

# 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

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

Return Completed Form To:



**PBS Number:**

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

Expiration Date:

|   |  |   |   |   |   |   |  |
|---|--|---|---|---|---|---|--|
| <b>Transaction Type:</b> <input type="checkbox"/><br>1) Initial/New Facility<br>2) Change of Ownership<br>3) Tank Installation, Closing, or Repair<br>4) Information Correction<br>5) Renewal | F<br>A<br>C<br>I<br>L<br>I<br>T<br>Y                               | Facility Name:                                      | Tax Map Info  | <b>TYPE OF PETROLEUM FACILITY</b> (Check only one)                              |   |   |  |
|   |  | Facility Address (Physical Address, No P.O. Boxes): | Block:  | <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            |
|   |  | Facility Address (cont.):                           | Lot:  | <input type="checkbox"/> 05=Utility   | <input type="checkbox"/> 06=Trucking/Transportation/Fleet     | <input type="checkbox"/> 07=Apartment/Office Building | <input type="checkbox"/> 08=School                   |
|   |  | City:   | State: <b>NY</b>  | ZIP Code:   | <input type="checkbox"/> 09=Farm                              | <input type="checkbox"/> 10=Private Residence         | <input type="checkbox"/> 11=Airline/Air Taxi/Airport |
|   |  | County:   | Township/City:  | Facility Phone Number:  | <input type="checkbox"/> 12=Chemical Distributor              | <input type="checkbox"/> 13=Municipality              | <input type="checkbox"/> 15=Railroad                 |
|   |  | Facility Operator:                                  |   | <input type="checkbox"/> 25=Auto Service/Repair (No Gasoline)                   | <input type="checkbox"/> 28=Cemetery/Memorial                 |   |  |
|   |  |   |   | <input type="checkbox"/> 26=Religious (Church, Synagogue, Mosque, Temple, etc.) | <input type="checkbox"/> 27=Hospital/Nursing Home/Health Care |   |  |
|   |  |   |   | <input type="checkbox"/> 53=Nuclear Power Plant                                 | <input type="checkbox"/> 52=Marina                            |   |  |
|   |  |   |   | <input type="checkbox"/> 99=Other (Specify):                                    |   |   |  |
|   |  |   |   | Emergency Contact Name:   | Emergency Telephone Number:                                   |   |  |
| <b>NOTE:</b><br><br><b>Fill in Property Owner information here....&gt;&gt;&gt;</b><br><br><b>Indicate Tank Owner in Section C.</b>  | O<br>W<br>N<br>E<br>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. Box):    | Name of Owner or Authorized Representative:   |   |   |   |  |
|   |  | City:   | State:  | ZIP Code:   | Amount Enclosed: \$   |   |  |
|   |  | Federal Tax ID Number:                              | Owner Telephone Number:   |   |   |   |  |
|   |  | Title:  | Signature:  |   |   |   |  |
|   |  | Type of Owner (check only one):                     | 3 <input type="checkbox"/> Local Government   | Date:   |   |   |  |
|   |  | 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<br>Date Received: ___/___/___<br>Date Processed: ___/___/___<br>Amount Received: \$_____<br>Reviewed By: _____<br>Rev. 8/2/2017   | C<br>O<br>R<br>R<br>E<br>S<br>P<br>O<br>N<br>D<br>E<br>N<br>C<br>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:  |   |   |  |

**PBS Number:**

**Section B - Tank Information**

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

**Registration Expiration Date:**

| (1)<br>Action | (2)<br>Tank Number | (3)<br>Tank Location | (4)<br>Status | (5)<br>Installation, out-of-service, or Permanent ClosureDate (mm/dd/yyyy)<br><b>Application will be returned if blank</b> | (6)<br>Capacity (Gallons) | (7)<br>Product Stored (If Gasoline w/ethanol or Biodiesel, list % additive) | (8)<br>Tank Type | (9)<br>Tank Internal Protection | (10)<br>Tank External Protection | (11)<br>Tank Secondary Containment | (12)<br>Tank Leak Detection | (13)<br>Tank Overfill Prevention | (14)<br>Tank Spill Prevention | (15)<br>Pumping/Dispensing Method | (16)<br>Piping Location | (17)<br>Piping Type | (18)<br>Piping External Protection | (19)<br>Piping Secondary Containment | (20)<br>Piping Leak Detection | (21)<br>Under Dispenser Containment (UDC) (Check box if present) |
|---------------|--------------------|----------------------|---------------|--|---------------------------|---|------------------|---------------------------------|----------------------------------|------------------------------------|-----------------------------|----------------------------------|-------------------------------|-----------------------------------|-------------------------|---------------------|------------------------------------|--------------------------------------|-------------------------------|--|
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |
|               |                    |                      |               |  |                           |   |                  |                                 |                                  |                                    |                             |                                  |                               |                                   |                         |                     |                                    |                                      |                               | <input type="checkbox"/>   |

**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:**

# Petroleum Bulk Storage Application

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

|   |                       |      |
|---|-----------------------|------|
| <b>Tank Owner Information</b>   |                       |      |
| <input type="checkbox"/> Check box if same as Facility (Property) Owner.<br>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: |      |
| <b>Specific Tanks Owned</b>   |                       |      |
| <input type="checkbox"/> Check box if this owner owns all tanks at this facility.<br>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:     |      |
|   |                       |      |
|   |                       |      |
|   |                       |      |
|   |                       |      |

|   |                       |      |
|---|-----------------------|------|
| <b>Tank Owner Information</b>   |                       |      |
| <input type="checkbox"/> Check box if same as Facility (Property) Owner.<br>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: |      |
| <b>Specific Tanks Owned</b>   |                       |      |
| <input type="checkbox"/> Check box if this owner owns all tanks at this facility.<br>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:     |      |
|   |                       |      |
|   |                       |      |
|   |                       |      |
|   |                       |      |

# PETROLEUM 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 (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

- 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 (AST Only)
- 04. Product Level Gauge (AST Only)
- 05. Vent Whistle
- 99. Other-Please list:\*

## Spill Prevention (14)

- 00. None
- 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:\*

## Under Dispenser Containment (UDC) (21)

Check Box if Present

.....

\* 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.