



Pennsylvania Department of Environmental Protection

909 Elmerton Avenue
Harrisburg, PA 17110-8200
February 12, 1999

Southcentral Regional Office

717-705-4705
FAX - 717-705-4830

Mr. Jeff Bell
Point Store
RR 1, Box 1642
McClure, PA 17841

Re: Closure Report
Facility ID No. 44-12044
Point Store (Tank 001)
Decatur Township, Mifflin County

Dear Mr. Bell:

This is to acknowledge that we have reviewed the above referenced closure report dated December 3, 1998. The following information should be provided to the Department:

1. No soil samples were collected beneath the piping or dispensers in accordance with the Department's closure requirements.
2. Clarification is requested on the status of the water in the excavation.

If you have any questions, please call me at 717-705-4837.

Sincerely,

Robin L. Yerger
Hydrogeologist
Environmental Cleanup Program

cc: Brian Shaeffer, Perry Petroleum



ATTACHMENT 4

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENTRECEIVED - DEP
SOUTHCENTRAL REGION
99 JAN 26 PM 3:38
ENVIRONMENTAL CLEANUPUNDERGROUND STORAGE TANK SYSTEM
CLOSURE REPORT FORM44 - 12044

Facility I.D.

Decatur Township

Municipality

Mifflin

County

12-3-98

Date Prepared

Amy BoyerName of Person Submitting Report
(Please Print)Perry Petroleum Equipment, Ltd.Company Name
(If Applicable)Secretary

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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

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 44 - 12044
2. Facility Name Point Store
3. Facility County Mifflin
4. Facility Municipality Decatur Township
5. Facility Address RR 1, Box 1642 McClure, PA 17841
6. Facility Contact Person Jeff Bell
7. Facility Telephone Number (717) 543-5291
8. Owner Name Point Store
9. Owner Mailing Address RR 1, Box 1642 McClure, PA 17841
10. Description of Underground Storage Tanks (Complete for each tank closed)

DATE OF TANK CLOSURE (Month/Day/Year)		11-17-98			
Tank Registration Number		001			
Estimated Total Capacity (Gallons)		55Q			
Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply)	a. Petroleum				
	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 checked="" 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. Hazardous Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Name of Principal CERCLA Substance				
	AND Chemical Abstract Service (CAS) No.				
	c. Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure Method (Check Only One)	a. Removal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Closure-in-Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Change-In-Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial System Closure (Yes or No)		NO			

4

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: _____

Facility is a gas station. Tank was used solely for it's purpose.

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 "Registration of Storage Tanks" form was submitted to the DEP, Bureau of Water Quality Management, Division of Storage Tanks, P.O. Box 8762, Harrisburg, PA 17105-8762.
Date: 12-3-98
15. If a reportable release was confirmed, the appropriate regional office of DEP was notified by the owner or operator.
Date: 11-16-98 Office: Southcentral Region

Date: 12-3-98

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

Date: 11-16-98

Office: Southcentral Region

Yes ☒ N/A ☐

- ☒ ☐ 16. If tanks were cleaned on-site:
- a. Briefly describe the disposition of usable product: _____
None. _____
- 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): _____
None. _____
- c. If tank contents were determined/deemed to be hazardous waste, provide:
- (1) Generator ID Number: _____
- (2) Licensed Hazardous Waste Transporter Name and ID Number: _____
- ☐ ☒ 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):
Tank was rendered useless and taken to a local salvage yard.

- ☐ ☒ 19. If contaminated soil is excavated:
- a. Briefly describe the disposition and amount _____ (tons) of contaminated soil. Provide the name and permit number of the processing, treatment, storage or disposal facility. (Attach documentation of proper disposal):

- b. If contaminated soil is determined/deemed to be hazardous waste, provide:
- (1) Generator ID Number: _____
- (2) Licensed Hazardous Waste Transporter Name and ID Number: _____

Yes N/A

- ☒ ☐ 20. Briefly describe the disposition of and amount 45 (tons) of uncontaminated soil (attach analyses): _____

I, Jeffrey D. Bell, hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904 (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.

Jeffrey D. Bell
Signature of Tank Owner

1/22/99
Date

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

SECTION II. Tank Handling Information

Facility ID Number 44 - 12044

Yes N/A

1. Briefly describe the excavation and initial on-site staging of uncontaminated/contaminated soil:
Soil was excavated from the tank hole, sampled as clean and used for backfill.
2. Briefly describe the method of piping system closure and the closure of the piping systems including the quantity and condition of the piping:
N/A
3. Briefly describe the condition of the tanks and any problems encountered during tank removal:
Tank was found to be in good condition.
4. Briefly describe the method used to purge the tanks of and monitor for explosive vapors:
An explosion meter was used to monitor the tank for any explosive vapors.
5. ☒ ☐ If tanks were cleaned on-site:
 - a. Briefly describe the tank cleaning process:
Ends were cut from the tank with a nibbler. Insides were squeegeed clean.
 - b. If subcontracted, name and address of company that performed the tank cleaning: _____
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, Brian D. Sheaffer, hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904 (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

B-D Sheaffer
Signature of Certified Installer

17-4-98
Date

1274
Installer Certification Number

14
Company Certification Number

Perry Petroleum Equipment, Ltd.
Company Name

P.O. Box 208
Street

Ickesburg, PA 17037
City/Town, State, Zip

(717) 438-3776
Phone

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

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 44 - 12044

- 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 0 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): Trapped water pumped. Source: Old previous tanks from many years ago.

-----> 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, Brian D. Sheaffer, hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904 (relating to unsworn
(Print Name)
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

12-4-98

Date

President

Title of Person Performing Site Assessment

Perry Petroleum Equipment, Ltd.

Name of Company Performing Site Assessment