

**APPENDIX D****COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTE MANAGEMENT****UNDERGROUND STORAGE TANK SYSTEM  
CLOSURE REPORT FORM**52 - 01926

Facility I.D.

Rosemergy's Convenient Store

Facility Name

Lackawaxen Township

Municipality

Pike

County

10/14/2011

Date Prepared

Frederic DiehlName of Person Submitting Report  
(Please Print)Bluestone Environmental IncCompany Name  
(If Applicable)Project Manager

Title

## Closure Method (Check all that apply):

- ☒ Removal
- ☐ Closure-In-Place
- ☐ Change-In-Service

## Site Assessment Results (Check all that apply):

- ☐ No Obvious Contamination - Sample Results Meet Standards/Levels
- ☐ No Obvious Contamination - Sample Results Do Not Meet Standards/Levels
- ☐ Obvious, Localized Contamination - Sample Results Meet Standards/Levels
- ☐ Obvious, Localized Contamination - Sample Results Do Not Meet Standards/Levels
- ☒ Obvious, Extensive Contamination



## APPENDIX D

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- ☐ Obvious, Localized Contamination - Sample Results Meet Standards/Levels
- ☐ Obvious, Localized Contamination - Sample Results Do Not Meet Standards/Levels
- ☒ Obvious, Extensive Contamination

DATE RECEIVED: \_\_\_\_\_

## UNDERGROUND STORAGE TANK SYSTEM CLOSURE REPORT FORM

Owners who are permanently closing underground storage tanks may use this form to demonstrate that an underground storage tank closure was performed in accordance with the "Closure Requirements for Underground Storage Tank Systems" document. PLEASE PRINT OR TYPE. COMPLETE ALL QUESTIONS.

### SECTION I. Owner/Facility/Tank/Waste Management and Disposal Information

1. Facility ID Number 52 - 01926
2. Facility Name Rosemergys Convenient Store
3. Facility County Pike
4. Facility Municipality Lackawaxen
5. Facility Address 1623 Route 590, Hawley, PA 18428
6. Facility Contact Person Mr. Jim Hoadley
7. Facility Telephone Number ( 570 ) 685 - 7858
8. Owner Name Ms. Jan Hoadley
9. Owner Mailing Address 134 Butternut Flats, Beach Lake, PA 18405
10. Description of Underground Storage Tanks (Complete for each tank closed)

DATE OF TANK CLOSURE (Month/Day/Year)		09- 12 -2011	09- 12 -2011	09- 12 -2011	- -	
Tank Registration Number		1	2	3		
Estimated Total Capacity (Gallons)		2,000	2,000	1,000		
Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply)	<b>a. Petroleum</b>					
	Unleaded Gasoline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Leaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Aviation Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Jet Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Diesel Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Fuel Oil No. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Fuel Oil No. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Fuel Oil No. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Fuel Oil No. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Fuel Oil No. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	New Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Used Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Other, Please Specify					
	NOTE: If Hazardous Substance Block is Checked, Attach Material Safety Data Sheets (MSDS)	<b>b. Hazardous Substance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Name of Principal CERCLA Substance				
<b>AND</b> Chemical Abstract Service (CAS) No.						
	<b>c. Unknown</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Closure Method (Check Only One)	<b>a. Removal</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<b>b. Closure-in-Place</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>c. Change-In-Service</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Partial System Closure (Yes or No)		NO	NO	NO		

<b>DATE OF TANK CLOSURE (Month/Day/Year)</b>		- -	- -	- -	- -
Tank Registration Number					
Estimated Total Capacity (Gallons)					
Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply)	<b>a. Petroleum</b>				
	Unleaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Leaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aviation Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Jet Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Diesel Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	New Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Used Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other, Please Specify				
NOTE: If Hazardous Substance Block is Checked, Attach Material Safety Data Sheets (MSDS)	<b>b. Hazardous Substance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Name of Principal CERCLA Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AND				
	Chemical Abstract Service (CAS) No.				
	<b>c. Unknown</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure Method (Check Only One)	<b>a. Removal</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>b. Closure-in-Place</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>c. Change-In-Service</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial System Closure (Yes or No)					

Yes N/A

11. Briefly describe the storage tank facility and the nature of the operations which were conducted at the facility (both historical and present) **including use of tanks:**

The site began operations in around 1965 as an automotive repair facility and gasoline station. In 1988, the current USTS were installed. In 1998, the USTS were upgraded. The USTS were used to dispense retail gasoline and Diesel.

- ☒ ☐ 12. A site location and sampling map of the site, drawn to scale, is attached. See page 11 of 11.
- ☒ ☐ 13. Original, color photographs of the closure process are attached (i.e., inside of excavation/piping runs, pit water, tanks showing condition).
- ☒ ☐ 14. An amended "Storage Tanks Registration/Permitting Application Form" was submitted to the DEP, Bureau of Waste Management, Division of Storage Tanks, P.O. Box 8762, Harrisburg, PA 17105-8762.

Date: 10/14/2011

- ☐ ☐ 15. If a reportable release was confirmed, the appropriate regional office of DEP was notified by the owner or operator.

Date: 07 - 05 - 2011

Office: Northeast Regional Office



Yes ☒ N/A ☐

16. If tanks were cleaned on-site:

a. Briefly describe the disposition of usable product: All useable product was removed prior to the excavation. FCC Environmental, 505 South Market Street, Wilmington, DE. Removed the material. A Bill of Lading is attached.

b. Briefly describe the disposal of unusable product, sludges, sediments, and wastewater generated during cleaning. Provide the name and permit number of the processing, treatment, storage or disposal facility. (Attach documentation of proper disposal):  
The unusable material (tanks sludge and bottoms) were drummed and currently secured at the site. Disposal of the tank sludge and bottoms is scheduled in October 2011. Once complete, the manifest will be forward to the PADEP for the records. The materials are scheduled to be transported and disposed at Cycle-Chem, Inc., Lewisberry, PA. Cycle-Chem EPA ID# PAD067098822.

c. If tank contents were determined/deemed to be hazardous waste, provide:

(1) Generator ID Number: N/A

(2) Licensed Hazardous Waste Transporter Name and ID Number: N/A

☐ ☒ 17. If tanks were removed from the site for cleaning:

a. Provide the name and permit number of the processing, treatment, storage or disposal facility performing the tank cleaning: \_\_\_\_\_

b. If tank contents were determined/deemed to be hazardous waste, provide:

(1) Generator ID Number: \_\_\_\_\_

(2) Licensed Hazardous Waste Transporter Name and ID Number: \_\_\_\_\_

18. Briefly describe the disposition of tanks/piping (Attach documentation of proper disposal):

The USTS and assoicated were recycled at Mikes Scrap Recycling, Scranton PA. Slip is attached

☒ ☐ 19. If contaminated soil is excavated:

a. Briefly describe the disposition and amount 100± (tons) of contaminated soil. Provide the name and permit number of the processing, treatment, storage or disposal facility. (Attach documentation of proper disposal):

The contaminated soil is current stockpiled on and covered with polyethylene sheeting. The material is secured at the site.

b. If contaminated soil is determined/deemed to be hazardous waste, provide:

(1) Generator ID Number: N/A

(2) Licensed Hazardous Waste Transporter Name and ID Number: N/A

Yes N/A

- ☐ ☒ 20. Briefly describe the disposition of and amount 0 (tons) of uncontaminated soil (attach analyses):

No soil excavated was considered uncontaminated.

I, Jan Marie Hoadley, hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904  
(Print Name)

(relating to unsworn falsification to authorities) that I am the owner of the above referenced storage tank(s) and that the information provided by me in this closure report (Section I) is true, accurate and complete to the best of my knowledge and belief.

Jan Marie Hoadley  
Signature of Tank Owner

10 / 14 / 2011  
Date

N/A  
Company Name  
(If Applicable)

N/A  
Title

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTE MANAGEMENTUNDERGROUND STORAGE TANK SYSTEM  
CLOSURE REPORT FORM

## SECTION II. Tank Handling Information

Facility ID Number 52 - 01926

Yes N/A

1. Briefly describe the excavation and initial on-site staging of uncontaminated/contaminated soil:  
The UST excavation started with Tank 003 and proceeded to Tank 001. The soils being excavated were stockpiled near the excavation. The soil was determined contaminated. The soil was placed on polyethylene and is currently staged on site.
2. Briefly describe the method of piping system closure and the closure of the piping systems including the quantity and condition of the piping:  
All supply piping (30± linear feet total) was removed from each system. The vent piping was cut and the excavation and at the wall of the garage. The vent piping has remained in place for future removal by others. All supply piping was inspected and was in good to very good condition. No rust, pitting or holes were found.
3. Briefly describe the condition of the tanks and any problems encountered during tank removal:  
All USTS were inspected. All three USTS were in very good to excellent condition.
4. Briefly describe the method used to purge the tanks of and monitor for explosive vapors:  
All USTS were inspected outside the excavation. All three USTS were in very good condition.
- ☒ ☐ 5. If tanks were cleaned on-site:
  - a. Briefly describe the tank cleaning process: The USTS were vapor freed following inert procedures. Once vapor free, the USTS were cut and cleaned. The material generated from cleaning was drummed for future disposal.
  - b. If subcontracted, name and address of company that performed the tank cleaning:  
N/A
- ☐ ☒ 6. If tanks were closed-in-place, briefly describe the tank fill material: \_\_\_\_\_
- ☒ ☐ 7. If contamination was suspected or observed, the "Notification of Contamination" form was submitted.

SECTION II. (continued)

I, Mike Domenick, hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904  
(Print Name)  
(relating to unsworn falsification to authorities) that I am the certified installer who performed the tank handling activities associated with the closure of the above referenced storage tank(s) and that the information provided by me in this closure report (Section I) is true, accurate and complete to the best of my knowledge and belief.

  
\_\_\_\_\_  
Signature of Certified Installer

10 / 14 / 2011  
\_\_\_\_\_  
Date

4381  
\_\_\_\_\_  
Installer Certification Number

1058  
\_\_\_\_\_  
Company Certification Number

Environmental Restoration Inc.  
\_\_\_\_\_  
Company Name

191 Courtdale Avenue  
\_\_\_\_\_  
Street

Courtdale, PA 18704  
\_\_\_\_\_  
City/Town, State, Zip

570 - 331 - 8191  
\_\_\_\_\_  
Phone

## UNDERGROUND STORAGE TANK CLOSURE REPORT FORM

### SECTION III. Site Assessment Information

**Tank Registration #** 001 (complete one sheet for EACH tank system and attach ALL laboratory sheets pertaining to that system)

**Facility ID Number** 52 - 01926

- A. Provide depth of *BEDROCK* and *WATER* IF encountered during excavation or soil boring (write "N/A" if NOT encountered).

Bedrock N/A feet below land surface

Water 9-10 feet below land surface

- B. Provide Length of *PIPING* IF piping was closed-in-place (write "N/A" if NOT closed-in-place).  
Length of piping N/A feet

**C. TANK SYSTEM REMOVED FROM THE GROUND**

- 1). Was obvious contamination observed while excavating?

☐ NO -----> Conduct confirmatory sampling -----> See end of this section for options on submission and maintenance of closure records -----> Do not complete item C.2. below.

☒ YES -----> Report release to DEP within 2 hours -----> Describe contamination observed and likely source(s) tank, piping, dispenser, spills, overfills):

There was evidence of soil contamination throughout the excavation area. The heaviest contamination and PID reading came from right below the pump island. There were three (3) dispensers on the island and the heaviest contamination appeared to be under the middle pump, which was connected to UST 002. The likely source of the release was the dispenser or piping connection under the dispenser. The leak appeared to be a chronic problem over a multiple year period. There were no containment sumps under the dispensing units.

-----> Complete item C.2. below.

- 2). Was contamination localized (within three feet of the tank system in every direction with no obvious water contamination)?

☐ YES -----> Remove or remediate contaminated soil -----> Conduct confirmatory sampling -----> See end of this section for options on submission and maintenance of closure records -----> Call Indemnification Fund (717-787-0763).

☐ NO -----> Continue interim remedial actions -----> See end of this section for options on submission and maintenance of closure records -----> Call Indemnification Fund (717-787-0763).

**D. TANK SYSTEM CLOSED-IN-PLACE OR CHANGED-IN-SERVICE**

Was obvious contamination observed during sampling, boring or assessing water depths?

☐ NO -----> Conduct confirmatory sampling -----> See end of this section for options on submission and maintenance of closure records.

☐ YES -----> Report release to DEP within 2 hours -----> Describe contamination observed and likely source(s) tank, piping, dispenser, spills, overfills):

Continue with corrective action -----> See end of this section for options on submission and maintenance of closure records -----> Call Indemnification Fund (717-787-0763).

- E. If the answer to C.1. is "no", the answer to C.2. if "yes" or the answer to D. is "no", confirmatory samples are required. Use the sample/analysis information sheet on page 10 of 11 to provide the information on confirmatory sampling and complete the diagram on Page 11 of 11.

#### Options for Submission and Maintenance of Closure Site Assessment Records

Records of the site assessment must be maintained for at least three years after completion of permanent closure or change-in-service in one of the following ways:

- (a) By the owners and operators who took the UST system out of service;
- (b) By the current owners and operators of the UST system site; or
- (c) By mailing these records to the implementing agency if they cannot be maintained at the closed facility.

At least one option must be chosen. If option (c) is chosen, the closure report form should be sent to the DEP regional office responsible for the county in which the tank is located.

Where the results of the site assessment indicate that obvious, localized soil contamination was encountered and the analytical results of the confirmatory sampling show levels below the statewide standard/action levels, this closure report form (Sections I, II, and III) or some other acceptable site characterization report must be received by the Department within 180 days of verbally reporting the release.

Where the results of the site assessment indicate that no obvious contamination or obvious, localized contamination was encountered, but the analytical results of the confirmatory sampling show levels above the statewide standard/action levels, or where there is obvious, extensive contamination, Section 245.310(a)(8) of the CAP regulation requires that details of removal from service be included in the site characterization report. A copy of the completed closure report form should be submitted as part of the site characterization report to satisfy the requirements of Section 245.310(a)(8) of the CAP regulations.

I, Frederic H. Diehl, hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904 (relating  
(Print Name)  
to unsworn falsification to authorities) that I am the person who performed the site assessment activities associated with the closure of the above referenced storage tank(s) and that the information provided by me in this closure report (Section III) is true, accurate and complete to the best of my knowledge and belief.



