

November 5, 2013

Mrs. Wendy Swartz
Gold's Deli
Main St.
Knoxville, PA 16928

Gold Mountain Ice Cream & Deli

**SUBJECT: PROPERTY ACCESS FOR GROUNDWATER MONITORING
INSTALLATION AND SAMPLING ACTIVITIES (KNOXVILLE, TIOGA COUNTY,
PENNSYLVANIA)**

Dear Mrs. ~~Bradley~~ *Swartz*

Root Oil Company Inc. (Root), and their consultant Juniata Geosciences, LLC (Juniata), are conducting an environmental investigation of the Former DD Garage in Knoxville, PA (Site). The purpose of this investigation is to satisfy the requirements of the Pennsylvania Department of Environmental Protection (PADEP) regarding the extent of any potential contamination that may have migrated to nearby properties from the Site.

As part of our investigation, Root proposes to install one (1) groundwater monitoring well on your property. Attached is a Proposed Well Location Map identifying the approximate location of the proposed monitoring well. Juniata may collect samples from this well periodically to obtain additional information. If requested, notification will be made prior to the commencement of any field work activities at your property.

If you agree to provide Root and Juniata access to your property in order to install and periodically access the proposed monitoring well, Root will do the following:

- Will do this work at no cost to you,
- Obtain your approval of the monitoring well location prior to installing the well. The proposed location of the well are shown on the enclosed Proposed Well Location Map,
- Restore the surface areas of your property which are disturbed by the installation of the monitoring wells, and
- Once the monitoring well is no longer required, Root will remove it and restore the surface of your property disturbed by the removal activities, at which time this agreement shall end.



If you agree with the terms and conditions of this letter, please show your approval by signing, dating, and returning to me one copy of this letter in the spaces provided below.

Thank you for your consideration of our request. Should you have any questions or if you would like to discuss this further, please call me at (814) 954.0199.

Sincerely,

Aaron D. Hartman, P.G.
Hydrogeologist/Owner
P: 814.954.0199
E: Aaron@JuniataGeo.com

Enclosure

I own the Gold's Deli property adjacent to the Site.

I agree to give Root and its consultant, access to the property under the terms set forth in this letter.

Ivan + Wendy Swartz
Property Owner's Name

Wendy Swartz
Signature

11/18/13
Date

814-326-4783
Daytime Telephone

814-326-6088
Other

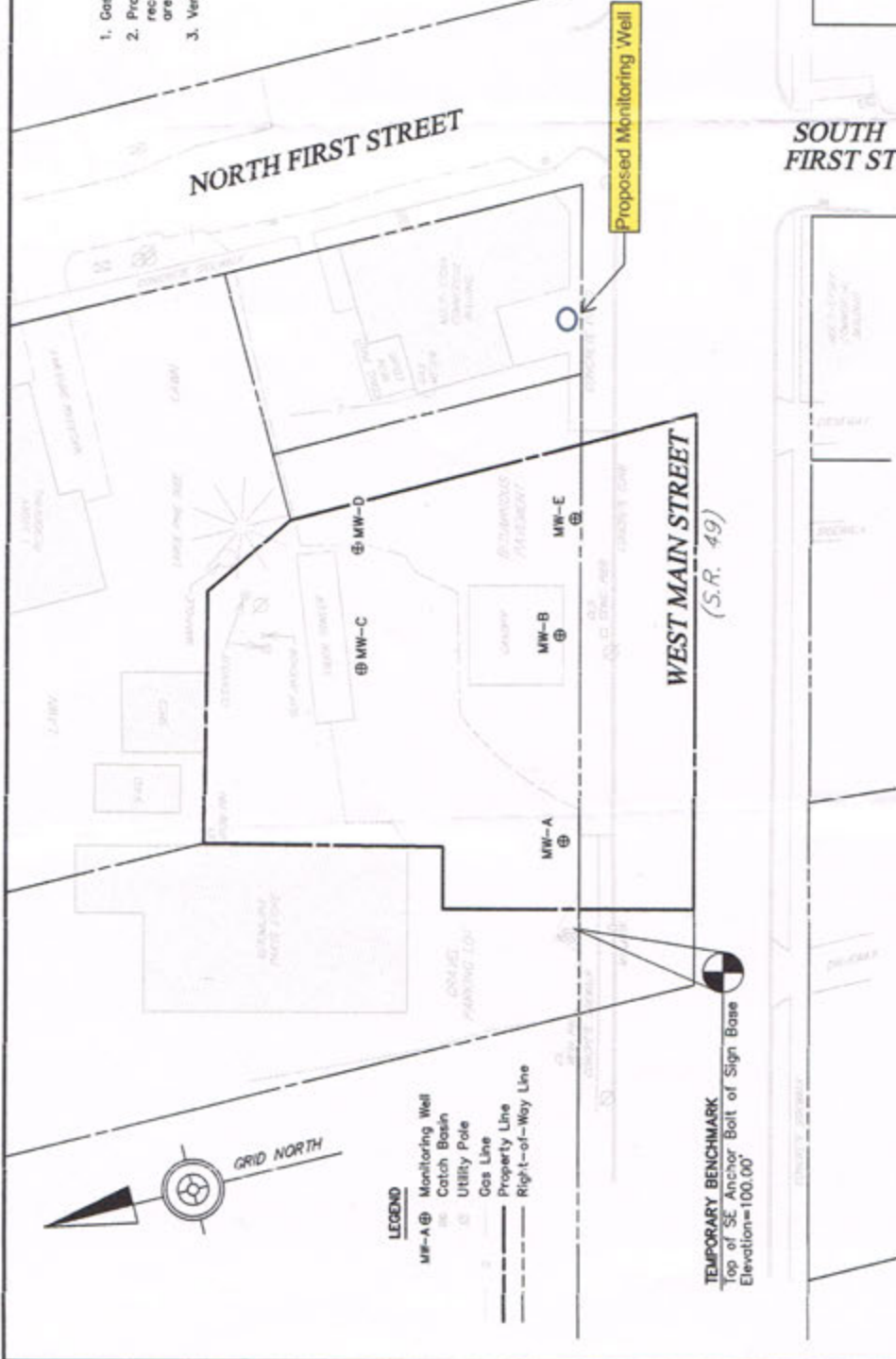


NOTES

1. Gas line marked by others. Not all utility locations are shown.
2. Property and right-of-way lines are based on maps & deeds recorded at Tioga County Recorder of Deeds office and are approximate as shown.
3. Vertical datum is arbitrary and assumed as shown.

WELL TABLE		
WELL	T.O.C.	T.O.M.
MW-A	99.07	99.46
MW-B	98.61	99.04
MW-C	99.59	100.02
MW-D	98.73	99.24
MW-E	98.36	98.71

T.O.C = TOP OF CASING
T.O.M = TOP OF MAINWAY



SURVEYED BY:
GEOTEC, INC.
LAND SURVEYING AND MAPPING
P.O. BOX 568, HOLLIDAYSBURG, PA 16648
PH: 814-317-5832
WWW.PASURVEYS.COM



SCALE: AS SHOWN
SURVEY COMPLETED: SEPTEMBER 11, 2013
FILENAME: 63713-JG.DWG
SHEET: 1 OF 1

DATE	REVISIONS	REVISED FILENAME

WELL SURVEY
AT
ROOT OIL COMPANY, INC.
SITUATE
WEST MAIN STREET
KNOXVILLE, TIOGA COUNTY, PENNSYLVANIA
FOR
JUNIATA GEOSCIENCES, LLC



September 23, 2014

Knoxville Borough
301 East Main St.
P.O. Box 191
Knoxville, PA 16928

**SUBJECT: PROPERTY ACCESS FOR GROUNDWATER MONITORING
INSTALLATION AND SAMPLING ACTIVITIES (KNOXVILLE, TIOGA COUNTY,
PENNSYLVANIA)**

Dear Borough Council,

Root Oil Company Inc. (Root), and their consultant Juniata Geosciences, LLC (Juniata), are conducting an environmental investigation of the Former DD Garage in Knoxville, PA (Site). The purpose of this investigation is to satisfy the requirements of the Pennsylvania Department of Environmental Protection (PADEP) regarding the extent of any potential contamination that may have migrated to nearby properties from the Site.

As part of our investigation, Root proposes to install two, 2-inch groundwater monitoring wells on First St. Attached is a Proposed Well Location Map identifying the approximate locations of the proposed monitoring wells. Juniata may collect samples from these wells periodically to obtain additional information. If requested, notification will be made prior to the commencement of any field work activities to be completed.

If you agree to provide Root and Juniata access to your property in order to install and periodically access monitoring wells, Root will do the following:

- Will do this work at no cost to you,
- Obtain your approval of the monitoring well locations prior to installing the wells. The proposed location of the wells are shown on the enclosed Proposed Well Location Map,
- Restore the surface areas of your property which are disturbed by the installation of the monitoring wells, and
- Once the monitoring wells are no longer required, Root will remove them and restore the surface of your property disturbed by the removal activities, at which time this agreement shall end.



If you agree with the terms and conditions of this letter, please show your approval by signing, dating, and returning to me one copy of this letter in the spaces provided below.

Thank you for your consideration of our request. Should you have any questions or if you would like to discuss this further, please call me at (814) 515.9637.

Sincerely,



Corey L. Rilk
Project Manager
P: 814.515.9637
E: Corey@JuniataGeo.com

Enclosure

I agree to give Root and its consultant, access to the property under the terms set forth in this letter.

Council President
Borough Official

Paul D. Cox
Signature

9-30-2014
Date

814-326-4737
Daytime Telephone

Other




SOIL BORING LOG AND MONITORING WELL CONSTRUCTION DIAGRAM

Boring / Well Number: SVP-2		Facility Name: Former DD Garage	Facility Address: Knoxville, PA
PADEP Facility ID: #59-11706		Date(s) Drilled: February 4, 2014	Page 1 of 1
Soil Boring Depth (ft) X Diameter (in): NA		Soil Boring / Drilling Method: Geoprobe	
Monitoring Well Depth (ft) X Diameter (in): NA			
Drilling Contractor Name: Odyseessy Environmental Services		Logged By: Corey Rilk (Juniata Geosciences)	
Ground Surface Elevation (ASL or Relative): NA		Top of Casing Elevation (ASL or Relative): NA	

Depth (feet)	Soil Description				Sample(s)			Well Construction Details
	USCS	Symbol	Color/Grain Size	PID (ppm)	Depth	Time / Date	Label	
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SOIL BORING LOG AND MONITORING WELL CONSTRUCTION DIAGRAM

Boring / Well Number: SVP-1		Facility Name: Former DD Garage	Facility Address: Knoxville, PA
PADEP Facility ID: #59-11706		Date(s) Drilled: February 4, 2014	Page 1 of 1
Soil Boring Depth (ft) X Diameter (in): NA		Soil Boring / Drilling Method: Geoprobe	
Monitoring Well Depth (ft) X Diameter (in): NA			
Drilling Contractor Name: Odyseessy Environmental Services		Logged By: Corey Rilk (Juniata Geosciences)	
Ground Surface Elevation (ASL or Relative): NA		Top of Casing Elevation (ASL or Relative): NA	

Depth (feet)	Soil Description				Sample(s)			Well Construction Details	
	USCS	Symbol	Color/Grain Size	PID (ppm)	Depth	Time / Date	Label		
— — — — 5 —									Concrete 0'-1' bgs Bentonite 1'- 4' bgs Sand Pack / Screen Interval 4'-5' bgs
— — — — 10 — — — — — 15 — — — — — 20 — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — —									

REGISTRATION OF STORAGE TANKS

IN ACCORDANCE WITH SECTIONS 303 AND 503 OF THE STORAGE TANK AND SPILL PREVENTION ACT, OWNERS OF REGULATED STORAGE TANKS ARE REQUIRED TO REGISTER THEIR TANKS WITH THE DEPARTMENT AND TO PAY A REGISTRATION FEE.

STATE USE ONLY

DATE RECEIVED:

AMOUNT RECEIVED:

\$200.00

INSTRUCTIONS

Please type or print in ink all items except "Signature" in Section V. This form is to be completed for each FACILITY which has regulated storage tanks. If there are more than 10 underground or aboveground tanks, photocopy the reverse side of this form, and staple continuation sheets to this form.

Section I. Owner Information - Name, business mailing address and phone number of OWNER of the storage tank(s) at the facility. Please include county and Federal Identification Number, if none include your Social Security Number.

Section II. Type of Owner - Mark the appropriate box.

Section III. Facility Information - Name and physical location (not P.O. Box) of FACILITY. Please include county and township in which FACILITY is located. Include the Facility Identification No. if known.

Section IV. Type of Facility - Mark the appropriate box, if applicable.

Section V. Description of Storage Tanks - This section is for recording information about each regulated storage tank at the facility. Information for aboveground tanks is to be recorded in Part A. Information for underground tanks is to be recorded in Part B.

1. Tank Registration Number - The registration numbers to be recorded for underground tanks are "001", "002", "003", etc. The registration numbers to be recorded for aboveground tanks are "001A", "002A", "003A", etc. The "A" has already been printed on the form for your convenience.

2. Status - Indicate whether the tank is currently in use, temporarily out of use, or permanently out of use. Permanently out of use means properly closed in place with an inert solid material. Do not include tanks which have been removed.

3. Date of Installation - Specify the month and year the tank was completely installed. For instance, "0190", for January, 1990. If unknown, write "0000".

4. Capacity - Specify the total design or maximum capacity of the tank in GALLONS. If unknown, write "unknown".

5. Substance Currently or Last Stored - Indicate the substance(s), currently or last stored. If a hazardous substance, please indicate CERCLA Name and CAS Number. If Other is indicated, please specify.

6. Tank Has Been Issued Fire Safety Approval or Permit - Indicate whether the tank has been approved or permitted by the Pennsylvania State Police, Fire Marshal Division; or local agency under their jurisdiction for fire safety.

7. Registration Fee - Determine registration fee due PER TANK as indicated below. A registration fee is NOT required for tanks permanently out of use.

A. Aboveground tanks

1. Up to and including 5,000 gallons - \$50 per tank
2. 5,001 to and including 50,000 gallons - \$125 per tank
3. Greater than 50,000 gallons - \$300 per tank

B. Underground Tanks - \$50 per tank

Record the total registration fee due for all aboveground tanks in the space provided (A). Record the total registration fee due for all underground tanks in the space provided (B). Record the total registration fee due for all aboveground and underground tanks in the space provided (A + B). Submit a check or money order, for the total registration fee due, made payable to: Dept. of Environmental Resources.

Section VI. Certification - This section is to be completed by the OWNER. Please type or print the name and official title of the OWNER. The OWNER must also sign and record the date the application was examined.

Section VII. Nameplate Information - Complete this section for each aboveground tank greater than 5,000 gallon capacity. Use the same Tank Registration Number as identified in Section VI.

PLEASE SEND COMPLETED ORIGINAL FORM AND CHECK TO:

PA Department of Environmental Resources
Bureau of Water Quality Management
Registration of Storage Tanks

(and the appropriate address below, depending on where your FACILITY is located)

1875 New Hope Street
Norristown, PA 19401

90 East Union Street -
2nd Floor
Wilkes-Barre, PA 18701

One Ararat Blvd.
Harrisburg, PA 17110

200 Pine Street
Williamsport, PA 17701

Highland Bldg. - 6th Floor
121 South Highland Mall
Pittsburgh, PA 15206

1012 Water Street
Meadville, PA 16335

Counties
Berks, Bucks, Chester, Delaware,
Lehigh, Montgomery, Northampton,
Philadelphia,

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

Counties
Adams, Bedford, Blair, Cumberland,
Dauphin, Franklin, Fulton,
Huntingdon, Juniata, Lancaster,
Lebanon, Mifflin, Perry, York

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

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

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

I. OWNER INFORMATION

Owner Name Root Oil Co., Inc.
Tax Identification No. 231-95-2774
Mailing Address 7777A
Charleston St.
City Wellsville State PA Zip 16901
County Tioga Phone No. 717-724-3965

III. FACILITY INFORMATION

Facility Name Root Oil Garage
Facility Identification No. 5-911706
Street Address (P.O. Box not acceptable) Main St.
City Wellsville State PA Zip 16901
County Tioga Township (Boro)

II. TYPE OF OWNER (Mark only one)

- ☐ Federal Government ☒ Corporate
☐ State Government ☐ Private
☐ Local Government

IV. TYPE OF FACILITY (Mark only one, if applicable)

- ☐ Farm 3,5166-4/4/87
☐ Municipal
☐ Residential

Facility Identification No. 5-911706Facility Name Al & D Garage

V. DESCRIPTION OF STORAGE TANKS (Complete for each regulated storage tank at this location)

A. ABOVEGROUND TANKS

TANK REGISTRATION NUMBER	STATUS	DATE OF INSTALLATION MO YR	CAPACITY (GALLONS)	SUBSTANCE (CURRENTLY OR LAST STORED)	CERCLA NAME AND CAS NUMBER	OTHER SUBSTANCE NAME	FIRE SAFETY PERMIT	REGIS- TRATION FEE	STATE USE ONLY
	A								
	A								
	A								
	A								
	A								
	A								
	A								
	A								
	A								
	A								

TOTAL ABOVEGROUND TANK FEE (A)

B. UNDERGROUND TANKS

TANK REGISTRATION NUMBER	STATUS	DATE OF INSTALLATION MO YR	CAPACITY (GALLONS)	SUBSTANCE (CURRENTLY OR LAST STORED)	CERCLA NAME AND CAS NUMBER	OTHER SUBSTANCE NAME	FIRE SAFETY PERMIT	REGIS- TRATION FEE	STATE USE ONLY
001	C	0088	4000	GAS	A		✓	50	
002	C	0088	4000	GAS	A		✓	50	
003	C	0088	2000	GAS	A		✓	50	
004	C	0000	1000	KERO	A		✓	50	

TOTAL UNDERGROUND TANK FEE (B)

TOTAL ABOVEGROUND & UNDERGROUND TANK FEE (A + B)

KEY FOR COMPLETION OF SECTION V.

