



# Petroleum Bulk Storage Application

Pursuant to the Petroleum Bulk Storage Law,  
Article 17, Title 10 of ECL; 6 NYCRR 612-614 and 6 NYCRR, Subpart 374-2

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

Return Completed Form & Fees To:



**PBS Number:**

## Section A - Facility/Owner/Contact Information

Expiration Date:

<b>Transaction Type:</b> <input type="checkbox"/> 1) Initial/New Facility 2) Change of Ownership 3) Tank Installation, Closing, Repair or Reconditioning 4) Information Correction 5) Renewal	F	Facility Name:	<b>TYPE OF PETROLEUM FACILITY</b> (Check only one) <input type="checkbox"/> 01=Storage Terminal/Petroleum 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 type="checkbox"/> 06=Trucking/Transportation <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 Sales) <input type="checkbox"/> 26=Religious (Church, Synagogue, Mosque, Temple, etc.) <input type="checkbox"/> 27=Hospital/Nursing Home/Health Care <input type="checkbox"/> 28=Cemetery / Memorial <input type="checkbox"/> 99=Other (Specify): _____		
	A	Location (Not P.O. Boxes)			
	C	Location (cont.):			
	I	City: _____ State: _____ Zip Code: _____			
	L	County: _____ Township or City: _____			
I	Name of Daily On-Site Operator: _____ Training: <input type="checkbox"/>	Facility Phone Number: _____			
T	Name of Primary Operator: _____ Training: <input type="checkbox"/>	Primary Operator Phone Number: _____			
Y					
<b>NOTE: A change of ownership and/or federal tax ID submission must include the first page of the deed.</b>	O	Owner Name:	Emergency Contact Name: _____		Emergency Telephone Number: _____
	W	Address (Street and/or P.O.):	<b>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.</b>		
	N	City: _____ State: _____ Zip Code: _____			
	E	Federal Tax ID Number: _____	Owner Telephone Number: _____	Name of Owner or Authorized Representative: _____	Amount Enclosed: \$ _____
	R	Check If Multiple Tank Owners: <input type="checkbox"/>	Type of Owner: (check only one) 1 <input type="checkbox"/> Private Resident 2 <input type="checkbox"/> State Government 3 <input type="checkbox"/> Local Government 4 <input type="checkbox"/> Federal Government 5 <input type="checkbox"/> Corporate/Commercial	Title: _____	Signature: _____ *** Date: _____
<b>***The Application will be returned if these items are blank</b>	C	(Please keep up to date - this information is used for mailing and contact purposes)			
	O	Attention:	<b>OFFICIAL USE ONLY</b>  Date Received ___/___/___  Date Processed ___/___/___  Amount Received \$ _____  Reviewed by _____  (pbsapplication2009.rpt)		
	R	Name of Company:			
	E	Address:			
	S	Address:			
	P	City/State/Zip Code:			
O	Telephone Number: _____	E-Mail Address: _____			

**PETROLEUM BULK STORAGE APPLICATION – SECTION B – TANK INFORMATION – CODE KEYS**

**Spill Prevention (14)**

**Action (1)**

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

**Tank Location (3)**

- 1. Aboveground-contact w/soil
- 2. Aboveground-contact w/  
impervious barrier
- 3. Aboveground on saddles, legs,  
stilts, rack, or cradle
- 4. Aboveground with 10% or more  
below ground
- 5. Underground
- 6. Aboveground in Subterranean  
Vault w/ access for inspections

**Status (4)**

- 1. In-service
- 2. Temporarily out-of-  
service
- 3. Closed-Removed
- 4. Closed- In Place
- 5. Tank converted to Non-  
Regulated use

**Under Dispenser Containment  
(UDC) – sump/containment  
underneath a motor fuel  
dispenser (21)**

Check If Present

**Tank Owned by Party Other  
Then Listed in Section a (22)**

Check If Applicable

**Product Stored (7)**

**Heating Oils**

- 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)

**Motor Fuels**

- 0009. Gasoline
- 2712. Gasoline/Ethanol
- 0008. Diesel
- 2710. Biodiesel
- 0011. Jet Fuel
- 1044. Jet Fuel (Biofuel)
- 2641. Aviation Gasoline

**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:\*

**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 :\*

**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:\*

**Secondary Containment (11/19)**

- 00. None
- 01. Diking (Aboveground Only)
- 02. Vault (w/access)
- 03. Vault (w/o access)
- 04. Double-Walled (Underground Only)
- 05. Synthetic Liner
- 06. Remote Impounding Area
- 07. Excavation/Trench Liner System
- 08. Flexible Internal Liner (Bladder)
- 09. Modified Double-Walled (Aboveground  
Only)
- 10. Impervious Underlayment \*\*\*
- 11. Double Bottom (Aboveground  
Only) \*\*\*
- \*\*\* Each of these codes must be combined  
with code 01 or 06 to meet compliance  
requirements

**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 (Aboveground Only)
- 99. Other-please list:\*

**Overfill Prevention (13)**

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

- 00. None
- 01. Catch Basin
- 02. Transfer Station Containment
- 99. Other - Please list\*

**Pumping/Dispensing Method (15)**

- 00. None
- 01. Submersible
- 02. Suction
- 03. Gravity

**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:\*

**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
- 08. Tank Top Sump (Piping)
- 09. Exempt Suction Piping
- 99. Other-please list:\*

**\* If other, please list on a separate sheet including Tank Number**

**PBS Number:**

**Section B - Tank Information**

***(Please use the key located on the other side of this page to complete each item/column)***

**Registration Expiration Date:**

(1) Action	(2) Tank Number	(3) Tank Location	(4) Status	(5) Installation or Permanent ClosureDate (M/D/Year) <b>application will be returned if blank or 00/00/0000</b>	(6) Capacity (Gallons)	(7) Product Stored (If Gasoline w/ethanol or Biodiesel, list % additive)	(8) Tank Type	(9) Tank Internal Protection	(10) Tank External Protection	(11) Tank Secondary Containment	(12) Tank Leak Detection	(13) Tank Overfill Prevention	(14) Tank Spill Prevention	(15) Pumping/Dispensing Method	(16) Piping Location	(17) Piping Type	(18) Piping External Protection	(19) Piping Secondary Containment	(20) Piping Leak Detection	(21) Under Dispenser Containment (UDC) (Check box if present)	(22) Tank Owned By Party Other Than Listed In Section A (Check box if applicable)		
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**Additional Tanks:**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)		
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