



Hazardous Substance Bulk Storage Application

Pursuant to the Hazardous Substance Bulk Storage Law, Article 40 of
ECL and 6 NYCRR 596-599

(See instructions and please be sure to complete Sections A, B & C)

Section A - Facility/Property Owner/Contact Information

Return Completed Form & Fees To:
NYSDEC
Spill Prevention & Bulk Storage Section
625 Broadway, 11th Floor
Albany, NY 12233-7020



CBS Number:

Expiration Date:

Transaction Type: <input type="checkbox"/> 1) Initial/New Facility 2) Change of Ownership 3) Tank Installation, Closing, or Repair 4) Information Correction 5) Renewal	F A C I L I T Y	Facility Name:	<u>Tax Map</u> Borough/Section	TYPE OF CHEMICAL STORAGE FACILITY (Check only one) <input type="checkbox"/> 01=Storage Terminal/Petrol. Distributor <input type="checkbox"/> 02=Retail Gasoline Sales <input type="checkbox"/> 03=Other Retail Sales <input type="checkbox"/> 04=Manufacturing(non-chemical) <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"/> 20=Chemical Manufacturing <input type="checkbox"/> 21=Swimming Pools (Other than Municipality) <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):	Block:	
		Facility Address (cont.):	Lot	
		City:	State: NY ZIP	
		County: Township or	Facility Phone Number:	
Facility Operator:	Emergency Contact Name: Emergency Telephone Number:			
Provide property owner information here and tank owner information in Section C. Transaction type 1, 2 and 5: attach a copy of cover page, table of contents, and signature page from spill prevention report.	O W N E R	Facility (Property) Owner (from Deed):	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.	
		Facility Owner Address (Street and/or P.O. Boxes):		
		City: State: ZIP Code:		
		Owner Telephone Number:		
		Type of Owner (check only one): 1 <input type="checkbox"/> Private Resident 4 <input type="checkbox"/> Federal Government 2 <input type="checkbox"/> State Government 5 <input type="checkbox"/> Corporate/Commercial/Other		
Official Use Only Date Received: ___/___/___ Date Processed: ___/___/___ Amount Received: \$ _____ Reviewed By: _____ Rev. 6/14/2021	C O R R E S P O N D E N C E	(Please keep this information up to date.)	Name of Property Owner or Authorized Representative: Amount Enclosed: \$ _____ Title: _____ Signature: _____ Date: _____	
		Facility Contact Person Name:		
		Contact Person Company Name:		
		Address:		
		Address (cont.):		
		City/State/ZIP Code:		
		Tel. Number: eMail Address:		

CBS Number:

Section B - Tank Information

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

Registration Expiration Date:

(1) Action	(2) Tank Number	(3) Tank Location	(4) Status	(5) Installation, Out-of-service Or Permanent Closure Date (mm/dd/yyyy) Application will be returned if blank	(6) Capacity (Gallons)	(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	(16) Piping Location	(17) Piping Type	(18) Piping External Protection	(19) Piping Secondary Containment	(20) Piping Leak Detection	Hazardous Substance Name (List <u>all</u> Part 597 Substances, if more than 3 please list on separate sheet)	CAS Number	% of Haz Sub	Tank Fee \$
																		1) 2) 3)			
																		1) 2) 3)			
																		1) 2) 3)			
																		1) 2) 3)			
																		1) 2) 3)			
																		1) 2) 3)			
																		1) 2) 3)			

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/cbsregab.pdf

CBS Number:

Hazardous Substance Bulk Storage Application

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

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 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):			Tank Owner Name (Company/Individual):		
Contact Person:			Contact Person:		
Tank Owner Address:			Tank Owner Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Contact Person Telephone Number:	Contact Person email:		Contact Person Telephone Number:	Contact Person email:	
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:			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:		
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:

HAZARDOUS SUBSTANCE BULK STORAGE APPLICATION - SECTION B - TANK INFORMATION - CODE KEYS

Action (1)

- 1. Initial Listing
- 2. Add Tank
- 3. Close/Remove Tank
- 4. Information Correction
- 5. 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. Partially buried tank /10% or more below ground.
- 5. Underground including vaulted with no access for inspection
- 6. Aboveground in Subterranean Vault w/access for inspections.

Status (4)

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

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

Internal Protection (9)

- 00. None
- 01. Epoxy Liner
- 02. Rubber Liner
- 03. Fiberglass Liner (FRP)
- 04. Glass Liner
- 99. 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:*

Tank Secondary Containment (11)

- 00. None
- 01. Diking (AST Only)
- 02. Vault (w/access)
- 03. Vault (w/o access)
- 04. Double-Walled (UST Only)
- 05. Synthetic Liner
- 06. Remote Impounding Area
- 07. Excavation Liner
- 09. Modified Double-Walled (AST Only)
- 10. Impervious Underlayment (AST Only)**
- 11. Double Bottom (AST Only)**
- 12. Double-Walled (AST Only)
- 99. Other - Please list*

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 (AST Only)
- 99. Other-Please list: *

Overfill Protection (13)

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

Spill Prevention (14)

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

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:*

Piping Secondary Containment (19)

- 00. None
- 01. Diking (Aboveground Only)
- 02. Vault (w/access)
- 04. Double-Walled (Underground Only)
- 06. Remote Impounding Area
- 07. Trench Liner
- 12. Double-Walled (Aboveground Only)
- 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
- 09. Exempt Suction Piping
- 99. Other-Please list:*

.....
* If other, please list on a separate sheet including tank number.

** Each of these codes must be combined with code 01 or 06 to meet compliance requirements.