



Petroleum Bulk Storage Application

Pursuant to the Environmental Conservation Law: Article 17, Title 10; and
Regulations 6 NYCRR Parts 612-614 and 6 NYCRR Subpart 374-2

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

Return Completed Form To:

P.O. Box 296
1115 State Route 86
Ray Brook, NY 12977-0296
(518) 897-1241



PBS Number:
5-600182

Section A - Facility/Property Owner/Contact Information

Expiration Date: 08/08/2020

Transaction Type: <input type="checkbox"/> 1) Initial/New Facility <input type="checkbox"/> 2) Change of Ownership <input type="checkbox"/> 3) Tank Installation, Closing, Repair or Reconditioning <input type="checkbox"/> 4) Information Correction <input type="checkbox"/> 5) Renewal	Facility Name: CUMBERLAND MOTOR SALES, INC.	Tax Map		TYPE OF PETROLEUM FACILITY (Check only one) <input type="checkbox"/> 01=Storage Terminal/Petrol. Distributor <input type="checkbox"/> 02=Retail Gasoline Sales <input checked="" type="checkbox"/> 03=Other Retail Sales <input type="checkbox"/> 04=Manufacturing <input type="checkbox"/> 05=Utility <input type="checkbox"/> 06=Trucking/Transportation/Fleet <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"/> 52=Marina <input type="checkbox"/> 99=Other (Specify):	
	Facility Address (Physical Address, No P.O. Boxes): 320 CORNELIA ST	Borough/Section			
	Facility Address (cont.):	Block:			
	City: PLATTSBURGH	State: NY	ZIP 12901		
	County: Clinton	Township or Plattsburgh (c)			
Name of Class B (Daily On-Site) Operator: WILLIAM F PRICE	Facility Phone (518) 561-5030		Emergency Contact Name: TIM AYRES - Susan Ayers		
Name of Class A (Primary) Operator:			Emergency Telephone Number: (518) 563-0896		
NOTE: Fill in Property Owner information here....>>> Indicate Tank Owner in Section C.	Facility (Property) Owner (from Deed): TIM AYRES Susan Ayers				
	Facility Owner Address (Street and/or P.O. Boxes): 31 GUNBOAT LANE				
	City: PLATTSBURGH	State: NY	ZIP Code: 12901		
	Federal Tax ID Number: 14-0592840	Owner Telephone Number: (518) 563-0896			
	Type of Owner (check only one): 1 <input checked="" type="checkbox"/> Private 2 <input type="checkbox"/> State 3 <input type="checkbox"/> Local 4 <input type="checkbox"/> Federal 5 <input type="checkbox"/> Corporate/Commercial/Oth				
Per a 2008 law change, Facility owner is now defined as the owner of the property. *** indicates missing data	(Please keep this information up to date. It is used for mailing and contact puposes)				
	Facility Contact Person Name: WILLIAM F PRICE				
	Contact Person Company Name: PLATTSBURGH FORD INC.				
	Address: 320 CORNELIA ST.				
	Address (cont.):				
	City/State/ZIP Code: PLATTSBURGH, NY 12901				
	Telephone Number: (518) 561-5030	E-Mail Address: BPRICE@PLATTSBURGFORD.COM			
I hereby certify under penalty of law 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 Authorized Representative: WILLIAM F. PRICE			Amount Enclosed: \$ 0		
Title: PRESIDENT					
Signature: <i>W.F.P.</i>			Date: 10/13/15		
OFFICIAL USE ONLY Date Received 10/13/15 Date Processed 10/13/15 Amount Received \$ 0 Reviewed by <i>Ann M.</i>					

emailed seat cert. & FIR TO

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Section B - Tank Information

(Please use the key located on the last page to complete each item/column)

Registration Expiration Date:
8/8/2020

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
Action	Tank Number	Tank Location	Status	Installation or Permanent Closure Date (mm/dd/yyyy) Application will be returned if blank or 00/00/0000	Capacity (Gallons)	Product Stored (If Gasoline w/ethanol or Biodiesel, list % additive)	Tank	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	Under Dispenser Containment (UDC) (Check box if present)
3	1001	3	1	11/1985 8/27/15	275	0022	01	00	01	01	99	04	00	02	00	00	00	00	09	
3	930	3	1	11/1985 8/27/15	275	0022	01	00	01	01	99	04	00	02	00	00	00	00	09	
3	931	3	1	11/2010 8/27/15	275	0015	01	00	01	02	00	04	01	02	01	11	00	02	00	
3	932	3	1	11/2010 9/18/15	500	0015	01	00	01	02	00	04	01	02	01	11	00	02	00	

Note: If you need to add tanks to your registration, write them in using blank lines above. Attach additional sheets as needed. Blank Section B is available at http://www.dec.ny.gov/docs/remediation_hudson_pdf/pbsrenewal.pdf

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Section C - Tank Ownership Information (for PBS tanks listed in Section B)

Tank Owner Information		Tank Owner Information			Tank Owner Information			
<input type="checkbox"/> Check box if same as Facility (Property) Owner. If tank owner is different from property owner, fill out information below:								
Tank Owner Name (Company/Individual): Plattsburgh, Ford, Inc.		Tank Owner Name (Company/Individual):			Tank Owner Name (Company/Individual):			
Contact Person: William F. Price		Contact Person:			Contact Person:			
Tank Owner Address: 320 Cornelia ST		Tank Owner Address:			Tank Owner Address:			
Tank Owner Address (cont.):		Tank Owner Address (cont.):			Tank Owner Address (cont.):			
City: Plattsburgh	State: NY	ZIP: 12901	City:	State:	ZIP:	City:	State:	ZIP:
Contact Person Telephone Number: (518) 561-5030		Contact Person Telephone Number:			Contact Person Telephone Number:			
Contact Person email: bprice@plattsburghford.com		Contact Person email:			Contact Person email:			
Specific Tanks Owned		Specific Tanks Owned			Specific Tanks Owned			
<input type="checkbox"/> Check box if this owner owns all tanks at this facility. If not, list tanks owned by this owner below:								
Tank Number	Tank Number (cont.)	Tank Number	Tank Number (cont.)	Tank Number	Tank Number (cont.)	Tank Number	Tank Number (cont.)	
933								
934								
935								
936								
937								

Attach additional sheets as:

NOTES:

Resin/10 back the tanks

no labelling

no labelling at fills

no secondary cont. for fuel Oil
tanks

Floor drains go to
Storm sewer in the back

and to Sanitary in front
CITY DID DYE TESTING