Status

C Currently in Use
T Temporarily Out of Use
P Permanently Out of Use

Substance Currently or Last Stored

A Gasoline
B Diesel
C Gasohol
D Kerosene
E Heating Oil
F New Motor Oil
G Used Motor Oil
H Aviation
I Hazardous Substance
J Other
K Unknown
L Mixture

Fire Safety Permit

Y Yes
N No

VI. CERTIFICATION (Read and Sign after completing all sections)

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

Name and Official Title of Owner

Signature

Date Signed

East Oil Co., Inc.H. E. East11-03-89

TELEPHONE CONVERSATION

PROGRAM: Tanks
CASE NAME: DD Garage
MUNICIPALITY: Knoxville
COUNTY: Tioga

DATE: 1/31/08
CALL TO: Don Root
CALL FROM: Rixey

I told Mr. Root that we wanted the 3 VST's removed due to being idle for ten years with risers disconnected; and upgrading needed for drop tube/shutoff to be returned to service. He said he'd get Brooks to reconnect the risers and he wanted to sell the facility; not remove it. I told him to expect an NOV and he'd have to work with us to fully comply in order not to remove the tanks.

SIGNATURE

12/20/2012 12:31:56 PM



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

STORAGE TANKS REGISTRATION / PERMITTING
APPLICATION FORM

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

DEP USE ONLY	
59-1106 / 1706 Facility ID # DD Garage Facility Name	Client ID#
	Site ID#
	Account #
	Auth ID#
	APS ID#
Master Auth ID#	

I. PURPOSE OF SUBMITTAL

INITIAL (Applies to First-Time Facility Registration)

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

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

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

CHANGE OF OWNERSHIP

- ☐ Tanks Changed Ownership and Remain at Same Facility

II. CURRENT OR NEW TANK OWNER / CLIENT INFORMATION

DEP Client ID# 186739	Client Type/Code PACOR	Fee Kind (check one if applicable) <input type="checkbox"/> Volunteer Fire Co/EMS Org <input type="checkbox"/> State Govt <input type="checkbox"/> Fed Govt		
Organization Name or Registered Fictitious Name Root Oil Company, Inc.		Employer ID# (EIN)		Dun & Bradstreet ID#
Individual Last Name	First Name	MI	Suffix	SSN
Additional Individual Last Name	First Name	MI	Suffix	SSN
Mailing Address Line 1 P.O. Box 18		Mailing Address Line 2		
Address Last Line - City Wellsboro	State PA	ZIP+4 16901-0018	Country USA	
Client Contact Last Name Root	First Name Don	MI	Suffix	
Client Contact Title Owner		Phone 570-439-1256 cell	Ext	
E-mail Address		FAX 570-724-6635		



PROGRAM ECP CONF. Y/N N
 FILE NAME DD Garage - Facility #59-1106
 BREAKDOWN Storage Tanks
 TYPE Registration Active
 COUNTY Tioga MUNICIPALITY Knorrville Boro
 COMMENTS _____

III. SITE INFORMATION

DEP Site ID#	Site Name				
589830	DD Garage				
EPA ID#	Estimated Number of Employees to be Present at Site				65
Description of Site					
Tanks are used for onsite fueling of vehicles and company owned vehicles for the operation of retail service station.					
County Name	Municipality	City	Boro	Twp	State
Tioga	Knoxville	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
County Name	Municipality	City	Boro	Twp	State
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site Location Line 1		Site Location Line 2			
Main Street					
Site Location Last Line – City		State	ZIP+4		
Knoxville		PA	16928		
Detailed Written Directions to Site					

Site Contact Last Name	First Name	MI	Suffix
Root	Don		
Site Contact Title	Site Contact Firm		
Owner	Root Oil Company, Inc.		
Mailing Address Line 1	Mailing Address Line 2		
P.O. Box 18			
Address Last Line – City	State	ZIP+4	
Wellsboro	PA	16901=0018	
Phone	Ext	FAX	E-mail Address
570-439-1256 cell		570-724-6635	
NAICS Codes (Two- & Three-Digit Codes – List All That Apply)			6-Digit Code (Optional)
441			
Site to Client Relationship			
OWNOP			

IV. FACILITY INFORMATION

DEP Storage Tank Facility ID#	Facility Name	Facility Kind				
59-11706	DD Garage	RETCO				
Facility Location Line 1 (if different than Site Location)		Facility Location Line 2				
Facility Location Last Line - City		State ZIP+4				
Latitude/Longitude Point of Origin	Latitude			Longitude		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
Horizontal Accuracy Measure		Feet	--or--	Meters		
Horizontal Reference Datum Code	<input type="checkbox"/> North American Datum of 1927 <input type="checkbox"/> North American Datum of 1983 <input type="checkbox"/> World Geodetic System of 1984					
Horizontal Collection Method Code						
Reference Point Code						
Altitude	Feet		--or--	Meters		
Altitude Datum Name	<input type="checkbox"/> The National Geodetic Vertical Datum of 1929 <input type="checkbox"/> The North American Vertical Datum of 1988 (NAVD88)					
Altitude (Vertical) Location Datum Collection Method Code						
Geometric Type Code						
Data Collection Date						
Source Map Scale Number	Inch(es)		=	Feet		
	--or--			Centimeter(s)		= Meters
Flammable & Combustible Liquid Permit # (if applicable)						
State or Municipality that Issued the Permit						

FACILITY OPERATOR INFORMATION

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

Facility ID# 59-11706

Facility Name DD Garage

VI. STORAGE DESCRIPTION

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

Status Codes: C-Currently in Use T-Temporarily Out of Use E-Exempt R-Removed P-Closed In Place
Type Codes: M-Manufactured F-Field Constructed

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

Tank#	Prev Status	New Status	Type	Install Date (Mo/Day/Yr)	Change of Status Date (Mo/Day/Yr)	Capacity (Gallons)	Substance Code (Currently or Last Stored)	CERCLA Name (If Hazardous Substance) Substance Name (If Other Petroleum Substance or Petroleum Based Mixture)	CAS# (If Hazardous Substance)	Exempt Reference Code
A										
A										
A										
A										
A										
A										
A										
A										
A										
A										
A										

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

Tank#	Prev Status	New Status	Type	Install Date (Mo/Day/Yr)	Change of Status Date (Mo/Day/Yr)	Capacity (Gallons)	Substance Code (Currently or Last Stored)	CERCLA Name (If Hazardous Substance) Substance Name (If Other Petroleum Substance or Petroleum Based Mixture)	CAS# (If Hazardous Substance)	Exempt Reference Code
001	T	R	M	12/1/88	7/25/12	4000	GAS	N/A	N/A	N/A
002	T	R	M	12/1/88	7/25/12	4000	GAS	N/A	N/A	N/A
003	T	R	M	12/1/88	7/25/12	2000	GAS	N/A	N/A	N/A

Facility ID# 59-11706

Facility Name DD Garage

Facility ID# 59-11706

Facility Name DD Garage

VIII. ABOVEGROUND & UNDERGROUND TANK INFORMATION FOR PERMANENT CLOSURE

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

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

IX. OWNER CERTIFICATION

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

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

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

Type or Print Owner Name

D. R. Root, Pres

Owner Signature

D. R. Root, Pres.

Title

Pres.

Date

8-22-2012

Information & Invoices should be sent to:

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

Organization Name or Registered Fictitious Name

Employer ID# (EIN)

Dun & Bradstreet ID#

Individual Last Name

First Name

MI

Suffix

SSN

Additional Individual Last Name

First Name

MI

Suffix

SSN

Mailing Address Line 1

Mailing Address Line 2

Address Last Line - City

State

ZIP+4

Country

Client to Site (Facility) Relationship

X. INSTALLER / REMOVER CERTIFICATION

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

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

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

Tank#	Installer/Remover Name	Construction Standard	Individual Certification#	Certification Category	Company Certification#	Installer/Remover Signature	Date
001	LUD SCHADDELL	STI-93	2629	UMR	27	Lud Schaddell	8-22-12
002	LUD SCHADDELL	STI-93	2629	UMR	27	Lud Schaddell	8-22-12
003	LUD SCHADDELL	STI-93	2629	UMR	27	Lud Schaddell	8-22-12

XI. INSPECTOR CERTIFICATION

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

SIGNATURE & CERTIFICATION OF INSPECTOR(S)

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

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

XII. SITE SPECIFIC INSTALLATION PERMIT NUMBER

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

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



STORAGE SYSTEM REPORT FORM

NARRATIVE INFORMATION

Storage Tank Facility ID Number 59-11706		Facility Name DD Garage	
Facility Location (911) Address Main st.		Municipality Knoxville Boro	County Tioga
Owner Name		Owner/Contact Address Don Root	
Owner Telephone Number (voice/cell)		Root Oil Co., Inc.	
(fax)		P.O. Box 18	
		Wellshoro, PA 16901 (e-mail)	

Narrative:

As per Dave Brooks note to Mr. Root about tank maintenance (see attached), I confirmed vent pipes and fill ports are now properly maintained. Concerning the oily water collected from Tank 003, I called Mr. Brooks about it. He said about 25 gallons was collected with about 1 gallon being fuel. That oily water was added to Brooks' drum storing oily water from other facilities.

DEP Representative Name (Print) Bob Rixey	DEP Representative Signature [Signature]	Title EPS	Date 3/6/08
			Telephone ()
Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.			
Name of Person Interviewed (Print)	Signature of Person Interviewed	Title	Date
			Telephone ()

☐ White - DEP☐ Yellow - Facility☐ Pink - Inspector



STORAGE SYSTEM REPORT FORM

NARRATIVE INFORMATION

Storage Tank Facility ID Number 59-11706		Facility Name DD Garage	
Facility Location (911) Address 		Municipality Knoxville Boro	
		County Tioga	
Owner Name Root Oil Co. Inc.		Owner/Contact Address Don Root	
Owner Telephone Number 724-3905 (voice/cell)		P.O. Box 18	
(fax)		Charleston St.	
		Wellsboro, PA 16901 (e-mail)	

Narrative:

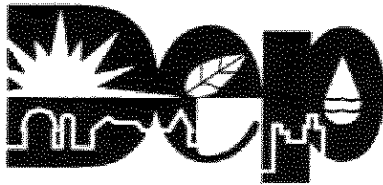
This inspection was conducted on 2/5/08 to follow up to the facility operations inspection by Mike McGuire on 12/18/07. As noted in the FOI report, I observed the following: All 3 vent risers were disconnected & lying by the dispenser island. Straight drop tubes were observed in Tanks 001 & 003. Tank 001 had no spill bucket lid and no fill port cover.

Tank level measurements were taken for Tanks 001 & 003 with water indicating paste. Tank 002 was not measured because the fill port cover was iced over. 3 1/4" of water was in Tank 001, which was measured at less than 1" on 12/18/07. Ice & leaves surrounded the fill port in the spill bucket. Tank 003 had 1 1/4" of water, with 1/2" product on top of it.

I covered the fill port to Tank 001 with plastic and a rock.

DEP Representative Name (Print) Bob Rixey	DEP Representative Signature 	Title EPS	Date 2/6/08
			Telephone ()
Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.			
Name of Person Interviewed (Print)	Signature of Person Interviewed	Title	Date
			Telephone ()

☐ White - DEP☐ Yellow - Facility☐ Pink - Inspector



Pennsylvania Department of Environmental Protection

208 West Third Street, Suite 101

Williamsport, PA 17701-6448

June 9, 1999

Northcentral Regional Office

Fax 570-327-3420

Mr. Don Root
Root Oil Company
P.O. Box 18
Charleston Street
Wellsboro, PA 16901

Re: Storage Tanks
Remedial Action Completion
No Further Action/Relief of Liability
D D Garage - Facility #59-11706
Knoxville Borough, Tioga County

Dear Mr. Root:

The Department has received and reviewed documentation detailing the outcome of remedial actions taken subsequent to a release of regulated substances from your above-named facility. Your release was confirmed on November 20, 1998. Your written submission, dated June 7, 1999, identifies each of the specific regulated substances involved in your release and subsequent cleanup.

Our review has established attainment of your selected residential cleanup standard for each of the identified regulated substances. Analytical results indicate that you have met the Statewide Health Standard for soil at this site. You have also complied with the procedural requirements of the Department's Corrective Action Regulations as promulgated under the Pennsylvania Storage Tank and Spill Prevention Act. Liability protection as outlined in Chapter 5 of the Land Recycling and Environmental Remediation Standards Act is afforded to this site for each of the identified regulated substances addressed in your above-referenced written submission.

Thank you for your cooperation in working with the Department in the remediation of this site. If you need additional information or have any questions, please call me at 570-327-3721.

Sincerely,

Vu P. Tran
Sanitary Engineer II
Storage Tank Section
Environmental Cleanup

cc: ICF Kaiser
Steve Webster
Ted Loy
Philip Zechman
File



OWNER RELEASE NOTIFICATION FORM
(phone contact) or (field visit)

REGULATED		CHOT <input type="checkbox"/>	NON-REGULATED	
Suspect <input type="checkbox"/>	Confirmed <input checked="" type="checkbox"/>		Property Owner	Phone #
Facility Name	Facility #		Owner Address	
DD Garage	59-11706		Site Address	
Municipality	County		Municipality	County
Knoxville Boro	Tioga		Notifier Name	Phone #
Notifier Name	Phone #		Contact	Phone #
Mike McGuire	322-5525			
Owner Name	Phone #			
Root oil	570-724-3905			
Contact	Phone #			
Don Root	SAA			
	570-723-5021			
A. Type and quantity of substance involved.			A. Details on release occurrence.	
B. Where and when release occurred.			B. Type and quantity of substance involved.	
C. Surface water, ground-water, or soil impacts.			C. Impacts on environment - nearby structures.	
D. Threatened private-public water supplies.			D. Name of contractor-consultant involved.	
E. Remedial action begun - completed - planned.			E. Corrective actions taken - planned.	

During UST Closure, obvious contamination identified.

- Sheen on groundwater + impacted soil.

Also encountered an abandoned UST during removal.

- Planning on removing. ★ 7/26 - Not removing now - closed in place w/ Slurry, under sidewalk.

Water encountered ~9.5-10' BGS

- do not plan to excavate below the water table

Professional Petroleum planning to backfill as soon as USTs are removed due to proximity to a neighboring hardware store.

PO Box 18

Written notice of O/O required
Date notification sent to O/O
Written notice of I/I required
Name of certified individual

yes
yes
Lid Schappel

Received By:
Date:

HAZEN
7/25/12



Pennsylvania Department of Environmental Protection

208 West Third Street, Suite 101
Williamsport, PA 17701-6448

JANUARY 22, 1999

Northcentral Regional Office

NOTICE OF VIOLATION

ROOT OIL CO INC
CHARLESTON ST
PO BOX 18
WELLSBORO PA 16901

RE: Storage Tanks
Failure to Meet Performance Standards
DD GARAGE
59-11706
Tioga, Knoxville Boro

Dear ROOT OIL CO INC:

Department files reveal that the one or more components of the above-referenced underground storage tank (UST) facility (tanks and/or piping) do not meet the performance standards for new or upgraded UST systems of either spill prevention, overfill prevention, corrosion protection, or in the case of hazardous substance UST systems, secondary containment as leak detection. Enclosed is a list of systems located at the above-referenced facility that do not meet the performance standards. Chapter 245 mandates the performance standards, Subchapter E of the Department's Rules and Regulations and 40 C.F.R. Part 280, Subpart B of the Federal Regulations governing UST systems. Those regulations require all UST systems to meet either new or upgraded performance standards no later than December 22, 1998. Consequently, if you are currently operating an UST system, which does not meet either new or upgraded standards, you are in violation of Chapter 245, Section(s) 245.421, 245.422, and/or 245.443 of the Department's Rules and Regulations.

You are hereby notified that continued operation of any substandard UST system subjects you to potential enforcement action by the Department, including the issuance of an Administrative Order and/or Civil Penalty Assessment.

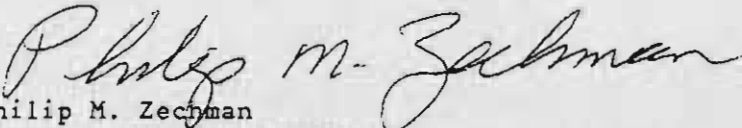
Civil penalty amounts are influenced by a variety of factors including the number of tank systems in non-compliance, duration of the violation, and amount of product dispensed.

Compliance with Chapter 245, Sections 245.422 and 245.443 can be achieved by:

1. Immediately stop operating your substandard UST system.
2. Immediately empty all substandard tanks so that no more than 1 inch of residue, or 0.3 percent by weight of the total capacity of the UST system remains in the tank.
3. Immediately submit an amended registration form to DEP indicating temporary closure status for each tank.
4. Cap and secure all lines, pumps, manways and ancillary equipment within 3 months of placing the tank(s) in temporary closure. Vent lines must be left open and functioning at all times.
5. By no later than December 22, 1999, upgrade, replace, or complete permanent closure of your UST tank system. Permanent closure must be completed in accordance with the Department's technical document "Closure Requirements for Underground Storage Tank Systems" dated April 1, 1998. Please be aware that Department's regulations require you to provide the Department at least a 30 day notice prior to beginning permanent closure, and report to the Department any confirmed reportable release within 2 hours of discovery. Also, all tank handling activity associated with the closure must be done by, or performed under, the direct supervision of, a properly certified (UMR certification category) contractor.

