



APPENDIX D

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

UNDERGROUND STORAGE TANK SYSTEM CLOSURE REPORT FORM

<u>44 - 12044</u>	
Facility I.D.	
<u>POINT STORE</u>	
Facility Name	
<u>DECATUR TOWNSHIP</u>	<u>MIFFLIN COUNTY</u>
Municipality	County
<u>10/01/2014</u>	
Date Prepared	
<u>AMY KRONE</u>	
Name of Person Submitting Report (Please Print)	
<u>PERRY PETROLEUM EQUIPMENT</u>	
Company Name (If Applicable)	
<u>SECRETARY</u>	
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

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
5. Facility Address 5867 US HIGHWAY 522 NORTH, MCCLURE, PA 17841
6. Facility Contact Person JEFF BELL
7. Facility Telephone Number (717) 348 - 5161
8. Owner Name JEFF BELL
9. Owner Mailing Address 5867 US HIGHWAY 522 NORTH, MCCLURE, PA 17841
10. Description of Underground Storage Tanks (Complete for each tank closed)

DATE OF TANK CLOSURE (Month/Day/Year)		08-04-2014	08-04-2014	08-04-2014	- -
Tank Registration Number		2	3	4	
Estimated Total Capacity (Gallons)		2,000	2,000	1,000	
Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply)	a. Petroleum				
	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 checked="" 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 checked="" type="checkbox"/>	<input checked="" 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	NO	NO	

DATE OF TANK CLOSURE (Month/Day/Year)		- -	- -	- -	- -
Tank Registration Number					
Estimated Total Capacity (Gallons)					
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 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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 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)					

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 WAS A CONVENIENCE STORE. UNDERGROUND STORAGE TANKS WERE PLACED IN A "TOS" STATUS PREVIOUSLY AND WERE NOT IN USE AT THE TIME OF REMOVAL

- ☒ ☐ 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 Environmental Cleanup and Brownfields, Division of Storage Tanks, P.O. Box 8762, Harrisburg, PA 17105-8762.
- Date: 08/12/14
- ☒ ☐ 15. If a reportable release was confirmed, the appropriate regional office of DEP was notified by the owner or operator.

Date: 09 - 09 - 2014Office: SOUTHCENTRAL REGION OFFICE

Yes N/A

- ☐ ☒ 16. If tanks were cleaned on-site:
- a. Briefly describe the disposition of usable product: _____

- 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):
PUMPED APPROXIMATELY 30 GALLONS OF WATER FROM KEROSENE TANK (004) AND
DISPOSED OF.

- 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):
TANKS WERE CLEANED OUT AND TAKEN TO A SCRAP YARD. APPROXIMATELY 20' OF
FIBERGLASS PIPING WAS REMOVED AND PLACED INTO A DUMPSTER.

- ☐ ☒ 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: _____

2 10-FM-GECS0159 2/2012

Yes N/A

- ☒ ☐ 20. Briefly describe the disposition of and amount _____ (tons) of uncontaminated soil (attach analyses):
SOILS WERE EXCAVATED FOR TANK REMOVALS AND BACKFILLED.

I, Jeff Bell, hereby certify, under penalty of law as provided in 18 Pa. C.S. §4804
(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.

Jeff Bell
Signature of Tank Owner

12/15/14
Date

The Paint Store
Company Name
(If Applicable)

Owner Jeff Bell
Title

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

**UNDERGROUND 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:
SOILS WERE EXCAVATED FROM TANK HOLE. WATER WAS ENCOUNTERED
APPROXIMATELY 3' FROM THE SURFACE. ODOR WAS PRESENT AND AN NOCC WAS
SUBMITTED TO THE DEPARTMENT.
2. Briefly describe the method of piping system closure and the closure of the piping systems including the quantity and condition of the piping:
FIBERGLASS PRODUCT LINES WERE DRAINED AND REMOVED FROM THE GROUND. ALL
PIPING WAS FOUND TO BE IN GOOD CONDITION. OWNER REQUESTED VENT LINES REMAIN
IN PLACE.
3. Briefly describe the condition of the tanks and any problems encountered during tank removal:
DOUBLE WALL STEEL TANKS WERE FOUND TO BE IN GOOD CONDITION UPON REMOVAL.
TANKS WERE FREE OF HOLES.
4. Briefly describe the method used to purge the tanks of and monitor for explosive vapors:
DRY ICE WAS USED TO PURGE THE TANK AND AN EXPLOSION METER WAS USED TO
MONITOR THE TANKS FOR VAPORS.

- ☐ ☒ 5. If tanks were cleaned on-site:
- a. Briefly describe the tank cleaning process: _____
- _____

- 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, MICHAEL J. NIPPLE, 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 / 02 / 2014
Date

5487
Installer Certification Number

0014
Company Certification Number

PERRY PETROLEUM EQUIPMENT LTD INC
Company Name

PO BOX 208
Street

ICKESBURG, PA 17037
City/Town, State, Zip

717 - 438 - 3776
Phone

UNDERGROUND STORAGE TANK CLOSURE REPORT FORM

SECTION III. Site Assessment Information

Tank Registration # 234 (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 3 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):

-----> 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
(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 / 02 / 2014
Date

PRESIDENT

Title of Person Performing Site Assessment

PERRY PETROLEUM EQUIPMENT LTD INC.

Name of Company Performing Site Assessment


717-438-3776

Telephone Number of Person Performing Site Assessment

1397
1374

PERRY PETROLEUM EQUIPMENT
P.O. BOX 208
ICKESBURG, PA 17037
(717) 438-3776 PHONE
(717) 438-3930 FAX

FACSIMILE TRANSMITTAL SHEET

TO: Ben-Storage tanks FROM: Kara
COMPANY: DATE: 8-5-14
FAX NUMBER: 705-4830 TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER: SENDER'S REFERENCE NUMBER:
RE: YOUR REFERENCE NUMBER:
 copy
☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

mike talked to
Alex from
Dad

[CLICK HERE AND TYPE RETURN ADDRESS]

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)

IF A REPORTABLE RELEASE, ALSO SEND A COPY OF THE FORM TO:

PA Department of Environmental Protection
Land Recycling and Cleanup Program
Attn: Storage Tank Corrective Action
P.O. Box 8471
Harrisburg, PA 17105-8471 FAX: 717-787-0884

Southeast Region
Lee Park, Suite 6010
555 North Lane
Conshohocken, PA 19386
PHONE: 610-832-5850/6090
FAX: 610-832-6143

Counties
Bucks, Chester, Delaware,
Montgomery, Philadelphia

Northeast Region
2 Public Square
Wilkes-Barre, PA 18711-0790
PHONE: 570-826-2511
FAX: 570-820-4807

Counties
Carbon, Lackawanna, Lehigh,
Luzerne, Monroe, Northampton
Pike, Schuylkill, Susquehanna,
Wayne, Wyoming

Southcentral Region
609 Elmerton Avenue
Harrisburg, PA 17110
PHONE: 877-333-1904
FAX: 717-705-4830

Counties
Adams, Bedford, Berks, Blair, Cum-
berland, Dauphin, Franklin, Fulton,
Huntingdon, Juniata, Lancaster,
Lebanon, Mifflin, Perry, York

Northcentral Region
208 W. Third Street, Suite 101
Williamsport, PA 17701
PHONE: 570-321-6525/327-3686
FAX: 570-327-3420

Counties
Bradford, Cameron, Centre,
Clinton, Clearfield, Columbia,
Lycoming, Montour,
Northumberland, Potter, Snyder,
Sullivan, Tioga, Union

Southwest Region
400 Waterfront Drive
Pittsburgh, PA 15222
PHONE: 412-442-4091/4000
FAX: 412-442-4328

