

# VEHICLE DISMANTLING FACILITY, MOTOR VEHICLE REPAIR SHOP AND MOBILE VEHICLE CRUSHER ANNUAL REPORT

Submit the Annual Report no later than March 1, 2020. This  
annual report is for the year of operation from January 01, 2019 to December 31, 2019

## SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <b>ARTHUR TROVEI &amp; SONS, INC.</b>			
FACILITY LOCATION ADDRESS: <b>82 SLEEPY HOLLOW ROAD</b>	FACILITY CITY: <b>SPARROWBUSH</b>	STATE: <b>NY</b>	ZIP CODE: <b>12780</b>
FACILITY TOWN: <b>SPARROWBUSH</b>	FACILITY COUNTY: <b>ORANGE</b>	FACILITY PHONE NUMBER: <b>845-856-1142</b>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: <b>3</b>
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler		<input type="checkbox"/> Motor Vehicle Repair Shop	NYS DEC ACTIVITY CODE:
DMV I.D. # <b>7064208</b>		<input type="checkbox"/> Mobile Vehicle Crusher	
FACILITY CONTACT: <b>ARTHUR TROVEI</b>	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <b>845-856-1142</b>	CONTACT FAX NUMBER: <b>845-856-6525</b>
CONTACT EMAIL ADDRESS: <b>ART@TROVEI.COM</b>			
OWNER INFORMATION			
OWNER NAME: <b>ARTHUR TROVEI</b>	OWNER PHONE NUMBER: <b>845-856-1142</b>	OWNER FAX NUMBER: <b>845-856-6525</b>	
OWNER ADDRESS: <b>82 SLEEPY HOLLOW ROAD</b>	OWNER CITY: <b>SPARROWBUSH</b>	STATE: <b>NY</b>	ZIP CODE: <b>12780</b>
OWNER CONTACT: <b>ARTHUR TROVEI</b>	OWNER CONTACT EMAIL ADDRESS: <b>ART@TROVEI.COM</b>		
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 type="checkbox"/> Owner address			
<input checked="" type="checkbox"/> Other (provide): <b>P.O. Box 777 82 Sleepy Hollow Road Sparrow Bush NY 12780</b>			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact			
<input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact			
<input type="checkbox"/> Other (provide):			

Did you operate in 2019?  Yes; Complete this form.

No; Complete and submit Sections 1 and 12.

**SECTION 2A VDF/REPAIR SHOPS- END-OF-LIFE VEHICLES (ELVs) PROCESSED**

- Provide the number of ELVs received from January 1 to December 31: 666
- Provide the number of ELVs crushed and/or removed from the facility from January 1 to December 31: 1666
- Provide the number of ELVs stored at the facility as of December 31: 1166
- Provide the highest number of ELVs stored at the facility at any one time from January 1 to December 31: 150
- Provide the approximate area used for the storage of vehicles (acres): 7 acres
- Provide the names of scrap metal processors to which you sold or sent decommissioned ELVs:
  - 1) Weitsman Upstate Shredding
  - 2) Simms Metal Management
  - 3) \_\_\_\_\_

**SECTION 2B MOBILE CRUSHERS - END-OF-LIFE VEHICLES (ELVs) PROCESSED**

- Provide the number of ELVs crushed from January 1 to December 31: N/A
- Provide the names of each facility where you crushed decommissioned ELVs:
  - 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_
  - 4) \_\_\_\_\_
  - 5) \_\_\_\_\_
  - 6) \_\_\_\_\_

### SECTION 3 - WASTE FLUIDS RECOVERED

Complete this table by reporting volumes of End-of-Life Vehicle (ELV) waste fluids managed at the facility during the reporting period. Qualitative responses (i.e. √'s or X's) are not acceptable. Report only fluids generated from dismantling operations (not general car repair, etc.).