If you have any questions concerning this matter, please feel free to call me at (717) 321-6525.

Sincerely,


Philip M. Zechman
Storage Tank Section Chief
Environmental Cleanup

Enclosure

cc: File

12/20/2012 12:33:00 PM

Facility ID: 59-11706 Facility Name: DD GARAGE

Tank	Substance	Capacity	Attr	Attribute Description	Comp
001	GASOLINE	4,000	Tank	STEEL W/FRP COATING (ACT 100 OR EQUIVALENT)	Yes
			Pipe	CATHODICALLY PROTECTED STEEL	Yes
			Spill	YES	Yes
			Overfill	NO	No
002	GASOLINE	4,000	Tank	STEEL W/FRP COATING (ACT 100 OR EQUIVALENT)	Yes
			Pipe	CATHODICALLY PROTECTED STEEL	Yes
			Spill	YES	Yes
			Overfill	NO	No
003	GASOLINE	2,000	Tank	STEEL W/FRP COATING (ACT 100 OR EQUIVALENT)	Yes
			Pipe	CATHODICALLY PROTECTED STEEL	Yes
			Spill	YES	Yes
			Overfill	NO	No
004	KEROSENE	1,000	Tank		No
			Pipe		No
			Spill		No
			Overfill		No

12/20/2012 12:33:01 PM



Pennsylvania Department of Environmental Protection

208 West Third Street, Suite 101

Williamsport, PA 17701-6448

December 9, 1998

Northcentral Regional Office

Fax 717-327-3420

NOTICE OF VIOLATION

CERTIFIED MAIL NO. Z 145 138 975

Mr. Don Root
Root Oil Company
P.O. Box 18
Charleston Street
Wellsboro, PA 16901

Re: Storage Tanks
Release from a Storage Tank
D D Garage - Facility #59-11706
Knoxville Borough, Tioga County

Dear Mr. Root:

On November 20, 1998, a reportable release of a regulated substance was confirmed at your above-named facility. Information available indicates the release resulted from the operation of your underground storage tank system. This release is in violation of Section 1310 of the Pennsylvania Storage Tank and Spill Prevention Act and the provisions of the Pennsylvania Clean Streams Law.

My purpose in sending you this written notice is to provide guidance and details to help you correct this problem quickly and effectively, thereby complying with the Department's corrective action regulations. A copy of those regulations and a fact sheet are enclosed.

This notice is sent to all owners of regulated storage tanks whenever a release is confirmed. You are required to conduct appropriate corrective actions and to document those actions by written submission to the Department. Section 2 (Site Characterization) provides details on the type of report options available based on the severity and circumstances of your release.

In the following sections you will find details on a number of important requirements. Please read them carefully and be sure any contractor or consultant you hire is familiar with them.



1. INTERIM CORRECTIVE ACTIONS (SECTION 306 OF REGS)

The actions taken to contain and remove contamination after first discovering a release are vital. Effective interim actions can, in some cases, fully resolve a problem or at least limit the severity of a problem, thus making site cleanup easier and less expensive. I have listed below examples of interim actions. Appropriate interim actions must begin as soon as a release is confirmed.

- Remove regulated substances from all leaking tanks.
- Remove all free product discovered and address hazards posed by vapors or free product.
- Excavate contaminated soil unless the extent of contamination is so extensive that on-site treatment is considered more appropriate. Properly stored contaminated soil can only be on site for a maximum of 90 days before treatment begins or disposal occurs.
- If your release impacted a water supply, you must, within 48 hours, provide a temporary water supply for affected users. Within 90 days a permanent water supply must be in place.

2. SITE CHARACTERIZATION (SECTIONS 309 AND 310 OF REGS)

You must submit a written site characterization report to my office. There are two types of reports which could be submitted. You need to determine, based on the circumstances at your site, which one of the two reports is appropriate for you. I have described briefly each report and the compliance date for submission.

- Interim Remedial Action Report [See Section 310(b)] - When interim remedial actions have effectively reduced contamination to within an established cleanup standard, a report detailing the actions taken and data confirming their effectiveness may be submitted. When contamination involved closure or partial closure of an underground storage tank system and this contamination was localized, the Department's technical closure document may be submitted as your interim remedial action report. This report must be submitted as soon as possible, but no later than May 19, 1999.
- Detailed Site Characterization Report [See Section 310(a)] - When contamination is extensive and/or involves surface or ground water, more sophisticated site analyses will be needed. Section 310(a) describes the types of site activities that may be necessary. It is this type of site characterization which will often involve in-depth site activity requiring the help of a specialized consultant. A detailed site report must be submitted as soon as possible, but no later than May 19, 1999.

3. REMEDIAL ACTION (SECTION 311 OF REGS)

Only when extensive site contamination exists requiring detailed site characterization, must a remedial action plan be submitted. The content of this plan is described in Section 311 of the regulations. This plan must be submitted within 45 days of the date of detailed site characterization report submission. It is to your benefit to combine your remedial action plan information with your detailed site characterization report. It will eliminate the need for another plan to be prepared and submitted and will speed the cleanup of your site.

4. CONSULTATIVE ASSISTANCE NEEDED

Completion of a detailed site characterization report will often involve preparation of geologic and hydrogeologic interpretations. Department regulations require that these interpretations be prepared by a professional geologist licensed in Pennsylvania. Be sure your site characterization identifies via professional seal the registered professional geologist involved in the preparation of any geologic or hydrogeologic interpretations. In addition, question your cleanup consultant to ensure their personnel have needed credentials for the site characterization work being performed.

5. SELECTION OF A CLEANUP STANDARD

The cleanup of contaminated media must meet one of three standards. You may choose any of the three standards described in this section. The Statewide Health Standard identifies maximum allowable contaminant levels in both soil and ground water for various regulated substances. I have enclosed a listing of typical petroleum compounds and their respective cleanup levels. The Department's Land Recycling Program Technical Guidance Manual contains a comprehensive listing of all regulated substances should your release involve something other than a typical petroleum compound. If you select to meet the Statewide Health Standard, use this information to guide your cleanup.

There are two other cleanup standards possible – the Background Standard and the Site-specific Standard. Upon selection of your cleanup standard, please clearly identify in your site characterization report and/or your remedial action plan which standard you will be pursuing. The selection of a Background Standard may include the submission of a determination study which should be included in your site characterization report. The selection of a Site-specific Standard may require a risk assessment which should be included in either your site characterization or remedial action plan.

6. FINANCIAL ASSISTANCE

Immediately upon confirmation of your release, you should contact the Underground Storage Tank Indemnification Fund (USTIF) at 717-787-0763. This is your insurance fund administered by the Pennsylvania Department of Insurance. Financial coverage for cleanups and third party claims is available for tank owners or operators of eligible underground systems.

A Small Business First Fund is administered by the Pennsylvania Department of Community and Economic Development. Loans are available for qualifying small businesses generally described as for-profit corporations of 100 or fewer employees. Maximum loan amount is \$200,000 or 50% of eligible project costs and the annual interest rate is 5%. For further information call the Business Loans Division at 717-783-5046.

There is much information to be understood in this letter. You need to know that a cleanup can proceed voluntarily through cooperative efforts or involuntarily through enforcement action. Whether enforcement action is taken depends in part on the circumstances that led to your release, and most importantly, on the actions of your contractor, consultant and yourself in meeting established compliance dates. I would much prefer to work closely and cooperatively with you. Call me at 717-327-3776 within one month to discuss your progress.

Sincerely,



Anne B. Hughes, P.G.

Hydrogeologist

Storage Tank Section

Environmental Cleanup

Enclosures

cc: Ken Hart
USTIF
Knoxville Borough
Phil Zechman
Ron Russell
Compliance Tracking
File

ABH/bls

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will allow to whom the article was delivered and the date delivered.

3. Article Addressed to:

MR DON ROOT
ROOT OIL CO
PO BOX 18
CHARLESTON ST
WELLSBORO PA 16901

4a. Article Number

2 145 138 975

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt Requested ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

Don Root

6. Signature: (Addressee or Agent)

Don Root

PS Form 3811, December 1994

102565-94-8-0229

Domestic Return Receipt

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fees.

Thank you for using Return Receipt Service.



Pennsylvania Department of Environmental Protection

208 West Third Street, Suite 101

Williamsport, PA 17701-6448

October 22, 1997

Northcentral Regional Office

Fax 717-327-3420

NOTICE OF VIOLATION

CERTIFIED MAIL NO. Z 333 343 397

Root Oil Company, Inc.
Charleston Street
P.O. Box 18
Wellsboro, PA 16901

Re: Storage Tanks
Operations Inspection
DD Garage - Facility #59-11706
Knoxville Borough, Tioga County

Dear Sir:

On August 1, 1997, certified inspector Ken Hart conducted an operations inspection at the above-referenced facility. An inspection report documenting the findings of that inspection was provided to you or your representative and to the Department.

A Department representative has reviewed the report to determine compliance with the Storage Tank and Spill Prevention Act and the applicable technical regulation in 40 C.F.R. Part 280 as adopted in 25 PA Code 245, Section 245.2. According to the inspector's report, the following violations were observed:

1. Tank leak detection - You must begin some EPA approved method of tank leak detection. The most common methods are listed on Page 3 of your Facility Inspection Report. You may contact me if you require assistance in this matter.
2. Piping leak detection - You must have a precision tightness test done on your suction piping every three years. Acquire a third party certification for the test method. If you begin statistical inventory reconciliation as your method of tank leak detection, most SIR programs suffice for line leak detection also.



3. Kerosene Tank - The DEP data base shows a 1,000 kerosene tank as currently in use at your facility. You have been paying annual fees for this tank. Enclosed is a registration form to accurately report the tank's status. If it has been removed, show status "R". If it is no longer in use, show status "T". An underground storage tank can remain out-of-service for 12 months unless it meets upgrade corrosion protection standards. Please contact me if you need assistance in this matter also.

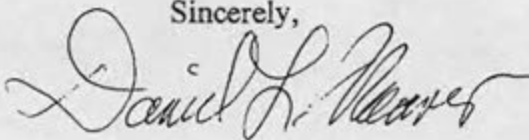
The Department requests that you submit documentation that the violations listed above have been corrected by December 30, 1997. Acceptable documentation may be in one or more of the following forms:

1. Submission of a follow-up inspection report prepared by a certified inspector confirming violations have been resolved.
2. Submission of a tank handling activity report form signed by a certified installer showing that your tank system has been brought into compliance. Certified installers will have the required tank handling report form.
3. Proof of purchase or repair of equipment required to come into compliance.
4. Other suitable documentation.

If you need additional time to bring your tank system(s) into compliance, please contact this office and provide me with a schedule for bringing your facility into compliance. Should the Department receive no documentation or a compliance schedule from you by the date indicated above, a Department staff member will schedule a compliance inspection at your facility. Continuing violations that are documented as a result of this follow-up inspection may result in enforcement action against you.

If you have any questions pertaining to storage tank system compliance or this letter, please contact me at 717-321-6520.

Sincerely,



Daniel L. Weaver
Water Quality Specialist
Storage Tank Section
Environmental Cleanup

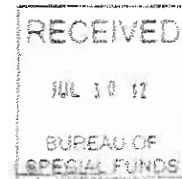
Enclosure

cc: Ken Hart
Philip Zechman
Compliance Tracking
File

**pennsylvania**

DEPARTMENT OF ENVIRONMENTAL PROTECTION

NORTHCENTRAL REGIONAL OFFICE



July 26, 2012

CERTIFIED MAIL NO. 7011 2970 0004 1414 6249**NOTICE OF VIOLATION**

Mr. Don Root
Root Oil Company, Inc.
P.O. Box 18
Charleston Street
Wellsboro, PA 16901

Re: Storage Tanks
Release from a Storage Tank
DD Garage - Facility #59-11706
Knoxville Borough, Tioga County

Dear Mr. Root:

On July 25, 2012, a reportable release of a regulated substance was confirmed at your above-named facility. Information available indicates the release resulted was identified during the closure of your underground storage tank system. This release is in violation of Section 1310 of the Pennsylvania Storage Tank and Spill Prevention Act and the provisions of the Pennsylvania Clean Streams Law.

This notice is sent to all owners of regulated storage tanks whenever a release is confirmed. You are required to fulfill written release reporting requirements, conduct appropriate corrective actions and to document those actions through written submissions to the Department (fact sheet is enclosed). Chapter 245, Administration of the Storage Tank and Spill Prevention Program regulations can be found by accessing the Department's web site at: www.depweb@state.pa.us. At **PA Keyword** type in "storage tanks," click on search, click on URL: [/landrecwaste/cwp/view.asp?a=1240&q=453631](http://landrecwaste/cwp/view.asp?a=1240&q=453631), click Regulations (25 Pa Code, Chapter 245).

The following sections will describe the actions and obligations you, either individually or with the assistance of your consultant, need to accomplish:

FINANCIAL ASSISTANCE

Immediately upon confirmation of your release under Department regulations, Sections 245.304 and 245.305, you should contact the Underground Storage Tank Indemnification Fund (USTIF) at 717-787-0763 or 800-595-9887 [PA only] or e-mail ra-ustif@state.pa.us <<mailto:ra-ustif@state.pa.us>>. This is your insurance fund administered by the Pennsylvania Department of Insurance.

208 West Third Street | Suite 101 | Williamsport, PA 17701-6448

Financial coverage for cleanups and third party claims may be available to tank owners or operators with eligible underground storage tank systems. Claims must be reported within 60 days after confirmation of your release or coverage will be denied. If you have filed a claim, all reports required by the corrective action regulations should be submitted to both USTIF and the Department within the timeframes established in the regulations.

A Small Business First Fund is administered by the Pennsylvania Department of Community and Economic Development. Loans are available for qualifying small businesses generally described as for profit corporations of 100 or fewer employees. The maximum loan amount is 50% of eligible project costs with a modest annual interest rate. For further information call the Business Loan Division at 717-783-5046.

INTERIM REMEDIAL ACTIONS (SECTION 306 OF THE REGULATIONS)

The actions taken to contain and remove contamination after first discovering a release are vital. Effective interim actions can, in some cases, fully resolve a problem or at least limit the severity of a problem, thus making site cleanup easier and less expensive. I have listed below some examples of interim actions. Appropriate interim actions must begin as soon as a release is confirmed.

- Remove regulated substances from all leaking tanks.
- Remove all free product discovered and address hazards posed by vapors or free product.
- Excavate contaminated soil unless the extent of contamination is so extensive that on-site treatment is considered more appropriate. Excavated soil must be segregated by separating unaffected soil from the soil likely affected by your release. Properly stored contaminated soil can remain on site for a maximum of 90 days before treatment begins or disposal occurs. When contaminated soil is removed from your site, ensure the contractor provides to you a receipt documenting acceptance of the soil at a permitted treatment or disposal facility.
- You, with the help of your consultant, must identify and sample any nearby water supplies affected by your release or with the potential to be affected. Sampling of these water supplies must continue through the site characterization phase of action. A copy of each sample result must be provided to the water supply owner and the Department within five days of receipt from the laboratory. If sampling confirms your release has impacted a water supply, you must within 48 hours provide a temporary water supply for affected users. Within 90 days a permanent water supply must be in place.

WRITTEN RELEASE REPORTS

Within 15 days of release confirmation, you must provide a written notification to the Department and to each municipality where the release occurred and to each municipality where some impact has occurred. If you have not yet completed this written notification, a blank Department release reporting form is enclosed for your use. Your consultant can assist with completion. If new environmental impacts are discovered after your initial release report is submitted, a new written notification must be completed and submitted within 15 days of new impact discovery to the Department and each impacted municipality.

SITE CHARACTERIZATION (SECTIONS 309 AND 310 OF THE REGULATIONS)

You must submit a written site characterization report to my office. There are two types of reports which could be submitted. You need to determine, based on the circumstances at your site, which one of the two reports is appropriate for you. I have described briefly each report and the compliance date for submission.

Interim Remedial Action Report [See Section 310(b)]

This report is only used when interim remedial actions such as contaminated soil removal have fully remediated your site to the residential Statewide Health Standard or the non-residential Statewide Health Standard when justified. It is only appropriate when soil is the only media impacted by your release. When properly used, this limited scope report is the only submission required to demonstrate attainment of the Statewide Health Standard. This report must be submitted as soon as possible, but no later than January 30, 2013.

Whenever surface or groundwater is affected or when soil contamination is too extensive for interim soil removal, this limited type of site characterization report is not appropriate and a detailed site characterization report as described below is necessary.

Detailed Site Characterization Report [See Section 310(a)]

When contamination is extensive and/or involves surface or groundwater, more sophisticated site analyses will be needed. Section 310(a) describes the types of site activities that may be necessary. It is the type of site characterization which most commonly contains information or analysis that constitutes professional geologic work and must be sealed by a professional geologist. Please ensure your consulting firm has appropriate credentials. Your detailed site characterization report must identify the cleanup standard you have chosen. Your report must be submitted as soon as possible but by no later than January 30, 2013.

REMEDIAL ACTION (SECTION 311 OF THE REGULATIONS)

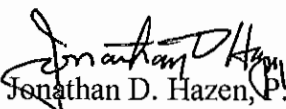
Following submission of a detailed site characterization report, a remedial action plan is required unless the Site-specific Standard has been chosen and documentation submitted has shown that no current or future exposure pathways exist and thus no cleanup is required. The content of this plan is described in Section 311 of the Regulations. This plan must be submitted within 45 days of the date of detailed site characterization report submission when the Background or Statewide Health Standard is selected. When the Site-specific Standard is selected and documentation submitted has shown that current or future pathways do exist, the remedial action plan must be submitted within 45 days of Department approval or deemed approval of the detailed site characterization report.