Counties
Allegheny, Armstrong,
Beaver, Cambria, Fayette,
Greene, Indiana, Somerset,
Washington, Westmoreland

Northwest Region
230 Chestnut Street
Meadville, PA 16335-3481
PHONE: 814-332-6945
800-373-3398
FAX: 814-332-6121

Counties
Butler, Clarion, Crawford, Elk,
Erie, Forest, Jefferson,
Lawrence, McKean, Mercer,
Venango, Warren

I. FACILITY INFORMATION (Both O/O and I/I) Facility Name <u>Point Store</u> Facility I.D. Number <u>44-12044</u> Street Address (P.O. Box not acceptable) <u>5867 US Highway 522 North</u> City <u>McClure</u> State <u>PA</u> Zip Code <u>17841</u> County <u>mifflin</u> Municipality <u>Decoratur Township</u> Contact Person <u>777</u> Phone Number <u>717</u>		II. OWNER/OPERATOR INFORMATION (Both O/O and I/I) Owner Name <u>Jeff Bell - Point Store</u> Address <u>5867 US Highway 522 North</u> City <u>McClure</u> State <u>PA</u> Zip Code <u>17841</u> Phone Number <u>717-543-5291</u> Operator Name <u>Michael Nipple</u> Phone Number <u>717-438-3776</u>	
III. REGULATED SUBSTANCE INFORMATION			
A. Type of Product(s) Involved (Mark All That Apply <input checked="" type="checkbox"/>): <u>Both O/O and I/I</u>		B. Quantity (Gallons) of Product(s) Released: <u>O/O Only</u>	
C. Contamination Suspected <input checked="" type="checkbox"/> or Confirmed <input checked="" type="checkbox"/> (Mark All That Apply <input checked="" type="checkbox"/>): <u>I/I Only</u>		C. Contamination Suspected <input checked="" type="checkbox"/> or Confirmed <input checked="" type="checkbox"/> (Mark All That Apply <input checked="" type="checkbox"/>): <u>I/I Only</u>	
Lead Gasoline <input type="checkbox"/> Unleaded Gasoline <input type="checkbox"/> Aviation Gasoline <input type="checkbox"/> Kerosene <input type="checkbox"/> Jet Fuel <input type="checkbox"/> Diesel Fuel <input type="checkbox"/> New Motor Oil <input type="checkbox"/> Used Motor Oil <input type="checkbox"/> Fuel Oil No. 1 <input type="checkbox"/> Fuel Oil No. 2 <input type="checkbox"/> Fuel Oil No. 4 <input type="checkbox"/> Fuel Oil No. 5 <input type="checkbox"/> Fuel Oil No. 6 <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Unknown <input type="checkbox"/>		[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] [S] [C]	
IV. REPORTABLE RELEASE INFORMATION (O/O Only)			
Date Reportable Release was Confirmed: <u> </u> / <u> </u> / <u> </u> Date Owner/Operator Verbally Notified Appropriate Regional Office of Reportable Release and Office Notified: Date: <u> </u> / <u> </u> / <u> </u> Office <u> </u>		Date Owner/Operator Sent Copy of this Written Notification to Local Municipality(ies) and Name of Municipality(ies) Notified: Date: <u> </u> / <u> </u> / <u> </u> Municipality <u> </u> Date: <u> </u> / <u> </u> / <u> </u> Municipality <u> </u>	
Source/Cause (Mark All That Apply <input checked="" type="checkbox"/>):		How Discovered (Mark All That Apply <input checked="" type="checkbox"/>):	
Tank (DEP Assigned Nos. <u> </u>) <input type="checkbox"/> Piping System (Aboveground Regulated) <input type="checkbox"/> Piping System (Underground Regulated) <input type="checkbox"/> Piping System (Non-Regulated) <input type="checkbox"/> Dispenser/Dispensing Equipment <input type="checkbox"/> Spill Catchment Basin <input type="checkbox"/> Accident/Act of God <input type="checkbox"/> Containment/Sump Failure <input type="checkbox"/> Faulty Installation <input type="checkbox"/> Corrosion <input type="checkbox"/> Mechanical Failure <input type="checkbox"/> Spill During Delivery <input type="checkbox"/> Overfill at Delivery <input type="checkbox"/> Vehicle Gas Tank Overfill <input type="checkbox"/> Product Delivery Hose Rupture <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Unknown <input type="checkbox"/>		During Closure <input type="checkbox"/> Lining Installation <input type="checkbox"/> Routine Leak Detection <input type="checkbox"/> Third Party Inspection <input type="checkbox"/> Tightness Testing Activities <input type="checkbox"/> Visible Product or Odor Reports <input type="checkbox"/> Water in Tank <input type="checkbox"/> Construction <input type="checkbox"/> Upgrade/Repair <input type="checkbox"/> Supply Well Sample Results <input type="checkbox"/> Monitoring Well Sample Results <input type="checkbox"/> Property Transfer <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Unknown <input type="checkbox"/>	
Environmental Media Affected and Impacts (Mark All That Apply <input checked="" type="checkbox"/>):		Environmental Media Affected and Impacts (Mark All That Apply <input checked="" type="checkbox"/>):	
Soil <input type="checkbox"/> Sediment <input type="checkbox"/> Surface Water <input type="checkbox"/> Ground Water <input type="checkbox"/> Bedrock <input type="checkbox"/> Water Supplies <input type="checkbox"/> Vapors/Product in Buildings <input type="checkbox"/> Vapors/Product in Sewer/Utility Lines <input type="checkbox"/> Ecological Receptors <input type="checkbox"/>		Soil <input type="checkbox"/> Sediment <input type="checkbox"/> Surface Water <input type="checkbox"/> Ground Water <input type="checkbox"/> Bedrock <input type="checkbox"/> Water Supplies <input type="checkbox"/> Vapors/Product in Buildings <input type="checkbox"/> Vapors/Product in Sewer/Utility Lines <input type="checkbox"/> Ecological Receptors <input type="checkbox"/>	

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

	Planned	Initiated	Completed	Not Applicable
Regulated Substance Removed from Storage Tanks	<input 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 type="checkbox"/>
Contaminated Soil Excavated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free Product Recovered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Supplies Identified and Sampled	<input 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 type="checkbox"/>
Other (Specify)	<input 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) odor ☒

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)

I, _____, hereby certify, under penalty of law as provided in 18 Pa.
(Print Name)

C.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.

Signature of Owner or Operator

Date

I, Michael J Nipple, hereby certify, under penalty of law as provided in 18 Pa.
(Print Name)

C.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]
Signature of Certified Installer

8, 4, 2014
Date

5467
Installer Certification Number

Perry Petroleum Equipment
Company Certification Number

I, _____, hereby certify, under penalty of law as provided in 18 Pa.
(Print Name)

C.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

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 subsections 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, IIIB, 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 telephone number of the owner of the facility identified in Section I. Also, record the name and telephone 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 and Brownfields Program
Storage Tank Section
(and the appropriate address below,
depending on where the FACILITY is located)

Southeast Region
2 East Main Street
Norristown, PA 19401
PHONE: 484-250-5900
FAX: 484-250-5961

Counties
Bucks, Chester, Delaware,
Montgomery, Philadelphia

Northeast Region
2 Public Square
Wilkes-Barre, PA 18711-1915
PHONE: 570-826-2511
FAX: 570-820-4907

Counties
Carbon, Lackawanna, Lehigh,
Luzerne, Monroe, Northampton,
Pike, Schuylkill, Susquehanna,
Wayne, Wyoming

South-central Region
909 Elmerton Avenue
Harrisburg, PA 17110
PHONE: 866-825-0208
FAX: 717-705-4830

Counties
Adams, Bedford, Berks, Blair, Cum-
berland, Dauphin, Franklin, Fulton,
Huntingdon, Juniata, Lancaster,
Lebanon, Mifflin, Perry, York

