

THIS DOCUMENT HAS SEVERAL COUNTERFEIT DETERRENTS - SEE BACK SIDE FOR LISTING.

CHECK DATE  
MO. DAY YR.  
08-22-18

CHECK NO.  
107634

PRESENT THROUGH  
CHASE MANHATTAN BANK, N.A.  
SYRACUSE, N.Y.  
50-937/213

\$6,500 DOLLARS AND 00 CENTS

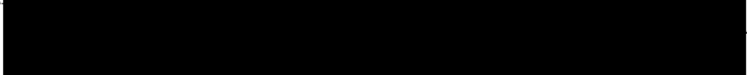
\$6,500.00

PAY TO THE ORDER OF  
NYS DEPT. OF ENVIRONMENTAL  
CONSERVATION  
615 ERIE BLVD  
SYRACUSE NY 13204

VOID AFTER 6 MONTHS  
UNITED REFINING COMPANY  
OF PENNSYLVANIA  
AUTHORIZED SIGNATURE

Required if over \$10,000

*James E. Murphy*



**TANK REGISTRATIONS DUE 9/2016**

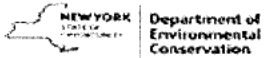
STATION #	CITY	STATE	Facility No.	DUE DATE	AMOUNT
A0004	AUBURN	NY	7-023701	9/19/16	\$500.00
A0005	AUBURN	NY	7-023698	9/19/16	\$500.00
A0009	BINGHAMTON	NY	7-023671	9/19/16	\$500.00
A0011	BINGHAMTON	NY	7-023663	9/19/16	\$500.00
A0027	ENDWELL	NY	7-023655	9/19/16	\$500.00
A0033	ITHACA	NY	7-023647	9/19/16	\$500.00
A0034	JOHNSON CITY	NY	7-023639	9/19/16	\$500.00
A0062	SYRACUSE	NY	7-023612	9/19/16	\$500.00
A0063	SYRACUSE	NY	7-023604	9/19/16	\$500.00
A0066	EAST SYRACUSE	NY	7-023582	9/19/16	\$500.00
A0067	EAST SYRACUSE	NY	7-023574	9/19/16	\$500.00
A0073	VESTAL	NY	7-023566	9/19/16	\$500.00
M0121	WEEDSPORT	NY	7-023531	9/19/16	\$500.00

\$6,500.00

**Payable to:** NYSDEC Region 7 - PBS Unit  
 615 Erie Boulevard West  
 Syracuse, NY 13204-2400

*CR# 107634*

RECEIVED  
 NYS DEC  
**AUG 29 2016**  
 SPILL PREVENTION & RESPONSE  
 REGION 7 - SYRACUSE



# 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 & Fees To:**  
NYSDEC Region 7  
615 Eric Boulevard West  
Syracuse, NY 13204-2400  
(315) 426-7519  
AUG 29 2016  
RECEIVED  
NYS DEC  
SPILL PREVENTION & RESPONSE  
STRUCT



