



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:

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:	Tax Map Info		TYPE OF PETROLEUM 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 <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"/> 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"/> 52=Marina <input type="checkbox"/> 53=Nuclear Power Plant <input type="checkbox"/> 99=Other (Specify):		
		Facility Address (Physical Address, No P.O. Boxes):	Block:				
		Facility Address (cont.):	Lot:				
		City:	State: NY	ZIP Code:			
		County:	Township/City:	Facility Phone Number:			
Facility Operator:	Emergency Contact Name:		Emergency Telephone Number:				
NOTE: Fill in Property Owner information here....>>> Indicate Tank Owner in Section C.	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. Box):					
		City:				State:	ZIP Code:
		Federal Tax ID Number:				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						
Official Use Only Date Received: ___/___/___ Date Processed: ___/___/___ Amount Received: \$_____ Reviewed By: _____ Rev. 8/2/2017	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:			
Name of Owner or Authorized Representative:		Amount Enclosed: \$					
Title:							
Signature:		Date:					

PBS Number:

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Section C - Tank Ownership Information (for PBS 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 Name (Company/Individual):		
Contact Person:		
Tank Owner Address:		
City:	State:	ZIP:
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:		
Tank Number:		
Name of Class B (Daily On-Site) Operator:	Authorization No:	
Name of Class A (Primary) Operator:	Authorization No:	

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):		
Contact Person:		
Tank Owner Address:		
City:	State:	ZIP:
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:		
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

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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.