North-central Region
208 W Third Street, Suite 101
Williamsport, PA 17701
PHONE: 570-321-6525/327-3636
FAX: 570-327-3420

Counties
Bradford, Cameron, Centre,
Clinton, Clearfield, Columbia,
Lycoming, Montour,
Northumberland, Potter, Snyder,
Sullivan, Tioga, Union

Southwest Region
400 Waterfront Drive
Pittsburgh, PA 15222
PHONE: 412-442-4091/4000
FAX: 412-442-4328

Counties
Allegheny, Armstrong,
Beaver, Cambria, Fayette,
Greene, Indiana, Somerset,
Washington, Westmoreland

Northwest Region
230 Chestnut Street
Meadville, PA 16335-3481
PHONE: 814-332-6945
800-373-3398
FAX: 814-332-6121

Counties
Butler, Clarion, Crawford, Elk,
Erie, Forest, Jefferson,
Lawrence, McKean, Mercer,
Venango, Warren

I. FACILITY INFORMATION (Both O/O and I/I)			II. OWNER/OPERATOR INFORMATION (Both O/O and I/I)		
Facility Name POINT STORE	Facility I.D. Number 44-12044		Owner Name JEFF BELL		
Street Address (P.O. Box not acceptable) 5867 US HIGHWAY 522 NORTH			Address 14 ARMORY LANE		
City MCCLURE	State PA	Zip Code 17841 -	City LEWISTOWN	State PA	Zip Code 17044 - 2858
County MIFFLIN			Municipality DECATUR TWP		
Contact Person JEFF BELL	Telephone Number (717) 348-5161		Telephone Number (717) 348-5161		
III. REGULATED SUBSTANCE INFORMATION					
A. Type of Product(s) Involved (Mark All That Apply <input checked="" type="checkbox"/>): Both O/O and I/I	B. Quantity (Gallons) of Product(s) Released: O/O Only	C. Contamination Suspected [S] or Confirmed [C] (Mark All That Apply <input checked="" type="checkbox"/>): I/I Only	D. Contamination Suspected [S] or Confirmed [C] (Mark All That Apply <input checked="" type="checkbox"/>): I/I Only	E. Contamination Suspected [S] or Confirmed [C] (Mark All That Apply <input checked="" type="checkbox"/>): I/I Only	F. Contamination Suspected [S] or Confirmed [C] (Mark All That Apply <input checked="" type="checkbox"/>): I/I Only
Leaded Gasoline <input type="checkbox"/> <input type="checkbox"/> [S] <input type="checkbox"/> [S] <input type="checkbox"/> [C] <input type="checkbox"/> [C]
Unleaded Gasoline <input checked="" type="checkbox"/> <input type="checkbox"/> [S] <input checked="" type="checkbox"/> [S] <input checked="" type="checkbox"/> [C] <input checked="" type="checkbox"/> [C]
Aviation Gasoline <input type="checkbox"/> <input type="checkbox"/> [S] <input type="checkbox"/> [S] <input type="checkbox"/> [C] <input type="checkbox"/> [C]
Kerosene <input checked="" type="checkbox"/> <input type="checkbox"/> [S] <input checked="" type="checkbox"/> [S] <input checked="" type="checkbox"/> [C] <input checked="" type="checkbox"/> [C]
Jet Fuel <input type="checkbox"/> <input type="checkbox"/> [S] <input type="checkbox"/> [S] <input type="checkbox"/> [C] <input type="checkbox"/> [C]
Diesel Fuel <input type="checkbox"/> <input type="checkbox"/> [S] <input type="checkbox"/> [S] <input type="checkbox"/> [C] <input type="checkbox"/> [C]
New Motor Oil <input type="checkbox"/> <input type="checkbox"/> [S] <input type="checkbox"/> [S] <input type="checkbox"/> [C] <input type="checkbox"/> [C]
Used Motor Oil <input type="checkbox"/> <input type="checkbox"/> [S] <input type="checkbox"/> [S] <input type="checkbox"/> [C] <input type="checkbox"/> [C]
Fuel Oil No. 1 <input type="checkbox"/> <input type="checkbox"/> [S] <input type="checkbox"/> [S] <input type="checkbox"/> [C] <input type="checkbox"/> [C]
Fuel Oil No. 2 <input type="checkbox"/> <input type="checkbox"/> [S] <input type="checkbox"/> [S] <input type="checkbox"/> [C] <input type="checkbox"/> [C]
Fuel Oil No. 4 <input type="checkbox"/> <input type="checkbox"/> [S] <input type="checkbox"/> [S] <input type="checkbox"/> [C] <input type="checkbox"/> [C]
Fuel Oil No. 5 <input type="checkbox"/> <input type="checkbox"/> [S] <input type="checkbox"/> [S] <input type="checkbox"/> [C] <input type="checkbox"/> [C]
Fuel Oil No. 6 <input type="checkbox"/> <input type="checkbox"/> [S] <input type="checkbox"/> [S] <input type="checkbox"/> [C] <input type="checkbox"/> [C]
Other (Specify) <input type="checkbox"/> <input type="checkbox"/> [S] <input type="checkbox"/> [S] <input type="checkbox"/> [C] <input type="checkbox"/> [C]
Unknown <input type="checkbox"/> <input type="checkbox"/> [S] <input type="checkbox"/> [S] <input type="checkbox"/> [C] <input type="checkbox"/> [C]
IV. REPORTABLE RELEASE INFORMATION (O/O Only)					
Date Reportable Release was Confirmed: <u>09 / 08 / 2014</u> m d y	Date Owner/Operator Sent Copy of this Written Notification to Local Municipality(ies) and Name of Municipality(ies) Notified:				
Date Owner/Operator Verbally Notified Appropriate Regional Office of Reportable Release and Office Notified: Date: <u>09 / 08 / 2014</u> Office <u>Evan at Southcentral DEP</u> m d y	Date: _____ Municipality _____ m d y				
Source (Mark All That Apply <input checked="" type="checkbox"/>):					
Tank (DEP Assigned Nos.) <input type="checkbox"/>	How Discovered (Mark All That Apply <input checked="" type="checkbox"/>):		Environmental Media Affected and Impacts (Mark All That Apply <input checked="" type="checkbox"/>):		
Piping System (Aboveground Regulated)..... <input type="checkbox"/>	During Closure..... <input type="checkbox"/>		Soil <input type="checkbox"/>		
Piping System (Underground Regulated)..... <input type="checkbox"/>	Lining Installation..... <input type="checkbox"/>		Sediment <input type="checkbox"/>		
Piping System (Non-Regulated)..... <input type="checkbox"/>	Routine Leak Detection..... <input type="checkbox"/>		Surface Water <input type="checkbox"/>		
Dispenser/Dispensing Equipment <input type="checkbox"/>	Third Party Inspection..... <input type="checkbox"/>		Ground Water <input checked="" type="checkbox"/>		
Spill Catchment Basin..... <input type="checkbox"/>	Tightness Testing Activities..... <input type="checkbox"/>		Bedrock <input type="checkbox"/>		
Accident/Natural Disaster..... <input type="checkbox"/>	Visible Product or Odor Reports..... <input type="checkbox"/>		Water Supplies <input type="checkbox"/>		
Submersible Turbine Pump Head/Fittings..... <input type="checkbox"/>	Water in Tank <input type="checkbox"/>		Vapors/Product in Buildings <input type="checkbox"/>		
Containment/Sump Failure <input type="checkbox"/>	Construction <input type="checkbox"/>		Vapors/Product in Sewer/Utility Lines <input type="checkbox"/>		
Other (Specify) <u>Water Samples impacted with Benzene</u> <input checked="" type="checkbox"/>	Upgrade/Repair <input type="checkbox"/>		Ecological Receptors..... <input type="checkbox"/>		
Unknown <input checked="" type="checkbox"/>	Supply Well Sample Results <input type="checkbox"/>				
Cause (Mark All That Apply <input checked="" type="checkbox"/>):	Monitoring Well Sample Results <input type="checkbox"/>				
Faulty Installation..... <input type="checkbox"/>	Property Transfer..... <input type="checkbox"/>				
Corrosion..... <input type="checkbox"/>	Other (Specify) <u>Water sample results</u> <input checked="" type="checkbox"/>				
Physical/Mechanical Failure..... <input type="checkbox"/>	Unknown <input type="checkbox"/>				
Spill During Delivery..... <input type="checkbox"/>					
Overfill at Delivery..... <input type="checkbox"/>					
Vehicle Gas Tank Overfill..... <input type="checkbox"/>					
Product Delivery Hose Rupture..... <input type="checkbox"/>					
Other (Specify) <u>prev?</u> <input checked="" type="checkbox"/>					
Unknown <input checked="" type="checkbox"/>					

