

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

PBS Number:

Return Completed Form & Fees To:

Section A - Facility/Owner/Contact Information

Transaction Type: 1,3	Facility Name: GLEN HERE LAKE PROPERTY	
1) Initial/New Facility	Location (Not P.O. Boxes): PINE HILL ROAD	
2) Change of Ownership	City: CHESTER	State: NY
3) Tank Installation, Closing, Repair or Reconditioning	County: ORANGE	Zip Code:
4) Information Correction	Name of Daily On-Site Operator: NA	Facility Phone Number: NA
5) Renewal	Name of Primary Operator: SITE	Primary Operator Phone Number: NA
NOTE: A change of ownership and/or federal tax ID submission must include the first page of the deed.	Owner Name: COUNTY OF ORANGE DEPT OF PARKS	Emergency Contact Name:
	Address (Street and/or P.O.): 211 RT 416	Emergency Telephone Number:
	City: MONTGOMERY	State: NY
	Owner Telephone Number: 845-615-3830	Zip Code: 12549
	Federal Tax ID Number:	Owner Telephone Number:
	Type of Owner (check only one):	Amount Enclosed: \$
	<input type="checkbox"/> 1 Private Resident <input checked="" type="checkbox"/> 2 State Government <input type="checkbox"/> 3 Local Government <input type="checkbox"/> 4 Federal Government <input type="checkbox"/> 5 Corporate/Commercial	Name of Owner's Authorized Representative: FRANCIS L. ROBEY, JR.
		Title: COMM. SECRETARY
		Signature: [Signature]
		Date: 9-30-10
***The Application will be returned if these items are blank	OFFICIAL USE ONLY	
	Attention: MICHAEL F AMADIO	Date Received: / /
	Name of Company: COUNTY OF ORANGE DEPT OF PARKS	Date Processed: / /
	Address: 211 RT 416	Amount Received \$:
	City/State/Zip Code: MONTGOMERY NY 12549	Reviewed by:
	Telephone Number: 845-615-3832	(pbsapplication2009.rpt)
	E-Mail Address:	

Expiration Date:

- TYPE OF PETROLEUM FACILITY (Check only one)**
- 01=Storage Terminal/Petroleum Distributor
 - 02=Retail Gasoline Sales
 - 03=Other Retail Sales
 - 04=Manufacturing
 - 05=Utility
 - 06=Trucking/Transportation
 - 07=Apartment/Office Building
 - 08=School
 - 09=Farm
 - 10=Private Residence
 - 11=Airline/Air Taxi/Airport
 - 12=Chemical Distributor
 - 13=Municipality
 - 15=Railroad
 - 25=Auto Service/Repair (No Gasoline Sales)
 - 26=Religious (Church, Synagogue, Mosque, Temple, etc.)
 - 27=Hospital/Nursing Home/Health Care
 - 28=Cemetery / Memorial
 - 99=Other (Specify):

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.

Name of Owner's Authorized Representative: FRANCIS L. ROBEY, JR.

Amount Enclosed: \$

Title: COMM. SECRETARY

Signature: [Signature]

Date: 9-30-10

OFFICIAL USE ONLY

Date Received: / /

Date Processed: / /

Amount Received \$

Reviewed by:

(pbsapplication2009.rpt)

New York State Department of Environmental Conservation



Petroleum Bulk Storage (PBS) Notification for Tank Installation, Closing, Repair or Reconditioning

This form is to serve as notification of tank installation, closing, repair or reconditioning per 6 NYCRR Part 612.2(d) of the Petroleum Bulk Storage Regulations which states "Substantially modified facilities. Within thirty (30) days prior to substantially modifying a facility, the owner must notify the Department of such modification on forms supplied by the Department." If the schedule for work changes you must notify the Department's Regional Office. **Once the actions are complete you are responsible for submitting an PBS application to the Department with the complete tank information including the date the action was completed.**