Waste Fluid Recovered	Fluid Volume				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)			—	46	Interstate Refrigerant Recovery, Inc.
Used Oil** (gallons)	950	450	—	1835	Luzon Environmental Services
Diesel Fuel (gallons)	1350	525	—		
Gasoline (gallons)	210	40	—	150	Luzon
Engine Coolant/ Antifreeze (gallons)	116	105	—	150	Luzon
Window Washing Fluid (gallons)	20	5	—	—	
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 4 – 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)	To Scrap Metal Processor
Ferrous Scrap Metal	1,800	450gt.	1,140 GT.	Werte man upstate simms MM. Rensselaer Iron	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Aluminum Scrap Metal	40GT			North East Metal Traders. RPM Metals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lead Weights	200	150	180	North East Metal Traders	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Non – Ferrous Scrap Metal	30	60GT	30.5	North East Metal Traders	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

### SECTION 5 – MERCURY SWITCHES COLLECTED

Provide the number of mercury-containing devices recovered. Including but not limited to hood & trunk lighting switches (H&TS) and antilock brake assemblies (ABS).

H&TS 0  
(Number)

ABS 0  
(Number)

Indicate permitted facility or permitted transporter accepting mercury containing devices:

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### SECTION 6 – AIR BAGS COLLECTED

Provide the number of air bags recovered.

Number of Air Bags Removed: 0

Number of Air Bags Deployed: 0

Indicate permitted facility or permitted transporter accepting air bags:

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### SECTION 7 – LEAD-ACID BATTERIES COLLECTED

Provide the number of lead-acid batteries recovered and their disposition.

Number of Lead-Acid Batteries collected from ELVs:

150

Indicate permitted facility or permitted transporter accepting lead-acid batteries:

RSR Corp.

Any materials disposed must undergo a hazardous waste determination and proper handling, storage and disposal, if hazardous.

### SECTION 8 – WASTE TIRES COLLECTED

Number of waste tires stored on-site:

180

as of December 31

Number of used tires available for sale on-site:

240

as of December 31

Number of used tires sold:

120

during operating year

Number of waste tires shipped off-site for recycling, disposal, other:

9.85

during operating year

Indicate name of facility(ies) accepting waste tires:

Casings, Inc. Catskill, NY.

### SECTION 9 – SELF INSPECTIONS

Number of self-inspections conducted for the year:

4

Are self-inspection records up-to-date with inspector name, what was inspected, time and date of inspection?

Yes  No

At a minimum, are fluid storage areas, vehicles, vehicle storage areas inspected for leaks/spills?

Yes  No

### SECTION 10 – 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 11 – CHANGES

Were there any changes from approved reports, plans, specifications, and permit conditions?

Yes  No If yes, attach additional sheets identifying changes with a justification for each change.



## SECTION 12 – COMPLIANCE CERTIFICATION

As of December 31, 2018:

Waste Management Compliance Checklist	NA	Yes	No	Date of Return to Compliance
1. If your facility stores LESS THAN 1,000 tires, check NA. If your facility stores MORE THAN 1,000 tires, do you have a PART 360 permit for tire storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is a system in place to control vegetation and prevent it from encroaching onto fire access lanes or driveways?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Have you recorded the date of receipt for all end-of-life vehicles received?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Are the end-of-life vehicle records available on-site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Have all end-of-life vehicles been inspected, upon arrival, for leaking fluids and unauthorized wastes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Have all observed leaks been remedied or contained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Does your facility have a written Contingency Plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Are facility personnel trained to implement the Contingency Plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does your Contingency Plan include actions to be taken in the event of the following?				
9a. Fire.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9b. Spill or release of vehicle waste fluids.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9c. Unauthorized material received at facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Are spills of waste fluids, if any occur, reported to the NYSDEC Spills Hotline within two hours of detection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Are all vehicle residues prevented from migrating from or running off your property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Is dust controlled to prevent interference with facility operations or from leaving facility site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Are vectors (mosquitoes, rats, mice, etc.) controlled to prevent interference with facility operations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Are waste fluids kept from being discharged onto the ground or into surface waters?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15. Is access to your facility controlled by: fences, gates, sign and/or natural barriers (not vehicles)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15a. Are the access controls working (i.e. controlling access)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Are fluids drained from end-of-life vehicles on a pad constructed of concrete or equivalent material?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Are you doing the following with your concrete (or equivalent surface) pad that is used for vehicle dismantling, fluid draining, crushing, etc.?				
17a. Cleaning daily.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17b. Cleaning spills as they occur.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17c. Collecting and properly disposing of absorbent materials.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Reprinted (12/19)