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

	Planned	Initiated	Completed	Not Applicable
Regulated Substance Removed from Storage Tanks	<input 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 type="checkbox"/>
Contaminated Soil Excavated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free Product Recovered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Supplies Identified and Sampled	<input 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 type="checkbox"/>
Other (Specify)	<input 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: 9 / 8 / 14
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) vapors ☒

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.

Encountered ground water around 3' down from top of surface. Contacted DEP, sampled water and took soil to water interface samples. No confirmed contamination was present - only suspected due to odor.

9/8/14: Contacted owner, told him about water sample results and owner asked that reports be sent to DEP and that DEP contact him regarding further action.

* Note: The owner has contacted Lehman Engineers to handle/quote. *

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

I, _____, hereby certify, under penalty of law as provided in 18 Pa.
(Print Name)

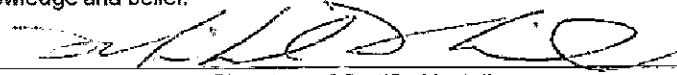
C.S.A. §4904 (relating to unsworn falsification to authorities) that I am the owner or operator of the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

Signature of Owner or Operator

Date

I, Michael J. Nipple _____, hereby certify, under penalty of law as provided in 18 Pa.
(Print Name)

C.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

09 / 08 / 2014
Date

5487
Installer Certification Number

0014
Company Certification Number

I, _____, hereby certify, under penalty of law as provided in 18 Pa.
(Print Name)

C.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

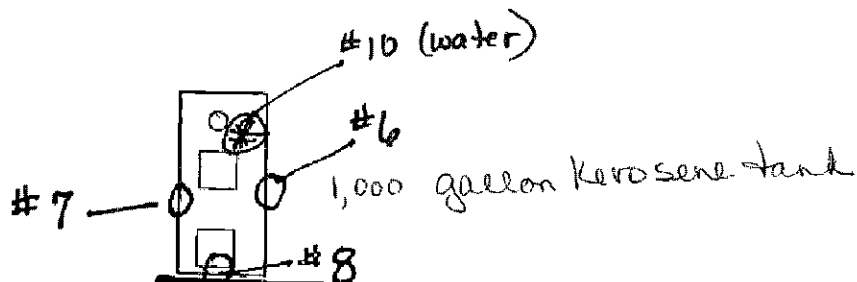
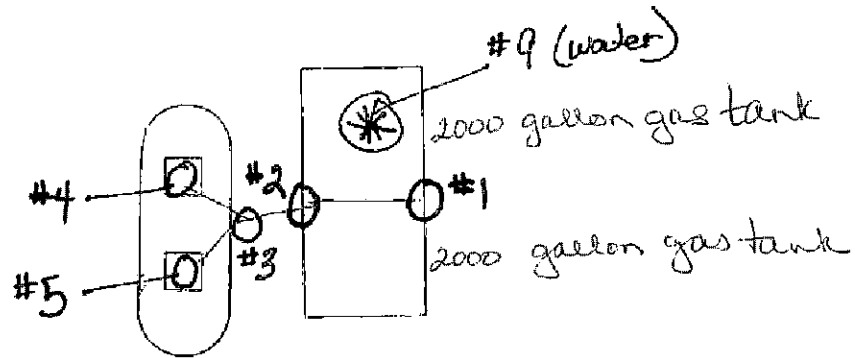
Date

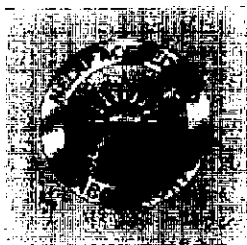
Inspector Certification Number

Company Certification Number

Point Store-McClure

#44-12044





2019 Ninth Avenue
PO Box 1925
Altoona, PA 16603
(814) 946-4306
NELAP: PA 07-062, VA 460212

89 Kristi Road
Pennssdale, PA 17756
(570) 494-6380
PaDEP: PA 41-04684



www.fairwaylaboratories.com

State Certifications: MD 275, WV 364

Perry Petroleum Equipment

PO Box 208

Ickesburg PA, 17037

Project Manager: Brian Sheaffer

Project: POINT STORE, MCCLURE

Project Number: [none]

Collector: MN

Number of Containers: 38

Reported:

08/15/14 09:48

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Sample Type	Date Sampled	Date Received
1	4H06025-01	Solid	Grab	08/04/14 14:00	08/06/14 10:00
2	4H06025-02	Solid	Grab	08/04/14 14:00	08/06/14 10:00
3	4H06025-03	Solid	Grab	08/04/14 14:00	08/06/14 10:00
4	4H06025-04	Solid	Grab	08/04/14 14:00	08/06/14 10:00
5	4H06025-05	Solid	Grab	08/04/14 14:00	08/06/14 10:00
6	4H06025-06	Solid	Grab	08/04/14 14:00	08/06/14 10:00
7	4H06025-07	Solid	Grab	08/04/14 14:00	08/06/14 10:00
8	4H06025-08	Solid	Grab	08/04/14 14:00	08/06/14 10:00
9	4H06025-09	Water	Grab	08/04/14 14:00	08/06/14 10:00
10	4H06025-10	Water	Grab	08/04/14 14:00	08/06/14 10:00

Fairway Laboratories, Inc.

Reviewed and Submitted by:

Michael P. Tyler
Laboratory Director

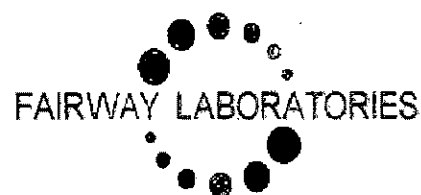
Fairway Labs in Altoona, PA is a NELAP (National Environmental Laboratory Accreditation Program) accredited lab, and as such, certifies that all applicable test results meet the requirements of NELAP, unless otherwise stated on the analytical report.

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.