CONSULTATIVE ASSISTANCE

Reports submitted to fulfill your corrective action responsibilities which contain information or analyses that constitute professional geologic or engineering work as defined by the Engineer, Land Surveyor and Geologist Registration Law shall be sealed by a professional geologist or engineer who is in compliance with the requirements of that statute. Again, be sure your consulting firm has personnel or access to personnel who possess the needed credentials for the work being performed.

There is much information to be understood in this letter. You need to know that a cleanup can proceed voluntarily through cooperative efforts or involuntarily through enforcement action. Whether enforcement action is taken depends in part on the circumstances that led to your release, and most importantly, on the actions of your contractor, consultant and yourself in meeting established compliance dates. If you have any questions, feel free to contact me at 570.327.3776.

Sincerely,


Jonathan D. Hazen, P.G.
Licensed Professional Geologist
Storage Tank Section
Environmental Cleanup

Enclosure(s)

cc: Knoxville Borough
USTIF
ICF International
Michael McGuire
Water Supply
Steven Webster
Compliance Tracking
File



Pennsylvania Department of Environmental Protection

208 West Third Street, Suite 101
Williamsport, PA 17701-6448
February 11, 2008

Northcentral Regional Office

Fax 570-327-3420

CERTIFIED MAIL NO. 7007 0220 0000 4488 7340

NOTICE OF VIOLATION

Don Root
Root Oil Co., Inc.
P.O. Box 18
Wellsboro, PA 16901

Re: Storage Tanks
Facility Operations Inspection
DD Garage - Facility # 59-11706
Knoxville Borough, Tioga County

Dear Mr. Root:

On December 18, 2007, certified inspector Michael McGuire conducted an operations inspection at the above-referenced facility. An inspection report documenting the findings of that inspection was provided to you or your representative and to the Department.

I have reviewed the inspector's report and on February 6, 2007, I conducted an on-site evaluation to assess compliance with the Storage Tank and Spill Prevention Act and the applicable technical regulations in 25 Pa. Code 245, Subchapter E.

The facility operations inspection report noted the following. Tanks 001, 002, and 003 have straight drop tubes with no overflow protection. Vent risers to all 3 tanks were disconnected. Tank 001 had no spill bucket lid and no fill port cover. The tanks were registered in temporary out of service status.

During the Department's follow-up inspection, tank 001 contained 3.25 inches of water and tank 003 contained 1.25 inches of water with some floating product. This constitutes a violation of section 245.451(c), which states, in part: Owners and operators shall empty a tank being placed temporarily out of service with 30 days or prior to submission of the registration to the Department, whichever occurs first...The underground storage tank system is empty when all materials have been removed using commonly employed practices so that no more than 2.5 centimeters (1 inch) of residue ...remain in the system.

The disconnected vent risers constitute a violation of section 245.451(f), which states: when an underground storage tank system is temporarily closed for 3 months or more, owners and operators shall



also comply with the following requirements: (1) vent lines shall be open and functioning (2) All other lines, pumps, manways and ancillary equipment shall be capped and secure.

Leaving the fill port and spill bucket to tank 001 uncovered constitutes a violation of section 245.432(c), which states, in part: Required equipment, including...spill prevention, overfill prevention, and other appurtenances whose failure could contribute to a release of product, shall be maintained in a good state of repair to ensure they function as designed.

Prompt correction of these violations will complete temporary out of service (TOS) status for the tanks. Completing TOS status will allow postponing tank upgrades for overfill protection until returning the tanks to service.

Be aware that the existence of major operational violations at your facility will lead to Department consideration for an enforcement action. However, your prompt response to resolve all outstanding violations will serve to minimize the severity of any enforcement action pursued

Within 14 days of receiving this letter, please provide me with your corrective action plan and schedule. If you have any questions pertaining to storage tank system compliance or this letter, please contact me at 570-327-3728.

Sincerely,



Robert Rixey
Storage Tank Section
Environmental Cleanup

cc: Michael McGuire
Steven Webster
Compliance Tracking
File

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 8 1/2" 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)

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 18711-0790
PHONE 570-826-2511
FAX 570-820-4907

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

Southcentral Region
909 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 570-321-8525/327-3895
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 16335-3461
PHONE 814-332-5545
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 <u>DD Garage</u>		Facility I.D. Number <u>59-11706</u>	Owner Name <u>Root Oil Company, Inc.</u>		
Street Address (P.O. Box not acceptable) <u>Main Street</u>			Address <u>P.O. Box 18</u>		
City <u>Knoxville</u>	State <u>PA</u>	Zip Code <u>16928 -</u>	City <u>Wellisboro</u>	State <u>PA</u>	Zip Code <u>16901 - 0018</u>
County <u>Tioga</u>		Municipality <u>Knoxville Boro</u>	Phone Number <u>(570) 439 - 1256</u>		
Contact Person <u>Don Root</u>		Phone Number <u>(570) 439 - 1256</u>	Operator Name <u>Don Root</u>		
			Phone Number <u>(570) 439 - 1256</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 [S] or Confirmed [C] (Mark All That Apply <input checked="" type="checkbox"/>): <u>I/I Only</u>
Leaded Gasoline <input type="checkbox"/>		<input type="checkbox"/> [S] <input type="checkbox"/> [C]
Unleaded Gasoline <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> [S] <input type="checkbox"/> [C]
Aviation Gasoline <input type="checkbox"/>		<input type="checkbox"/> [S] <input type="checkbox"/> [C]
Kerosene <input type="checkbox"/>		<input type="checkbox"/> [S] <input type="checkbox"/> [C]
Jet Fuel <input type="checkbox"/>		<input type="checkbox"/> [S] <input type="checkbox"/> [C]
Diesel Fuel <input type="checkbox"/>		<input type="checkbox"/> [S] <input type="checkbox"/> [C]
New Motor Oil <input type="checkbox"/>		<input type="checkbox"/> [S] <input type="checkbox"/> [C]
Used Motor Oil <input type="checkbox"/>		<input type="checkbox"/> [S] <input type="checkbox"/> [C]
Fuel Oil No. 1 <input type="checkbox"/>		<input type="checkbox"/> [S] <input type="checkbox"/> [C]
Fuel Oil No. 2 <input type="checkbox"/>		<input type="checkbox"/> [S] <input type="checkbox"/> [C]
Fuel Oil No. 4 <input type="checkbox"/>		<input type="checkbox"/> [S] <input type="checkbox"/> [C]
Fuel Oil No. 5 <input type="checkbox"/>		<input type="checkbox"/> [S] <input type="checkbox"/> [C]
Fuel Oil No. 6 <input type="checkbox"/>		<input type="checkbox"/> [S] <input type="checkbox"/> [C]
Other (Specify) <input type="checkbox"/>		<input type="checkbox"/> [S] <input type="checkbox"/> [C]
Unknown <input type="checkbox"/>		<input type="checkbox"/> [S] <input type="checkbox"/> [C]

IV. REPORTABLE RELEASE INFORMATION (O/O Only)

Date Reportable Release was Confirmed: <u>7 / 25 / 12</u> <small>m d y</small>	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>7 / 26 / 12</u> Municipality <u>Knoxville Boro</u> <small>m d y</small>
Date: <u>7 / 25 / 12</u> Office <u>Williamsport - Jon Hazen</u> <small>m d y</small>	Date: <u>7 / 26 / 12</u> Municipality <u>Knoxville Boro</u> <small>m d y</small>

Source (Mark All That Apply <input checked="" 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"/>):
Tank (DEP Assigned Nos. <u>001, 002, 003</u>) <input type="checkbox"/>	During Closure <input checked="" type="checkbox"/>	Soil <input checked="" type="checkbox"/>
Piping System (Aboveground Regulated) <input type="checkbox"/>	Lining Installation <input type="checkbox"/>	Sediment <input type="checkbox"/>
Piping System (Underground Regulated) <input type="checkbox"/>	Routine Leak Detection <input type="checkbox"/>	Surface Water <input type="checkbox"/>
Piping System (Non-Regulated) <input type="checkbox"/>	Third Party Inspection <input type="checkbox"/>	Ground Water <input checked="" type="checkbox"/>
Dispenser/Dispensing Equipment <input type="checkbox"/>	Tightness Testing Activities <input type="checkbox"/>	Bedrock <input type="checkbox"/>
Spill Catchment Basin <input type="checkbox"/>	Visible Product or Odor Reports <input type="checkbox"/>	Water Supplies <input type="checkbox"/>
Accident/Natural Disaster <input type="checkbox"/>	Water in Tank <input type="checkbox"/>	Vapors/Product in Buildings <input type="checkbox"/>
Submersible Turbine Pump Head/Fittings <input type="checkbox"/>	Construction <input type="checkbox"/>	Vapors/Product in Sewer/Utility Lines <input type="checkbox"/>
Containment/Sump Failure <input type="checkbox"/>	Upgrade/Repair <input type="checkbox"/>	Ecological Receptors <input type="checkbox"/>
Other (Specify) <input type="checkbox"/>	Supply Well Sample Results <input type="checkbox"/>	
Unknown <input checked="" type="checkbox"/>	Monitoring Well Sample Results <input type="checkbox"/>	
Cause (Mark All That Apply <input checked="" type="checkbox"/>):	Property Transfer <input type="checkbox"/>	
Faulty Installation <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>	
Corrosion <input type="checkbox"/>	Unknown <input type="checkbox"/>	
Physical/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 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Fire, Explosion and Safety Hazards Mitigated	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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: 7 / 25 / 12
m d yIndication of Suspected Contamination (Mark All That Apply ☒):

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

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

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

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

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

These regulated tanks were in T-Status for some time now. the tank's construction is single wall steel with a fiberglass jacket, (Buffalo Tank Corp, "BuffaloHide"). The tanks appear to be in fair condition, based off of visual apperance exterior and interior. The piping construction appears to be single wall flex suction with no containment on either the tank connections or under the suction pumps. During the removal water was encountered in the excavation with light sheen and soil with odor. The bottom of the excavation was under water and soil saturated. Also, an additional phantom tank was unearthed to the south side of the UST field, partially under the boro sidewalk adjacent to Route 49, after gaining access to the tank PPSCO confirmed that the tank was filled in place some time ago with a solid slurry material and will be left in place at this time based on proximity with the sidewalk and road, plus it is in stable condition.

2550-FM-BWM0082 Rev. 12/2006

FACILITY I.D. NUMBER 59 - 11706

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

I, Don Root (on behalf of Root Oil Company, Inc.), 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.

☒Don Root, Inc.
Signature of Owner or Operator7 / 26 / 12

Date

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 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.

Jim Scheffner
Signature of Certified Installer7 / 25 / 12

Date

2629

Installer Certification Number

27

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 Inspector1 / 1

Date

Inspector Certification Number_____
Company Certification Number

OWNER RELEASE NOTIFICATION FORM

(phone contact) or (field visit)

REGULATED		CHOT <input type="checkbox"/>	NON-REGULATED	
Suspect <input type="checkbox"/>	Confirmed <input checked="" type="checkbox"/>		Property Owner	Phone #
Facility Name	Facility #		Owner Address	
DD Garage	59-11706		Site Address	
Municipality	County		Municipality	County
Knoxville Boro	Tioga		Notifier Name	Phone #
Notifier Name	Phone #		Contact	Phone #
Mike McGuire	322-5525			
Owner Name	Phone #			
Root Oil	570-724-3905			
Contact	Phone #			
Don Root	SAA			
	570-723-5021			
A. Type and quantity of substance involved.			A. Details on release occurrence.	
B. Where and when release occurred.			B. Type and quantity of substance involved.	
C. Surface water, ground-water, or soil impacts.			C. Impacts on environment - nearby structures.	
D. Threatened private-public water supplies.			D. Name of contractor-consultant involved.	
E. Remedial action begun - completed - planned.			E. Corrective actions taken - planned.	

During UST Closure, obvious contamination identified.

- Sheen on groundwater + impacted soil.

Also encountered an abandoned UST during removal.

- Planning on removing. ★ 7/26 - Not removing now - closed in place w/ Slurry, under sidewalk.

Water encountered ~ 9.5 - 10' BGS

- do not plan to excavate below the water table

Professional Petroleum planning to backfill as soon as USTs are removed due to proximity to a neighboring hardware store.

PO Box 18

Written notice of O/O required

Date notification sent to O/O

Written notice of I/I required

Name of certified individual

yes

yes

Lut Schappel

Received By:

Date:

Hazen

7/25/12



Pennsylvania Department of Environmental Protection

208 West Third Street, Suite 101
Williamsport, PA 17701-6448
March 13, 2008

Northcentral Regional Office

Fax 570-327-3420

Don Root
Root Oil Co., Inc.
P.O. Box 18
Wellsboro, PA 16901

Re: Storage Tanks
Operations Inspection Compliance
Resolution of Violations
Facility Compliance
DD Garage - Facility # 59-11706
Knoxville Borough, Tioga County

Dear Mr. Root:

On February 11, 2008, you received a Notice of Violation from the Department citing specific violations identified as a result of an operations inspection at your above-named facility. This notice required submission of acceptable documentation to confirm resolution of all violations.

I have received and reviewed your submitted documentation and recently visited your facility and can acknowledge adequate indication that violations have been brought into compliance.

Before returning any of the tanks to service, overfill protection must be installed by a tank handler certified for the installation/modification category UMX. Temporary out of service status for the tanks expires November 10, 2010, by which time permanent closure is required.

Continue to respond promptly to any suspected or confirmed release, maintain up-to-date facility records, and perform appropriate system repairs when necessary. Please contact me by calling 570-327-3728, if you require further discussion or clarification regarding this letter or any facility operations issue.

Sincerely,

Robert Rixey
Storage Tank Section
Environmental Cleanup

cc: Compliance Tracking
File



pennsylvania

DEPARTMENT OF ENVIRONMENTAL PROTECTION

NORTHCENTRAL REGIONAL OFFICE

April 4, 2012

Mr. Don Root
Root Oil Company, Inc.
Charleston Street
P.O. Box 18
Wellsboro, PA 16901

Re: Storage Tanks
Operations Inspection Compliance
DD Garage - Facility #59-11706
Knoxville Borough, Tioga County

Dear Mr. Root:

I have reviewed the results of your facility operations inspection performed by certified inspector David Brooks on March 22, 2012. Based on all currently available information, each of your underground storage tank facility systems inspected has been shown to be compliant.

It was noted within the inspection report that the underground storage tanks at this facility do not have appropriate overfill prevention, but these tanks are in Temporarily Out of Use Status. Prior to placing product back into these underground storage tanks, you will need to ensure proper overfill prevention equipment is in place. I have also enclosed a fact sheet, which describes the new operator training requirements. It is important that you understand these new requirements prior to bringing your underground storage tank system back into service.

It is important that you and your operator continue to diligently monitor your leak detection systems, respond promptly to any suspected or confirmed releases, maintain up-to-date facility records and perform appropriate system repairs when necessary.

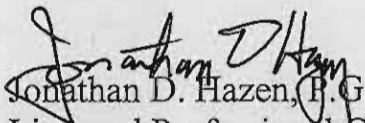
Mr. Don Root

-2-

April 4, 2012

Please contact me by calling 570.327.3776 if you require further discussion or clarification regarding any facility operational issue.

Sincerely,


Jonathan D. Hazen, P.G.
Licensed Professional Geologist
Storage Tank Section
Environmental Cleanup

cc: David Brooks
Steven Webster
File

Enclosure

12/20/2012 12:45:23 PM



Pennsylvania Department of Environmental Protection

208 West Third Street, Suite 101
Williamsport, PA 17701-6448
March 10, 1998

Northcentral Regional Office

717-321-6520
Fax 717-327-3420

Root Oil Company, Inc.
Charleston Street
PO Box 18
Wellsboro, PA 16901

Re: Storage Tanks
Operations Inspection Compliance
Resolution of Violations
Facility Compliance
D. D. Garage - Facility #59-11706
Knoxville Borough, Tioga County

Dear Sir:

On October 22, 1997, you received a Notice of Violation from the Department citing specific violations identified as a result of an operations inspection at your above-named facility. This notice required submission of acceptable documentation to confirm resolution of all violations.

I have received and reviewed your submitted documentation or recently visited your facility and can acknowledge adequate indication that violations have been brought into compliance. We appreciate your prompt response and cooperation. Please continue to comply with appropriate technical regulations and contact me if you require further discussion or clarification regarding any facility operational issue.

Sincerely,

Daniel L. Weaver
Water Quality Specialist
Storage Tank Section
Environmental Cleanup

cc: Phil Zechman
Mary Petros
Ken Hart
File

DLW/pg



Pennsylvania Department of Environmental Protection

208 West Third Street, Suite 101

Williamsport, PA 17701-6448

June 6, 2003

Northcentral Regional Office

Fax 570-327-3420

Mr. Don Root
Root Oil Company, Inc
P. O. Box 18
Wellsboro, PA 16901

Re: Storage Tanks
Operations Inspection Compliance
DD Garage - Facility #59-11706
Knoxville Borough, Tioga County

Dear Mr. Root:

On December 18, 2002, certified inspector Ken Hart conducted an operations inspection at the above-referenced facility. An inspection report documenting the findings of that inspection was provided to you or your representative and to the Department. I have reviewed the inspector's report and your recently confirmed change of registration status to "T" (Temporarily out of Use). "T" status tanks are exempt from release detection. The following violation was confirmed to have existed at the time of the December 18, 2002, inspection:

- Documentation for the most recent twelve months of compliant tank release detection was not available at the time of the inspection. Chapter 245.435 requires records of tank release detection to be available for the past twelve months.

Based on my evaluation, I can acknowledge that the violation has been brought into compliance. Be aware that the major operational violation which existed on the day of your facility operations inspection will lead to Department consideration of an enforcement action. You will be contacted within the next 30 days by telephone or letter regarding this enforcement issue.