Waste Management Compliance Checklist				Date of Return to Compliance
	NA	Yes	No	
18. Have the following wastes been drained, removed, deployed, collected and/or stored following best management practices, prior to vehicle crushing or shredding?				
18a. Fluids (including engine oil, transmission fluid, transaxle fluid, front and rear axle fluid, brake fluid, power steering fluid, coolant, and fuel).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18b. Lead acid batteries.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18c. Mercury switches or other mercury containing devices, if any.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18d. Refrigerants, if any.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18e. Air bags.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18f. PCB capacitors, if any.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
19. Are fluids stored separately & in containers that are compatible with their contents?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
20. Are fluids stored in closed containers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
21. Are containers which contain waste fluids in good condition and not visibly leaking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
22. Are containers clearly and legibly labeled to describe their contents?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23. Are containers stored on a bermed pad constructed of concrete or equivalent material?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
24. Are lead-acid batteries stored upright and off the ground?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
25. Are lead-acid batteries covered to protect them from precipitation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
26. Are all lead-acid batteries sent for recycling within one-year of receipt?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
27. Are <u>leaking</u> lead-acid batteries, if any are encountered, stored in leak-proof containers separated from intact batteries?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
27a. Are provisions in place to absorb any acid leakage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
28. Are mercury switches and other mercury containing devices stored in appropriate, labeled containers and then sent for recycling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
29. Are PCB capacitors, if any are encountered, removed and stored in appropriate, labeled containers for recycling or disposal?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
30. Is used oil stored in accordance with local building codes, local fire codes, and the NYS Uniform Fire Prevention & Building Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
31. If sent off-site, is used oil transported via a permitted hauler?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
32. If you do not burn used oil onsite check NA for 32a., 32b., 32c. If you do, then answer 32a., 32b., 32c:				
32a. Is used oil burned in a used oil space heating unit, with a maximum capacity of 0.5 million BTU's per hour or less?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
32b. Do on-site space heaters burn only used oil that is generated on-site or received from household do-it-yourself generators?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
32c. Are combustion gases from used oil space heaters vented to the outside ambient air?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Waste Management Compliance Checklist	Date of Return to			Compliance
	NA	Yes	No	
33. Is waste oil kept from being mixed with brake cleaner, carb cleaner, antifreeze, solvents, gasoline, or degreasers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
34. Are sludges from sumps and oil/water separators stored in covered, closed and labeled containers?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
35. Are sludges properly recycled or disposed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
36. Are used oil filters properly drained, crushed or dismantled?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
37. Are drained oil filters properly recycled or disposed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
38. If your facility does not require an SPDES Multi-Sector General Permit (MSGP) for Stormwater Discharge, check NA for 38a, 38b, 38c. If your facility requires an SPDES MSGP answer 38a, 38b, 38c:				
38a. If required by the SPDES MSGP, has a Stormwater Pollution Prevention Plan been prepared for this facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
38b. Is the information provided in the facility's original Notice of Intent or Termination submission for the SPDES MSGP still accurate and up to date?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
38c. Has the facility's Annual Certification Report for the SPDES MSGP been submitted within the previous year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
39. If your facility does not handle cleaning solvents, degreasers, battery acids or non-vehicle wastes write NA. If these materials are handled at your facility, what is the maximum amount of this material that your facility generates in any calendar month?				<u>NA</u> pounds <u>NA</u> gallons

Do you have any other Environmental Conservation Law or regulatory violations?  
(Attach additional sheets as necessary.)

no

COMMENTS? (Attach additional sheets if necessary)

N/A



**SECTION 12 - 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.

Arthur Trovei Pres  
Signature

2/12/2020  
Date

**ARTHUR TROVEI**

Name (Print or Type)

**PRESIDENT**

Title (Print or Type)

**ART@TROVEI.COM**

Email (Print or Type)

