



WESTCHESTER COUNTY DEPARTMENT OF HEALTH
**PETROLEUM BULK STORAGE/GASOLINE DISPENSING SITES
 APPLICATION**

Pursuant to the Petroleum Bulk Storage Law, Articles XXV and XXVI of the Westchester County Sanitary Code

Westchester County Dept. of Health
 25 Moore Avenue
 Mount Kisco, NY 10549
 (914) 864-7278 or
 (914) 864-7279

SECTION A FACILITY INFORMATION

PBS NUMBER: 3- VAPOR RECOVERY ID: 355-		Facility Name Location (number and street name, no P.O. Boxes) Location (continued)	TYPE OF PETROLEUM FACILITY: (Check only one) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Retail gasoline sales</td> <td><input type="checkbox"/> Private residence</td> </tr> <tr> <td><input type="checkbox"/> Other retail sales</td> <td><input type="checkbox"/> Airline/air taxi/airport</td> </tr> <tr> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Chemical distributor</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Municipality</td> </tr> <tr> <td><input type="checkbox"/> Trucking/transportation</td> <td><input type="checkbox"/> Railroad</td> </tr> <tr> <td><input type="checkbox"/> Apartment/office building</td> <td></td> </tr> <tr> <td><input type="checkbox"/> School</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Farm</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Auto service/repair (no gasoline sales)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Storage terminal/petroleum distributor</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Religious (church, synagogue, mosque, temple, etc)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Hospital/nursing home/health care</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Cemetery/memorial</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other, specify:</td> <td></td> </tr> </table>		<input type="checkbox"/> Retail gasoline sales	<input type="checkbox"/> Private residence	<input type="checkbox"/> Other retail sales	<input type="checkbox"/> Airline/air taxi/airport	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Chemical distributor	<input type="checkbox"/> Utility	<input type="checkbox"/> Municipality	<input type="checkbox"/> Trucking/transportation	<input type="checkbox"/> Railroad	<input type="checkbox"/> Apartment/office building		<input type="checkbox"/> School		<input type="checkbox"/> Farm		<input type="checkbox"/> Auto service/repair (no gasoline sales)		<input type="checkbox"/> Storage terminal/petroleum distributor		<input type="checkbox"/> Religious (church, synagogue, mosque, temple, etc)		<input type="checkbox"/> Hospital/nursing home/health care		<input type="checkbox"/> Cemetery/memorial		<input type="checkbox"/> Other, specify:	
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TRANSACTION TYPE (check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Initial/New Facility* <input type="checkbox"/> Change of Ownership* <input type="checkbox"/> Substantial Modification <input type="checkbox"/> Information Change/correction <input type="checkbox"/> Renewal* <p>*Registration fee required. For a change of ownership, submit the first page of the deed.</p>	FACILITY	City/Town/Village State NY Zip County WESTCHESTER Township/City (geographical location) Operator (business entity) Facility Telephone No. Name of Class B Operator (On-Site) On-Site Operator DEC No. Name of Class A Operator (Primary) Primary Operator DEC No.	Emergency Contact Emergency Phone No.																													
*GASOLINE DISPENSING SITES (Check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Stage I Vapor Collection System <input type="checkbox"/> Stage II Vapor Collection System <input type="checkbox"/> Exempt <p>*Registration fee required.</p>	MAILING ADDRESS	Attention Company Name Address Address City/Town/Village State Zip Telephone No. Email Address	OFFICIAL USE ONLY Last Updated: 7/11 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Check No.</td> <td>Issued By</td> </tr> <tr> <td>Check Date</td> <td>Date Processed</td> </tr> <tr> <td>Amount</td> <td>Reviewed by</td> </tr> </table>		Check No.	Issued By	Check Date	Date Processed	Amount	Reviewed by																						
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TANK OWNERSHIP Are there multiple tank owners at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", attach a completed "Authorized Representative for Multiple Owners Form" for each additional tank owner.	PROPERTY OWNER	Owner Name Address Address City/Town/Village State Zip Federal Tax ID No. Owner Telephone No.	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. Name of Property Owner or Legally Authorized Representative Title Signature <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Amount Enclosed</td> <td>Date</td> </tr> </table>		Amount Enclosed	Date																										
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SECTION B TANK INFORMATION

Provide details for each regulated active (in service or temporarily out of service) tank. See "Section B – Tank Information" of the "Application Instructions" for direction on the information to be provided. Refer to "Key Codes for Section B" for the selection numbers to enter in the columns. Complete one line per tank; use additional forms as necessary. Enter one choice per column. Two entries may be made in columns with dotted separators, you may indicate a primary and secondary choice. Leave one column blank if there is no second choice. For all entries of "99. Other", a description must be provided on a separate sheet of paper listed by Tank ID.

