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Petroleum Bulk Storage Application

Pursuant to the Environmental Conservation Law: Article 17, Title 10; and
Regulations 6 NYCRR Part 613 and 6 NYCRR Subpart 374-2

Return Completed Form To:

JUN 25 2019

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

NYSDEC - Region 5
Environmental Quality

Expiration Date: 08/08/2020

PBS Number:
5-600182

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

Section A - Facility/Property Owner/Contact Information

Transaction Type: <input type="checkbox"/> 1) Initial/New Facility <input type="checkbox"/> 2) Change of Ownership <input type="checkbox"/> 3) Tank Installation, Closing, or Repair <input type="checkbox"/> 4) Information Correction <input type="checkbox"/> 5) Renewal NOTE: Fill in Property Owner information here....>>> Indicate Tank Owner in Section C.	FACILITY NAME: Bailey Ford of Plattsburgh Tax Map: Borough/Section: Block: Lot: City: PLATTSBURGH State: NY ZIP: 12901 County: Clinton Township or City: Plattsburgh (c) Facility Phone Number: (518) 561-5030 Facility Operator: Steve Bailey	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) <input type="checkbox"/> 28=Cemetery/Memorial <input type="checkbox"/> 26=Religious (Church, Synagogue, Mosque, Temple, etc.) <input type="checkbox"/> 27=Hospital/Nursing Home/Health Care <input type="checkbox"/> 52=Marina <input type="checkbox"/> 53=Nuclear Power Plant <input type="checkbox"/> 99=Other (Specify):	
		Emergency Contact Name: JANE SEGUIN AYRES Emergency Telephone Number: (518) 569-2006	
		I hereby certify, under penalty of law, that all of the information provided on this form is true and correct. False statements made herein may be punishable as a criminal offense and/or a civil violation in accordance with applicable state and federal law.	
		Name of Property Owner or Authorized Representative: STEVE BAILEY Amount Enclosed: \$	
		Title: PRESIDENT Signature: Date:	
Official Use Only Date Received: 6/25/19 Date Processed: 6/26/19 Amount Received: \$ 0 Reviewed By: Russ M. Rev. 8/2/2017	Facility (Property) Owner (from Deed): JANE SEGUIN AYRES Facility Owner Address (Street and/or P.O. Boxes): 35A SMITHFIELD BLVD, STE 199 City: PLATTSBURGH State: NY ZIP Code: 12901 Federal Tax ID Number: 14-0592840 Owner Telephone Number: (518) 569-2006 Type of Owner (check only one): 1 <input checked="" 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/Other		
Official Use Only Facility Contact Person Name: Steve Bailey Contact Person Company Name: Bailey Ford of Plattsburgh. Address: 320 CORNELIA ST. Address (cont.): City/State/ZIP Code: PLATTSBURGH, NY 12901 Tel. Number: (518) 561-5030 eMail Address: STEVE@BaileyFord.US			

*emailed cert
to: [initials] & DEAN FLEURY*

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Section B - Tank Information

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

(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, out-of-service, or Permanent Closure Date (mm/dd/yyyy) Application will be returned if blank	Capacity (Gallons)	Product Stored (If Gasoline w/ethanol or Biodiesel, list % additive) %	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	Under Dispenser Containment (UDC) (Check box if present)
1	933	3	1	8/28/2015	330	2642	01	00	01	01	06	04	00	00	00	00	00	00	00	<input type="checkbox"/>
2	11	3	1	6-15-19	1000	2642	01	00	01	12	06	04	00	04	01	01	00	00	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 Name (Company/Individual): <i>Bailey Ford of Plattsburgh</i>			Tank Owner Name (Company/Individual):		
Contact Person: <i>Steve Bailey</i>			Contact Person:		
Tank Owner Address: 320 CORNELIA ST.			Tank Owner Address:		
City: PLATTSBURGH	State: NY	ZIP: 12901	City:	State:	ZIP:
Contact Person Telephone Number: (518) 561-5030	Contact Person email: <i>STEVE @ Baileyford.US</i>		Contact Person Telephone Number:	Contact Person email:	
Specific Tanks Owned			Specific Tanks Owned		
Tank Number:			Tank Number:		
Name of Class B (Daily On-Site) Operator:	Authorization No:		Name of Class B (Daily On-Site) Operator:	Authorization No:	
Name of Class A (Primary) Operator:	Authorization No:		Name of Class A (Primary) Operator:	Authorization No:	

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*934, 935 & 937 per phone call w/ Dean Fleury
6/26/19
ABM.*