



# Hazardous Substance Bulk Storage Application

Pursuant to the Hazardous Substance Bulk Storage Law, Article 40 of ECL and 6 NYCRR 595-599

**Return Completed Form & Fees To:**

NYSDEC  
Spill Prevention & Bulk Storage Section  
625 Broadway, 11th Floor  
Albany, NY 12233-7020



Please Type or Print Clearly  
and Complete All Items

## Section A

(See enclosed instructions and please be sure to complete Sections A & B)

**Expiration Date:**

<b>CBS Number</b>	F	Facility Name:		<b>TYPE OF CHEMICAL FACILITY</b> (Check only one)	<input type="checkbox"/> 01=Storage Terminal <input type="checkbox"/> 02=Retail Gasoline Sales <input type="checkbox"/> 03=Other Wholesale/Retail Sales <input type="checkbox"/> 04=Manufacturing(Other Than Chemical)/Processing <input type="checkbox"/> 05=Utility (Other Than Municipal) <input type="checkbox"/> 06=Trucking/Transportation /Fleet Operation <input type="checkbox"/> 07=Apartment Building <input type="checkbox"/> 08=School <input type="checkbox"/> 09=Farm <input type="checkbox"/> 10=Private Residence <input type="checkbox"/> 11=Airline/Air Taxi <input type="checkbox"/> 12=Chemical Distributor <input type="checkbox"/> 13=Municipality (Incl. Waste Water Treatment Plants, Utilities, Swimming Pools,etc.) <input type="checkbox"/> 15=Railroad <input type="checkbox"/> 20=Chemical Manufacturing <input type="checkbox"/> 21=Swimming Pools (Other than Municipal) <input type="checkbox"/> 99=Other (Specify) _____	
		Location (Not P.O. Boxes)				
DEC PBS Number: (If applicable)	A	Location (cont.):				
DEC MOSF Number: (If applicable)	C	City:	State: <b>NY</b>	Zip Code:		
DEC SPDES Number: (If applicable)	I	County:	Township or City:			
<b>Transaction Type</b> (Check all that apply) <b>NOTE:</b> Transaction Types 1, 2 and 5 require a fee	L	Name of Operator at Facility:		Facility Telephone Number:		
	I	Emergency Contact Name:		Emergency Telephone Number:		
<input type="checkbox"/> 1)Initial/ New Facility  <input type="checkbox"/> 2)Change of Ownership  <input type="checkbox"/> 3)Substantial Tank Modification  <input type="checkbox"/> 4)Information Correction  <input type="checkbox"/> 5) Renewal	T	Owner Name:		<b>I hereby certify that the information on this form is true and correct. False statements made herein may be punishable as a criminal offense in accordance with applicable State and federal law. The facility has maintained its requirements relating to daily, monthly, annual and five year inspections as required by Part 598.7 and has had its SPR annually updated as required by Part 598.1(k).</b>  Name of Owner or Authorized Representative: _____ Amount Enclosed: \$ _____  Title: _____  Signature: _____ Date: _____		
	Y	Address (Street and/or P.O.):				
	O	City:	State:			Zip Code:
	W	Federal Tax ID Number:	Owner Telephone Number:			
	N	Type of Owner:	2 <input type="checkbox"/> State Government			4 <input type="checkbox"/> Federal Government
E	1 <input type="checkbox"/> Private Resident	3 <input type="checkbox"/> Local Government	5 <input type="checkbox"/> Corporate/Commercial			
<b>Spill Prevention Report</b>  In addition, a copy of the Spill Prevention Report (SPR)'s cover page, table of contents and signature page is submitted.  SPR: YES <input type="checkbox"/> NO <input type="checkbox"/>	R	(Please keep up to date - this information is used for mailing and contact purposes)				
	E	Attention:		<b>OFFICIAL USE ONLY</b>  Page ____ of ____  Date Received ___/___/___  Date Processed ___/___/___  Amount Received \$ _____  Reviewed by _____		
	S	Name of Company:				
	P	Address:				
	O	Address:				
	N	City/State/Zip Code:				
	D	Telephone Number:	E-Mail Address:			
E						

**Section B - Tank Information**

(See enclosed instructions and use the key located on the bottom of this sheet to complete each item/column)