Signature of Person Performing Site Assessment

10 / 14 / 2011

Date

President

Title of Person Performing Site Assessment

Bluestone Environmental Inc.

Name of Company Performing Site Assessment

570-729-0705

Telephone Number of Person Performing Site Assessment

# UNDERGROUND STORAGE TANK SYSTEM CLOSURE REPORT FORM

## Sample/Analysis Information (Attachment for Section III.)

Facility ID Number 52 - 01926

Sample I.D. (See diagram)	Parameter	Analytical Method <sup>1</sup>		Media	Result (mg/kg)	Detection Limit (mg/kg)	Date Sample Taken	Date Sample Analyzed
T-001-006	1,3,5-Trimethyl benzene	8260B	P	Soil	1.480	0.3221	09 / 12 / 2011	09 / 15 / 2011
T-001-006	1,2,4-Trimethyl Benzene	8260B	P	Soil	5.669	0.3221	09 / 12 / 2011	09 / 15 / 2011
T-001-006	Toluene	8260B	P	Soil	0.4052	0.3221	09 / 12 / 2011	09 / 15 / 2011
T-001-006	Ethyl Benzene	8260B	P	Soil	0.6745	0.3221	09 / 12 / 2011	09 / 15 / 2011
T-001-006	Xylenes	8260B	P	Soil	2.262	0.6442	09 / 12 / 2011	09 / 15 / 2011
T-001-006	Isopropyl Benzene	8260B	P	Soil	<0.3221	0.3221	09 / 12 / 2011	09 / 15 / 2011
T-001-006	Napthalene	8260B	P	Soil	2.980	0.3221	09 / 12 / 2011	09 / 15 / 2011
T-001-006	Benzene	8260B	P	Soil	0.0707	0.0013	09 / 12 / 2011	09 / 15 / 2011
T-001-006	Methyl Tert-butyl ether	8260B	P	Soil	<0.0033	0.0033	09 / 12 / 2011	09 / 15 / 2011
T-001-006	1,2 Dibromo ethane	8260B	P	Soil	<0.0013	0.0013	09 / 12 / 2011	09 / 15 / 2011
T-001-006	1,2 Dichloro ethane	8260B	P	Soil	<0.0013	0.0013	09 / 12 / 2011	09 / 15 / 2011
T-001-006	Lead	6010B	N	Soil	11.3	0.989	09 / 12 / 2011	09 / 15 / 2011
T-001-007	1,3,5-Trimethyl benzene	8260B	P	Soil	12.64	3.583	09 / 12 / 2011	09 / 15 / 2011
T-001-007	1,2,4-Trimethyl Benzene	8260B	P	Soil	41.69	3.583	09 / 12 / 2011	09 / 15 / 2011
T-001-007	Toluene	8260B	P	Soil	0.8987	0.3583	09 / 12 / 2011	09 / 15 / 2011
T-001-007	Ethyl Benzene	8260B	P	Soil	4.344	0.3583	09 / 12 / 2011	09 / 15 / 2011
T-001-007	Xylenes	8260B	P	Soil	11.88	0.7167	09 / 12 / 2011	09 / 15 / 2011
T-001-007	Isopropyl Benzene	8260B	P	Soil	2.491	0.3583	09 / 12 / 2011	09 / 15 / 2011



T-001-007	Napthalene	8260B	P	Soil	10.82	3.583	09 / 12 / 2011	09 / 15 / 2011
T-001-007	Benzene	8260B	P	Soil	0.3469	0.1433	09 / 12 / 2011	09 / 15 / 2011
T-001-007	Methyl Tert-butyl ether	8260B	P	Soil	<0.3583	0.3583	09 / 12 / 2011	09 / 15 / 2011
T-001-007	1,2 Dibromoethane	8260B	P	Soil	<0.1433	0.1433	09 / 12 / 2011	09 / 15 / 2011
T-001-007	1,2 Dichloroethane	8260B	P	Soil	<0.1433	0.1433	09 / 12 / 2011	09 / 15 / 2011
T-001-007	Lead	6010B	N	Soil	11.3	0.989	09 / 12 / 2011	09 / 15 / 2011
T-001-008	1,3,5-Trimethyl benzene	8260B	P	Soil	25.04	3.329	09 / 12 / 2011	09 / 15 / 2011
T-001-008	1,2,4-Trimethyl Benzene	8260B	P	Soil	79.78	3.329	09 / 12 / 2011	09 / 15 / 2011
T-001-008	Toluene	8260B	P	Soil	1.223	0.3329	09 / 12 / 2011	09 / 15 / 2011
T-001-008	Ethyl Benzene	8260B	P	Soil	14.24	3.329	09 / 12 / 2011	09 / 15 / 2011
T-001-008	Xylenes	8260B	P	Soil	74.54	6.658	09 / 12 / 2011	09 / 15 / 2011
T-001-008	Isopropyl Benzene	8260B	P	Soil	5.135	0.3329	09 / 12 / 2011	09 / 15 / 2011
T-001-008	Napthalene	8260B	P	Soil	11.84	3.329	09 / 12 / 2011	09 / 15 / 2011
T-001-008	Benzene	8260B	P	Soil	0.3016	0.1332	09 / 12 / 2011	09 / 15 / 2011
T-001-008	Methyl Tert-butyl ether	8260B	P	Soil	<0.3329	0.3329	09 / 12 / 2011	09 / 15 / 2011
T-001-008	1,2 Dibromoethane	8260B	P	Soil	<0.1332	0.1332	09 / 12 / 2011	09 / 15 / 2011
T-001-008	1,2 Dichloroethane	8260B	P	Soil	<0.1332	0.1332	09 / 12 / 2011	09 / 15 / 2011
T-001-008	Lead	6010B	N	Soil	9.38	0.989	09 / 12 / 2011	09 / 15 / 2011

## UNDERGROUND STORAGE TANK CLOSURE REPORT FORM

### SECTION III. Site Assessment Information

**Tank Registration # 002 (complete one sheet for EACH tank system and attach ALL laboratory sheets pertaining to that system)**

**Facility ID Number 52 - 01926**

- A.** Provide depth of *BEDROCK* and *WATER* IF encountered during excavation or soil boring (write "N/A" if NOT encountered).

Bedrock N/A feet below land surface

Water 9-10 feet below land surface

- B.** Provide Length of *PIPING* IF piping was closed-in-place (write "N/A" if NOT closed-in-place).  
Length of piping N/A feet

**C. TANK SYSTEM REMOVED FROM THE GROUND**

- 1). Was obvious contamination observed while excavating?

☐ NO -----> Conduct confirmatory sampling -----> See end of this section for options on submission and maintenance of closure records -----> Do not complete item C.2. below.

☒ YES-----> Report release to DEP within 2 hours -----> Describe contamination observed and likely source(s) tank, piping, dispenser, spills, overfills):

There was evidence of soil contamination throughout the excavation area. The heaviest contamination and PID reading came from right below the pump island. There were three (3) dispensers on the island and the heaviest contamination appeared to be under the middle pump, which was connected to UST 002. The likely source of the release was the dispenser or piping connection under the dispenser. The leak appeared to be a chronic problem over a multiple year period. There were no containment sumps under the dispensing units.

-----> Complete item C.2. below.

- 2). Was contamination localized (within three feet of the tank system in every direction with no obvious water contamination)?

☐ YES -----> Remove or remediate contaminated soil -----> Conduct confirmatory sampling-----> See end of this section for options on submission and maintenance of closure records -----> Call Indemnification Fund (717-787-0763).

☒ NO-----> Continue interim remedial actions -----> See end of this section for options on submission and maintenance of closure records -----> Call Indemnification Fund (717-787-0763).

**D. TANK SYSTEM CLOSED-IN-PLACE OR CHANGED-IN-SERVICE**

Was obvious contamination observed during sampling, boring or assessing water depths?

☐ NO -----> Conduct confirmatory sampling -----> See end of this section for options on submission and maintenance of closure records.

☐ YES-----> Report release to DEP within 2 hours -----> Describe contamination observed and likely source(s) tank, piping, dispenser, spills, overfills):

---

Continue with corrective action -----> See end of this section for options on submission and maintenance of closure records -----> Call Indemnification Fund (717-787-0763).

- E. If the answer to C.1. is "no", the answer to C.2. is "yes" or the answer to D. is "no", confirmatory samples are required. Use the sample/analysis information sheet on page 10 of 11 to provide the information on confirmatory sampling and complete the diagram on Page 11 of 11.

### Options for Submission and Maintenance of Closure Site Assessment Records

Records of the site assessment must be maintained for at least three years after completion of permanent closure or change-in-service in one of the following ways:

- (a) By the owners and operators who took the UST system out of service;
- (b) By the current owners and operators of the UST system site; or
- (c) By mailing these records to the implementing agency if they cannot be maintained at the closed facility.

At least one option must be chosen. If option (c) is chosen, the closure report form should be sent to the DEP regional office responsible for the county in which the tank is located.

Where the results of the site assessment indicate that obvious, localized soil contamination was encountered and the analytical results of the confirmatory sampling show levels below the statewide standard/action levels, this closure report form (Sections I, II, and III) or some other acceptable site characterization report must be received by the Department within 180 days of verbally reporting the release.

Where the results of the site assessment indicate that no obvious contamination or obvious, localized contamination was encountered, but the analytical results of the confirmatory sampling show levels above the statewide standard/action levels, or where there is obvious, extensive contamination, Section 245.310(a)(8) of the CAP regulation requires that details of removal from service be included in the site characterization report. A copy of the completed closure report form should be submitted as part of the site characterization report to satisfy the requirements of Section 245.310(a)(8) of the CAP regulations.

I, Frederic H. Diehl, hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) that I am the person who performed the site assessment activities associated with the closure of the above referenced storage tank(s) and that the information provided by me in this closure report (Section III) is true, accurate and complete to the best of my knowledge and belief.



Signature of Person Performing Site Assessment

10 / 14 / 2011

Date

President

Title of Person Performing Site Assessment

Bluestone Environmental Inc.

Name of Company Performing Site Assessment

(570) 729-0705

Telephone Number of Person Performing Site Assessment

## UNDERGROUND STORAGE TANK SYSTEM CLOSURE REPORT FORM

### Sample/Analysis Information (Attachment for Section III.)

Facility ID Number 52 - 01926

Sample I.D. (See diagram)	Parameter	Analytical Method <sup>1</sup>		Media	Result (mg/kg)	Detection Limit (mg/kg)	Date Sample Taken	Date Sample Analyzed
T-002-003	1,3,5-Trimethyl benzene	8260B	P	Soil	<0.3269	0.3269	09 / 12 / 2011	09 / 15 / 2011
T-002-003	1,2,4-Trimethyl benzene	8260B	P	Soil	1.795	0.3269	09 / 12 / 2011	09 / 15 / 2011
T-002-003	Benzene	8260B	P	Soil	<0.1303	0.1308	09 / 12 / 2011	09 / 15 / 2011
T-002-003	Toluene	8260B	P	Soil	<0.3269	0.3269	09 / 12 / 2011	09 / 15 / 2011
T-002-003	Ethylbenzene	8260B	P	Soil	<0.3269	0.3269	09 / 12 / 2011	09 / 15 / 2011
T-002-003	Xylenes	8260B	P	Soil	<0.6538	0.6538	09 / 12 / 2011	09 / 15 / 2011
T-002-003	Isopropyl benzene	8260B	P	Soil	<0.3269	0.3269	09 / 12 / 2011	09 / 15 / 2011
T-002-003	Methyl Tert-Butyl ether	8260B	P	Soil	<0.3269	0.3269	09 / 12 / 2011	09 / 15 / 2011
T-002-003	Naphthalene	8260B	P	Soil	0.4027	0.03269	09 / 12 / 2011	09 / 15 / 2011
T-002-003	1,2 Dibromo ethane	8260B	P	Soil	<0.1308	0.1308	09 / 12 / 2011	09 / 15 / 2011
T-002-003	1,2 Dichloro ethane	8260B	P	Soil	<0.1308	0.1308	09 / 12 / 2011	09 / 15 / 2011
T-002-003	Lead	6010B	N	Soil	10.3	0.981	09 / 12 / 2011	09 / 21 / 2011
T-002-004	1,3,5-Trimethyl benzene	8260B	P	Soil	3.714	0.3210	09 / 12 / 2011	09 / 15 / 2011
T-002-004	1,2,4-Trimethyl benzene	8260B	P	Soil	1.386	0.3210	09 / 12 / 2011	09 / 15 / 2011
T-002-004	Benzene	8260B	P	Soil	0.0608	0.0012	09 / 12 / 2011	09 / 15 / 2011
T-002-004	Toluene	8260B	P	Soil	0.0358	0.0030	09 / 12 / 2011	09 / 15 / 2011
T-002-004	Ethylbenzene	8260B	P	Soil	1.386	0.3210	09 / 12 / 2011	09 / 15 / 2011
T-002-004	Xylenes	8260B	P	Soil	3.520	0.6420	09 / 12 / 2011	09 / 15 / 2011
T-002-004	Isopropyl benzene	8260B	P	Soil	0.0406	0.0030	09 / 12 / 2011	09 / 15 / 2011
T-002-004	Methyl Tert-Butyl ether	8260B	P	Soil	<0.0030	0.0030	09 / 12 / 2011	09 / 15 / 2011
T-002-004	Naphthalene	8260B	P	Soil	0.0552	0.0030	09 / 12 / 2011	09 / 15 / 2011

T-002-004	1,2 Dibromo ethane	8260B	P	Soil	<0.0012	0.0012	09 / 12 / 2011	09 / 15 / 2011
T-002-004	1,2 Dichloro ethane	8260B	P	Soil	<0.0012	0.0012	09 / 12 / 2011	09 / 15 / 2011
T-002-004	Lead	6010B	N	Soil	11.3	0.997	09 / 12 / 2011	09 / 21 / 2011
T-002-005	1,3,5-Trimethyl benzene	8260B	P	Soil	<0.0031	0.0031	09 / 12 / 2011	09 / 15 / 2011
T-002-005	1,2,4-Trimethyl benzene	8260B	P	Soil	0.0288	0.0031	09 / 12 / 2011	09 / 15 / 2011
T-002-005	Benzene	8260B	P	Soil	0.0463	0.0012	09 / 12 / 2011	09 / 15 / 2011
T-002-005	Toluene	8260B	P	Soil	0.0049	0.0031	09 / 12 / 2011	09 / 15 / 2011
T-002-005	Ethylbenzene	8260B	P	Soil	0.0366	0.0031	09 / 12 / 2011	09 / 15 / 2011
T-002-005	Xylenes	8260B	P	Soil	0.0235	0.0062	09 / 12 / 2011	09 / 15 / 2011
T-002-005	Isopropyl benzene	8260B	P	Soil	0.0122	0.0031	09 / 12 / 2011	09 / 15 / 2011
T-002-005	Methyl Tert-Butyl ether	8260B	P	Soil	<0.0031	<0.0031	09 / 12 / 2011	09 / 15 / 2011
T-002-005	Naphthalene	8260B	P	Soil	0.0215	0.0031	09 / 12 / 2011	09 / 15 / 2011
T-002-005	1,2 Dibromo ethane	8260B	P	Soil	<0.0012	0.0012	09 / 12 / 2011	09 / 15 / 2011
T-002-005	1,2 Dichloro ethane	8260B	P	Soil	<0.0012	0.0012	09 / 12 / 2011	09 / 15 / 2011
T-002-005	Lead	6010B	N	Soil	13.0	0.982	09 / 12 / 2011	09 / 21 / 2011
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## UNDERGROUND STORAGE TANK CLOSURE REPORT FORM

### SECTION III. Site Assessment Information

**Tank Registration #** 003 (complete one sheet for EACH tank system and attach ALL laboratory sheets pertaining to that system)

**Facility ID Number** 52 - 01926

- A. Provide depth of *BEDROCK* and *WATER* IF encountered during excavation or soil boring (write "N/A" if NOT encountered).