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NELAP: PA 07-062, VA 460212

89 Kristi Road
Pennssdale, PA 17756
(570) 494-6380
PaDEP: PA 41-04684



State Certifications: MD 275, WV 364

www.fairwaylaboratories.com

Perry Petroleum Equipment

PO Box 208

Ickesburg PA, 17037

Project Manager: Brian Sheaffer

Project: POINT STORE, MCCLURE

Project Number: [none]

Collector: MN

Number of Containers: 38

Reported:

08/15/14 09:48

Client Sample ID: 1

Date/Time Sampled: 08/04/14 14:00

Laboratory Sample ID: 4H06025-01 (Solid/Grab)

Analyte	Result	MDL	RL	Units	Date / Time Analyzed	Method	* Analyst	Note
Volatile Organic Compounds by EPA Method 8260B								
1,3,5-Trimethylbenzene	0.0123	0.0033	mg/kg dry	08/06/14 22:19	EPA 8260B	wlm		
1,2,4-Trimethylbenzene	0.0434	0.0033	mg/kg dry	08/06/14 22:19	EPA 8260B	wlm		
Benzene	0.0045	0.0013	mg/kg dry	08/06/14 22:19	EPA 8260B	wlm		
Toluene	0.0394	0.0033	mg/kg dry	08/06/14 22:19	EPA 8260B	wlm		
Ethylbenzene	0.0144	0.0033	mg/kg dry	08/06/14 22:19	EPA 8260B	wlm		
Isopropylbenzene	0.0121	0.0033	mg/kg dry	08/06/14 22:19	EPA 8260B	wlm		
Methyl tert-butyl ether	<0.0033	0.0033	mg/kg dry	08/06/14 22:19	EPA 8260B	wlm		
Naphthalene	0.0067	0.0033	mg/kg dry	08/06/14 22:19	EPA 8260B	wlm		
Surrogate: 4-Bromofluorobenzene	103 %	70-130		08/06/14 22:19	EPA 8260B	wlm		
Surrogate: 1,2-Dichloroethane-d4	108 %	70-130		08/06/14 22:19	EPA 8260B	wlm		
Surrogate: Fluorobenzene	101 %	70-130		08/06/14 22:19	EPA 8260B	wlm		

9c

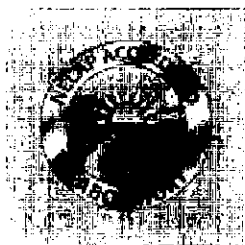
Conventional Chemistry Parameters by SM/EPA Methods

% Solids	85.0	0.100	%	08/06/14 14:38	SM20-2540G	arr
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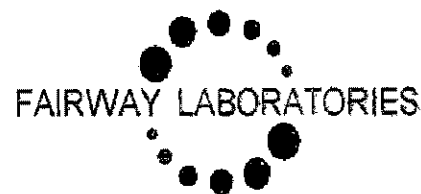
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PaDEP: PA 41-04684



www.fairwaylaboratories.com

State Certifications: MD 275, WV 364

Perry Petroleum Equipment

PO Box 208

Ickesburg PA, 17037

Project Manager: Brian Sheaffer

Project: POINT STORE, MCCLURE

Project Number: [none]

Collector: MN

Number of Containers: 38

Reported:

08/15/14 09:48

Client Sample ID: 2

Date/Time Sampled: 08/04/14 14:00

Laboratory Sample ID: 4H06025-02 (Solid/Grab)

Analyte	Result	MDL	RL	Units	Date / Time Analyzed	Method	* Analyst	Note
Volatile Organic Compounds by EPA Method 8260B								
1,3,5-Trimethylbenzene	<0.0035	0.0035	mg/kg dry	08/06/14 22:57	EPA 8260B	wlm		9c
1,2,4-Trimethylbenzene	<0.0035	0.0035	mg/kg dry	08/06/14 22:57	EPA 8260B	wlm		
Benzene	<0.0014	0.0014	mg/kg dry	08/06/14 22:57	EPA 8260B	wlm		
Toluene	<0.0035	0.0035	mg/kg dry	08/06/14 22:57	EPA 8260B	wlm		
Ethylbenzene	<0.0035	0.0035	mg/kg dry	08/06/14 22:57	EPA 8260B	wlm		2a
Isopropylbenzene	<0.0035	0.0035	mg/kg dry	08/06/14 22:57	EPA 8260B	wlm		
Methyl tert-butyl ether	<0.0035	0.0035	mg/kg dry	08/06/14 22:57	EPA 8260B	wlm		
Naphthalene	<0.0035	0.0035	mg/kg dry	08/06/14 22:57	EPA 8260B	wlm		
Surrogate: 4-Bromofluorobenzene	97 %	70-130	08/06/14 22:57	EPA 8260B	wlm			
Surrogate: 1,2-Dichloroethane-d4	112 %	70-130	08/06/14 22:57	EPA 8260B	wlm			
Surrogate: Fluorobenzene	99 %	70-130	08/06/14 22:57	EPA 8260B	wlm			

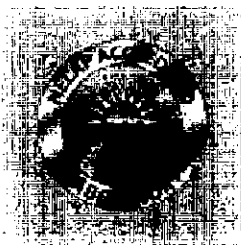
Conventional Chemistry Parameters by SM/EPA Methods

% Solids	81.9	0.100	%	08/06/14 14:38	SM20-2540G	arr
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PaDEP: PA 41-04684



State Certifications: MD 275, WV 364

www.fairwaylaboratories.com

Perry Petroleum Equipment

PO Box 208

Ickesburg PA, 17037

Project Manager: Brian Sheaffer

Project: POINT STORE, MCCLURE

Project Number: [none]

Collector: MN

Number of Containers: 38

Reported:

08/15/14 09:48

Client Sample ID: 3

Date/Time Sampled: 08/04/14 14:00

Laboratory Sample ID: 4H06025-03 (Solid/Grab)

Analyte	Result	MDL	RL	Units	Date / Time Analyzed	Method	* Analyst	Note
Volatile Organic Compounds by EPA Method 8260B								
1,3,5-Trimethylbenzene	<0.0035	0.0035	mg/kg dry	08/06/14 22:01	EPA 8260B	wlm		
1,2,4-Trimethylbenzene	0.0059	0.0035	mg/kg dry	08/06/14 22:01	EPA 8260B	wlm		
Benzene	<0.0014	0.0014	mg/kg dry	08/06/14 22:01	EPA 8260B	wlm		
Toluene	<0.0035	0.0035	mg/kg dry	08/06/14 22:01	EPA 8260B	wlm		
Ethylbenzene	<0.0035	0.0035	mg/kg dry	08/06/14 22:01	EPA 8260B	wlm		
Isopropylbenzene	<0.0035	0.0035	mg/kg dry	08/06/14 22:01	EPA 8260B	wlm		
Methyl tert-butyl ether	<0.0035	0.0035	mg/kg dry	08/06/14 22:01	EPA 8260B	wlm		
Naphthalene	0.0037	0.0035	mg/kg dry	08/06/14 22:01	EPA 8260B	wlm		
Surrogate: 4-Bromofluorobenzene	100 %	70-130		08/06/14 22:01	EPA 8260B	wlm		
Surrogate: 1,2-Dichloroethane-d4	109 %	70-130		08/06/14 22:01	EPA 8260B	wlm		
Surrogate: Fluorobenzene	102 %	70-130		08/06/14 22:01	EPA 8260B	wlm		

9c

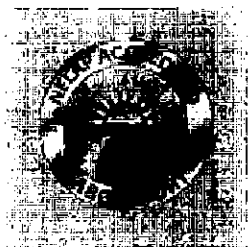
Conventional Chemistry Parameters by SM/EPA Methods

% Solids	78.5	0.100	%	08/06/14 14:38	SM20-2540G	arr
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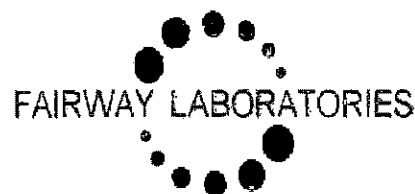
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PaDEP: PA 41-04684



State Certifications: MD 275, WV 364

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Perry Petroleum Equipment

PO Box 208

Ickesburg PA, 17037

Project Manager: Brian Sheaffer

Project: POINT STORE, MCCLURE

Project Number: [none]

Collector: MN

Number of Containers: 38

Reported:

08/15/14 09:48

Client Sample ID: 4

Date/Time Sampled: 08/04/14 14:00

Laboratory Sample ID: 4H06025-04 (Solid/Grab)