Action (if tank already exists - leave blank)	Tank ID	Tank Location	Status	Installation Date (Action 1,2,4,5) or Permanent Closure Date (Action 3) Circle which (MMYY)	Capacity (Gallons)	Product Stored % (if gas w/ ethanol or biodiesel)	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	Check box if UDC (Under Dispenser Containment) is present	Check box if tank is owned by party other than listed as Owner in Section A
																				<input type="checkbox"/>	<input type="checkbox"/>
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PETROLEUM BULK STORAGE APPLICATION – SECTION B – TANK INFORMATION – CODE KEYS

Action (1)

1. Initial Listing
2. Add Tank
3. Close/Remove Tank
4. Information Correction
5. Repair/Reline Tank

Tank Location (3)

1. Aboveground-contact w/ soil
2. Aboveground-contact w/ impervious barrier
3. Aboveground on saddles, legs, stills, rack or cradle
4. Tank with 10% or more below ground
5. Underground including vaulted with no access for inspection
6. Aboveground in Subterranean Vault w/ access for inspections

Status (4)

1. In-service
2. Out-of-service
3. Closed-Removed
4. Closed-In Place
5. Tank converted to Non-Regulated use
- D. Delivery Prohibited

Products Stored (7)

Heating Oils: On-Site Consumption

- 0001. #2 Fuel Oil
- 0002. #4 Fuel Oil
- 0259. #5 Fuel Oil
- 0003. #6 Fuel Oil
- 0012. Kerosene
- 0591. Clarified Oil
- 2711. Biodiesel (Heating)
- 2642. Used Oil (Heating)

Heating Oils: Resale/ Redistribution

- 2718. #2 Fuel Oil
- 2719. #4 Fuel Oil
- 2720. #5 Fuel Oil
- 2721. #6 Fuel Oil
- 2722. Kerosene
- 2723. Clarified Oil
- 2724. Biodiesel (Heating)

Motor Fuels

- 0009. Gasoline
- 2712. Gasoline/Ethanol

- 0008. Diesel
- 2710. Biodiesel
- 0011. Jet Fuel
- 1044. Jet Fuel (Biofuel)
- 2641. Aviation Gasoline

Lubricating/Cutting Oils

- 0013. Lube Oil
- 0015. Motor Oil
- 1045. Gear/Spindle Oil
- 0010. Hydraulic Oil
- 0007. Cutting Oil
- 0021. Transmission Fluid
- 1836. Turbine Oil
- 0308. Petroleum Grease

Oils Used as Building Materials

- 2626. Asphaltic Emulsions
- 0748. Form Oil

Petroleum Spirits

- 0014. White/Mineral Spirits
- 1731. Naphtha

Mineral/Insulating Oils

- 0020. Insulating Oil (e.g., Transformer, Cable Oil)
- 2630. Mineral Oil

Waste/Used/Other Oils

- 0022. Waste/Used Oil
- 9999. Other-Please list:*

Crude Oil

- 0006. Crude Oil
- 0701. Crude Oil Fractions

Tank Type (8)

- 01. Steel/Carbon Steel/Iron
- 02. Galvanized Steel Alloy
- 03. Stainless Steel Alloy
- 04. Fiberglass Coated Steel
- 05. Steel Tank in Concrete
- 06. Fiberglass Reinforced Plastic (FRP)
- 07. Plastic
- 08. Equivalent Technology
- 09. Concrete
- 10. Urethane Clad Steel
- 99. Other-Please list:*

Internal Protection (9)

- 00. None

- 01. Epoxy Liner
- 02. Rubber Liner
- 03. Fiberglass Liner (FRP)
- 04. Glass Liner
- 99. Other-Please list:*

External Protection (10/18)

- 00. None
- 01. Painted/Asphalt Coating
- 02. Original Sacrificial Anode
- 03. Original Impressed Current
- 04. Fiberglass
- 05. Jacketed
- 06. Wrapped (Piping)
- 07. Retrofitted Sacrificial Anode
- 08. Retrofitted Impressed Current
- 09. Urethane
- 99. Other-Please list:*

Tank Secondary Containment (11)