Bedrock N/A feet below land surface

Water 9-10 feet below land surface

- B. Provide Length of *PIPING* IF piping was closed-in-place (write "N/A" if NOT closed-in-place).  
Length of piping N/A feet

**C. TANK SYSTEM REMOVED FROM THE GROUND**

- 1). Was obvious contamination observed while excavating?

☐ NO -----> Conduct confirmatory sampling -----> See end of this section for options on submission and maintenance of closure records -----> Do not complete item C.2. below.

☒ YES-----> Report release to DEP within 2 hours -----> Describe contamination observed and likely source(s) tank, piping, dispenser, spills, overfills):

There was evidence of soil contamination throughout the excavation area. The heaviest contamination and PID reading came from right below the pump island. There were three (3) dispensers on the island and the heaviest contamination appeared to be under the middle pump, which was connected to UST 002. The likely source of the release was the dispenser or piping connection under the dispenser. The leak appeared to be a chronic problem over a multiple year period. There were no containment sumps under the dispensing units.

-----> Complete item C.2. below.

- 2). Was contamination localized (within three feet of the tank system in every direction with no obvious water contamination)?

☐ YES -----> Remove or remediate contaminated soil -----> Conduct confirmatory sampling-----> See end of this section for options on submission and maintenance of closure records -----> Call Indemnification Fund (717-787-0763).

☒ NO-----> Continue interim remedial actions -----> See end of this section for options on submission and maintenance of closure records -----> Call Indemnification Fund (717-787-0763).

**D. TANK SYSTEM CLOSED-IN-PLACE OR CHANGED-IN-SERVICE**

Was obvious contamination observed during sampling, boring or assessing water depths?

☐ NO -----> Conduct confirmatory sampling -----> See end of this section for options on submission and maintenance of closure records.

☐ YES-----> Report release to DEP within 2 hours -----> Describe contamination observed and likely source(s) tank, piping, dispenser, spills, overfills):

---

Continue with corrective action -----> See end of this section for options on submission and maintenance of closure records -----> Call Indemnification Fund (717-787-0763).

- E. If the answer to C.1. is "no", the answer to C.2. is "yes" or the answer to D. is "no", confirmatory samples are required. Use the sample/analysis information sheet on page 10 of 11 to provide the information on confirmatory sampling and complete the diagram on Page 11 of 11.

### Options for Submission and Maintenance of Closure Site Assessment Records

Records of the site assessment must be maintained for at least three years after completion of permanent closure or change-in-service in one of the following ways:

- (a) By the owners and operators who took the UST system out of service;
- (b) By the current owners and operators of the UST system site; or
- (c) By mailing these records to the implementing agency if they cannot be maintained at the closed facility.

At least one option must be chosen. If option (c) is chosen, the closure report form should be sent to the DEP regional office responsible for the county in which the tank is located.

Where the results of the site assessment indicate that obvious, localized soil contamination was encountered and the analytical results of the confirmatory sampling show levels below the statewide standard/action levels, this closure report form (Sections I, II, and III) or some other acceptable site characterization report must be received by the Department within 180 days of verbally reporting the release.

Where the results of the site assessment indicate that no obvious contamination or obvious, localized contamination was encountered, but the analytical results of the confirmatory sampling show levels above the statewide standard/action levels, or where there is obvious, extensive contamination, Section 245.310(a)(8) of the CAP regulation requires that details of removal from service be included in the site characterization report. A copy of the completed closure report form should be submitted as part of the site characterization report to satisfy the requirements of Section 245.310(a)(8) of the CAP regulations.

I, Frederic H. Diehl, hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) that I am the person who performed the site assessment activities associated with the closure of the above referenced storage tank(s) and that the information provided by me in this closure report (Section III) is true, accurate and complete to the best of my knowledge and belief.



Signature of Person Performing Site Assessment

10 / 14 / 2011

Date

President

Title of Person Performing Site Assessment

Bluestone Environmental Inc.

Name of Company Performing Site Assessment

(570) 729-0705

Telephone Number of Person Performing Site Assessment

## UNDERGROUND STORAGE TANK SYSTEM CLOSURE REPORT FORM

### Sample/Analysis Information (Attachment for Section III.)

Facility ID Number 52 - 01926

Sample I.D. (See diagram)	Parameter	Analytical Method <sup>1</sup>		Media	Result (mg/kg)	Detection Limit (mg/kg)	Date Sample Taken	Date Sample Analyzed
T-003-001	1,3,5-Trimethyl benzene	8260B	P	Soil	<0.0031	0.0031	09 / 12 / 2011	09 / 15 / 2011
T-003-001	1,2,4-Trimethyl benzene	8260B	P	Soil	0.0142	0.0031	09 / 12 / 2011	09 / 15 / 2011
T-003-001	Benzene	8260B	P	Soil	0.0663	0.0013	09 / 12 / 2011	09 / 15 / 2011
T-003-001	Toluene	8260B	P	Soil	0.0123	0.0031	09 / 12 / 2011	09 / 15 / 2011
T-003-001	Ethylbenzene	8260B	P	Soil	0.0131	0.0031	09 / 12 / 2011	09 / 15 / 2011
T-003-001	Xylenes	8260B	P	Soil	0.0225	0.0063	09 / 12 / 2011	09 / 15 / 2011
T-003-001	Isopropyl benzene	8260B	P	Soil	<0.0031	0.0031	09 / 12 / 2011	09 / 15 / 2011
T-003-001	Methyl Tert-Butyl ether	8260B	P	Soil	<0.0031	0.0031	09 / 12 / 2011	09 / 15 / 2011
T-003-001	Naphthalene	8260B	P	Soil	0.0037	0.0031	09 / 12 / 2011	09 / 15 / 2011
T-003-001	1,2 Dibromo ethane	8260B	P	Soil	<0.0013	0.0013	09 / 12 / 2011	09 / 15 / 2011
T-003-001	1,2 Dichloro ethane	8260B	P	Soil	<0.0013	0.0013	09 / 12 / 2011	09 / 15 / 2011
T-003-001	Lead	6010B	N	Soil	14.6	0.988	09 / 12 / 2011	09 / 21 / 2011
T-003-002	1,3,5-Trimethyl benzene	8260B	P	Soil	0.4673	0.1512	09 / 12 / 2011	09 / 15 / 2011
T-003-002	1,2,4-Trimethyl benzene	8260B	P	Soil	0.0033	0.0032	09 / 12 / 2011	09 / 15 / 2011
T-003-002	Benzene	8260B	P	Soil	0.0339	0.0032	09 / 12 / 2011	09 / 15 / 2011
T-003-002	Toluene	8260B	P	Soil	0.0146	0.0032	09 / 12 / 2011	09 / 15 / 2011
T-003-002	Ethylbenzene	8260B	P	Soil	0.0416	0.0032	09 / 12 / 2011	09 / 15 / 2011
T-003-002	Xylenes	8260B	P	Soil	0.0568	0.0065	09 / 12 / 2011	09 / 15 / 2011
T-003-002	Isopropyl benzene	8260B	P	Soil	0.0102	0.0032	09 / 12 / 2011	09 / 15 / 2011
T-003-002	Methyl Tert-Butyl ether	8260B	P	Soil	<0.0032	0.0032	09 / 12 / 2011	09 / 15 / 2011
T-003-002	Naphthalene	8260B	P	Soil	0.0167	0.0032	09 / 12 / 2011	09 / 15 / 2011



T-003-002	1,2 Dibromoethane	8260B	P	Soil	<0.0013	0.0013	09 / 12 / 2011	09 / 15 / 2011
T-003-002	1,2 Dichloroethane	8260B	P	Soil	<0.0013	0.0013	09 / 12 / 2011	09 / 15 / 2011
T-003-002	Lead	6010B	N	Soil	9.6	0.999	09 / 12 / 2011	09 / 21 / 2011
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**Site Location and Sampling Map** - Use this page or suitable facsimile to provide a large scale map of the site where tanks were closed. Scales between 1" = 10 and 1" = 100 feet frequently work out well. Include the following information as each applies to the site: facility name and I.D., county, township or borough, property boundaries or area of interest, buildings, roads and streets with names or route numbers, utilities, location and ID number of storage tanks removed including piping and dispensers, soil stockpile locations, excavations or other locations of product recovery, north arrow, approximate map scale and legend. Also show depth and location of samples with sample ID numbers cross-referenced to the same ID numbers shown on Page 10 of 11.

**Facility Name and ID:** 52-01926 -

**County:** pike

**Township/Borough:** Lackawaxen

**See attached Site Layout and Sampling Map.**

# Notice of Contamination

**NOTIFICATION OF REPORTABLE RELEASE (Owners and Operators)**

☒ Initial  
☐ Follow-Up

**NOTIFICATION OF CONTAMINATION (Certified Installers and Inspectors)**

**NOTIFICATION OF REPORTABLE RELEASE (Owners and Operators)**

The Storage Tank Program's Corrective Action Process (CAP) regulations establish release reporting requirements for owners and operators of storage tanks and storage tank facilities.

Subsection 245.305(a) of the regulations requires owners or operators to notify the appropriate regional office of the Department as soon as practicable, but no later than 24 hours, after the confirmation of a reportable release.

Subsection 245.305(d) requires owners or operators to provide an initial written notification to the Department, each municipality in which the reportable release occurred, and each municipality where that release has impacted environmental media or water supplies, buildings, or sewer or other utility lines, within 15 days of the notice required by Subsection 245.305(a).

Subsection 245.305(e) requires owners or operators to provide follow-up written notification to the Department and to each impacted municipality of new impacts to environmental media or water supplies, buildings, or sewer or other utility lines discovered after the initial written notification required by subsection 245.305(d). Written notification is to be made within 15 days of the discovery of the new impact.

This form may be used to comply with Subsection 245.305(d) and (e).

**OWNERS AND OPERATORS (O/O)**

**INDICATE IF THIS IS AN INITIAL OR FOLLOW-UP NOTIFICATION BY MARKING THE APPROPRIATE BOX FOUND IN THE TOP RIGHT-HAND CORNER OF THIS FORM. PLEASE COMPLETE ALL INFORMATION IN SECTIONS I, II, IIIA, IIIB, IV, V, VII and VIII.**

**NOTIFICATION OF CONTAMINATION (Certified Installers and Inspectors)**

The Storage Tank Program's Certification regulations establish standards of performance for certified installers and inspectors of storage tanks and storage tank facilities.

Subsection 245.132(a)(4) of the regulations requires certified installers and inspectors to report to the Department a release of a regulated substance or confirmed or suspected contamination of soil, surface or groundwater from regulated substances observed while performing services as a certified installer or inspector.

This form may be used to comply with Subsection 245.132(a)(4). Subsection 245.132(a)(4) requires submission of the form within 48 hours of observing suspected or confirmed contamination. Where there is a reportable release, the form may be submitted jointly by the owner, operator, certified installer and certified inspector. In this instance, the form must be received by the appropriate regional office within 15 days of the notice required by Subsection 245.305(a).

**CERTIFIED INSTALLERS AND INSPECTORS (I/I)  
PLEASE COMPLETE ALL INFORMATION IN SECTIONS I, II, IIIA, IIIC, VI, VII and VIII.**

**INSTRUCTIONS**

- I. **FACILITY INFORMATION** - Record the name, I.D. number and physical location (not P.O. Box) of the facility at which a reportable release has been confirmed or at which suspected or confirmed contamination has been observed. Include the name and phone number of a person to contact at the facility.
- II. **OWNER/OPERATOR INFORMATION** - Record the name, business address and phone number of the owner of the facility identified in Section I. Also, record the name and phone number of the operator of the facility.
- III. **REGULATED SUBSTANCE INFORMATION** - Indicate to the best of your knowledge: A) the type of product or products involved; B) the quantity of product or products released; and C) whether the contamination is suspected or confirmed.
- IV. **REPORTABLE RELEASE INFORMATION** - Record the date of confirmation of the reportable release, e.g., "9/18/01"; the date and regional office notified; and the date the local municipality(ies) [provide name of municipality(ies)] was/were sent a copy of this form. Indicate to the best of your knowledge the source/cause of the release, how the release was discovered and the environmental media affected and impacts.
- V. **INTERIM REMEDIAL ACTIONS** - Indicate the interim remedial actions planned, initiated or completed.
- VI. **SUSPECTED/CONFIRMED CONTAMINATION INFORMATION** - Record the date of observation of the suspected or confirmed contamination, e.g., "11/24/01". Indicate to the best of your knowledge the indications of a suspected release or extent of confirmed contamination resulting from the release of the regulated substance.
- VII. **ADDITIONAL INFORMATION** - Provide any additional, relevant, available information concerning the reportable release or suspected or confirmed contamination. Include in this section specific details or problems about the release. For example, if the piping was the source of the release and the cause was corrosion of a metal connector or flexible connector, it is important to include that information here. Use additional 8½" x 11" sheets of paper, if necessary.
- VIII. **CERTIFICATION** - Please print your name, and provide your signature and date of signature. If a certified installer/inspector, provide certification number and company certification number.
- IX. **ATTACHMENT** - If a certified installer/inspector, provide a copy of failed valid tightness test(s), if applicable.

