

Application For Major Petroleum Facility License

Pursuant to Article 12 of the Navigation Law and 6 NYCRR 610; 17 NYCRR 30

Section A

Return Completed Form To:



Please Type or Print Clearly
and Complete All Items

Expiration Date:

| | | | | | |
|--|-----------------------|---|-----------------|--|--|
| License Number | FACILITY | Facility Name: | | TYPE OF PETROLEUM FACILITY: (Check only one) | |
| DEC CBS Number: (If applicable) | | Location (Not P.O. Boxes) | | <input type="checkbox"/> 01=Storage Terminal/Petroleum Distributor <input type="checkbox"/> 05=Utility <input type="checkbox"/> 04=Manufacturing (Other than Chemical)/ Processing <input type="checkbox"/> 08=School | |
| | | Location (cont.): | | <input type="checkbox"/> 06=Trucking/Transportation/Fl <input type="checkbox"/> 14=Refinery <input type="checkbox"/> 11=Airline/Air Taxi <input type="checkbox"/> 16=Vessel/Barge <input type="checkbox"/> 15=Railroad <input type="checkbox"/> 20=Chemical Mfg. <input type="checkbox"/> 99=Other (Specify): _____ | |
| | | City: | State: | Zip Code: | |
| | | County: | Township/City: | Facility Operator Phone: | |
| | | Facility Operator: | | PRODUCT TRANSFER OPERATIONS: (Check all that apply) | |
| Transaction Type (Check all that apply) | LICENSE | Licensee Name: | | <input type="checkbox"/> 1=Tank Truck <input type="checkbox"/> 4=Pipeline <input type="checkbox"/> 2=Change of Licensee <input type="checkbox"/> 2=Railroad Car <input type="checkbox"/> 5=Other(Specify): <input type="checkbox"/> 3=Tank installation, Closing, or Repair <input type="checkbox"/> 4=Information Correction <input type="checkbox"/> 5=Renewal | |
| | | Address (Street and/or P.O.): | | Average Daily Throughput (Gallons): Total Storage Capacity (Gallons): | |
| | | City: | State: | Zip Code: | Emergency Contact Name: Emergency Telephone Number: |
| | | Licensee Telephone Number: | | 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. | |
| Type of Licensee: (check only one) | LEGAL | Legal Agent Name: | | Name of Licensee or Authorized Representative: | |
| <input type="checkbox"/> State Government | | Address (Street and/or P.O.): | | Title: | |
| <input type="checkbox"/> Local | | City: | State: | Zip Code: | Signature: Date: |
| <input type="checkbox"/> Federal Government | | Date Filed With The Secretary Of State: | | | |
| <input type="checkbox"/> Corporate/Commerci | | | | | |
| For Vessels Only Vessel ID #: | CORRESPONDENCE | (Please keep up to date - this information is used for mailing and contact puposes) | | | |
| Licensee is (Check all that apply) | | Facility Contact Person Name: | | | |
| | | Contact Person Company Name: | | | |
| | | Address: | | | |
| | | Address (cont.): | | | |
| | | City/State/Zip Code: | | | |
| | | Telephone Number: | E-Mail Address: | | |
| <div style="border: 1px solid black; padding: 5px;"> OFFICIAL USE ONLY Date Received ____/____/____ Sections Completed: A: <input type="checkbox"/> Yes <input type="checkbox"/> No B: <input type="checkbox"/> Yes <input type="checkbox"/> No C: <input type="checkbox"/> Yes <input type="checkbox"/> No D: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Processed ____/____/____ Reviewed by _____ Revised 6/26/2019 </div> | | | | | |

License Number:

Section B - Tank Information

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

License Expiration Date:

[illegible]

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/mosfappform.pdf

License Number:

Major Oil Storage Facility License Application

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

Tank Owner Information

☐ 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):

Contact Person:

Tank Owner Address:

City:

State:

ZIP:

Contact Person Telephone Number:

Contact Person email:

Specific Tanks Owned

☐ Check box if this owner owns all tanks at this facility.

If not, list tanks owned by this owner below:

Tank Number:

Name of Class B (Daily On-Site) Operator:

Authorization No:

Name of Class A (Primary) Operator:

Authorization No:

Tank Owner Information

☐ 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):

Contact Person:

Tank Owner Address:

City:

State:

ZIP:

Contact Person Telephone Number:

Contact Person email:

Specific Tanks Owned

☐ Check box if this owner owns all tanks at this facility.