Please continue to diligently monitor your leak detection systems, respond promptly to any suspected or confirmed release, maintain up-to-date facility records and perform appropriate system repairs when necessary.

If you have any questions pertaining to storage tank system compliance or this letter, please contact me at 570-327-3722.

Sincerely,

Gerald F. McKernan
Storage Tank Section
Environmental Cleanup

cc: Ken Hart
Phil Zechman
Compliance Tracking
Mary Petros

File



**BOROUGH OF KNOXVILLE,
Tioga County, Pennsylvania**

ORDINANCE NO. 2003-251

OF THIS BOROUGH COMPELLING AND REQUIRING CERTAIN OWNERS OF IMPROVED PROPERTY LOCATED WITHIN THIS BOROUGH AND ABUTTING UPON ANY STREET IN WHICH THERE IS A WATER MAIN CONSTITUTING PART OF THE WATER SYSTEM OWNED BY THIS BOROUGH TO CONNECT SUCH IMPROVED PROPERTY WITH AND TO USE SUCH WATER SYSTEM; REGULATING THE MANNER OF MAKING SUCH CONNECTIONS; AUTHORIZING THIS BOROUGH TO MAKE CONNECTIONS AT THE COST AND EXPENSE OF ANY OWNER OF IMPROVED PROPERTY FAILING TO MAKE SUCH REQUIRED CONNECTION; ADOPTING CERTAIN RULES AND REGULATIONS AND PROVIDING FOR ADOPTION OF ADDITIONAL RULES AND REGULATIONS; SETTING FORTH RELATED MATTERS; AND PRESCRIBING PENALTIES FOR VIOLATIONS.

The Council of this Borough enacts and ordains as follows:

ARTICLE I

DEFINITIONS

SECTION 1.01. Unless the context specifically and clearly indicates otherwise, the meaning of terms and phrases used in this Ordinance shall be as follows:

A. "Borough" shall mean the Borough of Knoxville, Tioga County, Pennsylvania, a municipal corporation of the

Commonwealth, acting by and through its Council, or, in appropriate cases, acting by and through its authorized representatives;

B. "Building Main" shall mean the extension from the water system of any structure to the Lateral of a Main;

C. "Commonwealth" shall mean the Commonwealth of Pennsylvania;

D. "Improved Property" shall mean any property within this Borough upon which there is erected a structure intended for continuous or periodic habitation, occupancy, or use by human beings;

E. "Lateral" shall mean that part of the Water System extending from a Main to the curb line or, if there shall be no curb line, to the property line or, if no such Lateral shall be provided, then "Lateral" shall mean that portion of, or place in, a Main which is provided for connection of any Building Main;

F. "Main" shall mean any pipe or conduit constituting a part of the Water System used or usable for water distribution purposes;

G. "Owner" shall mean any Person vested with ownership, legal or equitable, sole or partial, of any Improved Property;

H. "Person" shall mean any individual, partnership, company, association, society, trust, corporation, municipality, municipality authority or other group or entity; and

I. "Water System" shall mean all facilities, as of any particular time, which are owned by the Borough and intended for the production, storage, transmission, and distribution of water.

ARTICLE II

USE OF PUBLIC WATER SYSTEM REQUIRED

SECTION 2.01. A. The Owner of any Improved Property abutting upon any street in which there is a Main constituting part of the Water System shall connect such Improved Property with such Main and shall use such Water System, in such manner as this Borough may require, within 45 days after notice to such Owner from this Borough to make such connection; Subject, however to such limitations and restrictions as shall be established herein or otherwise shall be established by this Borough, from time to time.

B. Any Person who connects with, remains connected with or otherwise uses any private well or water system other than the Water System of this Borough shall be deemed and

shall be declared to be maintaining a nuisance, which nuisance this Borough shall abate in the manner provided by law.

SECTION 2.02. The notice by this Borough to make a connection to a Main, referred to in Section 2.01, shall consist of a written or printed document requiring the connection in accordance with the provisions of this Ordinance and specifying that such connection shall be made within 45 days after the date such notice is given or served. Such notice may be given or served at any time after the appropriate Main or Lateral is in place that can deliver water to the particular Improved Property. Such Notice shall be given to or served upon the Owner by personal service or by certified mail to his last known address, or by such other means as shall be permitted by law.

ARTICLE III

BUILDING MAINS AND CONNECTIONS

SECTION 3.01. No Person shall uncover, shall connect with, shall make any opening into or shall use, shall alter or shall disturb, in any manner, any Main, Lateral or any other part of the Water System without first obtaining a permit, in writing, from this Borough.

SECTION 3.02. Application for a permit required under Section 3.01 shall be made by the Owner of the Improved Property served or to be served or by the duly authorized agent of such Owner.

SECTION 3.03. No Person shall make or shall cause to be made a connection of any Improved Property with a Main until such Person shall have fulfilled each of the following conditions:

A. Such Person shall have notified this Borough of the desire and intention to connect such Improved Property to a Main;

B. Such Person shall have applied for and shall have obtained a permit as required by Section 3.01;

C. Such Person shall have given the appropriate representative of this Borough at least 48 hours' notice of the time when such connection will be made so that this Borough may supervise and inspect or may cause to be supervised and inspected the work of connection and necessary testing; and

D. If applicable, such Person shall have furnished satisfactory evidence to the appropriate representative of this Borough that any tapping, connection or customer facility fee that may be charged and imposed by this Borough against the Owner of each Improved Property who connects such Improved Property to a Main has been paid.

SECTION 3.04. Except as otherwise provided in this Section 3.04, each Improved Property shall be connected separately and independently through a Building Main.

Grouping of more than one Improved Property on one Building Main shall not be permitted, except under special circumstances and for good cause shown, but then only after special permission of this Borough, in writing, shall have been secured and only subject to such rules, regulations and conditions as may be prescribed by this Borough.

SECTION 3.05. All costs and expenses of construction of a Building Main and all costs and expenses of connection of a Building Main to a Main shall be borne by the Owner of the Improved Property to be connected; and such Owner shall indemnify and shall save harmless this Borough from all loss or damage that may be occasioned, directly or indirectly, as a result of construction of a Building Main or of connection of a Building Main to a Main.

SECTION 3.06. A Building Main shall be connected to a Lateral or to a Main at the place designated by this Borough. A smooth, neat joint shall be made and the connection of a Building Main shall be made secure and watertight.

SECTION 3.07. If the Owner of any Improved Property located within this Borough and abutting upon any street in which there is a Main constituting part of the Water System, after 45 days' notice from this Borough, in accordance with Section 2.01, shall fail to connect such Improved Property, as required, this Borough may enter upon such Improved Property and may construct such connection and may collect from such Owner the costs and expenses thereof in the manner permitted by law.

ARTICLE IV
RULES AND REGULATIONS GOVERNING
BUILDING MAINS AND CONNECTIONS TO MAINS

SECTION 4.01. No Building Main shall be covered until it has been inspected and approved by this Borough. If any part of a Building Main is covered before so being inspected and approved, it shall be uncovered for inspection at the cost and expense of the Owner of the Improved Property to be connected.

SECTION 4.02. Every Building Main of any Improved Property shall be maintained in a sanitary and safe operating condition by the Owner of such Improved Property.

SECTION 4.03. Every excavation for a Building Main shall be guarded adequately with barricades and lights to protect all Persons from damage and injury. Any street, sidewalk or other public property disturbed in the course of installation of a Building Main shall be restored, at the cost and expense of the Owner of such Improved Property being connected, in a manner satisfactory to this Borough.

SECTION 4.04. If any Person shall fail or shall refuse, upon receipt of a notice of this Borough, in writing, to remedy any unsatisfactory condition with respect to a Building Main within 60 days of receipt of such notice, this Borough may refuse to permit such Person to be served by the Water System until such unsatisfactory condition shall have been remedied to the satisfaction of this Borough.

SECTION 4.05. This Borough reserves the right to adopt, from time to time, additional rules and regulations as it shall deem necessary and proper relating to connections with the Water System, which additional rules and regulations, to the extent appropriate, shall be and shall be construed as part of this Ordinance.

ARTICLE V

ENFORCEMENT

SECTION 5.01. Any Person who shall violate this Ordinance shall be liable, upon summary conviction for a first offense and upon summary conviction for each subsequent offense, to a fine of not more than One Thousand Dollars (\$1,000), together with costs of prosecution in each case. Each day that a violation shall continue shall be deemed and shall be taken to be a separate offense and shall be punishable as such.

SECTION 5.02. Fines and costs imposed under provisions of this Ordinance shall be enforceable and recoverable in the manner at the time provided by applicable law and shall be payable to this Borough.

ARTICLE VI

EFFECTIVE DATE

SECTION 6.01. This Ordinance shall become effective as provided by law.

ARTICLE VII

SEVERABILITY

SECTION 7.01. In the event any provision, section, sentence, clause or part of this Ordinance shall be held to be invalid, such invalidity shall not affect or impair any remaining provision, section, sentence, clause or part of this Ordinance, it being the intent of this Borough that such remainder shall be and shall remain in full force and effect.

ARTICLE VIII

DECLARATION OF PURPOSE

SECTION 8.01. It is declared that enactment of this Ordinance is necessary for the protection, benefit and preservation of the health, safety and welfare of inhabitants of this Borough.

ARTICLE IX

REPEALER

SECTION 9.01. All ordinances or parts of ordinances and all resolutions or parts of resolutions that are inconsistent with this Ordinance shall be and the same expressly are repealed.

DULY ENACTED AND ORDAINED, this 16th day of June, 2003, by the Council
of the Borough of Knoxville, Tioga County, Pennsylvania, in lawful session duly assembled.

BOROUGH OF KNOXVILLE,
Tioga County, Pennsylvania

By: Willis A. Smith
(Vice) President of Council

ATTEST:

Alyssa J. Oberper
Secretary

(SEAL)

DULY EXAMINED AND APPROVED, this 16th day of June, 2003.

Otto Sursoos
Mayor of the Borough of Knoxville,
Tioga County, Pennsylvania

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER QUALITY MANAGEMENT
STORAGE TANK DIVISION

UNDERGROUND STORAGE TANK FACILITY
OPERATIONS INSPECTION

RECEIVED
OFFICE OF ENVIRONMENTAL CLEANUP/DEP

I. FACILITY INFORMATION

Facility Identification Number 59-1706
Facility Name DD GARAGE
Facility Address MAIN ST
KNOWVILLE PA 16928
Owner/Operator Representative: (present during inspection)
Name JOHN ROOT
Phone 724-3905

II. CERTIFIED INSPECTOR

Name KEN HART
Certified Inspector No. 1347
Phone No. 1347
Employer 717 322 5525

III. DATE(S) OF INSPECTION (month/day/year)

Initial 3/1/97 Followup _____

IV. FINANCIAL RESPONSIBILITY INFORMATION PROVIDED

Yes _____ No X

V. SUSPECTED/CONFIRMED CONTAMINATION OBSERVED

Yes _____ (If so, provide comment) No X

VI. IMPROPERLY CLOSED TANKS ARE PRESENT

Yes _____ (If so, provide comment) No X

VII. INSPECTION SUMMARY. Complete this section when inspection is final.

1. Indicate the compliance status of each item below using the following codes: N=Non-Compliant
C=Compliant

	Tank No. <u>001</u>	Tank No. <u>002</u>	Tank No. <u>003</u>	Tank No. <u>004</u>	Tank No. <u>---</u>
Tank Construction and Corrosion Protection	<u>C</u>	<u>C</u>	<u>C</u>		
Piping Construction and Corrosion Protection	<u>C</u>	<u>C</u>	<u>C</u>		
Spill Prevention	<u>C</u>	<u>C</u>	<u>C</u>		
Overfill Prevention	<u>C</u>	<u>C</u>	<u>C</u>		
Registration Sticker Display	<u>C</u>	<u>C</u>	<u>C</u>		
Tank Release Detection	<u>N</u>	<u>N</u>	<u>N</u>		
Piping Release Detection	<u>N</u>	<u>N</u>	<u>N</u>		

2. CERTIFIED INSPECTOR

I, the DEP Certified Inspector, have inspected the entire above referenced facility. Based on my observation of the facility and information provided by the owner, I certify under penalty of law as provided in 18 Pa. C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

[Signature]
Certified Inspector's Signature

3/1/97
Date

3. OWNER/OPERATOR REPRESENTATIVE: I have reviewed the completed inspection report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), the the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

I have 1 have not (circle one) submitted an amended registration form.

[Signature]
Signature

OWNER REP
Title

3-1-97
Date

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name DD GARAGEDate 8/1/97Facility ID 59-11706

VIII. TANK SYSTEM INFORMATION For each tank, write in the Tank Number at the top of the column, the Tank Capacity, Substance Stored, Installation Date, and the most recent Modification Date. For the remaining items, fill in the correct Tank System Component Code from the lists at the bottom of the page.

	For DEP Use	Tank No. <u>001</u>	Tank No. <u>002</u>	Tank No. <u>003</u>	Tank No. <u>004</u>	Tank No. <u>---</u>
1. Tank Capacity (gallons)		<u>4000</u>	<u>4000</u>	<u>2000</u>	<u>1000</u>	
2. Substance Stored		<u>GAS</u>	<u>GAS</u>	<u>GAS</u>	<u>KERO</u>	
3. Installation Date		<u>7/33</u>	<u>7/33</u>	<u>7/33</u>	<u>7/33</u>	
4. Modification Date (if any)						
5. Tank Construction and Corrosion Protection	(1)	<u>H</u>	<u>H</u>	<u>H</u>	<u>H</u>	
6. Piping Construction and Corrosion Protection	(2)	<u>R</u>	<u>B</u>	<u>B</u>	<u>B</u>	
7. Pump (piping) System	(4)	<u>B</u>	<u>B</u>	<u>B</u>		
8. Spill Prevention	(6)	<u>Y</u>	<u>Y</u>	<u>Y</u>		
9. Overfill Prevention	(7)	<u>N</u>	<u>N</u>	<u>N</u>		
10. Current Registration Sticker Display	(8)	<u>Y</u>	<u>Y</u>	<u>Y</u>		
11. Fire Marshal Permit	(9)	<u>C</u>	<u>C</u>	<u>C</u>	<u>C</u>	
12. Vapor Recovery	(11)	<u>A</u>	<u>A</u>	<u>A</u>		
Complete the attached pages before entering the codes for the following items						
<input checked="" type="checkbox"/> 13. Tank Release Detection (2 possible)	(12)	<u>AB</u>	<u>AB</u>	<u>AB</u>		
<input checked="" type="checkbox"/> 14. Piping Release Detection (2 possible)	(5)	<u>C</u>	<u>C</u>	<u>C</u>		

TANK SYSTEM COMPONENT CODES

5. TANK CONSTRUCTION and CORROSION PROTECTION

- A Unprotected Steel (single wall)
- B Cathodically Protected Steel (Galvanic)
- C Cathodically Protected Steel (Impressed Current)
- D Double Walled Steel
- E Fiberglass (Single Wall)
- F Fiberglass (Double Wall)
- G Steel w/ Plastic or Fiberglass Jacket
- H Steel w/ FRP Coating (Act 100 or equivalent)
- I Steel w/ lined interior
- J Concrete
- N Unknown
- 99 Other (provide written comment)

6. PIPING CONSTRUCTION and CORROSION PROTECTION

- A Bare Steel
- B Cathodically Protected Steel
- C Copper
- D Fiberglass or rigid non-metallic
- E Flexible Non-metallic
- F Unknown
- 99 Other (provide written comment)
- Z Double wall (use with Code A-99)

7. PUMP (PIPING) SYSTEM

- A Suction: Check Valve at Pump
- B Suction: Check Valve at Tank
- C Pressure
- D Gravity flow to dispenser

8. SPILL PREVENTION

- Y Yes
- N No

9. OVERFILL PREVENTION

- Y Yes
- N No

10. CURRENT REGISTRATION STICKER DISPLAY

- Y Properly displayed
- N None

11. FIRE MARSHAL PERMIT

- A Issued prior to August 5, 1989
- B Issued on or after August 5, 1989
- C No permit obtained
- D Tanks not regulated by Fire Marshal

12. VAPOR RECOVERY

- A Stage I Installed
- B Stage II Installed
- C Stage I and II Installed
- D None

13. TANK RELEASE DETECTION

- A Inventory Control and code B or C
- B Annual Tank Tightness Testing
- C Tank Tightness Testing every 5 years
- D Statistical Inventory Reconciliation
- E Automatic Tank Gauging
- F Manual Tank Gauging (36 Hour)
- G Manual Tank Gauging (44 or 58 Hour)
- H Interstitial Monitoring (2 Walls)
- I Interstitial Monitoring (Liner)
- J Groundwater Monitoring
- K Vapor Monitoring
- N None or method incomplete
- O Exempt (provide written comment)

14. PIPE RELEASE DETECTION

- A Automatic Line Leak Detector (incl. test)
- B Annual Line Tightness Test (pressure)
- C Line Tightness Test - 3 years (suction)
- D Interstitial Monitoring
- E Groundwater Monitoring
- F Vapor Monitoring
- H None or method incomplete
- I Exempt (provide written comment)
- J Statistical Inventory Reconciliation

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name DD GARAGEDate 8/1/97Facility ID 59-11706

IX. RELEASE DETECTION REFERENCE

Tank	Tank	Tank	Tank	Tank
1	2	3	4	

Instructions:

Check the box to indicate that criteria has been met.

Circle the box to indicate that criteria has not been met.

Circle with "N/A" when criteria is not applicable.