**PLEASE SEND COMPLETED ORIGINAL FORM TO:**

PA Department of Environmental Protection  
Environmental Cleanup Program  
Storage Tank Section  
(and the appropriate address below,  
depending on where the FACILITY is located)

<p><b>Southeast Region</b> East Main Street Pittstown, PA 19401 PHONE: 484-250-5900 FAX: 484-250-5961</p> <p><b>Counties</b> Bucks, Chester, Delaware, Montgomery, Philadelphia</p>	<p><b>Northeast Region</b> 2 Public Square Wilkes-Barre, PA 18711-0790 PHONE: 570-826-2511 FAX: 570-820-4907</p> <p><b>Counties</b> Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne, Wyoming</p>	<p><b>Southcentral Region</b> 909 Elmerton Avenue Harrisburg, PA 17110 PHONE: 877-333-1904 FAX: 717-705-4830</p> <p><b>Counties</b> Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, York</p>	<p><b>Northcentral Region</b> 208 W. Third Street, Suite 101 Williamsport, PA 17701 PHONE: 570-321-6525/327-3696 FAX: 570-327-3420</p> <p><b>Counties</b> Bradford, Cameron, Centre, Clinton, Clearfield, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, Union</p>	<p><b>Southwest Region</b> 400 Waterfront Drive Pittsburgh, PA 15222 PHONE: 412-442-4091/4000 FAX: 412-442-4326</p> <p><b>Counties</b> Allegheny, Armstrong, Beaver, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland</p>	<p><b>Northwest Region</b> 230 Chestnut Street Meadville, PA 16335-3481 PHONE: 814-332-6945 800-373-3396 FAX: 814-332-6121</p> <p><b>Counties</b> Butler, Clarion, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango, Warren</p>
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**I. FACILITY INFORMATION (Both O/O and I/I)**

Facility Name Facility I.D. Number  
 Rosemercy's Garage 52-01926  
 Street Address (P.O. Box not acceptable)  
 1623 Route 590  
 City State Zip Code  
 Hawley PA 18428 -  
 County Municipality  
 Pike Lackawaxen Township  
 Contact Person Phone Number  
 Jan Hoadley ( 570 ) 687 - 8717

**II. OWNER/OPERATOR INFORMATION (Both O/O and I/I)**

Owner Name  
 Jan Hoadley  
 Address  
 134 Butternut Flats  
 City State Zip Code  
 Beach Lake PA 18405 -  
 Phone Number  
 ( 570 ) 729 - 0613  
 Operator Name Phone Number  
 Jan Hoadley ( 570 ) 687 - 8717

**III. REGULATED SUBSTANCE INFORMATION****A. Type of Product(s) Involved**  
(Mark All That Apply ☒):  
**Both O/O and I/I**

Leaded Gasoline ☐  
 Unleaded Gasoline ☒  
 Aviation Gasoline ☐  
 Kerosene ☐  
 Jet Fuel ☐  
 Diesel Fuel ☐  
 New Motor Oil ☐  
 Used Motor Oil ☐  
 Fuel Oil No. 1 ☐  
 Fuel Oil No. 2 ☐  
 Fuel Oil No. 4 ☐  
 Fuel Oil No. 5 ☐  
 Fuel Oil No. 6 ☐  
 Other (Specify) ☐  
 Unknown ☐

**B. Quantity (Gallons) of Product(s) Released:**  
**O/O Only**

..... U N K N O W N .....

**C. Contamination Suspected [S] or Confirmed [C] (Mark All That Apply ☒):**  
**I/I Only**

☐ [S] ☐ [C]  
☐ [S] ☒ [C]  
☐ [S] ☐ [C]  
☐ [S] ☐ [C]  
☐ [S] ☐ [C]  
☐ [S] ☐ [C]  
☐ [S] ☐ [C]  
☐ [S] ☐ [C]  
☐ [S] ☐ [C]  
☐ [S] ☐ [C]  
☐ [S] ☐ [C]  
☐ [S] ☐ [C]  
☐ [S] ☐ [C]  
☐ [S] ☐ [C]

**IV. REPORTABLE RELEASE INFORMATION (O/O Only)**

Date Reportable Release was Confirmed: 07 / 05 / 2011  
 m d y

Date Owner/Operator Verbally Notified Appropriate Regional Office of Reportable Release and Office Notified:

Date: 07 / 06 / 2011 Office Northeast Regional Office  
 m d y

Date Owner/Operator Sent Copy of this Written Notification to Local Municipality(ies) and Name of Municipality(ies) Notified:

Date: m / d / y Municipality NOT SENT  
 Date: m / d / y Municipality

**Source (Mark All That Apply ☒):**

Tank (DEP Assigned Nos. ) ☐  
 Piping System (Aboveground Regulated) ☐  
 Piping System (Underground Regulated) ☒  
 Piping System (Non-Regulated) ☐  
 Dispenser/Dispensing Equipment ☒  
 Spill Catchment Basin ☐  
 Accident/Natural Disaster ☐  
 Submersible Turbine Pump Head/Fittings ☐  
 Containment/Sump Failure ☐  
 Other (Specify) ☐  
 Unknown ☐

**Cause (Mark All That Apply ☒):**

Faulty Installation ☐  
 Corrosion ☐  
 Physical/Mechanical Failure ☐  
 Spill During Delivery ☐  
 Overfill at Delivery ☐  
 Vehicle Gas Tank Overfill ☐  
 Product Delivery Hose Rupture ☐  
 Other (Specify) ☐  
 Unknown ☒

**How Discovered (Mark All That Apply ☒):**

During Closure ☐  
 Lining Installation ☐  
 Routine Leak Detection ☐  
 Third Party Inspection ☐  
 Tightness Testing Activities ☐  
 Visible Product or Odor Reports ☐  
 Water in Tank ☐  
 Construction ☐  
 Upgrade/Repair ☐  
 Supply Well Sample Results ☐  
 Monitoring Well Sample Results ☐  
 Property Transfer ☒  
 Other (Specify) ☐  
 Unknown ☐

**Environmental Media Affected and Impacts**  
(Mark All That Apply ☒):

Soil ☒  
 Sediment ☐  
 Surface Water ☐  
 Ground Water ☒  
 Bedrock ☐  
 Water Supplies ☐  
 Vapors/Product in Buildings ☐  
 Vapors/Product in Sewer/Utility Lines ☐  
 Ecological Receptors ☐

**V. INTERIM REMEDIAL ACTIONS (O/O Only)**(Mark All That Apply ☒):

	Planned	Initiated	Completed	Not Applicable
Regulated Substance Removed from Storage Tanks .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire, Explosion and Safety Hazards Mitigated .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Contaminated Soil Excavated .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free Product Recovered .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water Supplies Identified and Sampled .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Water Supplies Provided .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Specify) <u>Removal of USTs, piping and pump island</u> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**VI. SUSPECTED / CONFIRMED CONTAMINATION INFORMATION (I/I Only)**Date of Observation of Suspected/Confirmed Contamination: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
m d yIndication of Suspected Contamination (Mark All That Apply ☒):

- Unusual Level of Vapors ..... ☐
- Erratic Behavior of Product Dispensing Equipment ..... ☐
- Release Detection Results Indicate a Release ..... ☐
- Discovery of Holes in the Storage Tank ..... ☐
- Other (Specify) ..... ☐

Extent of Confirmed Contamination (Mark All That Apply ☒):

- Product Stained or Product Saturated Soil or Backfill ..... ☐
- Ponded Product ..... ☐
- Free Product or Sheen on Ponded Water ..... ☐
- Free Product or Sheen on the Ground Water Surface ..... ☐
- Free Product or Sheen on Surface Water ..... ☐
- Other (Specify) ..... ☐

**VII. ADDITIONAL INFORMATION (Both O/O and I/I)**

Provide any additional, relevant, available information concerning the reportable release or suspected or confirmed contamination. Include specific details or problems about the release. For example, if the piping was the source of the release and the cause was corrosion of a metal connector or flexible connector, it is important to include that information here. Provide DEP assigned and owner/operator assigned tank number(s), where applicable. Use additional 8½" x 11" sheets of paper, if necessary.

## VIII. CERTIFICATION (Both O/O and I/I)

Ann Marie Hadley

(Print Name)

, hereby certify, under penalty of law as provided in 18 Pa.

S.A. §4904 (relating to unsworn falsification to authorities) that I am the owner or operator of the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

Ann Marie Hadley

Signature of Owner or Operator

7.7.2011

Date

(Print Name)

, hereby certify, under penalty of law as provided in 18 Pa.

S.A. §4904 (relating to unsworn falsification to authorities) that I am the certified installer who performed tank handling activities at the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

Signature of Certified Installer

Date

Installer Certification Number

Company Certification Number

(Print Name)

, hereby certify, under penalty of law as provided in 18 Pa.

S.A. §4904 (relating to unsworn falsification to authorities) that I am the certified inspector who performed inspection activities at the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

Signature of Certified Inspector

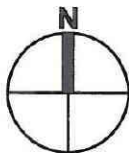
Date

Inspector Certification Number

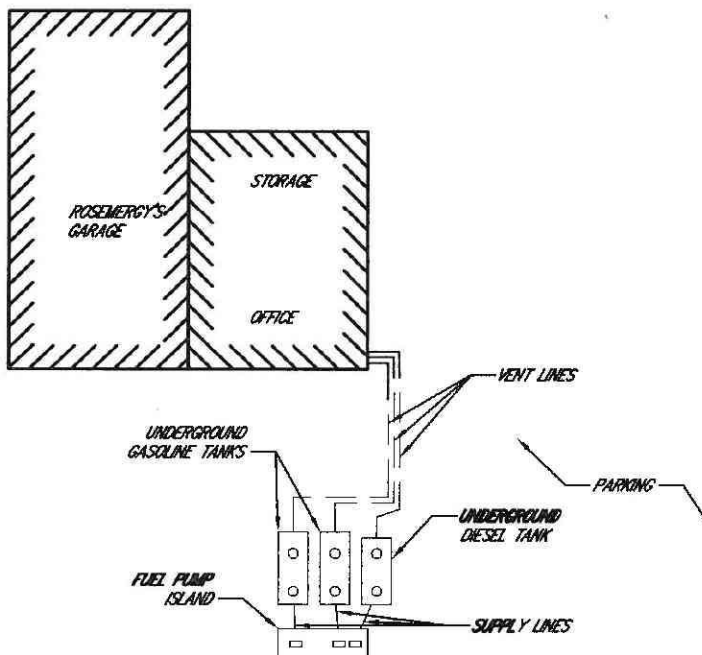
Company Certification Number

## SITE MAP





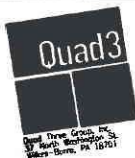
SITE



PENNSYLVANIA ROUTE 590

CHECK GRAPHIC SCALE BEFORE USING

SCALE IN FEET



Architecture  
Engineering  
Environmental  
Services  
phone: 717.628.4000  
fax: 717.628.2392  
web: www.quad3.com

PRE-REMOVAL  
CONDITIONS

ROSEMERGY'S  
GARAGE

PENNSYLVANIA ROUTE 590  
HAWLEY, LACKAWAXEN TOWNSHIP  
PIKE COUNTY, PA 18428

SCALE: 1" = 20'

DRAWN BY: RAY

ARCH/ENG: DN

DATE: 09/02/2011

JOB NUMBER: 10807.01

DRAWING NO.

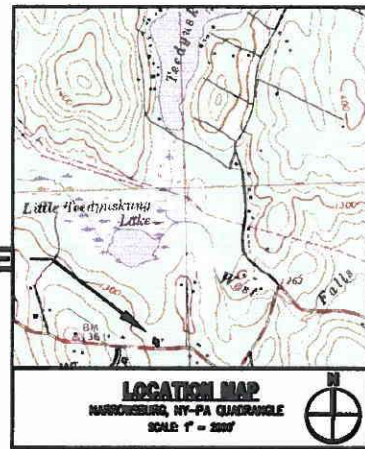
E-1

## **Site Map**

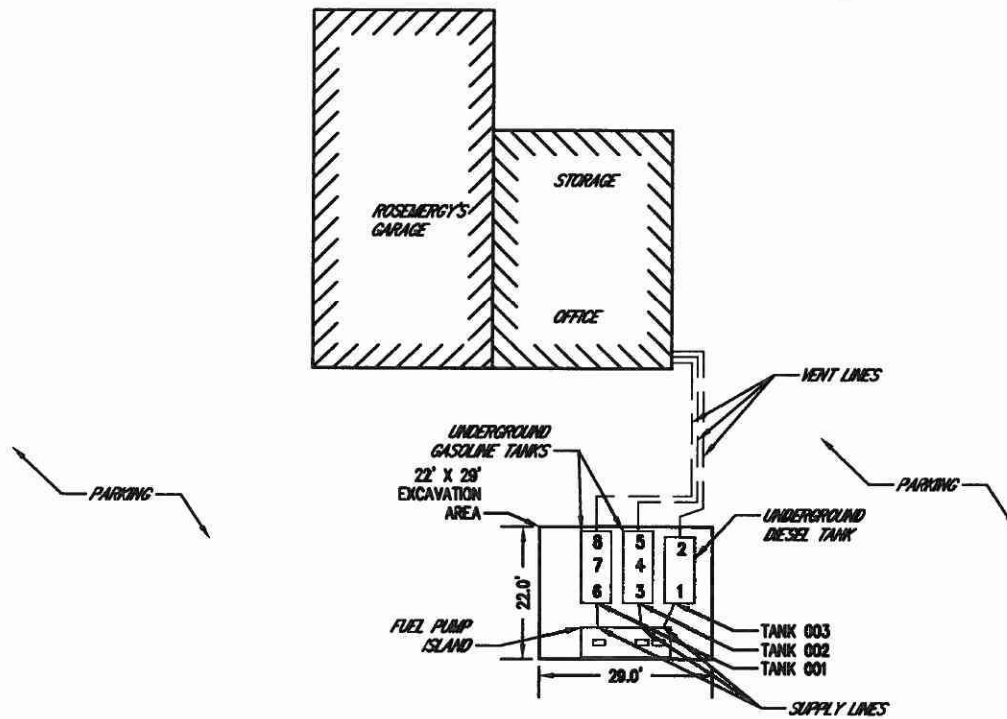
### **Post Removal Sample Locations**



SITE



**SAMPLE LOCATIONS**  
TANK 001 - ID-006, ID-007, ID-008  
TANK 002 - ID-003, ID-004, ID-005  
TANK 003 - ID-001, ID-002



PENNSYLVANIA ROUTE 590

**NOTE:**  
NO SAMPLE UNDER SUPPLY/VENT  
LINES DUE TO VISIBLE CONTAMINATION.  
ALL SOIL REMOVED.

CHECK GRAPHIC SCALE BEFORE USING

SCALE IN FEET



Architecture  
Engineering  
Environmental  
Services  
phone 508.288.4200  
fax 508.288.0302  
web www.quad3.com

POST-REMOVAL CONDITIONS  
SAMPLE LOCATIONS

ROSEMERGY'S  
GARAGE

PENNSYLVANIA ROUTE 590  
HAWLEY, LACKAWAXEN TOWNSHIP  
PIKE COUNTY, PA 18428

SCALE: 1" = 20'

DRAWN BY: RAY

ARCH/ENG: DN

DATE: 09/02/2011

JOB NUMBER: 10807.01

DRAWING NO.