Analyte	Result	MDL	RL	Units	Date / Time Analyzed	Method	* Analyst	Note
Volatile Organic Compounds by EPA Method 8260B								
1,3,5-Trimethylbenzene	<0.0041		0.0041	mg/kg dry	08/06/14 22:38	EPA 8260B	wlm	
1,2,4-Trimethylbenzene	<0.0041		0.0041	mg/kg dry	08/06/14 22:38	EPA 8260B	wlm	
Benzene	<0.0017		0.0017	mg/kg dry	08/06/14 22:38	EPA 8260B	wlm	
Toluene	<0.0041		0.0041	mg/kg dry	08/06/14 22:38	EPA 8260B	wlm	
Ethylbenzene	<0.0041		0.0041	mg/kg dry	08/06/14 22:38	EPA 8260B	wlm	
Isopropylbenzene	<0.0041		0.0041	mg/kg dry	08/06/14 22:38	EPA 8260B	wlm	
Methyl tert-butyl ether	<0.0041		0.0041	mg/kg dry	08/06/14 22:38	EPA 8260B	wlm	
Naphthalene	<0.0041		0.0041	mg/kg dry	08/06/14 22:38	EPA 8260B	wlm	
Surrogate: 4-Bromofluorobenzene	96 %		70-130		08/06/14 22:38	EPA 8260B	wlm	
Surrogate: 1,2-Dichloroethane-d4	110 %		70-130		08/06/14 22:38	EPA 8260B	wlm	
Surrogate: Fluorobenzene	101 %		70-130		08/06/14 22:38	EPA 8260B	wlm	

Conventional Chemistry Parameters by SM/EPA Methods

% Solids	76.4	0.100	%	08/06/14 14:38	SM20-2540G	air
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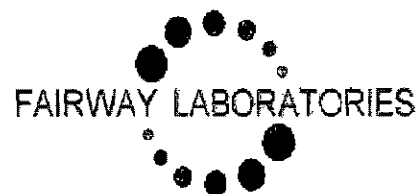
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PaDEP: PA 41-04684



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State Certifications: MD 275, WV 364

Perry Petroleum Equipment

PO Box 208

Ickesburg PA, 17037

Project Manager: Brian Sheaffer

Project: POINT STORE, MCCLURE

Project Number: [none]

Collector: MN

Number of Containers: 38

Reported:

08/15/14 09:48

Client Sample ID: 5

Date/Time Sampled: 08/04/14 14:00

Laboratory Sample ID: 4H06025-05 (Solid/Grab)

Analyte	Result	MDL	RL	Units	Date / Time Analyzed	Method	* Analyst	Note
Volatile Organic Compounds by EPA Method 8260B								
1,3,5-Trimethylbenzene	<0.0031		0.0031	mg/kg dry	08/06/14 23:16	EPA 8260B	wlm	
1,2,4-Trimethylbenzene	0.0036		0.0031	mg/kg dry	08/06/14 23:16	EPA 8260B	wlm	
Benzene	<0.0012		0.0012	mg/kg dry	08/06/14 23:16	EPA 8260B	wlm	
Toluene	0.0051		0.0031	mg/kg dry	08/06/14 23:16	EPA 8260B	wlm	
Ethylbenzene	<0.0031		0.0031	mg/kg dry	08/06/14 23:16	EPA 8260B	wlm	
Isopropylbenzene	<0.0031		0.0031	mg/kg dry	08/06/14 23:16	EPA 8260B	wlm	
Methyl tert-butyl ether	<0.0031		0.0031	mg/kg dry	08/06/14 23:16	EPA 8260B	wlm	
Naphthalene	<0.0031		0.0031	mg/kg dry	08/06/14 23:16	EPA 8260B	wlm	
Surrogate: 4-Bromofluorobenzene	100 %		70-130		08/06/14 23:16	EPA 8260B	wlm	
Surrogate: 1,2-Dichloroethane-d4	108 %		70-130		08/06/14 23:16	EPA 8260B	wlm	
Surrogate: Fluorobenzene	101 %		70-130		08/06/14 23:16	EPA 8260B	wlm	

Conventional Chemistry Parameters by SM/EPA Methods

% Solids	80.6	0.100	%	08/06/14 14:38	SM20-2540G	arr
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Perry Petroleum Equipment

PO Box 208

Ickesburg PA, 17037

Project Manager: Brian Sheaffer

Project: POINT STORE, MCCLURE

Project Number: [none]

Collector: MN

Number of Containers: 38

Reported:

08/15/14 09:48

Client Sample ID: 6

Date/Time Sampled: 08/04/14 14:00

Laboratory Sample ID: 4H06025-06 (Solid/Grab)

Analyte	Result	MDL	RL	Units	Date / Time Analyzed	Method	* Analyst	Note
Volatile Organic Compounds by EPA Method 8260B								
1,3,5-Trimethylbenzene	<0.372		0.372	mg/kg dry	08/07/14 18:49	EPA 8260B	wlm	
1,2,4-Trimethylbenzene	<0.372		0.372	mg/kg dry	08/07/14 18:49	EPA 8260B	wlm	
Benzene	<0.149		0.149	mg/kg dry	08/07/14 18:49	EPA 8260B	wlm	
Toluene	<0.372		0.372	mg/kg dry	08/07/14 18:49	EPA 8260B	wlm	
Ethylbenzene	<0.372		0.372	mg/kg dry	08/07/14 18:49	EPA 8260B	wlm	
Isopropylbenzene	<0.372		0.372	mg/kg dry	08/07/14 18:49	EPA 8260B	wlm	
Methyl tert-butyl ether	<0.372		0.372	mg/kg dry	08/07/14 18:49	EPA 8260B	wlm	
Naphthalene	<0.372		0.372	mg/kg dry	08/07/14 18:49	EPA 8260B	wlm	
Surrogate: 4-Bromofluorobenzene	98 %		70-130		08/07/14 18:49	EPA 8260B	wlm	
Surrogate: 1,2-Dichloroethane-d4	103 %		70-130		08/07/14 18:49	EPA 8260B	wlm	
Surrogate: Fluorobenzene	98 %		70-130		08/07/14 18:49	EPA 8260B	wlm	

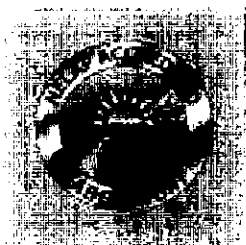
Conventional Chemistry Parameters by SM/EPA Methods

% Solids	79.8		0.100	%	08/06/14 14:38	SM20-2540G	arr	
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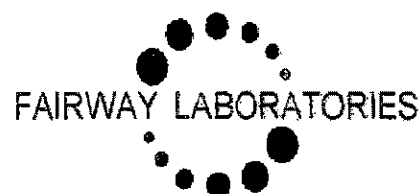
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Perry Petroleum Equipment

PO Box 208

Ickesburg PA, 17037

Project Manager: Brian Sheaffer

Project: POINT STORE, MCCLURE

Project Number: [none]

Collector: MN

Number of Containers: 38

Reported:

08/15/14 09:48

Client Sample ID: 7

Date/Time Sampled: 08/04/14 14:00

Laboratory Sample ID: 4H06025-07 (Solid/Grab)