**PBS Number:**  
**7-023701**

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

## Section A - Facility/Property Owner/Contact Information

Expiration Date: 09/19/2016

<b>Transaction Type:</b> <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 checked="" type="checkbox"/> 5) Renewal	<b>Facility Name:</b> KWIK-FILL #A0004 012 <b>Tax Map Info</b> Borough/Section:	<b>TYPE OF PETROLEUM FACILITY</b> (Check only one) <input type="checkbox"/> 01=Storage Terminal/Petrol. Distributor <input checked="" 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/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"/> 16=Nuclear Power Plant <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):	
	<b>Facility Address (Physical Address, No P.O. Boxes):</b> 334 GRANT AVE <b>Block:</b>	<input type="checkbox"/> 01=Storage Terminal/Petrol. Distributor <input checked="" 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/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"/> 16=Nuclear Power Plant <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):	
	<b>Facility Address (cont.):</b> <b>City:</b> AUBURN <b>State:</b> NY <b>ZIP Code:</b> 13021 <b>County:</b> Cayuga <b>Township or City:</b> Sennett <b>Facility Phone Number:</b> (315) 252-3981	<input type="checkbox"/> 01=Storage Terminal/Petrol. Distributor <input checked="" 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/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"/> 16=Nuclear Power Plant <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):	
	<b>Name of Class B (Daily On-Site) Operator:</b> STATION MANAGER NICK TAYLOR <b>Authorization No.:</b> 798-006	<input type="checkbox"/> 01=Storage Terminal/Petrol. Distributor <input checked="" 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/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"/> 16=Nuclear Power Plant <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):	
	<b>Name of Class A (Primary) Operator:</b> ANDREW SICKLES <b>Authorization No.:</b> FMT-E3E	<input type="checkbox"/> 01=Storage Terminal/Petrol. Distributor <input checked="" 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/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"/> 16=Nuclear Power Plant <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):	
<b>NOTE:</b> <b>Fill in Property Owner information here....&gt;&gt;&gt;</b> <b>Indicate Tank Owner in Section C.</b>	<b>Facility (Property) Owner (from Deed):</b> UNITED REFINING CO. OF PA <b>Facility Owner Address (Street and/or P.O. Boxes):</b> PO BOX 688 <b>City:</b> WARREN <b>State:</b> PA <b>ZIP Code:</b> 16365 <b>Federal Tax ID Number:</b> [REDACTED] <b>Owner Telephone Number:</b> 814-723-1500 <b>Type of Owner (check only one):</b> 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 checked="" type="checkbox"/> Corporate/Commercial/Other	<b>Emergency Contact Name:</b> TIM RUTH <b>Emergency Telephone Number:</b> (814) 723-1500 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. <b>Name of Property Owner or Authorized Representative:</b> BART A. JENSEN <b>Amount Enclosed:</b> \$ 500.00 <b>Title:</b> MANAGER UST COMPLIANCE <b>Signature:</b> Bart A Jensen <b>Date:</b> 8/23/16	
<b>Official Use Only</b> <b>Date Received:</b> 8/23/16 <b>Date Processed:</b> 9/17/16 <b>Amount Received:</b> \$ 500 <b>Reviewed By:</b> [Signature] <b>Rev. 10/03/15</b>	<b>Facility Contact Person Name:</b> BART A. JENSEN <b>Contact Person Company Name:</b> UNITED REFINING CO OF PA <b>Address:</b> PO BOX 688 <b>Address (cont.):</b> <b>City/State/ZIP Code:</b> WARREN, PA 16365 <b>Tel. Number:</b> (814) 723-1500 <b>eMail Address:</b> BJENSEN@URC.COM	<b>For Overdue Registrations Only:</b> If you are submitting an application for an overdue registration, you may settle the violation by submitting the normal fee, any back fees due, and a penalty of \$50 for every month the application is overdue. If you decline to settle, or make no choice, the case will be referred for enforcement which may result in higher penalties to resolve the violations. Please indicate your choice below: <input type="checkbox"/> I agree to settle and have enclosed the proper fees and penalty amounts. <input type="checkbox"/> I decline to settle and understand that higher penalties may result.	

**PBS Number:**  
**7-023701**

**Section B - Tank Information**

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

**Registration Expiration Date:**  
**9/19/2016**

(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) <b>Application will be returned if blank</b>	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)	
4	004	5	1	3/1/2006	15,000	2712	10	06	00	04	04	01	<del>05</del>	01	01	01	02	11	05	04	07	X	
4	005	5	1	3/1/2006	10,000	2712	10	06	00	04	04	01	<del>05</del>	01	01	01	02	11	05	04	07	X	
4	006	5	1	3/1/2006	10,000	0008		06	00	04	04	01	<del>05</del>	01	01	01	02	11	05	04	07	X	

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](http://www.dec.ny.gov/docs/remediation_hudson_pdf/pbsrenewal.pdf)

**PBS Number:**  
**7-023701**

# Petroleum Bulk Storage Application

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

<b>Tank Owner Information</b> <input checked="" type="checkbox"/> Check box if same as Facility (Property) Owner. If tank owner is different from property owner, fill out information below:			<b>Tank Owner Information</b>			<b>Tank Owner Information</b>		
Tank Owner Name (Company/Individual):			Tank Owner Name (Company/Individual):			Tank Owner Name (Company/Individual):		
Contact Person:			Contact Person:			Contact Person:		
Tank Owner Address:			Tank Owner Address:			Tank Owner Address:		
Tank Owner Address (cont.):			Tank Owner Address (cont.):			Tank Owner Address (cont.):		
City:	State:	ZIP:	City:	State:	ZIP:	City:	State:	ZIP:
Contact Person Telephone Number:			Contact Person Telephone Number:			Contact Person Telephone Number:		
Contact Person email:			Contact Person email:			Contact Person email:		
<b>Specific Tanks Owned</b> <input type="checkbox"/> Check box if this owner owns all tanks at this facility. If not, list tanks owned by this owner below:		<b>Specific Tanks Owned</b>				<b>Specific Tanks Owned</b>		
Tank Number	Tank Number (cont.)	Tank Number	Tank Number (cont.)	Tank Number	Tank Number (cont.)			

Attach additional sheets as needed.