**E-2**

## Site Photos





**Photo 1: FCC Environmental pumping out the USTs**



**Photo 2: Dispensers disconnected from pump island.**





**Photo 3: Excavation around diesel fuel tank. Note: Water in the spill bucket.**





**Photo 4: Evidence of Surface Contamination on top of Tank 002.**

**Note: Product delivery line shown to be in good condition.**





**Photo 5: Tank excavation with all three tanks removed**



**Photo 6: Contamination under pump island.**

**Note: Heaviest contamination was present under pump 2.**





**Photo 7: Another picture of soil contamination under pump island.**



**Photo 8: Diesel Fuel Tank removed**



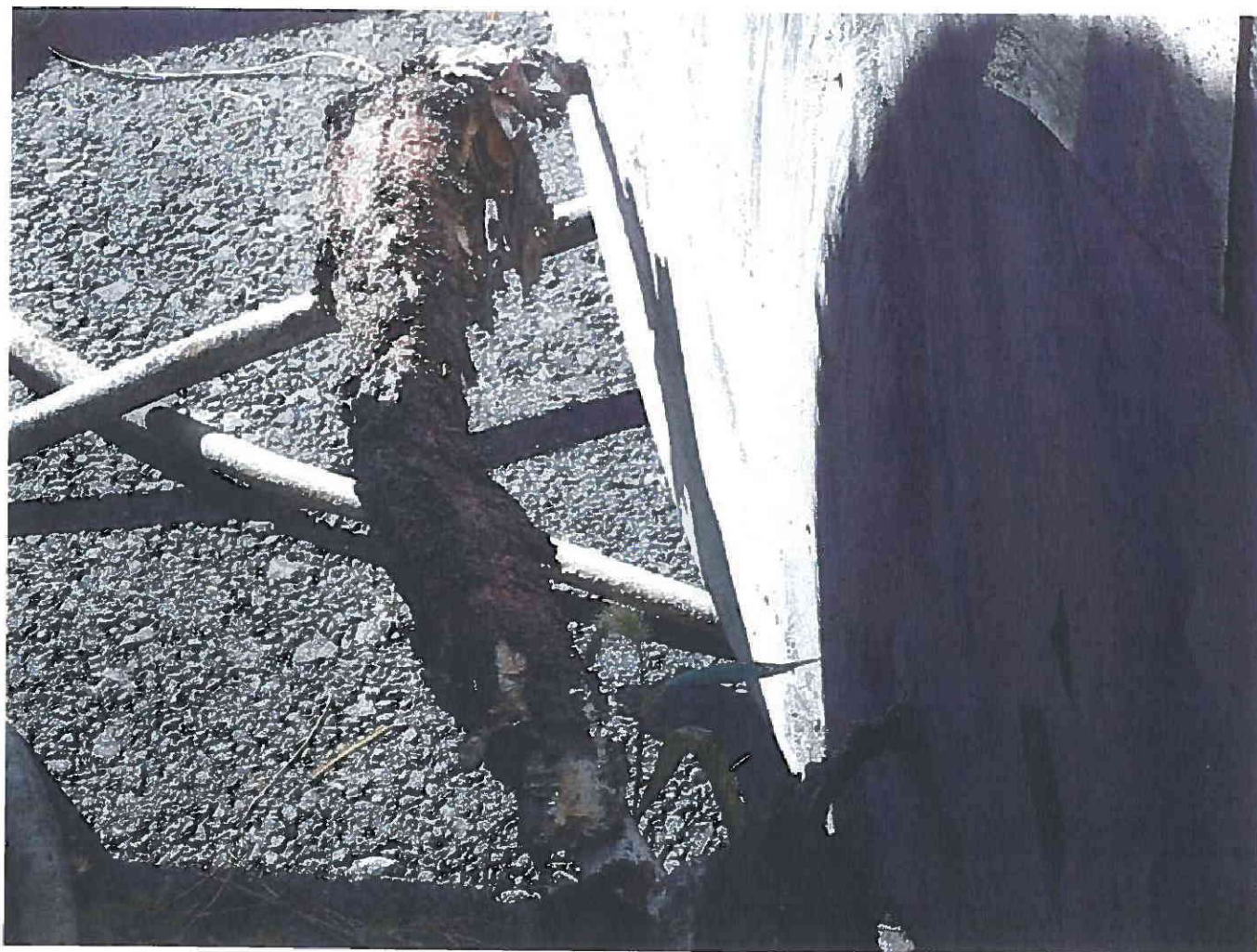


**Photo 9: Gasoline Tank 002 removed.**



**Photo 10: Gasoline Tank 001 removed.**





**Photo 11: Cathodic Protection Anode**



**Photo 12: Tank Excavation Area**





**Photo 13: Tank cleaning activities**



**Photo 14: Excavation area backfilled with stone**





**Photo 15: Contaminated soil pile staged on plastic and covered.**

# **Unusable Product Disposal**

## **Bill of Lading**





INTERNATIONAL PETROLEUM CORP. OF DELAWARE  
523 N. Sam Houston Parkway East, Suite 400, Houston, TX 77060

SPEC NOTE

SERVICE ORDER

CUSTOMER CONTACT  
Fred Diehl

PHONE NUMBER  
570-851-7967

SITE NUMBER NAME AND ADDRESS  
Blue Stone Environmental  
Rosemary's Convenient Store  
1623 Route 590  
Hawley Pa 18428

FCC Environmental  
505 South Market St  
Wilmington DE 19801

PAGE OF  
CALL TYPE PROBLEM CODE ORDER ORIGIN

PRIORITY

P.O. NUMBER

ASSIGNED TECH EDUE F

PROMISE DATE, TIME

VEHICLE NO.	TRAVEL TIME	TRAVEL MILES	TIME ON SITE	ARRIVE DATE	ARRIVE TIME	CLOSE DATE	CLOSE TIME	JOB COMPLETE	COMMENTS/NOTES
250	4 hr	167	24C	7/19/11	11:00	7/19/11	1:00	YES	
PART / DESCRIPTION		UM	QUANTITY	HM	SHIPPING DESCRIPTION		SERIAL #		
Pump Gasoline out					(RCEA) Gas 3 Diesel mix		GLYCOL	pH	# CONT
UST					UN 4003 Gasoline water				BRIX
					1203 flammable liquid				SNIFFER
					PG-128				C-D-T
Liquids			1247						

**Use Qualification Statement**  
I, signing this document, I hereby certify that I understand the used FCC Environmental, LLC degreasing fluid (i.e. mineral spirits, petroleum naphtha) returned to FCC Environmental, LLC for inclusion in the FCC Environmental, LLC use Program will be utilized as an effective substitute for chemical product. For the purpose of qualifying to participate in the Program, I further certify that any used degreasing fluid so returned to FCC Environmental, LLC has it been mixed with hazardous waste or other objectionable substances.  
I constituents that may be present in the degreasing fluid are contaminants resulting from, and incidental to, normal use of the solvent as a degreaser or cleaner. I have reviewed our physical facilities, administrative practices, and operational procedures and based on this review do willing make this true, accurate and complete certification.

**Use Solvent QA & QC**

is No ☐ Yes No ☐  
Used solvent passed visual inspection ☐ Rep Initials \_\_\_\_\_  
Used solvent has no unusual odor ☐ Light assembly is in good working order \_\_\_\_\_  
Parts Cleaner is clean (front/back) ☐ Parts Cleaner is properly grounded \_\_\_\_\_  
Fusible link operational ☐

**Authorization Signature**

I agree to pay for the above services and/or products and to be bound by the terms and conditions set forth above on the reverse side of this document.

PRINT CUSTOMER NAME  
Fred Diehl  
CUSTOMER SIGNATURE  
[Signature]  
DATE  
7/19/11

Initial If Conditionally Exempt Small Quantity Generator as defined in 40 CFR 261.5

Initial If Do-it-yourself collection center  
The GENERATOR hereby certifies that the material collected from the GENERATOR's facility by FCC Environmental, LLC does not contain a PCB's as defined in 40 CFR 761 and is not hazardous waste or been mixed with a listed or characteristic hazardous waste as defined in 40 CFR 261. If the material collected is a used oil as defined in 40 CFR part 279, the GENERATOR certifies that the total hazardous content is less than 1,000 ppm, or the GENERATOR hereby certifies that the rebuttable waste presumption under 40 CFR Part 279 has been rebutted. The GENERATOR will be responsible for any and all costs including, but not limited to, proper disposal, testing, and transportation if the material contains PCB's or is determined to be a hazardous waste. I certify that to the best of my knowledge, the information presented herein is correct and accurate, and I am authorized to sign on behalf of the GENERATOR.

**Shipping Declaration:**  
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

**Transporter Information:**  
International Petroleum Corporation of Delaware  
505 S. Market Street  
Wilmington, DE 19801  
NJ 50088  
US DOT 495173  
EPA ID # DED984073692

Emergency Contact Chemtrec (800) 424-9300

Driver Signature  
[Signature]  
DATE  
7/19/11  
RECEIVED AT PLANT / DATE

# **Tank Sludge Disposal Manifest**

**Tank sludge disposal receipts will be provided once the material is disposed of offsite at a licensed facility.**

**As of October 14, 2011 the tank sludge is secured in 2 – 55 gallon drums. The drums are secured and properly labeled.**

# Soil Disposal Information



**Soil disposal receipts will be provided  
once the material is disposed of offsite  
at a licensed facility.**

**As of October 14, 2011 the  
contaminated soil is stockpiled on 6 mil  
plastic and is covered and secured.**

# **Tanks, Dispensers, Tank Lines Disposal Slips and Information**

# MIKE'S SCRAP RECYCLING

3001 Boulevard Ave. - Scranton, PA 18509

Phone (570) 346-8124

34035

Date 7-13-01 Time \_\_\_\_\_

Received From \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

License Number of Vehicle TPD 74191

11,520

3100

3470 - 1300 - 1 = 2170

P.W. License # (V) 057456

(M) 057457

(G) 057458

(R) 065440

Signature

Cust. Signature

**Seller, his heirs, successors, and assigns, does hereby warrant and defend the title of all merchandise, good, chattels and articles of personal property, hereby sold to Suprick Enterprises, Inc. against all and every person and persons whomsoever.**

# MIKE'S SCRAP RECYCLING

3001 Boulevard Ave. - Scranton, PA 18509

Phone (570) 346-8124

34062

Date 9/14/11 Time 11:25

Received From Environmental Rest.

Address Catdab

Signature \_\_\_\_\_

License Number of Vehicle YPD74FI

11760

8340

5420 steel tanks x 13.00 = 444.60



(M) 057458 Signature [Signature]

(G) 057458

(R) 065440 Cust. Signature [Signature]

Seller, his heirs, successors, and assigns, does hereby warrant and defend the title of all merchandise, good, chattels and articles of personal property, hereby sold to Suprick Enterprises, Inc. against all and every person and persons whomsoever.

## Clean Backfill Receipts

LEWIS GUARD  
LAWRENCE GUARD  
BR LIME CO. GUARD  
SULLAN ROAD  
HONOLULU, HI 96811  
AF 749

CUSTOMER

JOB

INBOUND DATE

TIME

OUTBOUND DATE

TIME

14 13 03  
14 13 03  
14 13 03  
14 13 03  
14 13 03

DELIVERED BY

*Dob*

ACCEPTED BY

WEIGHMASTER

LEWIS GUARD  
LAWRENCE GUARD  
BR LIME CO. GUARD  
SULLAN ROAD  
HONOLULU, HI 96811  
AF 749

CUSTOMER

JOB

INBOUND DATE

TIME

OUTBOUND DATE

TIME

14 13 03  
14 13 03  
14 13 03  
14 13 03  
14 13 03

DELIVERED BY

ACCEPTED BY

WEIGHMASTER

18.05.19

INBOUND DATE

TIME

OUTBOUND DATE

TIME

DELIVERED BY \_\_\_\_\_

ACCEPTED BY \_\_\_\_\_

**WEIGHMASTER**

EF 2.1.1

INBOUND DATE

TIME

OUTBOUND DATE

TIME

DELIVERED BY \_\_\_\_\_

ACCEPTED BY

**WEIGHMASTER**



CUSTOMER \_\_\_\_\_

JOB \_\_\_\_\_

INBOUND DATE

TIME

OUTBOUND DATE

TIME

DELIVERED BY \_\_\_\_\_

ACCEPTED BY \_\_\_\_\_

WEIGHMASTER \_\_\_\_\_

CUSTOMER \_\_\_\_\_

JOB \_\_\_\_\_

INBOUND DATE

TIME

OUTBOUND DATE

TIME

DELIVERED BY \_\_\_\_\_

ACCEPTED BY \_\_\_\_\_

WEIGHMASTER \_\_\_\_\_



LEWIS & CLARK  
NATIONAL ASSOCIATION  
FOR LUTHERAN COMMUNICATION  
P.O. BOX 1000  
ST. LOUIS, MO 63103

CUSTOMER

JOB

INBOUND DATE TIME

OUTBOUND DATE TIME

1800 12:00 PM  
12:00 12:00 PM  
12:00 12:00 PM  
12:00 12:00 PM  
12:00 12:00 PM

DELIVERED BY

ACCEPTED BY

WEIGHMASTER

*Handwritten signature*

# Laboratory Analytical

FAIRWAY LABORATORIES  
2019 Ninth Avenue  
PO Box 1925  
Altoona, Pennsylvania 16603  
(814) 946-4306 (814) 946-8791 - Fax  
PaDep Certification is PA 07-062



www.fairwaylaboratories.com

---

Quad 3	Project: ROSEMERGY'S	
72 Glenmaura National Rd	Project Number: [none]	<b>Reported:</b>
Moosic PA, 18507	Collector: DN	09/23/11 09:39
Project Manager: Dan Nealon	Number of Containers: 32	

---

**ANALYTICAL REPORT FOR SAMPLES**

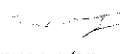
Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
T-003-001	1H13015-01	Soil	09/12/11 11:10	09/13/11 10:30
T-003-002	1H13015-02	Soil	09/12/11 11:20	09/13/11 10:30
T-002-003	1H13015-03	Soil	09/12/11 13:30	09/13/11 10:30
T-002-004	1H13015-04	Soil	09/12/11 13:40	09/13/11 10:30
T-002-005	1H13015-05	Soil	09/12/11 13:50	09/13/11 10:30
T-001-006	1H13015-06	Soil	09/12/11 14:20	09/13/11 10:30
T-001-007	1H13015-07	Soil	09/12/11 14:30	09/13/11 10:30
T-001-008	1H13015-08	Soil	09/12/11 14:40	09/13/11 10:30

---

Fairway Laboratories, Inc.