Inventory Control and Tank Tightness Testing (Tank only)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	stick (or ATG) readings and dispenser readings each operating day
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1/8th inch accuracy in stick readings
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	before/after delivery stick readings reconciled with delivery receipts
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	drop tube present in gauge opening
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	dispenser meter calibrated
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	monthly check for water (1/8th inch accuracy)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	monthly reconciliation (1% of volume pumped plus 130 gallons)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	reconciliation records maintained for one year
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	documentation of annual tightness test or 5 year tightness test (upgraded tank) present at site
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of tightness test performance is present at site (after 12/22/90)

Statistical Inventory Reconciliation: (Tank and/or piping)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of test performance is present at site
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	data is collected according to the vendor's instructions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	analysis completed monthly; records maintained for 1 year

Automatic Tank Gauging (Tank only)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monthly leak test conducted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	documentation of last year of tests
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of equipment performance is present at site (installed after 12/22/90)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	records including dates of calibration, maintenance, and repair for the past year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	equipment is operational

Manual Tank Gauging (Tank only)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	performed weekly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tank capacity is 2,000 gallons or less
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/8th inch accuracy stick readings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	average 2 stick readings before and after test
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	test length appropriate for each tank (minimum 36 hour test)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	variation is within standard (both weekly and monthly)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	documentation showing test date and results for last year of tests
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	last tightness test and manufacturer's test certification when required

Interstitial Monitoring: (Tank and/or piping)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	interstitial area monitored monthly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monitoring wells (secondary barrier) or ports are clearly marked and secured
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	documentation showing test date and results for last year of monitoring
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	records of calibration, maintenance, and repair of equipment for last year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of equipment performance is present at site (installed after 12/22/90)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	secondary barrier is compatible with stored substance and impermeable

Groundwater Monitoring: (Tank and/or piping)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	regulated substance stored is immiscible in water and has a specific gravity < 1.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	groundwater is within 20 feet of surface grade and soil hydraulic conductivity is $\geq .01$ cm/sec.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	casing is properly slotted and allows entry of product during high and low groundwater conditions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	wells are sealed from ground surface to the top of the filter pack
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	site evaluation verifies the above information; wells are located according to site evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monitoring devices can detect at least 1/8 inch of product; manufacturer's certification present on site
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monitoring wells are marked and secured
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	wells monitored and results recorded monthly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monthly documentation is maintained for 1 year

Vapor Monitoring: (Tank and/or piping)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	stored substance is sufficiently volatile and backfill allows diffusion of vapors from releases
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the monitoring device is not rendered inoperative by groundwater, rainfall, or soil moisture
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	background contamination will not interfere with vapor monitoring
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	vapor monitors are designed and operated to detect increases in concentrations of stored substance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	site evaluation verifies above information, wells are located according to the site evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monitoring wells are marked and secured
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	wells monitored and results recorded monthly; monthly documentation is maintained for 1 year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	records of calibration, maintenance, and repair of monitoring equipment for last year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of equipment performance is present at site (installed after 12/22/90)

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name DD Garage Date 8/1/97 Facility ID 59-11706

IX. RELEASE DETECTION REFERENCE

Pipe Pipe Pipe Pipe Pipe

Instructions: Check the box to indicate that criteria has been met.
Circle the box to indicate that criteria has not been met.
Circle with "N/A" when criteria is not applicable.

1 2 3 4 _____
Piping Tightness Testing (Piping only)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	test conducted at proper frequency
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	- conducted annually for pressurized piping without monthly monitoring
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	- conducted every 3 years for suction piping (doesn't meet exempt criteria) without monthly monitoring
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	documentation of last test and test was conducted within proper timeframe
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of test performance
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	if test device permanently installed, records of calibration, maintenance and repair for last year

Automatic Line Leak Detection (PRESSURIZED piping only)

NOTE: This method of leak detection required on all pressurized piping in addition to at least one other leak detection method

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	annual test of leak detector according to manufacturer's instructions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	documentation showing date and results of last annual test
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of equipment performance (installed after 9/22/91)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	able to detect a leak of 3 gph at 10 psi within 1 hour
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	records of calibration, maintenance and repair for last year

Check Valve at the Dispenser (SUCTION piping only)

NOTE: No further release detection required on piping meeting all these criteria.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	the tank is lower than the dispenser
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	the below grade piping slopes uniformly back to the tank
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	there is only one check valve in the piping
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	the check valve is located close to or inside the suction pump
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	compliance with above specifications can be readily determined

X. CATHODIC PROTECTION COMPLIANCE CRITERIA

Tank and Pipe Tank and Pipe Tank and Pipe Tank and Pipe Tank and Pipe

Galvanic Cathodic Protection (Tank and/or Piping)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	structure to soil potential greater than .85 volts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monitoring conducted within six months of installation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monitoring conducted every three years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	documentation of last two monitoring results
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monitoring conducted within 6 months of repair

Impressed Current Cathodic Protection (Tank and/or Piping)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	structure to soil potential greater than .85 volts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monitoring conducted within six months of installation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monitoring conducted every three years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	documentation of last two monitoring results
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	volt and amp readings recorded every 60 days (within design limits)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	documentation of last three volt and amp readings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	designed by a corrosion expert

If Cathodic Protection is Added to Existing Tanks, One of the Following is Required:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tank was internally inspected and found to be structurally sound and free of corrosion holes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the tank was less than ten years old and now uses automatic tank gauging, soil vapor monitoring, groundwater monitoring, interstitial monitoring or statistical inventory reconciliation for leak detection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the tank was less than ten years old and was tested for tightness prior to installing the cathodic protection and between three and six months following the first operation of the cathodic protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the tank was also internally lined as specified in the rules
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the tank was assessed and found to be acceptable for upgrading under ASTM standard ES 40-94

UNDERGROUND STORAGE TANK FACILITY
OPERATIONS INSPECTIONFacility Name DP Garage Date 8/1/97 Facility ID 59-11706

XI. COMMENTS

Reference section and tank number for each comment

- All Tanks + Piping need annual testing and inventory control started. No records of either in last 2 years
- Kerosene tank is not obvious where it is - no dispenser visible
- one closed tank on site but no idea of closure date or if it is even closed properly.



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT
STORAGE TANK DIVISION

**UNDERGROUND STORAGE TANK FACILITY
OPERATIONS INSPECTION**

FOR DEP USE ONLY

Reviewer JLH
Date _____
Entered by _____
Date _____

FACILITY INFORMATION

ID Number 59-11706
Name DD Garage
Location Main St.
Address Knoxville Pa, 16928
Municipality Tioga County

Representative Present During Inspection

Name None
Phone _____
☐ Owner ☐ Operator ☐ Employee ☐ None

CERTIFIED INSPECTOR

Name David L. Brooks
ID No. 57
Phone 570-724-5677
E-mail Cell 570-662-6341

Date of First Site Visit (month/day/year)
March 22, 2012

OWNER (must be a person)

Name Donald R. Root

OPERATOR (if different than owner)

Name _____

Financial Responsibility discussed with owner

Yes ☐

No ☒

- Provided by USTIF. Owner must have deductibles available as provided in Subchapter H of the regulations.
- Required of all UST owners except state agencies.

Suspected or confirmed contamination observed

Yes ☐ (notify proper region within 48 hours)

No ☒

Improperly closed or unregistered tanks present

Yes ☐ (provide comment)

No ☒

Written instructions/notification procedures are available/posted

Yes ☐

No ☒

Amended registration form required for (check all that apply):

- | | |
|----------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Added tanks | <input type="checkbox"/> Change in substance stored |
| <input type="checkbox"/> Closed tanks | <input type="checkbox"/> Change of operational status (in or out of service) |
| <input type="checkbox"/> Change in tank size | <input type="checkbox"/> Change of owner |

Inspection summary.

Indicate the compliance status of each item below using the following codes: N = Noncompliant C = Compliant

	Tank No. <u>001</u>	Tank No. <u>002</u>	Tank No. <u>003</u>	Tank No. _____	Tank No. _____
<u>All in to status</u>					
Tank Construction and Corrosion Protection					
Piping Construction and Corrosion Protection					
Spill Prevention	<u>C</u>	<u>C</u>	<u>C</u>		
Overfill Prevention	<u>N</u>	<u>N</u>	<u>N</u>		
Registration Certificate Display	<u>C</u>	<u>C</u>	<u>C</u>		
Tank Release Detection	<u>N</u>	<u>N</u>	<u>N</u>		
Piping Release Detection	<u>C</u>	<u>C</u>	<u>C</u>		
Monthly sump checks	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>		

I, the DEP Certified Inspector (IUM), have inspected the entire above referenced facility including examining manways, sumps, monitoring wells and dispensers. Based on my personal observation of the facility and documentation provided by the owner, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate and complete to the best of my knowledge and belief.

David L. Brooks
Certified Inspector's Signature

March 22, 2012
Date

As the representative of the owner or operator, I have reviewed the completed inspection report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate and complete to the best of my knowledge and belief.

Signature

Title

Date

Original: Regional Office – Norristown, Wilkes Barre, Harrisburg, Williamsport, Pittsburgh, or Meadville
Copy: Owner
Copy: DEP, Division of Storage Tanks, P.O. Box 8763, Harrisburg, PA 17105-8763
Copy: Inspector

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name DD Garage Date March 22, 2012 Facility ID 59-11706

I. **TANK SYSTEM INFORMATION.** For each tank, fill in the required information and codes from the following list. Where multiple codes are allowed and used for a specific tank component, describe the arrangement in the COMMENTS section. (See FOI form instructions for details.)

	Tank No. 001	Tank No. 002	Tank No. 003	Tank No.	Tank No.	DEP Use
1. Tank capacity (name plate gallons)	4000	4000	2000			
2. Substance currently stored	gas	gas	gas			
3. Installation date (mm/yyyy)						
4. This drone tank is manifolded to tank number				(1 1/4")	(1 1/2")	
5. Product level, in inches, at time of inspection	0	0	1 3/4"	water	gas	
6. Total secondary containment on this tank system	N	N	N			(18)
7. Tank construction and corrosion protection						(1)
8. Main piping construction and corrosion protection						(2)
9a. Number of tank top sumps ‡	0	0	0			
9b. Number of tank top sumps tested tight ‡	0	0	0			(21)
9c. Spill containment tested tight						(21)
10a. Number of transition sumps	0	0	0			
10b. Number of transition sumps tested tight	0	0	0			(21)
11a. Number of connected dispensers	1	2	1			
11b. Number of connected dispensers with pans	0	0	0			
11c. Number of dispenser pans tested tight	0	0	0			(22)
12a. Piping flexible joints/connectors construction at tank	F	F	F			(PFLX)
12b. Piping flexible joints/connectors construction at dispenser	F	F	F			(PFLX)
13. Pump (product dispensing) system	A	A	A			(4)
14. Spill protection	YN	YN	YN			(6)
15. Overfill type	YN	YN	YN			(7)
16. Current registration certificate display	X	X	X			(8)
17. Stage I vapor recovery	A	A	A			(19)
18. Stage II vapor recovery	N	N	N			(20)
Evaluate the tank system release detection methods carefully before filling in the following rows.						
19. Tank release detection						(12)
20. Piping small release detection (0.2 gph monthly or 0.1 gph annually)	I	I	I			(5)
21. Pressure (line 13 is C or D) piping line leak detector (LLD function)	NA	NA	NA			(5)
22. LLD function includes a positive turbine pump shutoff	NA	NA	NA			(23)

‡ at tank penetrations that have pipe that routinely contains or conveys product.

Site drawing / manifold schematic (not master-drone system):

Tank System Component Codes

6. Total secondary containment

- Y Yes
- N No

7. Tank construction

- A Single-wall steel, unprotected
- B Single-wall, galvanic anodes
- C Impressed current protection
- D Double-wall steel, unprotected
- E Single-wall fiberglass (FRP)
- F Double-wall fiberglass (FRP)
- G Steel with plastic or fiberglass jacket
(includes double-wall Act 100)
- H Steel with FRP coating
(Act 100 or equivalent)
- I Steel with lined interior
- J Concrete
- N Unknown
- O Double-wall, steel primary, galvanic anodes
- P Cathodically protected and lined
- 99 Other (must provide written comment)

8. Main piping construction

- A Bare steel
(including only wrapped or coated)
- B Cathodically protected, metallic
- C Copper, unprotected
- D Fiberglass or rigid non-metallic
- E Single-wall, flexible non-metallic
- F Unknown
- G No dispensing piping (most used oil tanks)
- I Double-wall, metallic primary
- J Double-wall rigid (FRP) primary
- K Double-wall flexible primary
- 99 Other (must provide written comment)

9c. Spill containment tested tight

- Y Yes
- N No

12. Piping flexible joints/connectors

- A Unprotected metallic component(s) (including only wrapped or coated)
- B Cathodically protected, metallic
- C Flexible coupling with protected metallic ends
- F Unknown
- I Completely inside a containment sump, secondary pipe or liner
- M Completely jacketed with sealed boot
- N NO jacket, not in contact with the ground
- X None
- 99 Other (must provide written comment)

13. Pump (delivery) system

- A Suction, check valve at pump or siphon bar only
- B Suction, check valve at tank
- C Pressure
- D Gravity flow to dispenser/pump
- E None

14. Spill protection

- Y Spill containment
- E Filled in less than 25 gallon increments
- N None present or needs repair

15. Overfill type (if code S or B, ensure compatible with delivery method)

- S Drop tube shut off device
- A Overfill alarm (provide description and location in comment section)
- B Ball float valve
- E Filled in less than 25 gallon increments
- N None present or not usable

16. Current registration certificate display

- Y Properly displayed
- N Not displayed

17. Stage I vapor recovery

- A Coaxial
- B 2 port
- N Not complete or none

18. Stage II vapor recovery

- A Complete balance system
- B Complete assist system
- C UG piping only; not complete
- N None of the above

19. Tank release detection

- C Manual Tank Gauging (36 Hour) and Tank Tightness Testing (TTT) every 5 years
- D Statistical Inventory Reconciliation (SIR)
- E Certified Automatic Tank Gauge (0.2 gph Leak Test)
- F Manual Tank Gauging (36 Hour), no TTT
- G44 Manual Tank Gauging, 44 Hours
- G58 Manual Tank Gauging, 58 Hours
- H Interstitial Monitoring (2 Walls)
- J Groundwater Monitoring
- K Vapor Monitoring
- N None
- O Exempt (must provide written comment)

20. Piping small release detection (0.2/0.1 gph)

- B Annual Line Tightness Test (pressure)
- C Line Tightness Test - 3 years (suction)
- D Interstitial Monitoring (monthly – includes visual checking)
- E Groundwater Monitoring
- F Vapor Monitoring
- H None
- I Exempt (must provide written comment)
- J Statistical Inventory Reconciliation (SIR)
- K Electronic Line Leak Detector (0.1 or 0.2 gph test)

21. Piping line leak detection (3 gph within 1 hr.)

- A Mechanical Line Leak Detector (incl. test)
- H None
- K Electronic Line Leak Detector (3 gph test)
- L Continuous Interstitial Monitoring with alarm or pump shut off

22. Positive Turbine pump shutoff

- Y Yes – present and tested
- P Present
- N Not present

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name OP Garage Date March 22, 2012 Facility ID 59-11706

II. Release Detection Reference

- Records may be located at the facility or a readily available alternate site.
- The records include all of the information listed below for chosen release detection methods.
- The inspector has actually seen the records.
- A test with an inconclusive result or failure is an indication of a (suspected) product release.

Tank Tank Tank Tank Tank
System System System System System

Instructions:

Check the box to indicate that a criterion has been met.

Circle the box to indicate that a criterion has not been met.

Circle with "N/A" when a criterion is not applicable (provide comment).

Automatic Tank Gauging: (Tank only – code E)

ATG manufacturer: _____

ATG model: _____

Does the automatic tank gauge perform continuous in-tank release detection? ☐ Yes, ☐ No

NA

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

valid monthly leak test conducted and documented
 manufacturer's certification of ability to detect 0.2 gph release is available
 probes and gauge software certified for manifolded tank systems
 • when not specifically certified, the siphon must be broken to properly test
 maintenance records, for the last year, including calibration, preventative and repair
 equipment is operational

Manual Tank Gauging: (Tank only – code C, F, G44 or G58)

NA

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

tank capacity is 2,000 gallons or less
 tank installed before 11/10/2007
 performed weekly
 1/8th inch accuracy stick readings
 average 2 stick readings before and after test
 test length appropriate for each tank
 • 36 hours minimum
 • 44 hours, 551-1000 gallons, 64" diameter
 • 58 hours, 551-1000 gallons, 48" diameter
 variation is within standard (both weekly and monthly)

Precision Tightness Test (TTT): (Tank only – code C)

method used (after 10/11/1994): _____

date of last test: _____

result: _____

NA

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

complete documentation of tightness test available
 performed by UTT certified installer (after 9/28/1996)
 manufacturer's certification of ability to detect 0.1 gph release is available

Interstitial Monitoring: (Tank code H; describe monitoring equipment in comments)

NA

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

interstitial area monitored monthly (required for tanks installed after 11/20/2007)
 interstitial sensors properly placed (per manufacturer's instructions)
 monitoring wells (secondary barrier) or ports are clearly marked and secured
 maintenance records, for the last year, including preventative and repair
 equipment manufacturer's performance claims are available
 secondary barrier is compatible with and impermeable to the stored substance

Statistical Inventory Reconciliation: (Tank code D and/or Piping code J)

test vendor: _____

version: _____

NA

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

manufacturer's certification of ability to detect 0.2 gph release is available
 data is collected according to the test vendor's instructions
 analysis completed monthly and valid results supplied to owner/operator within 20 days
 • valid reports include calculated leak rate, minimum detectable leak rate, leak
 threshold, probability of detection and probability of false alarm
 suspected releases properly investigated within 7 days of inconclusive or failed report to
 confirm or deny the occurrence of a release

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name DD GarageDate March 22, 2012Facility ID 59-11706

II. RELEASE DETECTION REFERENCE (continued)

Tank Tank Tank Tank Tank
System System System System System

001 002 003 — —

Instructions:

Check the box to indicate that a criterion has been met.