Analyte	Result	MDL	RL	Units	Date / Time Analyzed	Method	* Analyst	Note
Volatile Organic Compounds by EPA Method 8260B								
1,3,5-Trimethylbenzene	<0.405	0.405	mg/kg dry	08/07/14 19:26	EPA 8260B	wlm		
1,2,4-Trimethylbenzene	<0.405	0.405	mg/kg dry	08/07/14 19:26	EPA 8260B	wlm		
Benzene	<0.162	0.162	mg/kg dry	08/07/14 19:26	EPA 8260B	wlm		
Toluene	<0.405	0.405	mg/kg dry	08/07/14 19:26	EPA 8260B	wlm		
Ethylbenzene	<0.405	0.405	mg/kg dry	08/07/14 19:26	EPA 8260B	wlm		
Isopropylbenzene	<0.405	0.405	mg/kg dry	08/07/14 19:26	EPA 8260B	wlm		
Methyl tert-butyl ether	<0.405	0.405	mg/kg dry	08/07/14 19:26	EPA 8260B	wlm		
Naphthalene	<0.405	0.405	mg/kg dry	08/07/14 19:26	EPA 8260B	wlm		
Surrogate: 4-Bromofluorobenzene	94 %	70-130	08/07/14 19:26	EPA 8260B	wlm			
Surrogate: 1,2-Dichloroethane-d4	99 %	70-130	08/07/14 19:26	EPA 8260B	wlm			
Surrogate: Fluorobenzene	98 %	70-130	08/07/14 19:26	EPA 8260B	wlm			

9c

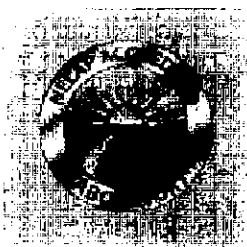
Conventional Chemistry Parameters by SM/EPA Methods

% Solids	78.2	0.100	%	08/06/14 14:38	SM20-2540G	arr
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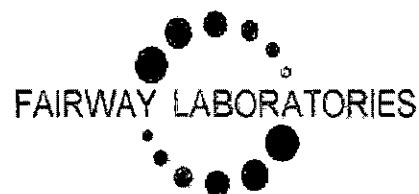
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Perry Petroleum Equipment

PO Box 208

Ickesburg PA, 17037

Project Manager: Brian Sheaffer

Project: POINT STORE, MCCLURE

Project Number: [none]

Collector: MN

Number of Containers: 38

Reported:

08/15/14 09:48

Client Sample ID: 8

Date/Time Sampled: 08/04/14 14:00

Laboratory Sample ID: 4H06025-08 (Solid/Grab)

Analyte	Result	MDL	RL	Units	Date / Time Analyzed	Method	* Analyst	Note
Volatile Organic Compounds by EPA Method 8260B								
9c								
1,3,5-Trimethylbenzene	<0.0038	0.0038		mg/kg dry	08/07/14 18:29	EPA 8260B	wlm	
1,2,4-Trimethylbenzene	<0.0038	0.0038		mg/kg dry	08/07/14 18:29	EPA 8260B	wlm	
Benzene	<0.0015	0.0015		mg/kg dry	08/07/14 18:29	EPA 8260B	wlm	
Toluene	<0.0038	0.0038		mg/kg dry	08/07/14 18:29	EPA 8260B	wlm	
Ethylbenzene	<0.0038	0.0038		mg/kg dry	08/07/14 18:29	EPA 8260B	wlm	
Isopropylbenzene	<0.0038	0.0038		mg/kg dry	08/07/14 18:29	EPA 8260B	wlm	
Methyl tert-butyl ether	<0.0038	0.0038		mg/kg dry	08/07/14 18:29	EPA 8260B	wlm	
Naphthalene	<0.0038	0.0038		mg/kg dry	08/07/14 18:29	EPA 8260B	wlm	
Surrogate: 4-Bromofluorobenzene	95 %		70-130		08/07/14 18:29	EPA 8260B	wlm	
Surrogate: 1,2-Dichloroethane-d4	103 %		70-130		08/07/14 18:29	EPA 8260B	wlm	
Surrogate: Fluorobenzene	96 %		70-130		08/07/14 18:29	EPA 8260B	wlm	

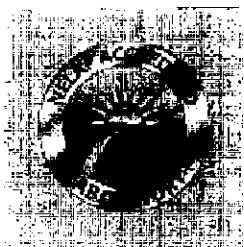
Conventional Chemistry Parameters by SM/EPA Methods

% Solids	99.6	0.100	%	08/06/14 14:38	SM20-2540G	arr
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State Certifications: MD 275, WV 364

Perry Petroleum Equipment

PO Box 208

Ickesburg PA, 17037

Project Manager: Brian Sheaffer

Project: POINT STORE, MCCLURE

Project Number: [none]

Collector: MN

Number of Containers: 38

Reported:

08/15/14 09:48

Client Sample ID: 9

Date/Time Sampled: 08/04/14 14:00

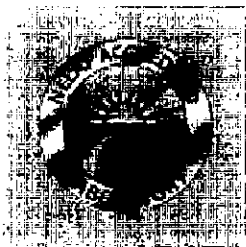
Laboratory Sample ID: 4H06025-09 (Water/Grab)

Analyte	Result	MDL	RL	Units	Date / Time Analyzed	Method	* Analyst	Note
Volatile Organic Compounds by EPA Method 8260B								
1,3,5-Trimethylbenzene	102		1.00	ug/l	08/07/14 08:56	EPA 8260B	wlm	
1,2,4-Trimethylbenzene	141		10.0	ug/l	08/13/14 22:03	EPA 8260B	wlm	
Benzene	44.6		1.00	ug/l	08/07/14 08:56	EPA 8260B	wlm	
Toluene	13.5		1.00	ug/l	08/07/14 08:56	EPA 8260B	wlm	
Ethylbenzene	<1.00		1.00	ug/l	08/07/14 08:56	EPA 8260B	wlm	
Isopropylbenzene	<1.00		1.00	ug/l	08/07/14 08:56	EPA 8260B	wlm	
Methyl tert-butyl ether	6.67		1.00	ug/l	08/07/14 08:56	EPA 8260B	wlm	
Naphthalene	24.4		1.00	ug/l	08/07/14 08:56	EPA 8260B	wlm	
Surrogate: 4-Bromofluorobenzene	102 %		70-130		08/07/14 08:56	EPA 8260B	wlm	
Surrogate: 1,2-Dichloroethane-d4	95.5 %		70-130		08/07/14 08:56	EPA 8260B	wlm	
Surrogate: Fluorobenzene	107 %		70-130		08/07/14 08:56	EPA 8260B	wlm	

Fairway Laboratories, Inc.

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2019 Ninth Avenue
PO Box 1925
Altoona, PA 16603
(814) 946-4306
NELAP: PA 07-062, VA 460212

89 Kristi Road
Pennsdale, PA 17756
(570) 494-6380
PaDEP: PA 41-04684



www.fairwaylaboratories.com

State Certifications: MD 275, WV 364

Perry Petroleum Equipment

PO Box 208

Ickesburg PA, 17037

Project Manager: Brian Sheaffer

Project: POINT STORE, MCCLURE

Project Number: [none]

Collector: MN

Number of Containers: 38

Reported:

08/15/14 09:48

Client Sample ID: 10

Date/Time Sampled: 08/04/14 14:00

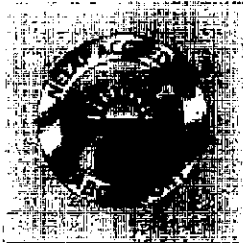
Laboratory Sample ID: 4H06025-10 (Water/Grab)

Analyte	Result	MDL	RL	Units	Date / Time Analyzed	Method	* Analyst	Note
Volatile Organic Compounds by EPA Method 8260B								
1,3,5-Trimethylbenzene	41.8		1.00	ug/l	08/07/14 09:24	EPA 8260B	wlm	
1,2,4-Trimethylbenzene	83.8		10.0	ug/l	08/12/14 14:15	EPA 8260B	wlm	
Benzene	35.8		1.00	ug/l	08/07/14 09:24	EPA 8260B	wlm	
Toluene	173		10.0	ug/l	08/12/14 14:15	EPA 8260B	wlm	
Ethylbenzene	63.0		1.00	ug/l	08/07/14 09:24	EPA 8260B	wlm	
Isopropylbenzene	4.83		1.00	ug/l	08/07/14 09:24	EPA 8260B	wlm	
Methyl tert-butyl ether	12.4		1.00	ug/l	08/07/14 09:24	EPA 8260B	wlm	
Naphthalene	35.3		1.00	ug/l	08/07/14 09:24	EPA 8260B	wlm	
Surrogate: 4-Bromofluorobenzene	111 %		70-130		08/07/14 09:24	EPA 8260B	wlm	
Surrogate: 1,2-Dichloroethane-d4	94.6 %		70-130		08/07/14 09:24	EPA 8260B	wlm	
Surrogate: Fluorobenzene	108 %		70-130		08/07/14 09:24	EPA 8260B	wlm	

Fairway Laboratories, Inc.