**P.O. BOX 777**

Address

**SPARROWBUSH**

City

**NY 12780**

State and Zip

**(845) 856 - 1142**

Phone Number

ATTACHMENTS:  YES  NO

2019

MONTH	ALL CONTAINER	BEN WEITSMAN & SON	CAMDEN IRON & METAL	DOUBLE WIN INDUST. INC	ELG METALS INC	EMR	GEORGE APKIN & SONS	KEN CHRISTENSE N AUTO. SCRAP RECYCLING	KRIPKE ENTERPR.	NCB COMMODITIES INC	NORTH RIVER REFINER	NORTH EAST METALS TRADER
January												
TONNAGE												
February												\$61,427.67
TONNAGE												16.52
March												
TONNAGE												
April												
TONNAGE												
May												
TONNAGE												
June												
TONNAGE												
July												
TONNAGE												
August												
TONNAGE												
September												
TONNAGE												
October												
TONNAGE												
November												
TONNAGE												
December											\$12,777.06	
TONNAGE											10.77	
TOT. \$	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -		\$ 61,427.67
TOT. GT	-	-	-		-	-	-		-	-		16.52



RENSELAER IRON & METAL	REVERE SMELTING & REFINING/RSR	RPM METALS LLC	SETTEMBRI NO JOHN	SIMS METAL MANAGEMENT	STATE METAL INDUST.	SUNNY METAL CORP	SUPERIOR AUM ALLOYS LLC	TERRAPURE ENVIRONME NTAL	WEITSMAN UPSTATE SHREDDING	WATERLOO METAL TRADERS INC	MONTHLY TOTALS
											\$0.00
											0.00
\$12,831.00									\$17,469.64		\$91,728.31
51.98									87.35		155.85
\$49,747.69				\$8,180.80					\$21,755.93		\$79,684.42
184.33				32.72					101.80		318.85
\$12,140.90									\$4,692.20		\$16,833.10
31.01									23.75		54.76
											\$0.00
											0.00
											\$0.00
											0.00
											\$0.00
											0.00
\$71,820.05				\$7,373.44					\$2,328.75		\$81,522.24
266.89				42.13					12.94		321.96
\$3,307.20											\$3,307.20
16.96											16.96
									\$15,223.41		\$15,223.41
									19.03		19.03
											\$0.00
											0.00
\$4,689.30				\$18,453.94					\$16,859.47		\$52,779.77
19.14				117.08					105.84		\$252.83
<b>\$ 154,536.14</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 34,008.18</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ 63,105.99</b>	<b>\$ -</b>	<b>\$341,078.45</b>
<b>570.31</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>191.93</b>	<b>-</b>	<b>-</b>	<b>-</b>		<b>331.68</b>	<b>-</b>	<b>1,140.24</b>

1246 GLEN WILD ROAD  
WOODRIDGE, NY 12789  
845-434-7805  
FAX: 845-434-0307  
1-800-828-8249 EMERGENCY NO.

WWW.LUZONENVIRONMENTAL.COM

## NON-HAZARDOUS WASTE MANIFEST

### GENERATOR

Generator Name Arthur Traver Shipping Location \_\_\_\_\_  
Address 82 Sleepy Hollow rd Address \_\_\_\_\_  
Sparrow Bush NY  
Phone No. [ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ] Phone No. [ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ]

Lab Number	Description of Waste	Quantity	Units	Containers		Codes
				No.	Type	
[ ][ ][ ][ ]	#18 NEW DOT NEW EPA NO placards required	895	G	0	T	G - Gallons D - Drum C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
[ ][ ][ ][ ]						
[ ][ ][ ][ ]						

I hereby certify that the above named material is not a hazardous waste nor does it contain PCB's as defined by 40 CFR Part 261, or any applicable state law.

X Generator Authorized Agent Name [Signature] Signature [Signature] Shipment Date 032119

### TRANSPORTER

Transporter Name LUZON Enviro Service Driver Name (Print) [Signature]  
Address P.O. BOX 1070 Vehicle No. / License No. 211  
Woodridge NY 12789 Vehicle Certification 3A-000

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 032119 Driver Signature \_\_\_\_\_ Delivery Date [ ][ ][ ][ ][ ][ ][ ][ ]

### DESTINATION

This is to certify that \_\_\_\_\_ of the above cited waste material was received at \_\_\_\_\_  
(Total amount or portion in cubic yards, gallons, or truck loads)

Site Name LUZON Oil Co. Inc. Phone No. 845-434-7805  
Address 1246 Glenwild rd woodridge ny 12789

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent \_\_\_\_\_ Signature \_\_\_\_\_ Receipt Date [ ][ ][ ][ ][ ][ ][ ][ ]

