New York State Department of Environmental Conservation
Pre-Work Notification for Bulk Storage (PBS or CBS) Tank Installation or Closure

This form provides notice of an upcoming tank installation and/or closure per 6 NYCRR Sections 613-1.9(h) and (f), 613-2.6(b) (1), 613-3.5 (b) (1) and 613-4.5 (b) (1) of the Petroleum Bulk Storage (PBS) Regulations, or 6 NYCRR Sections 596.2(f) and (h) of the Chemical Bulk Storage (CBS) Regulations. Submit the completed form to the Department's Regional Office at least 30 days prior to action for PBS tank installation * and permanent closure** ; at least 3 days prior for CBS tank installation *** . For CBS permanent tank closure, a minimum of 3 day prior notice is recommended. **If the schedule for work changes you must notify the Department's Regional Office before work begins. Once the work is complete, the facility (property) owner is responsible for submitting a PBS or CBS application to the Department with the complete tank information including the date the action was completed.** The Owner is also responsible to ensure that all work is completed in compliance with the applicable PBS or CBS regulations (i.e., Parts 613 or 598/599). Any questions, call the Department's Regional Office. Information on the Chemical and Petroleum Bulk Storage Programs be found at: http://www.dec.ny.gov/chemical/287.html

*not required for temporary tank system ** unless in response to corrective action *** unless immediate action is required

Check Applicable Program: _____PBS _____CBS **Facility PBS or CBS Registration No.** _____

Site Name:	Contractor:
Site Address:	Address:
Site Address (cont):	Address(cont):
Site Contact:	Contact:
Phone Number: Fax Number:	Phone Number: Fax Number:
Email Address:	Email Address:

Tank Number	Type of Action (Close & Remove, Close in Place, Install)	Proposed Date (mm/dd/yy)	Tank Location (Aboveground or Underground)	Capacity (Gallons)	Spills/Leaks? (Yes/No w/Spill # if Yes)	Reason for Action

I hereby certify under penalty of law 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 or Authorized Representative (print): _____ Title: _____

Signature _____ Date _____

revised 02/01/2017