Circle the box to indicate that a criterion has not been met.

Circle with "N/A" when a criterion is not applicable (provide comment).

Groundwater or Vapor Monitoring: (Tank code J or K and/or Piping code E or F; describe well locations and monitoring equipment in comments)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N/A

wells are located according to site evaluation; attach page with evaluator authentication to the inspection report

wells are properly installed in accordance with site evaluation and regulations

wells are monitored and results recorded monthly in accordance with site evaluation

monitoring wells are marked and secured

fill material is sufficiently porous to allow expeditious detection at the monitoring wells

substance stored meets regulatory requirements for type of monitoring

equipment manufacturer's performance claims are available

equipment maintenance records, for the last year, including calibration, preventative and repair

Groundwater monitoring:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N/A

monitoring devices can detect 1/8 inch of product or less on water

groundwater is within 20 feet of surface grade

wells are sealed from ground surface to the top of the filter pack

casing is properly slotted: allows entry of product during all groundwater conditions

Vapor Monitoring:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N/A

the monitoring device is not rendered inoperative by moisture

background contamination will not interfere with vapor monitoring

vapor monitors will detect increases in concentrations of stored substance

Interstitial Monitoring: (Piping code D and/or L; describe monitoring equipment in comments)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N/A

interstitial area monitored monthly (required for all totally-contained pressurized piping systems)

secondary enters sump and allows a release to be detected

interstitial sensors properly placed (per manufacturer's instructions)

monitoring wells or ports (when used) are clearly marked and secured

maintenance records, for the last year, including preventative and repair

equipment manufacturer's performance claims are available

secondary barrier (pipe) is compatible with and impermeable to the stored substance

(Code L only) continuous monitoring used as line leak detector (gravity or pressurized piping) – capable of detecting 3.0 gph release within 1 hour

(Code L only) system tested for operability within the last year

(Code L only) monthly "sensor status" (or equivalent) records available

Sumps Checked Monthly

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N/A

monthly sump checks for the last 12 months documented

tank top sumps dry and clean

transition sumps dry and clean

dispenser pans/sumps dry and clean

Exempt Suction System: (SUCTION piping only – code I)

NOTE: No further release detection required on piping meeting all these criteria.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

the tank top is lower than the suction pump inlet

the below grade piping slopes uniformly back to the tank

there is no more than one check valve in the piping

the check valve is located close to or inside the suction pump

compliance with above specifications can be readily determined; describe in comments

Original: Regional Office – Norristown, Wilkes Barre, Harrisburg, Williamsport, Pittsburgh, or Meadville

Copy: Owner

Copy: DEP, Division of Storage Tanks, P.O. Box 8763, Harrisburg, PA 17105-8763

Copy: Inspector

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name DD Garage Date March 22, 2012 Facility ID 59-11706

II. RELEASE DETECTION REFERENCE (continued)

Tank Tank Tank Tank Tank
System System System System System

001 002 003 — —

Instructions: Check the box to indicate that a criterion has been met.
Circle the box to indicate that a criterion has not been met.
Circle with "N/A" when a criterion is not applicable (provide comment).

Piping Tightness (Line) Testing: (Piping only – code B or C)

test vendor: _____ version: _____

date of last test: _____ result: _____

☐ ☐ ☐ ☐ ☐

test certification of ability to detect 0.1 gph release at 1.5 times operating pressure is available

☐ ☐ ☐ ☐ ☐

performed by UTT certified installer (after 11/10/2008)

☐ ☐ ☐ ☐ ☐

test conducted at proper frequency

● conducted annually for **pressurized** piping without monthly monitoring

● conducted every 3 years for **suction** piping not meeting code I requirements

☐ ☐ ☐ ☐ ☐

if test device permanently installed, maintenance records, for the last year, including calibration, preventative and repair

Mechanical Line Leak Detector: (PRESSURIZED Piping only – code A)

manufacturer: _____ model: _____

date last tested: _____ result: _____

☐ ☐ ☐ ☐ ☐

certification of ability to detect a release of 3 gph at 10 psig within 1 hour is available

☐ ☐ ☐ ☐ ☐

operational test of leak detector according to manufacturer's instructions in last 12 months

☐ ☐ ☐ ☐ ☐

maintenance records, in addition to the annual test, for last year, including calibration, preventative and repair

Electronic Line Leak Detector: (PRESSURIZED Piping only – code K)

manufacturer: _____ model: _____

date of last 3gph test: _____ result: _____

☐ ☐ ☐ ☐ ☐

self checking or system tested for operability within the last year

☐ ☐ ☐ ☐ ☐

certification of ability to detect a release of 3 gph at 10 psig within 1 hour is available

☐ ☐ ☐ ☐ ☐

maintenance records, in addition to annual test, for last year, including calibration, preventative and repair

☐ ☐ ☐ ☐ ☐

continuously monitors piping

Is the electronic leak detector performing the "monthly" monitoring function? ☐ Yes, ☐ No If yes:

date of last 0.2gph test: _____ result: _____

☐ ☐ ☐ ☐ ☐

third-party certification of ability to detect 0.2 gph release is available

☐ ☐ ☐ ☐ ☐

documentation of monthly test available for last year

Is the electronic leak detector performing the "annual" monitoring function? ☐ Yes, ☐ No If yes:

date of last 0.1gph test: _____ result: _____

☐ ☐ ☐ ☐ ☐

third-party certification of ability to detect 0.1 gph release is available

IUM Release Detection Record Review: (All release detection codes)

- An empty tank (less than 1" of product/sludge) or a tank supplying an emergency generator only is not required to perform release detection. Indicate date emptied or that it is an emergency generator tank in comments.

- Recently installed tank systems must begin performing release detection immediately after receiving product. Indicate date of first product receipt in comments.

☐ ☐ ☐ ☐ ☐

tank release detection records for the last 12 months the system contained product are available

☐ ☐ ☐ ☐ ☐

tank release detection records are valid and passing

☐ ☐ ☐ ☐ ☐

piping release detection records for the last 12 months the system contained product are available

☐ ☐ ☐ ☐ ☐

piping release detection records are valid and passing

Original: Regional Office – Norristown, Wilkes Barre, Harrisburg, Williamsport, Pittsburgh, or Meadville

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UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name DD Garage Date March 22, 2012 Facility ID 59-11706

III. CORROSION PROTECTION COMPLIANCE CRITERIA

Tank System Tank System Tank System Tank System Tank System
001 002 003 — —

Instructions: Check the box to indicate that a criterion has been met.
Circle the box to indicate that a criterion has not been met.
Circle with "N/A" when a criterion is not applicable (provide comment).

Lined Tanks: (Tank only – code I)

NA ☐ ☐ ☐ ☐ ☐ tank inspected and lined according to national standard
date lined: _____
☐ ☐ ☐ ☐ ☐ tank initially inspected 10 years after lining and every 5 years thereafter
date(s) inspected: _____

Galvanic and Impressed Cathodic Protection: (Tank code B, C, O or P and/or Piping)

☐ ☐ ☐ ☐ ☐ tank structure to soil potential greater than 0.85 volts, or
☒ ☒ ☒ ☐ ☐ meets other nationally recognized protection standard: specify: 1-pass-2 no pass
7866-2907667 potential on tank current monitoring (date) March 22, 2012
potential on tank previously monitored (date) _____
☐ ☐ ☐ ☐ ☐ pipe/flex structure to soil potential greater than 0.85 volts, or
☐ ☐ ☐ ☐ ☐ meets other nationally recognized protection standard: specify: _____
potential on pipe/flex current monitoring (date) _____
potential on pipe/flex previously monitored (date) _____

Impressed Current Design and Rectifier Output: (Tank code C or P and/or Piping)

NA ☐ ☐ ☐ ☐ ☐ system designed by a corrosion expert
☐ ☐ ☐ ☐ ☐ system is turned on and functioning within design limits
☐ ☐ ☐ ☐ ☐ documentation of last three amp (plus volt and runtime when meters available) readings,
recorded at least once every 60 days:
most recent: volts: _____ amps: _____ runtime: _____ date: _____
60 days prior: volts: _____ amps: _____ runtime: _____ date: _____
120 days prior: volts: _____ amps: _____ runtime: _____ date: _____

If Cathodic Protection or supplemental anodes were added to an existing tank system, fill in the following (Information is Required for Compliance):

Date assessed: _____

Date installed: _____

Tank Shell Assessment Method: _____

IV. Operator Training

- ☐ list of trained operators designates a class A operator; includes their training certification
☐ list of trained operators designates a class B operator; includes their training certification
☐ list of trained operators designates class C operator(s); date of initial training or last refresher is within the previous 12 months
☐ written instructions and notification procedures are readily available for class C operators at retail facilities; are posted in a location visible to dispenser operators at other facilities

DESCRIBE INFORMAL TRAINING PROVIDED FOR OWNER, CLASS A AND/OR CLASS B OPERATORS – see instructions.

No Emergency List No training

UNDERGROUND STORAGE TANK FACILITY
OPERATIONS INSPECTIONFacility Name DD Garage Date March 22, 2012 Facility ID 59-11706☒ IUM checked for water in tank(s) and sump(s) – results belowV. COMMENTS INCLUDING ACTIONS TO BRING INTO COMPLIANCE (Attach additional sheets where necessary)
See instructions

tank #1 - ~~0"~~ 1/4" water,
tank #2 - 0"
tank #3 - 1 1/4" water + 1/2" gas,

tank registration on site for inspection,

Location abandoned No Building,

tanks all in TOS status

tank construction unknown,

Cathodic protection tests performed on
all 3 tank through tank probe openings
tank #001 passed #002 #003 failed.

tanks may not be cathodically protected
"Unknown"

tank fills are sealed with 4"
caps not easily opened.

Piping System appears to be European Suction.



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

FOR DEP USE ONLY

Reviewer BR
Date _____
Entered by _____
Date _____

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

FACILITY INFORMATION

ID Number 59 - 11706
Name DD GARAGE
Address MAIN STREET
KNOXVILLE, PA 16928

Representative Present During Inspection

Name DON ROOT
Phone 570-724-3905

☐ Owner ☐ Operator ☒ Employee

CERTIFIED INSPECTOR

Name MICHAEL P. MCGUIRE
ID No. 5314

Date of First Site Visit (month/day/year)

12-18-07

OPERATOR (if different than owner)

Name ROOT OIL CO. INC.
Address CHARLESTON STREET, P.O. BOX 18
WELLSBORO, PA 16901

Financial Responsibility Information

- Required of all UST owners except state agencies.
- Provided by USTIF. Owner must have deductibles available as provided in regulations.

A Fire Marshal or L & I permit must be displayed (nearly all flammable or combustible liquid tanks). JAN - 9 2008

Suspected or confirmed contamination observed - notify proper region within 48 hours.

Improperly closed or unregistered tanks present Yes ☒ (If so, provide comment) No ☐

DEP-RECEPTION

Amended registration form required for (check all that apply):

- ☐ Added tanks ☐ Change in substance stored
☐ Closed tanks ☒ Change of operational status (in or out of service)
☐ Change in tank size ☐ Change of owner

Inspection summary.

Indicate the compliance status of each item below using the following codes: N = Non-Compliant C = Compliant

	DEP Use	Tank No. 001	Tank No. 002	Tank No. 003	Tank No.	Tank No.
Tank Construction and Corrosion Protection	(A)	C	C	C		
Piping Construction and Corrosion Protection	(B)	C	C	C		
Spill Prevention	(C)	C	C	C		
Overfill Prevention	(D)	N	N	N		
Registration Certificate Display	(E)	C	C	C		
Tank Release Detection	(F)	N/A	N/A	N/A		
Piping Release Detection	(G)	C	C	C		
DEP Use	(-)					

I, the DEP Certified Inspector (IUM), have inspected the entire above referenced facility including examining manways, sumps, monitoring wells and dispensers. Based on my personal observation of the facility and documentation provided by the owner, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Michael P. McGuire
Certified Inspector's Signature

12-18-07
Date

As the representative of the owner or operator, I have reviewed the completed inspection report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

D.R. Root
Signature

Ins.
Title

12-18-07
Date

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name DD GARAGE Date 12-18-07 Facility ID 59 - 11706

1. **TANK SYSTEM INFORMATION.** For each tank, write in the Tank Number at the top of the column, its capacity, substance stored, installation date and manifold condition ("—" if not a slave tank) directly underneath. Fill in the remainder of the Tank System Information using the proper Tank System Component Code from the lists at the bottom of the page.

	Tank No. <u>001</u>	Tank No. <u>002</u>	Tank No. <u>003</u>	Tank No.	Tank No.	DEP Use
1. Tank Capacity (name plate gallons)	<u>4,000</u>	<u>4,000</u>	<u>2,000</u>			
2. Substance Stored	<u>GAS</u>	<u>GAS</u>	<u>GAS</u>			
3. Installation Date	<u>12-1-88</u>	<u>12-1-88</u>	<u>12-1-88</u>			
4. This slave tank is manifolded to tank no.	<u>—</u>	<u>—</u>	<u>—</u>			
5. Tank status	<u>T</u>	<u>T</u>	<u>T</u>			
6. Total secondary containment on this tank	<u>N</u>	<u>N</u>	<u>N</u>			(18)
7. Tank construction and corrosion protection	<u>H</u>	<u>H</u>	<u>H</u>			(1)
8. Main piping construction and corrosion protection	<u>E</u>	<u>E</u>	<u>E</u>			(2)
9. Piping flexible joints/connectors construction	<u>C</u>	<u>C</u>	<u>C</u>			
10. Pump (product dispensing) system	<u>A</u>	<u>A</u>	<u>A</u>			(4)
11. Spill protection	<u>Y</u>	<u>Y</u>	<u>Y</u>			(6)
12. Overfill type	<u>N</u>	<u>N</u>	<u>N</u>			(7)
13. Current registration certificate display	<u>Y</u>	<u>Y</u>	<u>Y</u>			(8)
14. Stage I vapor recovery	<u>N</u>	<u>N</u>	<u>N</u>			(19)
15. Stage II vapor recovery	<u>N</u>	<u>N</u>	<u>N</u>			(20)
Evaluate the tank system leak detection methods carefully before filling in the next 3 rows.						
16. Tank release detection (1 or 2 [when necessary] codes)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>			(12)
17. Piping small release detection (.2 gph monthly or 1 gph annually)	<u>I</u>	<u>I</u>	<u>I</u>			(5)
18. Pressure (C or D) piping line leak detection	<u>H</u>	<u>H</u>	<u>H</u>			

Tank System Component Codes

5. Tank status
C Currently in use
T Temporarily out of use and empty
I Product present, not being used (idle)
6. Total secondary containment (see instructions)
Y Yes
N No
7. Tank construction
A Unprotected Steel (single wall)
B Cathodically Protected Steel (Galvanic)
C Cathodically Protected Steel (Impressed Current)
D Unprotected Steel (double wall)
E Fiberglass (Single Wall)
F Fiberglass (Double Wall)
G Steel w/ Plastic or Fiberglass Jacket (includes double wall Act 100)
H Steel w/ FRP Coating (Act 100 or equivalent)
I Steel w/ lined interior
J Concrete
N Unknown
O Cathodically Protected Double Walled Steel
P Cathodically protected steel with liner
99 Other (must provide written comment)
8. Main piping construction
A Bare Steel (including only wrapped or coated)
B Cathodically Protected, Metallic
C Copper
D Fiberglass or rigid non-metallic
E Flexible Non-metallic
F Unknown
G No piping requiring corrosion protection (provide comment)
I Double wall, metallic primary
J Double wall rigid (FRP) primary
K Double wall flexible primary
99 Other (must provide written comment)

9. Piping flexible joints/connectors
A Unprotected metallic component(s) (including only wrapped or coated)
B Cathodically Protected, Metallic
C Flexible coupling with protected metallic ends
F Unknown
I Completely inside a containment sump, secondary pipe or liner
M Completely jacketed with sealed boot
N Not in contact with the ground
99 Other (must provide written comment)
10. Pump (delivery) system
A Suction: check valve at pump or siphon
B Suction: check valve at tank
C Pressure
D Gravity flow to dispenser
E None or piping ALL aboveground
11. Spill protection
Y Yes
E Filled in less than 25 gallon increments
N None
12. Overfill type
S Drop tube shut off device
A Overfill alarm
B Ball float valve
E Filled in less than 25 gallon increments
N None
13. Current registration certificate display
Y Properly displayed
N Not Displayed
14. Stage I vapor recovery
A Coaxial
B 2 port
N Not complete or none

15. Stage II vapor recovery
A Complete balance system
B Complete assist system
C UG piping only
N Not completed or none
16. Tank release detection
A Inventory Control; requires code C or E
C Tank Tightness Testing every 5 years
D Statistical Inventory Reconciliation (SIR)
E Automatic Tank Gauging (.2 gph Leak Test)
F Manual Tank Gauging (36 Hour)
G Manual Tank Gauging (44 or 58 Hour)
H Interstitial Monitoring (2 Walls)
I Interstitial Monitoring (Liner)
J Groundwater Monitoring
K Vapor Monitoring
N None
O Exempt (must provide written comment)
17. Piping small release detection (.2/1 gph)
B Annual Line Tightness Test (pressure)
C Line Tightness Test - 3 years (suction)
D Interstitial Monitoring (monthly)
E Groundwater Monitoring
F Vapor Monitoring
H None
I Exempt (must provide written comment)
J Statistical Inventory Reconciliation (SIR)
K Electronic Line Leak Detector (.2 gph test)
18. Piping line leak detection (3 gph within 1 hr.)
A Automatic Line Leak Detector (incl. test)
H None
K Electronic Line Leak Detector (3 gph test)
L Continuous interstitial monitoring with alarm or pump shut off.