PBS# _____ Date _____

Site Name: <u>GLONHURST LAKE POND</u>	Owner Name: <u>County of Chautauque Dept</u>	Contractor: <u>T. SLACIC ENV.</u>
Site Address: <u>RINE HILLS ROAD</u>	Owner Address: <u>211 C1 #16</u>	Address: <u>RD MARKET ST, KANILLUNA, NY</u>
Site Contact: <u>NA Chesler, NY</u>	Owner Contact: <u>Montgomery 642549</u>	Contact: <u>Kenneth D. ...</u>
Phone Number: <u>NA</u>	Phone Number: <u>845-615-3832</u>	Phone Number: <u>908-964-5360</u>
Fax Number: <u>N/A</u>	Fax Number: <u>845-457-1966</u>	Fax Number: <u>908-964-4244</u>
Email Address: <u>N/A</u>	Email Address: <u>mmedio@ca.gov.ny.us</u>	Email Address: <u>Korund27@Comcast.net</u>

For Tank Closing & Removal -OR- Closing in Place -OR- Repair/Reconditioning (Tank Installs on other side):

Tank Number	Type of Action (Close & Remove)	Proposed Date of Action (Aboveground or Underground)	Tank Location	Capacity (Gallons)	Spills/Leaks (Y/N or Spill # if known)	Reason	Replacement tank info on other side
UST-1	CLOSE & REMOVE	7/21/10	UST	1000	N	OUT OF SERVICE	X
AST-3	CLOSE & REMOVE	7/21/10	AST	1000	N	OUT OF SERVICE	X
UST-3	CLOSE & REMOVE	7/21/10	UST	5000	1808477	OUT OF SERVICE	X
UST-6	CLOSE & REMOVE	7/22/10	UST	1000	N	OUT OF SERVICE	X
UST-8	CLOSE & REMOVE	7/22/10	UST	1000	N	OUT OF SERVICE	X

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.

