

SCRAP METAL PROCESSOR, METAL SALVAGE FACILITIES AND FACILITIES THAT RECOVER METAL FROM SLUDGES ANNUAL REPORT

Submit the Annual Report no later than March 1, 2018.

This annual report is for the year of operation from January 01, 2017 to December 31, 2017

SECTION 1 - FACILITY INFORMATION

RECEIVED NYS DEC MAR 19 2018 DIVISION OF MATERIALS MANAGEMENT

FACILITY INFORMATION

FACILITY NAME: S & A Trucking, Ltd
FACILITY LOCATION ADDRESS: 5709 Prestoo Ct.
FACILITY CITY: Brooklyn
STATE: NY ZIP CODE: 11234
FACILITY TOWN: N/A
FACILITY COUNTY: KINGS
FACILITY PHONE NUMBER: 718 251 5800
FACILITY NYS PLANNING UNIT: New York City
NYSDEC REGION #: 2

FACILITY TYPE: [X] Scrap Metal Processor [ ] Metal Salvage Facility [ ] Facility that Recovers Metal From Sludges

FACILITY CONTACT: SAL VALLARIO / MARION TAFARO
CONTACT PHONE NUMBER: 718 251 5800
CONTACT FAX NUMBER: 718 251 3967
CONTACT EMAIL ADDRESS: MARIONS AKITA@OPTONLINE.NET

OWNER INFORMATION

OWNER NAME: SANATORE VALLARIO
OWNER PHONE NUMBER: 718 251 5800
OWNER FAX NUMBER: 718 251 3967
OWNER ADDRESS: 52 Woodland Avenue
OWNER CITY: Rockville Center
STATE: NY ZIP CODE: 11570
OWNER CONTACT: SAL VALLARIO
OWNER CONTACT EMAIL ADDRESS: STISCRAP@aol.com

OPERATOR INFORMATION

OPERATOR NAME: [X] same as owner [ ] public [X] private

PREFERENCES

Preferred address to receive correspondence: [X] Facility location address [ ] Owner address
Preferred email address: [X] Facility Contact [X] Owner Contact
Preferred individual to receive correspondence: [X] Facility Contact [X] Owner Contact

Did you operate in 2017? [X] Yes; Complete this form. [ ] No; Complete and submit Sections 1 and 5.

## SECTION 2 - WASTE FLUIDS RECOVERED

Complete this table by reporting volumes 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				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)	N/A	N/A	N/A	N/A	
Used Oil** (gallons)	N/A	11	11	11	
Diesel Fuel (gallons)	20	20	N/A	N/A	
Gasoline (gallons)	1	1	N/A	N/A	
Engine Coolant/ Antifreeze (gallons)	N/A	11	11	11	
Window Washing Fluid (gallons)	N/A	11	11	11	
Mercury (pounds)	N/A	11	11	11	
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 (supplemental section) – 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	14,195	10	14,195	
Aluminum Scrap Metal	90.33	2.67	90.33	
Lead Weights	13.38	.62	13.38	
Non – Ferrous Scrap Metal	1,168	8	1,168	
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, OPERATOR, OR RESPONSIBLE REPRESENTATIVE**

Owner or Operator must sign, date and submit the completed form by email or mail to the appropriate Regional Office (See attachment for Regional Office email & mailing addresses and Solid Waste Contacts.)

The Owner, Operator, or Responsible Representative must also submit one copy by email, fax or mail to:

**New York State Department of Environmental Conservation  
Division of Materials Management  
Bureau of Permitting and Planning  
625 Broadway  
Albany, New York 12233-7260  
Fax 518-402-9041  
Email address: SWMFannualreport@dec.ny.gov**

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 to sign this report form pursuant to 6 NYCRR Part 360. 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.

*Salvatore Vaniaio*                      *2/28/18*  
Signature    Date

*SALVATORE VANALIO*                      *President*  
Name (Print or Type)                      Title (Print or Type)

*STISERAP@aol.com*  
Email (Print or Type)

*5709 Preston Ct*                      *BKLYN*  
Address    City

*NY 11234*                      *718, 251, 5800*  
State and Zip    Phone Number

ATTACHMENTS:  YES  NO