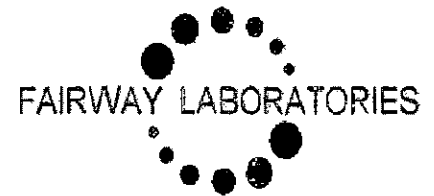
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Perry Petroleum Equipment

PO Box 208

Ickesburg PA, 17037

Project Manager: Brian Sheaffer

Project: POINT STORE, MCCLURE

Project Number: [none]

Collector: MN

Number of Containers: 38

Reported:

08/15/14 09:48

Notes

- 2a The RPD result exceeded the QC control limits for the duplicate, LCSD or MSD sample analyzed.
- 9c Vial contained more than the EPA recommended amount of soil.

Definitions

If surrogate values are not within the indicated range, then the results are considered to be estimated.

Reporting limits are adjusted accordingly when samples are analyzed at a dilution due to the matrix.

The following analyses are to be performed immediately upon sampling: pH, sulfite, chlorine residual, dissolved oxygen, filtration for ortho phosphorus, and ferrous iron. The date and time reported reflect the time the samples were analyzed at the laboratory.

MBAS, calculated as LAS, mol wt 348

If the solid sample weight for VOC analysis does not fall within the 3.5-6.5 gram range, the results are considered estimated values.

Samples collected by Fairway Laboratories' personnel are done so in accordance with Standard Operating Procedures established by Fairway Laboratories.

- * P indicates analysis performed by Fairway Laboratories, Inc. at the Pennsdale location. This location is PaDEP Chapter 252 certified.
- < Represents "less than" - indicates that the result was less than the reporting limit.
- MDL Method Detection Limit - is the lowest or minimum level that provides 99% confidence level that the analyte is detected. Any reported result values that are less than the RL are considered estimated values.
- RL Reporting Limit - is the lowest or minimum level at which the analyte can be quantified.
- [CALC] Indicates a calculated result. Calculations use results from other analyses performed under accredited methods.

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CHAIN OF CUSTODY / REQUEST FOR ANALYSIS		FAIRWAY LABORATORIES INC.				COC # 4406025-01		Page 1 of				
Client Name: Perry Petroleum Equipment Address: P.O. Box 208 Ichasburg, PA 17037 Contact: Brian Sheffer Phone #: 717-438-3776 Fax #: 717-438-3930 Project Name: Point Stone, McClure Quote/PO #: TAT: Normal: Rush: Date Required:		Received on Ice? <input checked="" type="radio"/> Y <input type="radio"/> N Sample Temp: 3.2		PADEP Reportable? Yes <input type="checkbox"/> PWSID#: GRAB -or- Composite Start Composite End		Analyses Requested Kerosene Gasoline						
Sample Description / Location	Grab/Composite	Start Date	Start Time	End Date	End Time	Soil	Water	Other? Explain	# of Containers	Kerosene	Gasoline	Comments
1				8-14-13	2:00pm	X			4		✓	
2						X			4		✓	
3						X			4		✓	
4						X			4		✓	
5						X			4		✓	
6						X			4		✓	
7						X			4		✓	
8						X			4		✓	
9						X			4		✓	
10						X			4		✓	
Signature		Date	Time	REMARKS								
Sampled by: Mike Nipple		8-4-2014	2:00 PM	Please also analyze for:								
Received by: Kim Jutba		8-4-2014	3:30 PM	Trimethyl benzene 1,3,4-(trimethyl benzene 1,2,4)								
Relinquished by: Kim Jutba - to UPS Driver		8-5-2014	3:30 PM	Trimethyl benzene 1,3,5-								
Received by:				UPS # 1Z1X14180159128194								
Relinquished by:				Thank You.								
Received by: <i>Mike Sheffer</i>		8/6/14	10:00									

Chain of Custody Receiving Document

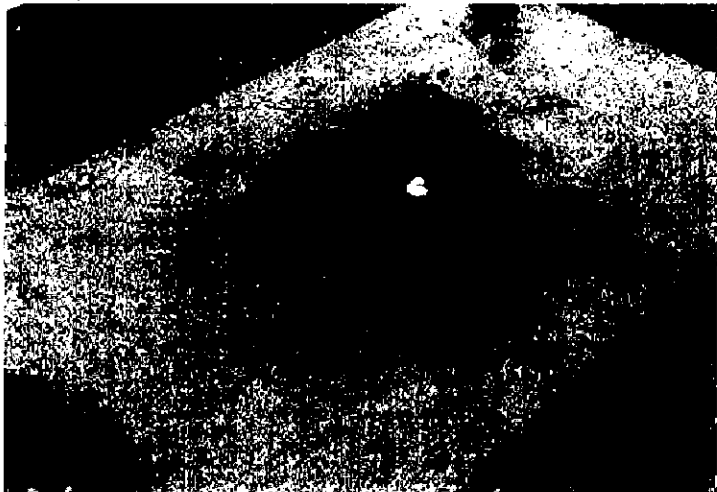
Receiver: NSPage of Date/Time of this check: 8/6/14 10:35 Client: Perry Petroleum Lab # 4406025-03Received on ICE? Y ☐ * Sample Temperature when delivered to the Lab: 3.2 Acceptable? Y ☐ * or In cool down process? ☐ *Custody Seals? N Intact? YCOC/Labels on bottles agree? Y ☐ * Correct containers for all the analysis requested? Y ☐ * Matrix: Soil/Water

COC #	Number and Type of BOTTLES								Comments
	Poly Non-Pres.	Poly H2SO4	Poly HNO3 sulfuric bismuthate	Amber H2SO4	Amber Non-Pres.	Poly Dioxin HCL	VOCs (Head space?) MeOH	Other 4oz jar <input type="checkbox"/> *	Property Preserved <input type="checkbox"/> *
1			2				1	1	Y
↓			↓				↓	↓	Y
8			2				1	1	Y
9						3			Y
10						3			Y

* DEVIATION PRESENT: ② No Ice () ③ Not at Proper Temperature () ④ Wrong Container () ⑤ Missing Information: ()	CLIENT CALLED: YES () By Whom: _____ Date: _____	CLIENT RESPONSE: Proceed with analysis; qualify data () Will Resample () Provided Information () No Response; Proceed and qualified () Client Contact: _____ Date: _____
---	---	--

* Comments: 3 samples in cooler not marked, process of elimination samples should be # 10. COC READ = 8/14, NOT CURRENTLY POSSIBLE. SHAWED BE 8/14.

Point Store - 11-11-11





Perry Petroleum

Perry Petroleum Equipment, Ltd.

P.O. Box 208
10231 Raccoon Valley Road
Ickesburg, PA 17037
(717) 438-3776
Fax (717) 438-3930



****Manifest****

Location: Point Store - McClure

Date: July 31, 2014

Product: Unleaded Gasoline
Kerosene

Gallons: 30 gallons water/kerosene

The above water/product was pumped and brought to PPE for pickup by
Stoey's Trucking, Inc., 3433 Edenville Road, Chambersburg, PA 17202,
EPA#PAR000510933.