White - Destination

Canary - Transporter

Pink - Return to Generator

Gold - Leave with Generator



Job Name:				Date	March 21, 2017				
Address		Arthur Trovati, P. Eng 82 Sleepy Hollow Rd Spamant, N.Y.		Contact					
County		Spartanburg, N.Y.		Phone No.	845-856-1142				
Job Type or Description		Job Classification		HRS	Employee	Leave	Arrive	Leave	Arrive
Pump Out					Paul	7:35	8:30		
see attached						10:30	11:30	1:30	
Disposal		Material		Quantity	Unit	Equip	Leave	Arrive	
Liquid		55 - gallon drum			Each	H18			
Tank		85 - gallon drum			Each	H71			
Drum		Drum Liners			Each	135			
		Caution Tape			Roll	136			
Contamination		5" Absorbent Boom			Bale	142			
Start	Stop	8" Absorbent Boom			Bale	144			
		Grade 200 Pad			Bale	145			
		Hard Boom			Feet	207			
		Absorbent Sweep			Bale				
How Much?		Poly Plastic			Roll	219			
Tons	Yards	Bio-Solve -1 or 5 gallon			Each	222			
		Speedy Dry 40-lbs			Bag	223			
NYS DEC		Heavy Duty Bags			Each	224			
Spill #	Rep:	Fencing			Feet	225			
						226			
Inspectors						227			
Town	Village								
DEC	DEP					V6012			
						V6013			
Insurance Adjuster						TG#8			
C.O.D.									
Sub Amt	\$					Roll off #			
	\$					Roll off #			
Tax %	\$					Roll off #			
Amt Due	\$	Brand:				Roll off #			
Job Complete?						Backhoe			
Yes	No	Model:				Skid Steer			
		Serial No.				Excavator#			
						Excavator#			
						Breaker			
Comments:									
Pump Out (3) 55 GAL DRUMS									
Pump Out (2) 480 GAL TANK									
(1) Hole - Full									
Employee Signature: [Signature]									
Customer Signature: [Signature]									

1246 GLEN WILD ROAD  
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1-800-828-8249 EMERGENCY NO.

WWW.LUZONENVIRONMENTAL.COM

## NON-HAZARDOUS WASTE MANIFEST

### GENERATOR

Generator Name \_\_\_\_\_ Shipping Location \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone No. [ ][ ] - [ ][ ][ ][ ][ ][ ][ ][ ][ ]

Phone No. [ ][ ] - [ ][ ][ ][ ][ ][ ][ ][ ][ ]

Lab Number	Description of Waste	Quantity	Units	Containers		Codes
				No.	Type	
[ ][ ][ ][ ]	[Faint description]	[ ][ ][ ][ ]	[ ]	[ ][ ]	[ ]	G - Gallons D - Drum C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
[ ][ ][ ][ ]		[ ][ ][ ][ ]	[ ]	[ ][ ]	[ ]	
[ ][ ][ ][ ]		[ ][ ][ ][ ]	[ ]	[ ][ ]	[ ]	

I hereby certify that the above named material is not a hazardous waste nor does it contain PCB's as defined by 40 CFR Part 261, or any applicable state law.

Generator Authorized Agent Name \_\_\_\_\_

Signature \_\_\_\_\_

Shipment Date [ ][ ] - [ ][ ][ ][ ][ ]

### TRANSPORTER

Transporter Name \_\_\_\_\_ Driver Name (Print) \_\_\_\_\_

Address \_\_\_\_\_ Vehicle No. / License No. \_\_\_\_\_

Vehicle Certification \_\_\_\_\_

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature \_\_\_\_\_

Shipment Date [ ][ ] - [ ][ ][ ][ ][ ]

Driver Signature \_\_\_\_\_

Delivery Date [ ][ ] - [ ][ ][ ][ ][ ]

### DESTINATION

This is to certify that \_\_\_\_\_ of the above cited waste material was received at \_\_\_\_\_  
(Total amount or portion in cubic yards, gallons, or truck loads)

Site Name \_\_\_\_\_ Phone No. [ ][ ][ ] - [ ][ ][ ][ ][ ][ ][ ][ ][ ]

Address \_\_\_\_\_

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent \_\_\_\_\_

Signature \_\_\_\_\_

Receipt Date [ ][ ] - [ ][ ][ ][ ][ ]

White - Destination

Canary - Transporter

Pink - Return to Generator

Gold - Leave with Generator



Job Name:	Arthur Trovella Sons	Date	March 28, 2018
Address	82 Sleepy Hollow Rd. Sparrow Bush, NY	Contact	
County		Phone No.	