If not, list tanks owned by this owner below:

Tank Number:

Name of Class B (Daily On-Site) Operator:

Authorization No:

Name of Class A (Primary) Operator:

Authorization No:

(See Instructions)

APPLICANT, PLEASE CHECK APPROPRIATE BOX FOR QUESTIONS 1 THRU 6. ATTACH OR INSERT INFORMATION AS REQUIRED

- | | Yes | No | |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Does this facility have a federal spill prevention control and countermeasure (SPCC) plan? If Yes, please attach a copy. If No, please see instructions. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Does this facility have an operations manual on file with the U.S. Coast Guard? If yes, please attach a copy. If no, please see instructions. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | In addition to 1 and 2 above, does this facility have a plan for the prevention of petroleum spills or discharges? If so, please attach a copy. |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Does this facility have a separate clean-up and removal plan? Please see instructions and attach a copy. |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Are plans referenced in questions 1 through 4 above fully implemented? If not, indicate anticipated date for complete implementation. ____/____/____ |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Has this facility experienced a spill or an uncontrolled discharge during the past five years? If so, please see instructions. |

APPLICANT. PLEASE CHECK APPROPRIATE BOX FOR QUESTIONS 7 THROUGH 9 AND ATTACH OR INSERT INFORMATION AS REQUIRED.

- | | Yes | No | |
|----|--------------------------|--------------------------|--|
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Has the facility experienced a spill or an uncontrolled discharge during the past year? If so, please see instructions. |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Have any major additions or changes to the structure or equipment of the facility been made within the past year which would materially affect the potential for a petroleum discharge? If yes, please see instructions and attach requested information. |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Has the facility's federal SPCC plan, U.S. Coast Guard Operations Manual, and/or other spill control plans submitted for initial licensing been amended or otherwise changed during the past year? Please see instructions and attach requested information. |

APPLICANT, PLEASE CHECK APPROPRIATE BOX FOR QUESTIONS 10 THROUGH 16 AND ATTACH OR INSERT INFORMATION AS REQUIRED.

- | | Yes | No | |
|-----|--------------------------|--------------------------|--|
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Does this facility have any uncorrected violations cited by the U.S. Coast Guard and/or the U.S. Environmental Protection Agency? If so, please attach an explanation. |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Is a general site plan included in the submitted plan(s)? If not, please attach a copy. If yes, specify plan and page. _____ |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Does the submitted plan(s) indicate how petroleum spills or discharges are prevented from contaminating groundwater? If not, please see instructions. If yes, specify plan and page. _____ |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Is this facility a member of a discharge clean-up organization or cooperative? If so, please enter name and address of organization, and attach a copy of the agreement. _____ Name Address |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Does this facility contract for discharge clean-up services? If so, please enter name and address of contractor. _____ Name Address |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Does this facility dispose of petroleum contaminated wastes (debris, dirt, sludges, sorbents, waste oil, etc.) off site? If so, please enter name and address of company(s) and the location(s) of disposal sites(s). _____ Name Address Site Location |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Does the submitted plan(s) show compliance with 6 NYCRR 613-2, 3 & 4 of the Petroleum Bulk Storage Regulations? If not, please indicate anticipated date for compliance. _____/_____/_____ |

MAJOR OIL STORAGE LICENSE 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 (tank with 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

Products Stored (7)

Heating Oils: On-Site Consumption

0001. #2 Fuel Oil
0002. #4 Fuel Oil
0259. #5 Fuel Oil
0003. #6 Fuel Oil
0012. Kerosene
0591. Clarified Oil
2711. Biodiesel (Heating)
2642. Used Oil (Heating)
- ### **Heating Oils: Resale/Redistribution**
2718. #2 Fuel Oil
2719. #4 Fuel Oil
2720. #5 Fuel Oil
2721. #6 Fuel Oil
2722. Kerosene
2723. Clarified Oil

Motor Fuels

0009. Gasoline
2712. Gasoline/Ethanol

0008. Diesel
2710. Biodiesel
0011. Jet Fuel
1044. Jet Fuel (Biofuel)
2641. Aviation Gasoline

Emergency Generator Fuels

0001. #2 Fuel Oil
2730. Biodiesel (E-Gen)
2731. Diesel (E-Gen)

Lubricating/Cutting Oils

0013. Lube Oil
0015. Motor Oil
1045. Gear/Spindle Oil
0010. Hydraulic Oil
0007. Cutting Oil
0021. Transmission Fluid
1836. Turbine Oil
0308. Petroleum Grease

Oils Used as Building Materials

0004. Asphalt
2626. Asphaltic Emulsions
0748. Form Oil

Petroleum Spirits

0014. White/Mineral Spirits
1731. Naptha

Mineral/Insulating Oils

0020. Insulating Oil (e.g., Transformer, Cable Oil)
2630. Mineral Oil

Waste/Used/Other Oils

- 0022 Waste/Used Oil
9999. Other-Please list:*

Crude Oil

0006. Crude Oil
0701. Crude Oil Fractions

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
99. Other-Please list:*

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

06. Impervious Barrier/Concrete Pad (AST Only)
07. Statistical Inventory Reconciliation (SIR)
08. Weep holes in vaults with no access for inspection
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
02. Transfer Station Containment
01. Catch Basin
99. Other-Please list:*

Pumping/Dispensing Method (15)

00. None
01. Presurized Dispenser
02. Suction Dispenser
03. Gravity
04. On-Site Heating System (Suction)
05. On-Site Heating System (Supply/Return)
06. Tank-Mounted Dispenser
07. Loading Rack/Transfer Pump

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
10. Statistical Inventory Reconciliation (SIR)
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.