*The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.*

Reviewed and Submitted by:

  
Michael P. Tyler  
Laboratory Director

FAIRWAY LABORATORIES  
 2019 Ninth Avenue  
 PO Box 1925  
 Altoona, Pennsylvania 16603  
 (814) 946-4306 (814) 946-8791 - Fax  
 PaDep Certification is PA 07-062



www.fairwaylaboratories.com

Quad 3	Project: ROSEMERGY'S	
72 Glenmaura National Rd	Project Number: [none]	<b>Reported:</b>
Moosic PA, 18507	Collector: DN	09/23/11 09:39
Project Manager: Dan Nealon	Number of Containers: 32	

**Client Sample ID:** T-003-001 **Date/Time Sampled:** 09/12/11 11:10  
**Laboratory Sample ID:** 1113015-01 (Soil)

Analyte	Result	Laboratory Reporting		Date / Time		Method	Analyst	Note
		Limit	Units	Analyzed				

#### Metals by EPA 6000/7000 Series Methods

<b>Lead</b>	14.6	0.988	mg/kg dry wt.	09/21/11 20:00	EPA 6010B	rb	B3
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#### Volatile Organic Compounds by EPA Method 8260B

							V6
1,3,5-Trimethylbenzene	<0.0031	0.0031	mg/kg dry	09/15/11 22:13	EPA 8260B	mf	
1,2,4-Trimethylbenzene	0.0142	0.0031	mg/kg dry	09/15/11 22:13	EPA 8260B	mf	
Benzene	0.0663	0.0013	mg/kg dry	09/15/11 22:13	EPA 8260B	mf	
Toluene	0.0123	0.0031	mg/kg dry	09/15/11 22:13	EPA 8260B	mf	
Ethylbenzene	0.0131	0.0031	mg/kg dry	09/15/11 22:13	EPA 8260B	mf	
Xylenes (total)	0.0225	0.0063	mg/kg dry	09/15/11 22:13	EPA 8260B	mf	
Isopropylbenzene	<0.0031	0.0031	mg/kg dry	09/15/11 22:13	EPA 8260B	mf	V4
Methyl tert-butyl ether	<0.0031	0.0031	mg/kg dry	09/15/11 22:13	EPA 8260B	mf	
Naphthalene	0.0037	0.0031	mg/kg dry	09/15/11 22:13	EPA 8260B	mf	
1,2-Dibromoethane (EDB)	<0.0013	0.0013	mg/kg dry	09/15/11 22:13	EPA 8260B	mf	
1,2-Dichloroethane	<0.0013	0.0013	mg/kg dry	09/15/11 22:13	EPA 8260B	mf	
Surrogate: 4-Bromofluorobenzene	101 %	70-130		09/15/11 22:13	EPA 8260B	mf	
Surrogate: 1,2-Dichloroethane-d4	128 %	70-130		09/15/11 22:13	EPA 8260B	mf	
Surrogate: Fluorobenzene	106 %	70-130		09/15/11 22:13	EPA 8260B	mf	

#### Conventional Chemistry Parameters by SM/EPA Methods

<b>% Solids</b>	89.2	%	09/13/11 15:02	% calculation	RH
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Fairway Laboratories, Inc.

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 Altoona, Pennsylvania 16603  
 (814) 946-4306 (814) 946-8791 - Fax  
 PaDep Certification is PA 07-062



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Quad 3	Project: ROSEMERGY'S	
72 Glenmaura National Rd	Project Number: [none]	<b>Reported:</b>
Moosic PA, 18507	Collector: DN	09/23/11 09:39
Project Manager: Dan Nealon	Number of Containers: 32	

**Client Sample ID:** T-003-002 **Date/Time Sampled:** 09/12/11 11:20  
**Laboratory Sample ID:** 1113015-02 (Soil)

Analyte	Result	Laboratory Reporting		Date / Time		Method	Analyst	Note
		Limit	Units	Analyzed				

#### Metals by EPA 6000/7000 Series Methods

Lead	9.16	0.999	mg/kg dry wt.	09/21/11 20:11	EPA 6010B	rb	B3
							V6

#### Volatile Organic Compounds by EPA Method 8260B

Benzene	0.4673	0.1512	mg/kg dry	09/19/11 14:39	EPA- 8260B	mf	
1,3,5-Trimethylbenzene	0.0033	0.0032	mg/kg dry	09/15/11 22:52	EPA 8260B	mf	
1,2,4-Trimethylbenzene	0.0339	0.0032	mg/kg dry	09/15/11 22:52	EPA 8260B	mf	
Toluene	0.0146	0.0032	mg/kg dry	09/15/11 22:52	EPA 8260B	mf	
Ethylbenzene	0.0416	0.0032	mg/kg dry	09/15/11 22:52	EPA 8260B	mf	
Xylenes (total)	0.0568	0.0065	mg/kg dry	09/15/11 22:52	EPA 8260B	mf	
Isopropylbenzene	0.0102	0.0032	mg/kg dry	09/15/11 22:52	EPA 8260B	mf	V4
Methyl tert-butyl ether	<0.0032	0.0032	mg/kg dry	09/15/11 22:52	EPA 8260B	mf	
Naphthalene	0.0167	0.0032	mg/kg dry	09/15/11 22:52	EPA 8260B	mf	
1,2-Dibromoethane (EDB)	<0.0013	0.0013	mg/kg dry	09/15/11 22:52	EPA 8260B	mf	
1,2-Dichloroethane	<0.0013	0.0013	mg/kg dry	09/15/11 22:52	EPA 8260B	mf	
Surrogate: 4-Bromofluorobenzene	104 %	70-130		09/15/11 22:52	EPA 8260B	mf	
Surrogate: 1,2-Dichloroethane-d4	129 %	70-130		09/15/11 22:52	EPA 8260B	mf	
Surrogate: Fluorobenzene	105 %	70-130		09/15/11 22:52	EPA 8260B	mf	

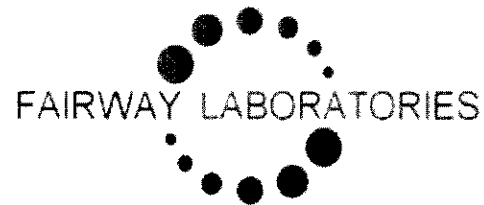
#### Conventional Chemistry Parameters by SM/EPA Methods

% Solids	90.0	%	09/13/11 15:02	% calculation	RH
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Fairway Laboratories, Inc.

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 Altoona, Pennsylvania 16603  
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 PaDep Certification is PA 07-062



www.fairwaylaboratories.com

Quad 3	Project: ROSEMERGY'S	
72 Glenmaura National Rd	Project Number: [none]	<b>Reported:</b>
Moosic PA, 18507	Collector: DN	09/23/11 09:39
Project Manager: Dan Nealon	Number of Containers: 32	

**Client Sample ID:** T-002-003 **Date/Time Sampled:** 09/12/11 13:30

**Laboratory Sample ID:** 1113015-03 (Soil)

Analyte	Result	Laboratory Reporting		Units	Date / Time		Method	Analyst	Note
		Limit			Analyzed				

#### Metals by EPA 6000/7000 Series Methods

<b>Lead</b>	10.3	0.981	mg/kg dry wt.	09/21/11 20:34	EPA 6010B	rb	B3
							V6

#### Volatile Organic Compounds by EPA Method 8260B

1,3,5-Trimethylbenzene	<0.3269	0.3269	mg/kg dry	09/15/11 02:02	EPA 8260B	mf	
1,2,4-Trimethylbenzene	1.795	0.3269	mg/kg dry	09/15/11 02:02	EPA 8260B	mf	
Benzene	<0.1308	0.1308	mg/kg dry	09/15/11 02:02	EPA 8260B	mf	
Toluene	<0.3269	0.3269	mg/kg dry	09/15/11 02:02	EPA 8260B	mf	
Ethylbenzene	<0.3269	0.3269	mg/kg dry	09/15/11 02:02	EPA 8260B	mf	
Xylenes (total)	<0.6538	0.6538	mg/kg dry	09/15/11 02:02	EPA 8260B	mf	
Isopropylbenzene	<0.3269	0.3269	mg/kg dry	09/15/11 02:02	EPA 8260B	mf	
Methyl tert-butyl ether	<0.3269	0.3269	mg/kg dry	09/15/11 02:02	EPA 8260B	mf	
<b>Naphthalene</b>	0.4027	0.3269	mg/kg dry	09/15/11 02:02	EPA 8260B	mf	
1,2-Dibromoethane (EDB)	<0.1308	0.1308	mg/kg dry	09/15/11 02:02	EPA 8260B	mf	
1,2-Dichloroethane	<0.1308	0.1308	mg/kg dry	09/15/11 02:02	EPA 8260B	mf	
Surrogate: 4-Bromofluorobenzene	95 %	70-130		09/15/11 02:02	EPA 8260B	mf	
Surrogate: 1,2-Dichloroethane-d4	99 %	70-130		09/15/11 02:02	EPA 8260B	mf	
Surrogate: Fluorobenzene	105 %	70-130		09/15/11 02:02	EPA 8260B	mf	

#### Conventional Chemistry Parameters by SM/EPA Methods

<b>% Solids</b>	90.0	%	09/13/11 15:02	% calculation	RH
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Quad 3	Project: ROSEMERGY'S	
72 Glenmaura National Rd	Project Number: [none]	<b>Reported:</b>
Moosic PA, 18507	Collector: DN	09/23/11 09:39
Project Manager: Dan Nealon	Number of Containers: 32	

**Client Sample ID: T-002-004**

**Date/Time Sampled: 09/12/11 13:40**

**Laboratory Sample ID: 1113015-04 (Soil)**

Analyte	Result	Laboratory Reporting		Date / Time		Method	Analyst	Note
		Limit	Units	Analyzed				

**Metals by EPA 6000/7000 Series Methods**

<b>Lead</b>	11.3	0.997	mg/kg dry wt.	09/21/11 20:46	EPA 6010B	rb	B3
							V6

**Volatile Organic Compounds by EPA Method 8260B**

1,2,4-Trimethylbenzene	3.714	0.3210	mg/kg dry	09/19/11 15:17	EPA- 8260B	mf	
Ethylbenzene	1.386	0.3210	mg/kg dry	09/19/11 15:17	EPA- 8260B	mf	
Xylenes (total)	3.520	0.6420	mg/kg dry	09/19/11 15:17	EPA- 8260B	mf	
1,3,5-Trimethylbenzene	0.0250	0.0030	mg/kg dry	09/15/11 23:31	EPA 8260B	mf	D1
Benzene	0.0608	0.0012	mg/kg dry	09/15/11 23:31	EPA 8260B	mf	D1
Toluene	0.0358	0.0030	mg/kg dry	09/15/11 23:31	EPA 8260B	mf	D1
Isopropylbenzene	0.0406	0.0030	mg/kg dry	09/15/11 23:31	EPA 8260B	mf	D1, V4
Methyl tert-butyl ether	<0.0030	0.0030	mg/kg dry	09/15/11 23:31	EPA 8260B	mf	D1
Naphthalene	0.0552	0.0030	mg/kg dry	09/15/11 23:31	EPA 8260B	mf	D1
1,2-Dibromoethane (EDB)	<0.0012	0.0012	mg/kg dry	09/15/11 23:31	EPA 8260B	mf	
1,2-Dichloroethane	<0.0012	0.0012	mg/kg dry	09/15/11 23:31	EPA 8260B	mf	
Surrogate: 4-Bromofluorobenzene	109 %	70-130		09/15/11 23:31	EPA 8260B	mf	
Surrogate: 1,2-Dichloroethane-d4	129 %	70-130		09/15/11 23:31	EPA 8260B	mf	
Surrogate: Fluorobenzene	105 %	70-130		09/15/11 23:31	EPA 8260B	mf	

**Conventional Chemistry Parameters by SM/EPA Methods**

<b>% Solids</b>	89.4	%	09/13/11 15:02	% calculation	RH
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Quad 3	Project: ROSEMERGY'S	
72 Glenmaura National Rd	Project Number: [none]	<b>Reported:</b>
Moosic PA, 18507	Collector: DN	09/23/11 09:39
Project Manager: Dan Nealon	Number of Containers: 32	

**Client Sample ID:** T-002-005 **Date/Time Sampled:** 09/12/11 13:50  
**Laboratory Sample ID:** 1113015-05 (Soil)

Analyte	Result	Laboratory Reporting		Date / Time		Method	Analyst	Note
		Limit	Units	Analyzed				