Job Type or Description	Job Classification	HRS	Employee	Leave	Arrive	Leave	Arrive
Plu drums, -antifreeze swap empties				7:43	9:15	9:31	11:00

Disposal		Material	Quantity	Unit	Equip	Leave	Arrive
Liquid		55 - gallon drum		Each	H18		
Tank		85 - gallon drum		Each	H71		
Drum	6	Drum Liners		Each	135		
		Caution Tape		Roll	136		
<b>Contamination</b>		5" Absorbent Boom		Bale	142		
Start	Stop	8" Absorbent Boom		Bale	144		
		Grade 200 Pad		Bale	145		
		Hard Boom		Feet	207		
		Absorbent Sweep		Bale			
<b>How Much?</b>		Poly Plastic		Roll	219		
Tons	Yards	Bio-Solve -1 or 5 gallon		Each	222		
		Speedy Dry 40-lbs		Bag	223		
<b>NYS DEC</b>		Heavy Duty Bags		Each	224		
Spill #	Rep:	Fencing		Feet	225		
					226		
<b>Inspectors</b>					227		
Town	Village						
DEC	DEP				V6012		
					V6013		
<b>Insurance Adjuster</b>					TG#8		
<b>C.O.D.</b>							
Sub Amt	\$				Roll off #		
	\$				Roll off #		
Tax %	\$				Roll off #		
Amt Due	\$	Brand:			Roll off #		
<b>Job Complete?</b>		Model:			Backhoe		
Yes	No	Serial No.			Skid Steer		
					Excavator#		
					Excavator#		
					Breaker		

Comments:  
 Picked up 3 plastic drums and 3 metal drums with gas and antifreeze

Employee Signature: *[Signature]* Customer Signature: *[Signature]*

1246 GLEN WILD ROAD  
 WOODRIDGE, NY 12789  
 OFFICE: 845-434-7805  
 FAX: 845-434-0307  
 EMERGENCY No.: 800-828-8249

WWW.LUZONENV.COM  
 E.P.A. I.D.: # YD982729238

## NON-HAZARDOUS WASTE MANIFEST

### GENERATOR

Generator Name \_\_\_\_\_ Shipping/Billing Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone No.    -       Phone No.    -

Lab Number	Description of Waste	Quantity	Units	Containers		<b>Codes</b> G - Gallons D - Drum C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
				No.	Type	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

***I hereby certify that the above named material is not a hazardous waste nor does it contain PCB's as defined by 40 CFR Part 261, or any applicable state law.***

Generator Authorized Agent Name \_\_\_\_\_ Signature \_\_\_\_\_ Shipment Date

### TRANSPORTER

Transporter Name \_\_\_\_\_ Driver Name (Print) \_\_\_\_\_

Address \_\_\_\_\_ Vehicle No. / License No. \_\_\_\_\_

Vehicle Certification \_\_\_\_\_

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature \_\_\_\_\_ Shipment Date

Driver Signature \_\_\_\_\_ Delivery Date

### DESTINATION

This is to certify that \_\_\_\_\_ of the above cited waste material was received at \_\_\_\_\_  
 (Total amount or portion in cubic yards, gallons, or truck loads)

Site Name \_\_\_\_\_ Phone No.    -

Address \_\_\_\_\_

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent \_\_\_\_\_ Signature \_\_\_\_\_ Receipt Date

White - Destination

Canary - Transporter

Pink - Return to Generator

Gold - Leave with Generator



Job Name: Trovei & Sims Date: 11-11-19  
 Address: 82 Sparrowbush Contact:   
Sparrowbush Phone No.: 856-1142  
 County:

Job Type or Description	Job Classification	HRS	Employee	Start	Arrive	Leave	End
<u>PO 9-10</u>			<u>Rees</u>	<u>1:00</u>	<u>2:00</u>	<u>3:00</u>	<u>4:00</u>
<u>DRUMS</u>			<u>Cliff</u>				