- 00. None
- 01. Diking (AST Only)
- 02. Vault (w/access)
- 03. Vault (w/o access)
- 04. Double-Walled (UST Only)
- 05. Synthetic Liner
- 06. Remote Impounding Area
- 07. Excavation Liner
- 09. Modified Double-Walled (AST Only)
- 10. Impervious Underlayment (AST only)**
- 11. Double Bottom (AST Only)**
- 12. Double-Walled (AST Only)
- 99. Other-Please list*

Tank Leak Detection (12)

- 00. None
- 01. Interstitial Electronic Monitoring
- 02. Interstitial Manual Monitoring
- 03. Vapor Well
- 04. Groundwater Well
- 05. In-Tank System (Auto Tank Gauge)
- 06. Impervious Barrier/Concrete Pad (AST Only)
- 07. Statistical Inventory Reconciliation (SIR)
- 08. Weep holes in vaults with no access for inspection
- 99. Other-Please list *

Overfill Protection (13)

- 00. None
- 01. Float Vent Valve
- 02. High Level Alarm
- 03. Automatic Shut-Off
- 04. Product Level Gauge (AST Only)
- 05. Vent Whistle
- 99. Other-Please list:*

Spill Prevention (14)

- 00. None
- 01. Catch Basin
- 99. Other-Please list:*

Pumping/Dispensing Method (15)

- 00. None
- 01. Pressurized Dispenser
- 02. Suction Dispenser
- 03. Gravity
- 04. On-Site Heating System (Suction)
- 05. On-Site Heating System (Supply/Return)
- 06. Tank-Mounted Dispenser
- 07. Loading Rack/Transfer Pump

Piping Location (16)

- 00. No Piping
- 01. Aboveground
- 02. Underground/On-ground
- 03. Aboveground/Underground Combination

Piping Type (17)

- 00. None
- 01. Steel/Carbon Steel/Iron
- 02. Galvanized Steel
- 03. Stainless Steel Alloy
- 04. Fiberglass Coated Steel
- 05. Steel Encased in Concrete
- 06. Fiberglass Reinforced Plastic (FRP)
- 07. Plastic
- 08. Equivalent Technology
- 09. Concrete
- 10. Copper
- 11. Flexible Piping
- 99. Other-Please list *

Piping Secondary Containment (19)

- 00. None
- 01. Diking (Aboveground Only)
- 02. Vault (w/access)
- 04. Double-Walled (Underground Only)
- 06. Remote Impounding Area
- 07. Trench Liner
- 12. Double-Walled (Aboveground Only)
- 99. Other-Please list:*

Pipe Leak Detection (20)

- 00. None
- 01. Interstitial Electronic Monitoring
- 02. Interstitial Manual Monitoring
- 03. Vapor Well
- 04. Groundwater Well
- 07. Pressurized Piping Leak Detector
- 09. Exempt Suction Piping
- 10. Statistical Inventory Reconciliation (SIR)
- 99. Other-Please list:*

Under Dispenser Containment (UDC) (21)

Check Box if Present

* If other, please list on a separate sheet including tank number.

** Each of these codes must be combined with code 01 or 06 to meet compliance requirements.

Facility Name: _____ PBS Number: _____

I, _____ (type or print name of Primary Facility Owner), hereby certify that I am qualified under the regulatory definition to be the owner for the above-named facility as indicated below (check one box):

- I am a general partner in a partnership.
- I am the owner of a sole proprietorship.
- I am an officer of the corporation.
My title is: _____
- I am a principal executive officer or ranking elected official of a municipality, state, federal or other public agency.
My office/title is: _____
My agency is: _____
- I perform policy or decision making functions similar to that of an officer of the corporation.
Explain: _____

Check box and list tanks if the Primary Facility Owner operates tanks at this facility.

- I am the operator at this facility and responsible for the following petroleum tanks at this facility applying for or subject to a certificate under these regulations:

<u>Tank ID</u>	<u>AST/UST</u>	<u>Capacity (gallons)</u>	<u>Product</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby designate the below-named person as an authorized representative to act in my stead. I also certify that this individual is an additional owner responsible for the petroleum tanks listed below at this facility applying for or subject to a certificate under these regulations.

Name of Individual: _____
 Title: _____
 Business Entity Name: _____
 Mailing Address: _____

<u>Tank ID</u>	<u>AST/UST</u>	<u>Capacity (gallons)</u>	<u>Product</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

Signature of primary facility owner

Date

Signature of duly authorized representative designee

Date