



**Return Completed Form & Fees To:**

**PBS Number:**

# Petroleum Bulk Storage Application

Pursuant to the Environmental Conservation Law: Article 17, Title 10; and  
Regulations 6 NYCRR Parts 612-614 and 6 NYCRR Subpart 374-2  
(Please Type or Print Clearly and Complete All Items for Sections A, B & C)

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

Expiration Date:

<b>Transaction</b>  <b>Type:</b>  1) Initial/New Facility 2) Change of Ownership 3) Tank Installation, Closing, Repair or Reconditioning 4) Information Correction 5) Renewal	F	Facility Name:	Tax Map Info: Borough/Section:		<b>TYPE OF PETROLEUM 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 <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 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): _____			
	A	Facility Address (Physical Address, No P.O. Boxes)	Block:					
	C	Facility Address (cont.):	Lot:					
	I	City:	State:	Zip Code:				
	L	County:	Township or City:					
	I	Name of Class B (Daily On-Site) Operator:	Facility Phone Number:					
T	Name of Class A (Primary) Operator:							
Y								
<b>NOTE: A new registration, change of ownership, and/or federal tax ID change must include a copy of the first page of the deed.</b>	O W N E R	Facility (Property) Owner (from Deed):		Emergency Contact Name:		Emergency Telephone Number:		
		Facility Owner Address (Street and/or P.O. Box):		I hereby certify under penalty of perjury 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.				
		City:	State:					Zip Code:
		Federal Tax ID Number:		Owner Telephone Number:		Name of Owner or Authorized Representative:		Amount Enclosed: \$
		Type of Owner: (check only one)		3 <input type="checkbox"/> Local Government		Title:		
		1 <input type="checkbox"/> Private Resident		4 <input type="checkbox"/> Federal Government		Signature:		
2 <input type="checkbox"/> State Government		5 <input type="checkbox"/> Corporate/Commercial/Other		Date:				
<b>The Application will be returned if incomplete. *** indicates missing data</b>	C O R R E S P O N D E N C E	(Please keep this information up to date. It is used for mailing and contact purposes)				OFFICIAL USE ONLY		
		Facility Contact Person Name:				Date Received ___/___/___		
		Contact Person Company Name:				Date Processed ___/___/___		
		Address:				Amount Received \$ _____		
		Address (cont.):				Reviewed by:		
		City/State/Zip Code:						
Telephone Number:			E-Mail Address:			(revised 12/24/2012)		



# 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. Recondition/Repair/Reline Tank

## Motor Fuels

0009. Gasoline
2712. Gasoline/Ethanol
0008. Diesel
2710. Biodiesel
0011. Jet Fuel
1044. Jet Fuel (Biofuel)
2641. Aviation Gasoline

## Internal Protection (9)

00. None
01. Epoxy Liner
02. Rubber Liner
03. Fiberglass Liner (FRP)
04. Glass Liner
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 (Aboveground Only)
05. Vent Whistle
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:\*

## Tank Location (3)

1. Aboveground-contact w/ soil
2. Aboveground-contact w/ impervious barrier
3. Aboveground on saddles, legs, stilts, rack or cradle
4. Aboveground with 10% or more below ground
5. Underground
6. Aboveground in Subterranean Vault w/ access for inspections

## 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

## 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:\*

## Spill Prevention (14)

00. None
01. Catch Basin
99. Other-Please list:\*

## Pumping/Dispensing Method (15)

00. None
01. Pressurized 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

## Oils Used as Building Materials

2626. Asphaltic Emulsions
0748. Form Oil

## Secondary Containment (11/19)

00. None
01. Diking (Aboveground Only)
02. Vault (w/access)
03. Vault (w/o access)
04. Double-Walled (Underground Only)
05. Synthetic Liner
06. Remote Impounding Area
07. Excavation/Trench Liner
09. Modified Double-Walled (Aboveground Only)
10. Impervious Underlayment (Aboveground Only)\*\*
11. Double Bottom (Aboveground Only)\*\*
12. Unmodified Double-Walled (Aboveground Only)

## 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.

## Status (4)

1. In-service
2. Temporarily out-of-service
3. Closed-Removed
4. Closed-In Place
5. Tank converted to Non-Regulated use

## Petroleum Spirits

0014. White/Mineral Spirits
1731. Naphtha

## Mineral/Insulating Oils

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

## 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)

### 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:\*

## 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 (Aboveground Only)
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:\*

### 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
2724. Biodiesel (Heating)

**PBS Number:**

**Petroleum Bulk Storage Application**  
**Section C – Tank Ownership Information (for PBS tanks listed in Section B)**

<b>Tank Owner Information</b>			<b>Tank Owner Information</b>			<b>Tank Owner Information</b>		
<input type="checkbox"/> Same as Facility (Property) Owner listed in Section A. If not checked fill out information below:								
Tank Owner Name (Company/Individual):			Tank Owner Name (Company/Individual):			Tank Owner Name (Company/Individual):		
Contact Person:			Contact Person:			Contact Person:		
Tank Owner Address:			Tank Owner Address:			Tank Owner Address:		
Tank Owner Address (cont.)			Tank Owner Address (cont.)			Tank Owner Address (cont.)		
City:	State:	Zip:	City:	State:	Zip:	City:	State:	Zip:
Contact Person Telephone Number:			Contact Person Telephone Number:			Contact Person Telephone Number:		
Contact Person Email:			Contact Person Email:			Contact Person Email:		
<b>Specific Tanks Owned</b>			<b>Specific Tanks Owned</b>			<b>Specific Tanks Owned</b>		
<input type="checkbox"/> Own all PBS tanks at this facility – If not checked, list tanks owned, using tank numbers from Section B:								
Tank Number	Tank Number (cont.)		Tank Number	Tank Number (cont.)		Tank Number	Tank Number (cont.)	

Attach additional sheets as needed.