Disposal		Material	Quantity	Unit	Crew Trucks	Trucks	Trailers
Liquid		55 - gallon drum		Each	H18	207	V6012
Tank		85 - gallon drum		Each	H71	<u>219</u>	V6013
Filled Drum		Drum Liners		Each	135	<u>223</u>	
Empty Drum		Caution Tape		Roll	136	224	
		5" Absorbent Boom		Bale	144	225	TG-8
Contamination		Grade 200 Pad		Bale	145	226	TG-9
Yes	No	Hard Boom		Feet	147	227	TG-201
		Absorbent Sweep		Bale	149	228	
How Much?		Poly Plastic		Roll	150		DV481
Tons	Yards	Speedy Dry 40-lbs		Bag			
		Heavy Duty Bags		Each			
NYS DEC		Fencing		Feet			
Spill #		Bio-Solve -1 or 5 gallon					
DEC Rep:		PID Meter					
Phone:							Location
Inspectors					Container	OSC1-Tan	
Town:					Roll off	91B-OR	
Village:					Roll off	94B-OR	
DEP:					Roll off	201C-GN	
					Roll off	202C-GN	
Quote #:				Operator			Location
					Backhoe	580K	
C.O.D.		Rental Equipment; if any					
					Skid Steer	JCB 205	
Sub Amt	\$				Skid Steer	185B	
	\$				Robot	190	
Tax %	\$						
Amt Due	\$				Excavator	E70	
Job Complete?		Brand:			Excavator	K80	
Yes	No	Model:			Excavator	PC 138	
<input checked="" type="checkbox"/>		Serial No.			Excavator	PC 220	
					Excavator	JCB 260	
					Mini	8032	

Comments: Pumped out 940 GAL. of waste oil

Employee Signature: Clifford O'Neil Customer Signature: \_\_\_\_\_  
 Office Original-White Customer Copy-Canary

Interstate Refrigerant Recovery, Inc.  
12 Morse Place  
Foxboro, MA 02035 US  
(508) 543-5482  
freon1@comcast.net  
www.irri.us

# Invoice

BILL TO  
Arthur Trovei & Sons, Inc..  
82 Sleepy Hollow Road  
PO Box 777  
Sparrow Bush, NY 12780

SHIP TO  
Arthur Trovei & Sons, Inc.  
82 Sleepy Hollow Road  
Port Jervis, NY

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
3188	03/11/2019	\$405.00	04/10/2019	Net 30	

SALES REP  
Mack

ACTIVITY	QTY	RATE	AMOUNT
CFC Recovery charged cars	3	15.00	45.00
Refrigerators CFC Recovery	26	9.00	234.00
Dehumidifiers CFC Recovery	3	9.00	27.00
Air Conditioners CFC Recovery	11	9.00	99.00

BALANCE DUE **\$405.00**

Recovered

Mixed  
Refrig - 26 lbs

(June) -

21 lbs

PAID  
6/26/19  
CK#5020





## CFC CERTIFICATION

THIS IS TO CERTIFY THAT THE CFC'S HAVE BEEN RECOVERED IN ACCORDANCE WITH THE CLEAN AIR ACT OF 1990, SECTION 608, AND ANY SUBSEQUENT CHANGES OR REVISIONS THEREAFTER. ALL EQUIPMENT IS REGISTERED WITH THE EPA AND THE PERSONNEL CONDUCTING THE RECOVERY ARE PROPERLY TRAINED AND LICENSED TO CONDUCT SUCH RECOVERY.

Job Location: Arthur Truwi  
Port Jervis, NY

Contact: \_\_\_\_\_

Number of units recovered today: 43

Refrigerators: 26 Dehumidifiers: 3 Air Conditioners: 11

Other (Describe): \_\_\_\_\_

Date: 3, 7, 19 Invoice# 3188 P.O. \_\_\_\_\_

Technician signature: [Signature]

Customer signature: \_\_\_\_\_

Comments: three vehicles  
40 CFC units

[Signature]



Interstate Refrigerant Recovery, Inc.  
12 Morse Place  
Foxboro, MA 02035 US  
(508) 543-5482  
freon1@comcast.net  
www.irri.us

# Invoice

BILL TO  
Arthur Trovei & Sons, Inc..  
82 Sleepy Hollow Road  
PO Box 777  
Sparrow Bush, NY 12780