Signature of Owner or Authorized Representative: _____ Date: 9/30/10

Section B - Tank Information

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

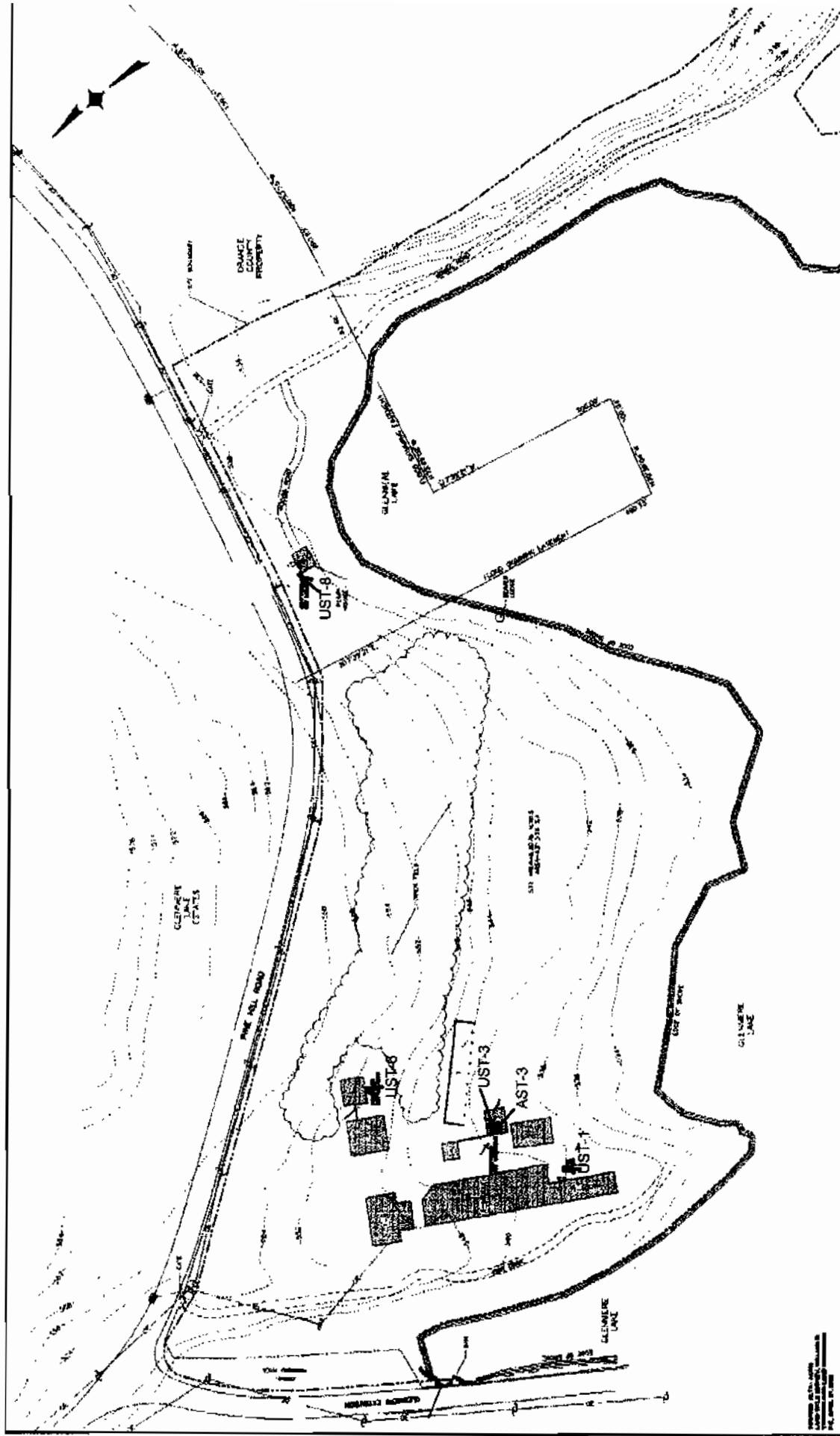
Registration Expiration Date:

PBS Number:

(1) Action	(2) Tank Number	(3) Tank Location	(4) Status	(5) Installation or Permanent Closure Date (M/D/Y) or application will be returned if blank or 00/00/0000	(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)
1	UST-1	5	2	07/25/2010	1000	0001	01	00	00	00	00	00	00	00	00	00	00	00	00	<input type="checkbox"/>	<input type="checkbox"/>
1	AST-3	1	2	07/25/2010	1000	0001	01	00	00	00	00	00	00	00	00	00	00	00	00	<input type="checkbox"/>	<input type="checkbox"/>
1	UST-3	5	2	07/25/2010	5000	0001	01	00	00	00	00	00	00	00	00	00	00	00	00	<input type="checkbox"/>	<input type="checkbox"/>
1	UST-6	5	2	07/25/2010	1000	0001	01	00	00	00	00	00	00	00	00	00	00	00	00	<input type="checkbox"/>	<input type="checkbox"/>
1	UST-8	5	2	07/25/2010	1000	0001	01	00	00	00	00	00	00	00	05	01	00	00	00	<input type="checkbox"/>	<input type="checkbox"/>

Additional Tanks:

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
3																				<input type="checkbox"/>	<input type="checkbox"/>
																				<input type="checkbox"/>	<input type="checkbox"/>
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																				<input type="checkbox"/>	<input type="checkbox"/>



NO. 1	DATE	DESCRIPTION

SITE PLAN

SULLY COUNTY DEPARTMENT OF ANIMAL
INDUSTRY AND AGRICULTURE
SULLY COUNTY
GLENVIEW LAKE PROPERTY



DATE	DESCRIPTION

NO.	DATE	DESCRIPTION

SCALE: 1" = 50' (AS SHOWN)
 DRAWN BY: [Name]
 CHECKED BY: [Name]
 DATE: [Date]