#### Metals by EPA 6000/7000 Series Methods

<b>Lead</b>	13.0	0.982	mg/kg dry wt.	09/21/11 21:09	EPA 6010B	rb	B3
							V6

#### Volatile Organic Compounds by EPA Method 8260B

1,3,5-Trimethylbenzene	<0.0031	0.0031	mg/kg dry	09/15/11 13:54	EPA 8260B	mf	
1,2,4-Trimethylbenzene	0.0288	0.0031	mg/kg dry	09/15/11 13:54	EPA 8260B	mf	
<b>Benzene</b>	0.0463	0.0012	mg/kg dry	09/15/11 13:54	EPA 8260B	mf	
<b>Toluene</b>	0.0049	0.0031	mg/kg dry	09/15/11 13:54	EPA 8260B	mf	
<b>Ethylbenzene</b>	0.0366	0.0031	mg/kg dry	09/15/11 13:54	EPA 8260B	mf	
<b>Xylenes (total)</b>	0.0235	0.0062	mg/kg dry	09/15/11 13:54	EPA 8260B	mf	
<b>Isopropylbenzene</b>	0.0122	0.0031	mg/kg dry	09/15/11 13:54	EPA 8260B	mf	
Methyl tert-butyl ether	<0.0031	0.0031	mg/kg dry	09/15/11 13:54	EPA 8260B	mf	
<b>Naphthalene</b>	0.0215	0.0031	mg/kg dry	09/15/11 13:54	EPA 8260B	mf	
1,2-Dibromoethane (EDB)	<0.0012	0.0012	mg/kg dry	09/15/11 13:54	EPA 8260B	mf	
1,2-Dichloroethane	<0.0012	0.0012	mg/kg dry	09/15/11 13:54	EPA 8260B	mf	
Surrogate: 4-Bromofluorobenzene	103 %	70-130		09/15/11 13:54	EPA 8260B	mf	
Surrogate: 1,2-Dichloroethane-d4	131 %	70-130		09/15/11 13:54	EPA 8260B	mf	SR
Surrogate: Fluorobenzene	107 %	70-130		09/15/11 13:54	EPA 8260B	mf	

#### Conventional Chemistry Parameters by SM/EPA Methods

<b>% Solids</b>	91.5	%	09/13/11 15:02	% calculation	RH
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Quad 3	Project: ROSEMERGY'S	
72 Glenmaura National Rd	Project Number: [none]	<b>Reported:</b>
Moosic PA, 18507	Collector: DN	09/23/11 09:39
Project Manager: Dan Nealon	Number of Containers: 32	

**Client Sample ID:** T-001-006 **Date/Time Sampled:** 09/12/11 14:20

**Laboratory Sample ID:** 1113015-06 (Soil)

Analyte	Result	Laboratory Reporting		Date / Time		Method	Analyst	Note
		Limit	Units	Analyzed				

#### Metals by EPA 6000/7000 Series Methods

Lead	11.3	0.989	mg/kg dry wt.	09/21/11 21:20	EPA 6010B	rb	B3
							V6

#### Volatile Organic Compounds by EPA Method 8260B

1,3,5-Trimethylbenzene	1.480	0.3221	mg/kg dry	09/15/11 20:19	EPA- 8260B	mf	
1,2,4-Trimethylbenzene	5.669	0.3221	mg/kg dry	09/15/11 20:19	EPA- 8260B	mf	
Toluene	0.4052	0.3221	mg/kg dry	09/15/11 20:19	EPA- 8260B	mf	
Ethylbenzene	0.6745	0.3221	mg/kg dry	09/15/11 20:19	EPA- 8260B	mf	
Xylenes (total)	2.262	0.6442	mg/kg dry	09/15/11 20:19	EPA- 8260B	mf	
Isopropylbenzene	<0.3221	0.3221	mg/kg dry	09/15/11 20:19	EPA- 8260B	mf	
Naphthalene	2.980	0.3221	mg/kg dry	09/15/11 20:19	EPA- 8260B	mf	
Benzene	0.0707	0.0013	mg/kg dry	09/15/11 14:32	EPA 8260B	mf	MS
Methyl tert-butyl ether	<0.0033	0.0033	mg/kg dry	09/15/11 14:32	EPA 8260B	mf	
1,2-Dibromoethane (EDB)	<0.0013	0.0013	mg/kg dry	09/15/11 14:32	EPA 8260B	mf	
1,2-Dichloroethane	<0.0013	0.0013	mg/kg dry	09/15/11 14:32	EPA 8260B	mf	
Surrogate: 4-Bromofluorobenzene	137 %	70-130		09/15/11 14:32	EPA 8260B	mf	SR
Surrogate: 1,2-Dichloroethane-d4	132 %	70-130		09/15/11 14:32	EPA 8260B	mf	SR
Surrogate: Fluorobenzene	96 %	70-130		09/15/11 14:32	EPA 8260B	mf	

#### Conventional Chemistry Parameters by SM/EPA Methods

% Solids	88.9	%	09/13/11 15:02	% calculation	RH
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Quad 3	Project: ROSEMERGY'S	
72 Glenmaura National Rd	Project Number: [none]	<b>Reported:</b>
Moosic PA, 18507	Collector: DN	09/23/11 09:39
Project Manager: Dan Nealon	Number of Containers: 32	

**Client Sample ID:** T-001-007

**Date/Time Sampled:** 09/12/11 14:30

**Laboratory Sample ID:** 1113015-07 (Soil)

Analyte	Result	Laboratory Reporting		Date / Time		Method	Analyst	Note
		Limit	Units	Analyzed				

**Metals by EPA 6000/7000 Series Methods**

Lead	11.3	0.983	mg/kg dry wt.	09/21/11 21:32	EPA 6010B	rb	B3
							V6

**Volatile Organic Compounds by EPA Method 8260B**

1,3,5-Trimethylbenzene	12.64	3.583	mg/kg dry	09/15/11 20:56	EPA 8260B	mf	
1,2,4-Trimethylbenzene	41.69	3.583	mg/kg dry	09/15/11 20:56	EPA 8260B	mf	
Benzene	0.3469	0.1433	mg/kg dry	09/15/11 02:40	EPA 8260B	mf	
Toluene	0.8987	0.3583	mg/kg dry	09/15/11 02:40	EPA 8260B	mf	
Ethylbenzene	4.344	0.3583	mg/kg dry	09/15/11 02:40	EPA 8260B	mf	
Xylenes (total)	11.88	0.7167	mg/kg dry	09/15/11 02:40	EPA 8260B	mf	
Isopropylbenzene	2.491	0.3583	mg/kg dry	09/15/11 02:40	EPA 8260B	mf	
Methyl tert-butyl ether	<0.3583	0.3583	mg/kg dry	09/15/11 02:40	EPA 8260B	mf	
Naphthalene	10.82	3.583	mg/kg dry	09/15/11 20:56	EPA 8260B	mf	
1,2-Dibromoethane (EDB)	<0.1433	0.1433	mg/kg dry	09/15/11 02:40	EPA 8260B	mf	
1,2-Dichloroethane	<0.1433	0.1433	mg/kg dry	09/15/11 02:40	EPA 8260B	mf	
Surrogate: 4-Bromofluorobenzene	108 %	70-130		09/15/11 02:40	EPA 8260B	mf	
Surrogate: 1,2-Dichloroethane-d4	112 %	70-130		09/15/11 02:40	EPA 8260B	mf	
Surrogate: Fluorobenzene	104 %	70-130		09/15/11 02:40	EPA 8260B	mf	

**Conventional Chemistry Parameters by SM/EPA Methods**

% Solids	90.0	%	09/13/11 15:02	% calculation	RH
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Quad 3	Project: ROSEMERGY'S	
72 Glenmaura National Rd	Project Number: [none]	<b>Reported:</b>
Moosic PA, 18507	Collector: DN	09/23/11 09:39
Project Manager: Dan Nealon	Number of Containers: 32	

**Client Sample ID:** T-001-008

**Date/Time Sampled:** 09/12/11 14:40

**Laboratory Sample ID:** 1113015-08 (Soil)

Analyte	Result	Laboratory Reporting		Date / Time		Method	Analyst	Note
		Limit	Units	Analyzed				

#### Metals by EPA 6000/7000 Series Methods

<b>Lead</b>	9.38	0.989	mg/kg dry wt.	09/21/11 21:54	EPA 6010B	rb	B3
							V6

#### Volatile Organic Compounds by EPA Method 8260B

<b>1,3,5-Trimethylbenzene</b>	25.04	3.329	mg/kg dry	09/15/11 21:35	EPA 8260B	mf
<b>1,2,4-Trimethylbenzene</b>	79.78	3.329	mg/kg dry	09/15/11 21:35	EPA 8260B	mf
<b>Benzene</b>	0.3016	0.1332	mg/kg dry	09/15/11 03:19	EPA 8260B	mf
<b>Toluene</b>	1.223	0.3329	mg/kg dry	09/15/11 03:19	EPA 8260B	mf
<b>Ethylbenzene</b>	14.24	3.329	mg/kg dry	09/15/11 21:35	EPA 8260B	mf
<b>Xylenes (total)</b>	74.54	6.658	mg/kg dry	09/15/11 21:35	EPA 8260B	mf
<b>Isopropylbenzene</b>	5.135	0.3329	mg/kg dry	09/15/11 03:19	EPA 8260B	mf
<b>Methyl tert-butyl ether</b>	<0.3329	0.3329	mg/kg dry	09/15/11 03:19	EPA 8260B	mf
<b>Naphthalene</b>	11.84	3.329	mg/kg dry	09/15/11 21:35	EPA 8260B	mf
<b>1,2-Dibromoethane (EDB)</b>	<0.1332	0.1332	mg/kg dry	09/15/11 03:19	EPA 8260B	mf
<b>1,2-Dichloroethane</b>	<0.1332	0.1332	mg/kg dry	09/15/11 03:19	EPA 8260B	mf
<i>Surrogate: 4-Bromofluorobenzene</i>	111 %	70-130		09/15/11 03:19	EPA 8260B	mf
<i>Surrogate: 1,2-Dichloroethane-d4</i>	111 %	70-130		09/15/11 03:19	EPA 8260B	mf
<i>Surrogate: Fluorobenzene</i>	104 %	70-130		09/15/11 03:19	EPA 8260B	mf

#### Conventional Chemistry Parameters by SM/EPA Methods

<b>% Solids</b>	89.7	%	09/13/11 15:02	% calculation	RH
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Quad 3	Project: ROSEMERGY'S	
72 Glenmaura National Rd	Project Number: [none]	<b>Reported:</b>
Moosic PA, 18507	Collector: DN	09/23/11 09:39
Project Manager: Dan Nealon	Number of Containers: 32	

---

**Notes**

V6 VOC vial contained more than the EPA recommended amount of soil.

V4 Check standard was outside the QC range. Data accepted based on acceptable LCS.

SR The surrogate recovery was outside the established control limits. The data was accepted based on acceptable batch QC.

MS The spike recovery was outside acceptance limits for the MS and/or MSD due to sample matrix interferences. The batch was accepted based on acceptable CCV recovery.

D1 The RPD result exceeded the QC control limits for the duplicate sample analyzed.

B3 The prep blank associated with this sample had a result greater than the MRL. Data may be biased high.



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Page 1 of 1



Please print. See back of COC for instructions/terms and conditions.

[illegible]

White Original - FLI File      Canary - Customer Mailing/Report      Pink - Customer Receipt Copy



## **Copy of Amended Registration**



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTE MANAGEMENT

## STORAGE TANKS REGISTRATION / PERMITTING APPLICATION FORM

Before completing this form, read the step-by-step instructions provided in this application package.

<b>52-01926</b> <b>Facility ID #</b>  <b>Rosemergy's Convenient Store</b> <b>Facility Name</b>	<b>DEP USE ONLY</b>
	Client ID#
	Site ID#
	Account #
	Auth ID#
	APS ID#
Master Auth ID#	

### I. PURPOSE OF SUBMITTAL

**INITIAL** (Applies to First-Time Facility Registration)

- |   |  |
|---|--|
| <input type="checkbox"/> Register Tanks(s) to be Used   | <input type="checkbox"/> Register Tank(s) to be Temporarily Out of Use |
| <input type="checkbox"/> Register Tank(s) to be Removed | <input type="checkbox"/> Register Tank(s) to be Closed in Place        |

**AMENDED** (Applies to Currently Registered Tank(s) or Existing Facility)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Changed Owner Information      | <input type="checkbox"/> Changed Contact Information                              |
| <input checked="" type="checkbox"/> Changed Facility Information   | <input type="checkbox"/> Changed Facility Operator Information                    |
| <input type="checkbox"/> Changed to Currently In Use Tank(s)       | <input type="checkbox"/> Added Tank(s) to Existing Facility                       |
| <input type="checkbox"/> Changed to Temporarily Out of Use Tank(s) | <input checked="" type="checkbox"/> Changed to Permanently Closed Tank(s)/Removed |
| <input type="checkbox"/> Changed Product                           | <input type="checkbox"/> Changed to Exempt Tank(s)                                |

### CHANGE OF OWNERSHIP

- ☐ Tanks Changed Ownership and Remain at Same Facility

### II. CURRENT OR NEW TANK OWNER / CLIENT INFORMATION

DEP Client ID#	Client Type/Code	Fee Kind (check one if applicable)			
		<input type="checkbox"/> Volunteer Fire Co/EMS Org <input type="checkbox"/> State Govt <input type="checkbox"/> Fed Govt			
Organization Name or Registered Fictitious Name		Employer ID# (EIN)		Dun & Bradstreet ID#	
Rosemergy's Convenient Store					
Individual Last Name	First Name	MI	Suffix	SSN	
Additional Individual Last Name	First Name	MI	Suffix	SSN	
Mailing Address Line 1		Mailing Address Line 2			
134 Butternut Flats					
Address Last Line - City		State	ZIP+4	Country	
Beach Lake		PA	18405		
Client Contact Last Name	First Name	MI	Suffix		
Hoadley	Jan				
Client Contact Title		Phone	Ext		
		(570) 729-0613			
E-mail Address				FAX	

### III. SITE INFORMATION

<b>DEP Site ID#</b> -5201926	<b>Site Name</b> Rosemergy's Convenient Store
---------------------------------	--

<b>EPA ID#</b>	<b>Estimated Number of Employees to be Present at Site</b>	2-3
----------------	--	-----

**Description of Site**  
Convenient Store

<b>County Name</b>	<b>Municipality</b>	<b>City</b>	<b>Boro</b>	<b>Twp</b>	<b>State</b>
Pike	Lackawaxen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

<b>County Name</b>	<b>Municipality</b>	<b>City</b>	<b>Boro</b>	<b>Twp</b>	<b>State</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Site Location Line 1</b> 1623 Route 590	<b>Site Location Line 2</b>
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<b>Site Location Last Line - City</b> Hawley	<b>State</b> PA	<b>ZIP+4</b> 18428
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**Detailed Written Directions to Site**

From Scranton PA, continue north on I-81 and merge on US Route 6 East towards Carbondale. Continue on US RT 6 for 27 miles into Honesdale, PA. Travel through Honesdale, PA on US RT 6, continuing east towards Hawley, PA. Travel approximately 8 miles into Hawley. At the first traffic light you come to in Hawley, continue straight onto Route 590 East. Travel approximately 7 miles on RT 590 East. The site will be on the lefthand side.