SHIP TO  
Arthur Trovei & Sons, Inc..  
82 Sleepy Hollow Road  
Port Jervis, NY

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
3398	06/26/2019	\$327.00	07/26/2019	Net 30	

ACTIVITY	QTY	RATE	AMOUNT
<b>CFC Recovery</b> charged cars	2	15.00	30.00
<b>Refrigerators</b> CFC Recovery	12	9.00	108.00
<b>Air Conditioners</b> CFC Recovery	21	9.00	189.00
BALANCE DUE			<b>\$327.00</b>





# INTERSTATE REFRIGERANT RECOVERY, INC.

"Protecting the Environment and Ozone Layer for the Future of Our Children"



## CFC CERTIFICATION

THIS IS TO CERTIFY THAT THE CFC'S HAVE BEEN RECOVERED IN ACCORDANCE WITH THE CLEAN AIR ACT OF 1990, SECTION 608, AND ANY SUBSEQUENT CHANGES OR REVISIONS THEREAFTER. ALL EQUIPMENT IS REGISTERED WITH THE EPA AND THE PERSONNEL CONDUCTING THE RECOVERY ARE PROPERLY TRAINED AND LICENSED TO CONDUCT SUCH RECOVERY.

Job Location: Port Jervis, NY Arthur Trovati

Contact: \_\_\_\_\_

Number of units recovered today: 35

Refrigerators: 12 Dehumidifiers: 0 Air Conditioners: 21

Other (Describe): \_\_\_\_\_

Date: 6/20/19 Invoice# 3398 P.O. \_\_\_\_\_

Technician signature: [Signature]

Customer signature: [Signature]

Comments: 2 cars



# ARTHUR TROVEI & SONS, INC.

EST. 1931 • DMV # 7064208

82 Sleepy Hollow Rd., PO Box 777, Sparrowbush, NY 12780

(845) 856-1142 • (800) 755-8655 • Fax (845) 856-6525

WE BUY & SELL Scrap Iron & Metal • Used Trucks & Parts

Storage Trailers & Overseas Containers • Construction Equipment & Trailers

www.trovei.com • www.truckbusters.com



Contact Person: \_\_\_\_\_ Date: 9/20, 2019

Name: Casings

Address: P.O. Box 731 Catskill Ny 12714.

Phone: 518-943-9404 Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

<input checked="" type="checkbox"/> SOLD BY	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK	<input type="checkbox"/> WIRE	<input type="checkbox"/> ON ACCT.	<input type="checkbox"/> SALE	<input type="checkbox"/> PURCHASE	<input type="checkbox"/> RENTAL	<input type="checkbox"/> EXPORT
<input type="checkbox"/> NEW VEHICLE	<input type="checkbox"/> DEMONSTRATOR		<input type="checkbox"/> USED VEHICLE		<input type="checkbox"/> WHOLESALE VEHICLE		<input type="checkbox"/> JUNK VEHICLE	

QUAN.	DESCRIPTION	PRICE	AMOUNT
	Tires		NIC
	Gross 60540		
	TARE 40840		
	Net 19,700 = 9.85 GT.		
	Truck 53,		
	Trailer 475		
	State _____ County _____	TAX	
		TOTAL	NIC

Buyer accepts responsibility for payment of any out of state sales tax due \_\_\_\_\_

**DISCLAIMER OF WARRANTIES:** Seller does not make any representation, warranty or covenant, expressed or implied (except as to title) with respect to the condition, quality, durability, merchantability or fitness for a particular purpose of said property and assume no responsibility therefore and said property is sold "As Is".

The Purchaser hereby agrees that it will at all times hereafter indemnify and save harmless the Seller, their officers, agents & employees against all claims, liability, loss, damage, costs or expenses which may hereafter incur or be required to pay by any reason of injuries or damage to the Purchaser or any other person or persons resulting from the possession or use of said property as described above, whether caused by a defective condition of said property or otherwise. All claims and returned goods must be accompanied by this bill. 25% restocking fee on returned items will be charged to buyer. 3% per month late charge will be applied to any unpaid balances after 30 days.

ALL TERMS HAVE BEEN READ AND ACCEPTED \_\_\_\_\_ (INITIALS)

RECEIVED BY [Signature]

33719