

# 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)

**CBS Number:**

**Return Completed Form & Fees To:**

**NYSDEC  
Spill Prevention & Bulk Storage Section  
625 Broadway, 11th Floor  
Albany, NY 12233-7020**



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

Expiration Date:

<b>Transaction Type:</b> <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		<b>TYPE OF CHEMICAL STORAGE FACILITY</b> (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:	ZIP				
		County:	Township or	Facility Phone Number:					
		Facility Operator:							
Provide property owner information here and tank owner information in Section C.  You must attach a copy of these parts of the Spill Prevention Report: cover page, table of contents, and signature page.	O W N E R	Facility (Property) Owner (from Deed):				Emergency Contact Name:    Emergency Telephone Number:			
		Facility Owner Address (Street and/or P.O. Boxes):							
		City:		State:	ZIP Code:	<b>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>			
		Owner Telephone Number:							
		Type of Owner (check only one):    3 <input type="checkbox"/> Local Government 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							
		<b>Official Use Only</b> Date Received: ____/____/____ Date Processed: ____/____/____ Amount Received: \$_____ Reviewed By: _____ Rev. 6/26/2019	C O R R E S P O N D E N C E	(Please keep this information up to date.)					
Facility Contact Person Name:									
Contact Person Company Name:									
Address:									
Address (cont.):									
City/State/ZIP Code:									
Tel. Number:				eMail Address:					

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:

Amount Enclosed: \$

Title:

Signature:

Date:

**CBS Number:**

**Section B - Tank Information**

Page 1 of 1

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

**Registration Expiration Date:**

(1)	(2)	(3)	(4)	(5)	(6)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(16)	(17)	(18)	(19)	(20)				
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)	Tank Type	Tank Internal Protection	Tank External Protection	Tank Secondary Containment	Tank Leak Detection	Tank Overfill Prevention	Tank Spill Prevention	Piping Location	Piping Type	Piping External Protection	Piping Secondary Containment	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)			
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																		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](http://www.dec.ny.gov/docs/remediation_hudson_pdf/cbsregab.pdf)**

CBS Number:

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

<b>Tank Owner Information</b> <input 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> <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:	City:		State:
ZIP:			ZIP:		
Contact Person Telephone Number:		Contact Person email:	Contact Person Telephone Number:		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> <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:\*

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\* 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.