**Registration Expiration Date:**

**CBS Number:**

(1) Action	(2) <b>IMPORTANT:</b> Tank number is required. If tank and piping models are entered then the shaded columns <b>DO NOT</b> have to be supplied. Tank and piping model codes are on the CBS instruction sheet provided.			(3) Tank Location	(4) Status	(5) Installation or Permanent Closure Date (Month/Day/Year)	(6) Capacity (Gallons)	(8) Tank Type	(9) Tank Internal Protection	(10) Tank External Protection	(11) Tank Secondary Containment	(12) Tank Leak Detection	(13) Tank Overfill Prevention	(14) Spill Prevention	(16) Piping Location	(17) Piping Type	(18) Piping External Protection	(19) Piping Sec Containment	(20) Piping Leak Detection	Hazardous Substance Name (List all Part 597 Substances, if more than 3 please list on separate sheet)	CAS Number	% of Haz Sub	Tank Fee \$	
	Tank Model	Piping Model	Tank Number																					
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| <p><b>Action (1)</b></p> <ol style="list-style-type: none"> <li>Initial Listing</li> <li>Add Tank</li> <li>Close/Remove Tank</li> <li>Information Correction</li> <li>Recondition/Repair/Reline Tank</li> </ol> | <p><b>Status (4)</b></p> <ol style="list-style-type: none"> <li>In-service</li> <li>Temporarily out-of-service</li> <li>Closed-Removed</li> <li>Closed- In Place</li> <li>Tank converted to Non-Regulated use</li> </ol> | <p><b>Tank Type (8)</b></p> <ol style="list-style-type: none"> <li>Steel/Carbon Steel/Iron</li> <li>Galvanized Steel Alloy</li> <li>Stainless Steel Alloy</li> <li>Fiberglass Coated Steel</li> <li>Steel Tank in Concrete</li> <li>Fiberglass Reinforced Plastic (FRP)</li> <li>Plastic</li> <li>Equivalent Technology</li> <li>Concrete</li> <li>Urethane Clad Steel</li> <li>Other-please list:*</li> </ol> <p><b>Internal Protection (9)</b></p> <ol style="list-style-type: none"> <li>None</li> <li>Epoxy Liner</li> <li>Rubber Liner</li> <li>Fiberglass Liner (FRP)</li> <li>Glass Liner</li> <li>Other-please list:*</li> </ol> | <p><b>External Protection (10/18)</b></p> <ol style="list-style-type: none"> <li>None</li> <li>Painted/Asphalt Coating</li> <li>Original Sacrificial Anode</li> <li>Original Impressed Current</li> <li>Fiberglass</li> <li>Jacketed</li> <li>Wrapped (Piping)</li> <li>Retrofitted Sacrificial Anode</li> <li>Retrofitted Impressed Current</li> <li>Urethane</li> <li>Other-please list:*</li> </ol> <p><b>Tank Leak Detection (12)</b></p> <ol style="list-style-type: none"> <li>None</li> <li>Interstitial Electronic Monitoring</li> <li>Interstitial Manual Monitoring</li> <li>Vapor Well</li> <li>Groundwater Well</li> <li>In-Tank System (ATG)</li> <li>Impervious Barrier/Concrete Pad (A/G)</li> <li>Other-please list:*</li> </ol> | <p><b>Piping Type (17)</b></p> <ol style="list-style-type: none"> <li>None</li> <li>Steel/Carbon Steel/Iron</li> <li>Galvanized Steel</li> <li>Stainless Steel Alloy</li> <li>Fiberglass Coated Steel</li> <li>Steel Encased in Concrete</li> <li>Fiberglass Reinforced Plastic (FRP)</li> <li>Plastic</li> <li>Equivalent Technology</li> <li>Concrete</li> <li>Copper</li> <li>Flexible Piping</li> <li>Other-please list:*</li> </ol> <p><b>Overfill Prevention(13)</b></p> <ol style="list-style-type: none"> <li>None</li> <li>Float Vent Valve</li> <li>High Level Alarm</li> <li>Automatic Shut-off</li> <li>Product Level Gauge(A/G)</li> <li>Vent Whistle</li> <li>Other-please list:*</li> </ol> | <p><b>Secondary Containment (11/19)</b></p> <ol style="list-style-type: none"> <li>None</li> <li>Diking (A/G)</li> <li>Vault (w/access)</li> <li>Vault (w/o access)</li> <li>Double-Walled (U/G)</li> <li>Synthetic Liner</li> <li>Remote Impounding Area</li> <li>Excavation/Trench Liner System</li> <li>Flexible Internal Liner (Bladder)</li> <li>Modified Double-Walled (A/G)</li> <li>Impervious Underlayment</li> <li>Double Bottom (A/G)</li> <li>Other-please list:*</li> </ol> <p><b>Spill Prevention (14)</b></p> <ol style="list-style-type: none"> <li>None</li> <li>Catch Basin</li> <li>Transfer Station Containment</li> <li>Other - Please list*</li> </ol> | <p><b>Piping Location (16)</b></p> <ol style="list-style-type: none"> <li>No Piping</li> <li>Aboveground</li> <li>Underground/On-ground</li> <li>Aboveground/Underground Combination</li> </ol> <p><b>Pipe Leak Detection (20)</b></p> <ol style="list-style-type: none"> <li>None</li> <li>Interstitial Electronic Monitoring</li> <li>Interstitial Manual Monitoring</li> <li>Vapor Well</li> <li>Groundwater Well</li> <li>Pressurized Piping Leak Detector</li> <li>Tank Top Sump (Piping)</li> <li>Exempt Suction Piping</li> <li>Other-please list:*</li> </ol> |
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**\* If other, please list on a separate sheet including Tank Number**