<b>Site Contact Last Name</b> Hoadley	<b>First Name</b> Jan	<b>MI</b>	<b>Suffix</b>
--	--------------------------	-----------	---------------

<b>Site Contact Title</b>	<b>Site Contact Firm</b>
---------------------------	--------------------------

<b>Mailing Address Line 1</b> 134 Butternut Flats	<b>Mailing Address Line 2</b>
--	-------------------------------

<b>Address Last Line - City</b> Beach Lake	<b>State</b> PA	<b>ZIP+4</b> 18405
---	--------------------	-----------------------

<b>Phone</b> (570) 729-0613	<b>Ext</b>	<b>FAX</b>	<b>E-mail Address</b>
--------------------------------	------------	------------	-----------------------

<b>NAICS Codes (Two- &amp; Three-Digit Codes - List All That Apply)</b>	<b>6-Digit Code (Optional)</b>
---	--------------------------------

<b>Site to Client Relationship</b> Owner
---



#### IV. FACILITY INFORMATION

DEP Storage Tank Facility ID# 52-01926	Facility Name Rosemergy's Convenient Store	Facility Kind
Facility Location Line 1 (if different than Site Location) 1623 State Route 590	Facility Location Line 2	
Facility Location Last Line - City Hawley	State PA	ZIP+4 18428
Latitude/Longitude Point of Origin	Latitude Degrees Minutes Seconds	Longitude Degrees Minutes Seconds
Horizontal Accuracy Measure	Feet	--or-- Meters
Horizontal Reference Datum Code	<input type="checkbox"/> North American Datum of 1927 <input type="checkbox"/> North American Datum of 1983 <input type="checkbox"/> World Geodetic System of 1984	
Horizontal Collection Method Code		
Reference Point Code		
Altitude	Feet	--or-- Meters
Altitude Datum Name	<input type="checkbox"/> The National Geodetic Vertical Datum of 1929 <input type="checkbox"/> The North American Vertical Datum of 1988 (NAVD88)	
Altitude (Vertical) Location Datum Collection Method Code		
Geometric Type Code		
Data Collection Date		
Source Map Scale Number	Inch(es) =	Feet
	--or-- Centimeter(s) =	Meters
Flammable & Combustible Liquid Permit # (if applicable)		
State or Municipality that Issued the Permit		

#### FACILITY OPERATOR INFORMATION

<input checked="" type="checkbox"/> Same as Owner Identified in Section II.		<input type="checkbox"/> Different than Owner Identified in Section II; identified below.		
DEP Client ID#	Client Type / Code			
Organization Name or Registered Fictitious Name	Employer ID# (EIN)	Dun & Bradstreet ID#		
Individual Last Name	First Name	MI	Suffix	SSN
Additional Individual Last Name	First Name	MI	Suffix	SSN
Mailing Address Line 1	Mailing Address Line 2			
Address Last Line - City	State	ZIP+4	Country	
Client Contact Last Name	First Name	MI	Suffix	
Client Contact Title	Phone	Ext		
E-mail Address	FAX			

### V. CHANGE OF OWNERSHIP INFORMATION

- ☐ All Tanks Changed Ownership at the Facility
- ☐ Some Tanks Changed Ownership at the Facility (List all applicable tank numbers in Section VI.)

OWNERSHIP CHANGE TO - Client information is noted in Section II.

OWNERSHIP CHANGE FROM (previous owner information)

Name

Employer ID# (EIN) or  
SSN

Mailing Address Line 1

Mailing Address Line 2

Address Last Line - City

State

ZIP+4

Previous Facility ID#

Date of Sale/Transfer

#### SIGNATURE & CERTIFICATION OF PREVIOUS OWNER

Previous owner's signature is not available. As required, the "new" owner has attached a deed of transfer or other proof of ownership to this application.

☐ Yes

☐ No

☐ N/A

I have reviewed this form for submission to the Department. I certify under penalty of law as provided in 18 PA. C.S.A. §4903 (relating to false swearing) and 18 PA. C.S.A. §4904 (relating to unsworn falsification to authorities), that I have the authority to sign this Section for the transfer of permit or registration for the storage tanks listed herein. Further, I certify that all information provided in Section V is true, accurate and complete to the best of my knowledge and belief.

Type or Print Previous Owner Name

Previous Owner Signature

Title

Date

## VI. STORAGE DESCRIPTION

**Type or print legibly each regulated storage tank at this facility under your ownership.**

**Status Codes:** C-Currently in Use  
**Type Codes:** M-Manufactured

T-Temporally Out of Use  
F-Field Constructed

E-Exempt

R-Removed

### P-Closed In Place

**A. ABOVEGROUND TANKS.** List all new tanks. If amending information, list only those tanks being amended. Copy this page if more lines are needed.

[illegible]

**B. UNDERGROUND TANKS:** List all new tanks. If amending information, list only those tanks being amended. Copy this page if more lines are needed.

[illegible]

The DEP Certified Installer should complete this section. New tanks listed in Section VI must also be listed in this Section. Write the Tank Number(s) and place an ☒ in the appropriate box for each component that was installed.

[illegible]

Facility ID# 52-01926

Facility Name Rosemergy's Convenient Store

Underground Piping Construction & Corrosion Protection (2)		Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
A. Bare Steel		<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"/>
B. Cathodically Protected Metallic		<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"/>
C. Copper		<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"/>
D. Single Wall Fiberglass		<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"/>
E. Single Wall Flexible (Non-Metallic)		<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"/>
G. None		<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"/>
I. Double Wall Metallic Primary		<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"/>
J. Double Wall Rigid (FRP) Primary		<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"/>
K. Double Wall Flexible Primary		<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"/>
L. Trench Liner		<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"/>
Aboveground Piping Construction & Corrosion Protection (3)		Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
A. Carbon Steel		<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"/>
B. Cathodically Protected Metallic		<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"/>
C. Copper		<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"/>
D. Single Wall Fiberglass		<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"/>
E. Single Wall Flexible (Non-Metallic)		<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"/>
F. PVC		<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"/>
G. None		<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"/>
I. Double Wall - Metallic Primary		<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"/>
J. Double Wall - Rigid (FRP) Primary		<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"/>
K. Double Wall - Flexible Primary		<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"/>
L. Stainless Steel		<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"/>
Spill Prevention (6) UST Only		Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
Y. Installed and Liquid Tight		<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"/>
N. None		<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"/>
E. Fill In Less Than 25 Gallons (Exempt)		<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"/>



Facility Name Rosemergy's Convenient Store

Facility ID# 52-01926

Overfill Prevention (7)		Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
A. Overfill Alarm		<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"/>
B. Ball Float Valve and No Air Eliminator		<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"/>
E. Fill In Less Than 25 Gallons (Exempt)		<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"/>
N. None		<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"/>
S. Drop Tube Shutoff Device		<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"/>
Y. Yes (AST only)		<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"/>
Emergency Containment (16) ASTs Only		Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
E. Exempt		<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"/>
N. No		<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"/>
Y. Yes		<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"/>
Secondary Containment (17) ASTs Only		Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
E. Exempt		<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"/>
N. No		<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"/>
Y. Yes		<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"/>
Stage I Vapor Recovery (19) USTs Only		Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
A. Coax		<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"/>
B. 2 Point		<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"/>
N. None or Incomplete		<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"/>
Stage II Vapor Recovery (20)		Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
A. Complete Balance System		<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"/>
B. Complete Assist System		<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"/>
C. UG Piping Only		<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"/>
N. None		<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"/>

Tank-top Containment Sumps Present (21) USTs Only												
	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
N. None	<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"/>
S. At some penetrations	<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"/>
A. At all penetrations	<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"/>
Under-dispenser Containment Present (22) USTs Only												
	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
N. None	<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"/>
S. At some dispensers	<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"/>
A. Under all dispensers	<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"/>
Line Leak Detector Shuts Off Pump (23) USTs Only												
	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
N. No	<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"/>
Y. Yes	<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"/>

Facility ID# 52-01926

Facility Name Rosemergy's Convenient Store

### VIII. ABOVEGROUND & UNDERGROUND TANK INFORMATION FOR PERMANENT CLOSURE

Write the Tank Number(s) and place an ☒ in the appropriate box for each tank that was removed or closed in place.

Items 2 & 3 below apply to large ASTs and all USTs	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
	001	002	003									
1. Contamination suspected or observed and notification of contamination form was submitted to the appropriate DEP regional office.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>
2. Closure document submitted to the appropriate DEP regional office.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>
3. Closure document kept on file by owner.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>

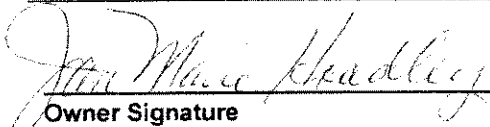
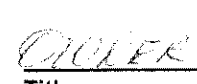
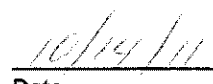
## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. This registration is conditioned upon compliance with provisions of the Storage Tank and Spill Prevention Act of 1989, all applicable regulations, and with the requirements for obtaining and maintaining a permit required under this Act. I certify my responsibility for assuring the following permit requirements:

- Storage tank systems are in compliance with applicable administrative, technical and operational requirements as specified in Subchapter E for underground tanks or Subchapter F or G for aboveground tanks.
- Tank handling and inspection activities are performed by an individual possessing DEP certification in the appropriate category as required in Subchapters A and B.
- Underground storage tanks meet the applicable financial responsibility requirements of Subchapter H (relating to financial responsibility requirements).
- A Spill Prevention Response (SPR) Plan must be submitted to the appropriate DEP regional office for facilities that have aboveground storage tanks where the total capacity of all aboveground tanks is greater than 21,000 gallons.
- Other state and local permits required for operation of the tank system have been attained.

My signature represents to the Department that I own the storage tank(s) and am aware of the responsibilities and potential liabilities as an "owner" arising under the Storage Tank and Spill Prevention Act of 1989 and all applicable regulations. I am also advised that statements made on this registration is made subject to the penalties of 18 PA. C.S.A. Section 4904 relating to unsworn falsification to authorities.

Type or Print Owner Name Jan Hoadley

		
Owner Signature	Title	Date

### Information & Invoices should be sent to:

- ☒ Tank Owner Contact  
☐ Site Contact  
☐ Facility Operator  
☐ Other Responsible Party Identified Below


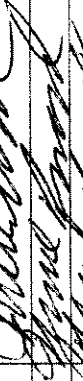

Organization Name or Registered Fictitious Name		Employer ID# (EIN)		Dun & Bradstreet ID#
Individual Last Name	First Name	MI	Suffix	SSN
Additional Individual Last Name	First Name	MI	Suffix	SSN
Mailing Address Line 1		Mailing Address Line 2		
Address Last Line - City		State	ZIP+4	Country
Client to Site (Facility) Relationship				

## X. INSTALLER / REMOVER CERTIFICATION

This section must be completed by the certified tank handler(s) who is responsible for the installation or removal from service of the aboveground and underground storage tank systems listed in Section VI. Tank modification activity must be submitted on a "Tank Modification Report" form.

### SIGNATURE & CERTIFICATION OF INSTALLER(S) / REMOVER(S)

As the certified tank handler responsible for the tank handling activities in the category or categories listed, I certify that all tank handling activities were conducted in compliance with the design, installation and operation standards of the Storage Tank and Spill Prevention Act of 1989 and all applicable regulations. I also certify, under penalty of law as provided in 18 PA C.S.A. 4904 (relating to unsworn falsification to authorities), that the information provided therein is true, accurate and complete to the best of my knowledge and belief.

Tank#	Installer/Remover Name	Construction Standard	Individual Certification#	Certification Category	Company Certification#	Installer/Remover Signature	Date
001	Mike Domenick		4381	UMR	1058		10/14/2011
002	Mike Domenick		4381	UMR	1058		10/14/2011
003	Mike Domenick		4381	UMR	1058		10/14/2011

## XI. INSPECTOR CERTIFICATION

This section must be completed by the DEP Certified Tank Inspector(s) who is responsible for verifying the installation standards for field constructed tanks and aboveground tanks greater than 21,000 gallons listed in Section VI. (Type or Print legibly) A DEP Certified Inspector may also be responsible for inspecting existing ASTs which are entering regulated service for the first time with no tank handling activities.

### SIGNATURE & CERTIFICATION OF INSPECTOR(S)

As the certified tank inspector responsible for verifying tank handling activities and construction standards, I certify that the tank(s) listed below are constructed to appropriate industry standards and, if applicable, to manufacturer's specifications; that the tank(s) have been tested as required by industry standards; and that the tank(s) meet or exceed applicable design and operating standards; and are in compliance with the requirements of the Storage Tank and Spill Prevention Act of 1989, and all applicable regulations. I also certify under penalty of law as provided in 18 PA C.S.A. 4904 (relating to unsworn falsification to authorities), that the information provided herein is true, accurate and complete to the best of my knowledge and belief.

Tank#	Inspector Name	Construction Standard	Individual Certification#	Certification Category	Company Certification#	Inspector Signature	Date

## XII. SITE SPECIFIC INSTALLATION PERMIT NUMBER

If a site-specific permit was required for a new tank installation, write the tank number(s) and permit number(s) in the appropriate box.

Site-Specific Installation Permit	Tank#	Tank#	Tank#	Tank#	Tank#	Tank#	Tank#	Tank#	Tank#



41° 30' 05.28" N

75° 05' 49.17" W