ensure that all work is completed in compliance with the applicable PBS or CBS regulations (i.e., Parts 613 or 598/599). Any questions, call the Department's Regional Office. Information on the Chemical and Petroleum Bulk Storage Programs be found at: <http://www.dec.ny.gov/chemical/287.html>

*not required for temporary tank system ** unless in response to corrective action *** unless immediate action is required
 Check Applicable Program: PBS CBS Facility PBS or CBS Registration No. 4-601049

Site Name: <u>Metro Metal Recycling</u>	Contractor: <u>Self</u>
Site Address: <u>849 First Street</u>	Address:
Site Address (cont): <u>Watervliet NY 12189</u>	Address(cont):
Site Contact: <u>Charles Van Hall</u>	Contact:
Phone Number: <u>518-378-1324</u>	Fax Number:
Email Address: <u>metrometalrec@hotmail.com</u>	Email Address:

Tank Number	Type of Action (Close & Remove, Close in Place, Install)	Proposed Date (mm/dd/yy)	Tank Location (Aboveground or Underground)	Capacity (Gallons)	Spills/Leaks? (Yes/No w/Spill # if Yes)	Reason for Action
<u>003</u>	<u>Install</u>	<u>3/18/18</u>	<u>Above Grnd</u>	<u>1,000</u>	<u>NO</u>	<u>Compliance</u>
<u>004</u>	<u>Install</u>	<u>7/18/18</u>	<u>Above Grnd</u>	<u>1,000</u>	<u>NO</u>	<u>Compliance.</u>

I hereby certify under penalty of law 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.

Name of Owner or Authorized Representative (print): Charles Van Hall Title: Sole Member
 Signature:  Date: 6-18-18 revised 02/01/2017

RECEIVED

JUN 22 2018

Bur. Of Tech. Support



New York State Department of Environmental Conservation
The Final Report for the Study of the Final Installation or Closure

This form provides a list of an existing tank... (The text is mirrored and difficult to read due to the image's orientation.)

Check Applicable Program: FRS CAS Other: None

Site Name	Address	City	State	Zip	County	Town	Water Body
Self							

Location for Action	Spilled (liters)	Spilled (gallons)	Spilled (pounds)	Spilled (kilograms)	Spilled (metric tons)	Spilled (short tons)
Comp 1	100	100	100	100	100	100
Comp 2	100	100	100	100	100	100

I hereby certify that the information furnished on this form is true and correct to the best of my knowledge and belief. I declare under penalty of perjury that the statements made herein are true and correct.

Signature: [Signature] Date: 6-18-18

RECEIVED
JUN 20 2018
Bureau of Tech. Support