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name DD GARAGE Date 12-18-07 Facility ID 59 - 11706

II. Release Detection Reference

- Records may be located at the facility or a readily available alternate site.
- The records include all of the information checked below.
- The inspector has actually seen the records.
- A test inconclusive result or failure is an indication of possible product release.

Tank 001 Tank 002 Tank 003 Tank Tank

Instructions: Check the box to indicate that criteria has been met.
Circle the box to indicate that criteria has not been met.
Circle with "N/A" when criteria is not applicable.

Inventory Control: (Tank only - code A)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10 years since installation or addition of corrosion protection to bare steel tank
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	stick (or ATG) capable of measuring to 1/8th inch
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	stick (or ATG) readings and dispenser readings each operating day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/8th inch accuracy in product (stick) readings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	before/after delivery stick readings reconciled with delivery receipts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	deliveries made through a drop tube
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	dispenser meter calibrated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monthly check for water (1/8th inch accuracy)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monthly reconciliation (1% of volume pumped plus 130 gallons) performed

Precision Tightness Test: (Tank only - code C)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	complete documentation of tightness test available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	performed by UTT certified installer (after 9/28/96)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of ability to detect .1 gph release is available
					date of last test _____, result _____
					method used (after 10/11/94) _____

Statistical Inventory Reconciliation: (Tank code D, and/or piping code J)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of ability to detect .2 gph release is available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	data is collected according to the test vendor's instructions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	analysis completed monthly and results supplied to owner/operator
					test vendor _____

Automatic Tank Gauging: (Tank only - code E)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	valid monthly leak test conducted and documented
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of ability to detect .2 gph release is available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	probes and gauge software certified for manifolded tank systems
					date installed _____
					ATG manufacturer _____ ATG model _____
					software version _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Uncertified gauges also require inventory control
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	records including dates of calibration, maintenance, and repair for the past year
					equipment is operational

Manual Tank Gauging: (Tank only - code F (may require code C) or G)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tank capacity is 2,000 gallons or less
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	performed weekly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/8th inch accuracy stick readings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	average 2 stick readings before and after test
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	test length appropriate for each tank
					<ul style="list-style-type: none"> 36 hours minimum 44 hours, 551-1000 gallons, 64" diameter, no tightness test 58 hours, 551-1000 gallons, 48" diameter, no tightness test
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	variation is within standard (both weekly and monthly)

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name DD GARAGEDate 12-18-07Facility ID 59 - 11706

II. RELEASE DETECTION REFERENCE) (continued)

Tank Tank Tank Tank Tank
001 002 003

Instructions: Check the box to indicate that criteria has been met.
 Circle the box to indicate that criteria has not been met.
 Circle with "N/A" when criteria is not applicable.

Interstitial Monitoring: (Tank code H or I)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	interstitial area monitored monthly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monitoring wells (secondary barrier) or ports are clearly marked and secured
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	records of calibration, maintenance and repair of equipment for last year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	equipment manufacturer's performance claims are available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	secondary barrier is compatible with stored substance and impermeable

Groundwater Monitoring: (Tank code J, and/or piping code E)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	regulated substance stored is immiscible in water and has a specific gravity <1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	groundwater is within 20 feet of surface grade and soil hydraulic conductivity is $\geq .01$ cm/sec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	casing is properly slotted and allows entry of product during high and low groundwater conditions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	wells are sealed from ground surface to the top of the filter pack
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	site evaluation verifies the above information; wells are located according to site evaluation; <u>attach evaluation cover page to inspection report.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monitoring devices can detect 1/8 inch of product or less on water
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	equipment manufacturer's performance claims are available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monitoring wells are marked and secured
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	wells monitored and results recorded monthly

Vapor Monitoring: (Tank code K, and/or piping code F)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	stored substance is sufficiently volatile and backfill allows diffusion of vapors from releases
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the monitoring device is not rendered inoperative by groundwater, rainfall, or soil moisture
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	background contamination will not interfere with vapor monitoring
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	vapor monitors are designed and operated to detect increases in concentrations of stored substance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	site evaluation verifies above information; wells are located according to the site evaluation; <u>attach evaluation cover page to inspection report.</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monitoring wells are marked and secured
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	wells monitored and results recorded monthly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	records of calibration, maintenance, and repair of monitoring equipment for last year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	equipment manufacturer's performance claims are available

Record Review: (All methods)

- An empty tank or one supplying an emergency generator only is not required to perform leak detection. Indicate date emptied or that it is an emergency generator tank in Section V.
- New tank systems must begin performing leak detection immediately after receiving product. Indicate date of first product receipt in Section V.

☒ ☒ ☒

Last 12 months of tank leak detection records are available
 Tank leak detection records indicate the tank has not released product

☐ ☐ ☐

Last 12 months of pipe leak detection records are available
 Pipe leak detection records indicate the piping has not release product

N/A

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name DD GARAGE Date 12-18-07 Facility ID 59 - 11706

II. RELEASE DETECTION REFERENCE) (continued)

Pipe 001 Pipe 002 Pipe 003 Pipe Pipe

Instructions: Check the box to indicate that criteria has been met.
Circle the box to indicate that criteria has not been met.
Circle with "N/A" when criteria is not applicable.

Check Valve at the Dispenser: (SUCTION piping only - code I)

NOTE: No further release detection required on piping meeting all these criteria.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the tank is lower than the dispenser
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the below grade piping slopes uniformly back to the tank
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	there is no more than one check valve in the piping
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the check valve is located close to or inside the suction pump
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	compliance with above specifications can be readily determined

Interstitial Monitoring: (Piping code D or L)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	interstitial area monitored monthly (required)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monitoring wells or ports (when used) are clearly marked and secured
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	records of calibration, maintenance, and repair of equipment for last year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	equipment manufacturer's performance claims are available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	secondary barrier (pipe) is compatible with stored substance and impermeable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Code L) continuous monitoring with acceptable alarm used as line leak detector
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(gravity or pressurized piping) -- capable of detecting 3.0 gph release within 1 hour

Piping Tightness Testing: (Piping only - code B or C)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	test conducted at proper frequency
					<ul style="list-style-type: none"> conducted annually for pressurized piping without monthly monitoring conducted every 3 years for suction piping not meeting Code I
					date of last test _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of ability to detect .1 gph release is available
					method used _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	if test device permanently installed, records of calibration, maintenance and repair for last year

Automatic (mechanical) Line Leak Detector: (PRESSURIZED piping only - code A)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	annual operational test of leak detector according to manufacturer's instructions
					date tested _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of ability to detect a leak of 3 gph at 10 psi within 1 hour is available
					date installed _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	records of calibration, maintenance and repair for last year (in addition to annual test)

Electronic Line Leak Detection: (Pressurized Piping only - code K)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of ability to detect a leak of 3 gph at 10 psi within 1 hour is available
					date installed _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	records of calibration, maintenance and repair available for the last year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	shut off pump, audible alarm, visual alarm, or restrict product flow
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	continuously monitors piping

Does the electronic leak detector also perform "monthly" monitoring function? ☐ Yes, ☐ No If yes:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of ability to detect .2 gph release is available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	documentation of monthly test available for last year

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name DD GARAGE Date 12-18-07 Facility ID 59 - 11706

Tank and Pipe	Tank and Pipe	Tank and Pipe	Tank and Pipe	Tank and Pipe
<u>001</u>	<u>002</u>	<u>003</u>		

Instructions: Check the box to indicate that criteria has been met.
Circle the box to indicate that criteria has not been met.
Circle with "N/A" when criteria is not applicable.

III. CORROSION PROTECTION COMPLIANCE CRITERIA

Lined Tanks: (Tank only - code I)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tank inspected and lined according to national standard date lined _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tank initially inspected 10 years after lining and every 5 years after that (15, 20, 25, ... years after lining) date(s) inspected _____

Galvanic Cathodic Protection: (Tank code B or O, and/or Piping (may include code B))

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	structure to soil potential greater than .85 volts, or meets other nationally recognized protection standard: specify _____ documentation of last two monitoring results date(s) measured _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • monitoring conducted within six months of installation • monitoring conducted every three years (single wall tank and piping) • monitoring conducted within 6 months of repair

Impressed Current Cathodic Protection (Tank code C or P, and/or Piping (may include code B))

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	structure to soil potential greater than .85 volts, or meets other nationally recognized protection standard: specify _____ documentation of last two monitoring results date(s) measured _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • monitoring conducted within six months of installation • monitoring conducted every three years • monitoring conducted within 6 months of repair
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	documentation of last three volt and amp readings available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • volt and amp readings recorded every 60 days (within design limits)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	system designed by a corrosion expert

If Cathodic Protection is Added to Existing Tanks, One of the Following is Required:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tank was internally inspected and found to be structurally sound and free of corrosion holes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the tank was less than ten years old and now uses automatic tank gauging, soil vapor monitoring, groundwater monitoring, interstitial monitoring or statistical inventory reconciliation for leak detection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the tank was less than ten years old and was tested for tightness prior to installing the cathodic protection and between three and six months following the first operation of the cathodic protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the tank was assessed and found to be acceptable for upgrading under ASTM standard ES 40-94 or G158. Includes tightness tests prior to and between 3 and 6 months following the installation of the cathodic protection.
					<ul style="list-style-type: none"> • cathodic protection installed within 6 months of assessment
					Date assessed _____ Date installed _____

IV. MANDATED TECHNICAL REQUIREMENTS

List the system technical upgrades necessary to continue operating after 12/22/98:

NEED OVERFLOW DRAIN TUBE/AUTO SHUTOFF OR RECONNECT ATG.

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name DD GARAGE Date 12-18-07 Facility ID 59 - 11706

- V. COMMENTS - Suspected contamination, improperly closed tanks, "other" types of construction, tank system modifications (with date), estimated installation date when actual date is unknown, leak detection exemptions, owner/operator actions needed for compliance, changes at site since initial inspection (with date), and other information that would be helpful to the owner, operator or DEP when reviewing the inspection. Include description of technical assistance given to the owner/operator.

Reference section and tank number for each comment

SECTION I (ITEM 7) - TANKS ARE SINGLEWALL JACKETED STEEL
ACT 100 TANKS. MEET CORROSION PROTECTION REQ.

SECTION I (ITEM 10) - PUMPS ARE ALL WAYNE SUCION. EUROPEAN SUCION
SYSTEM ON ALL THREE TANKS. #001, #002, #003.

(ITEM 17) - PIPING EXEMPT. FLEX NON-METALLIC

- * NOTE - THIS FACILITY HAS BEEN NOT IN USE FOR APPROXIMATELY (10) TEN
YEARS. (ACCORDING TO OWNER). THE BUILDING HAS BEEN REMOVED
AND ONLY THE UST FIELD & DISPENSER ISLANDS + CANOPY REMAIN
ON SITE. THE VENT RISERS FOR TANKS #001, #002, #003 NOT
CONNECTED & LYING NEXT TO DISPENSER ISLAND. FILL PORT LID
ON SPILL BUCKET & ADAPTOR CAP MISSING ON TANK #001 RISER.

SECTION I (ITEM 12) - TANKS #001, #002, #003 HAVE NO OVERFILL PROTECTION
STRAIGHT DROP TUBES. NO VISIBLE ALARM. NO VENT RISERS.

SECTION I (ITEM 16) - CURRENTLY NO TANK RELEASE DETECTION ONGOING DUE TO
T-STATUS OF THE FACILITY. & TANKS BEING EMPTY.
Gauged tanks were on site all less than 1" level.

NEED TO AMEND REGISTRATION FOR CHANGE OF OPERATIONAL STATUS

↑ EXPLAINED TO OWNER NEEDS REPAIRS ON TANK #001 FILL PORT CAP.

- * NOTE - CONFIRMED WITH DEP REGIONAL OFFICE THAT REGISTRATION HAS
BEEN CHANGED AUTOMATICALLY TO T-STATUS. PHONED 12-26-07.

INFORMED OWNER ABOUT REPAIRS / MAINTENANCE NEEDED FOR COMPLIANCE.



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

UNDERGROUND STORAGE TANK FACILITY
OPERATIONS INSPECTION

FOR DEP USE ONLY

Reviewer _____
Date _____
Entered by _____
Date _____

FACILITY INFORMATION

ID Number 59 - 11706Name DO GARAGEAddress MAIN ST
KROONLINE

Representative Present During Inspection

Name DOH ROO

Phone _____

☒ Owner ☐ Operator ☐ Employee

CERTIFIED INSPECTOR

Name KEW HARTID No. 1847

Date of First Site Visit (month/day/year)

12/18/02

OPERATOR (if different than owner)

Name _____

Address _____

RECEIVED
FEB 12 2003

ENV. CLEAN UP

Financial Responsibility Information

- Required of all UST owners except state agencies.
- Provided by USTIF. Owner must have deductibles available as provided in regulations.

A Fire Marshal or L & I permit must be displayed (nearly all flammable or combustible liquid tanks).

Suspected or confirmed contamination observed - notify proper region within 48 hours.

Improperly closed or unregistered tanks present Yes ☐ (If so, provide comment) No ☐

Amended registration form required for (check all that apply):

- ☐ Added tanks ☐ Change in substance stored
☐ Closed tanks ☒ Change of operational status (in or out of service)
☐ Change in tank size ☐ Change of owner

Inspection summary.

Indicate the compliance status of each item below using the following codes: N = Non-Compliant C = Compliant

	DEP Use	Tank No. <u>001</u>	Tank No. <u>002</u>	Tank No. <u>003</u>	Tank No. _____	Tank No. _____
Tank Construction and Corrosion Protection	(A)	C	C	C		
Piping Construction and Corrosion Protection	(B)	C	C	C		
Spill Prevention	(C)	C	C	C		
Overfill Prevention	(D)	C	C	C		
Registration Certificate Display	(E)	C	C	C		
Tank Release Detection	(F)	N	N	N		
Piping Release Detection	(G)	C	C	C		
DEP Use	(-)					

I, the DEP Certified Inspector (IUM), have inspected the entire above referenced facility including examining manways, sumps, monitoring wells and dispensers. Based on my personal observation of the facility and documentation provided by the owner, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Certified Inspector's Signature

Date

As the representative of the owner or operator, I have reviewed the completed inspection report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Signature

Title

Date

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name DD GARAGE Date 12/18/02 Facility ID 59 - 11706

1. **TANK SYSTEM INFORMATION.** For each tank, write in the Tank Number at the top of the column, its capacity, substance stored, installation date and manifold condition ("—" if not a slave tank) directly underneath. Fill in the remainder of the Tank System Information using the proper Tank System Component Code from the lists at the bottom of the page.

	Tank No. <u>001</u>	Tank No. <u>002</u>	Tank No. <u>003</u>	Tank No.	Tank No.	DEP Use
1. Tank Capacity (name plate gallons)	<u>4000</u>	<u>4000</u>	<u>2000</u>			
2. Substance Stored	<u>GAS</u>	<u>GAS</u>	<u>GAS</u>			
3. Installation Date	<u>12/88</u>	<u>12/88</u>	<u>12/88</u>			
4. This slave tank is manifolded to tank no.	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>			
5. Tank status	<u>I</u>	<u>I</u>	<u>I</u>			
6. Total secondary containment on this tank	<u>N</u>	<u>N</u>	<u>N</u>			(18)
7. Tank construction and corrosion protection	<u>H</u>	<u>N</u>	<u>H</u>			(1)
8. Main piping construction and corrosion protection	<u>E</u>	<u>E</u>	<u>E</u>			(2)
9. Piping flexible joints/connectors construction	<u>N</u>	<u>N</u>	<u>N</u>			
10. Pump (product dispensing) system	<u>A</u>	<u>A</u>	<u>A</u>			(4)
11. Spill protection	<u>Y</u>	<u>Y</u>	<u>Y</u>			(6)
12. Overfill type	<u>A</u>	<u>A</u>	<u>A</u>			(7)
13. Current registration certificate display	<u>Y</u>	<u>Y</u>	<u>Y</u>			(8)
14. Stage I vapor recovery	<u>A</u>	<u>A</u>	<u>A</u>			(19)
15. Stage II vapor recovery	<u>N</u>	<u>N</u>	<u>N</u>			(20)
Evaluate the tank system leak detection methods carefully before filling in the next 3 rows.						
16. Tank release detection (1 or 2 [when necessary] codes)	<u>E</u>	<u>E</u>	<u>E</u>			(12)
17. Piping small release detection (.2 gph monthly or 1 gph annually)	<u>I</u>	<u>I</u>	<u>I</u>			(5)
18. Pressure (C or D) piping line leak detection	<u>H</u>	<u>H</u>	<u>H</u>			

Tank System Component Codes

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>5. Tank status</p> <p>C Currently in use</p> <p>T Temporarily out of use and empty</p> <p>I Product present, not being used (idle)</p> <p>6. Total secondary containment (see instructions)</p> <p>Y Yes</p> <p>N No</p> <p>7. Tank construction</p> <p>A Unprotected Steel (single wall)</p> <p>B Cathodically Protected Steel (Galvanic)</p> <p>C Cathodically Protected Steel (Impressed Current)</p> <p>D Unprotected Steel (double wall)</p> <p>E Fiberglass (Single Wall)</p> <p>F Fiberglass (Double Wall)</p> <p>G Steel w/ Plastic or Fiberglass Jacket (includes double wall Act 100)</p> <p>H Steel w/ FRP Coating (Act 100 or equivalent)</p> <p>I Steel w/ lined interior</p> <p>J Concrete</p> <p>N Unknown</p> <p>O Cathodically Protected Double Walled Steel</p> <p>P Cathodically protected steel with liner</p> <p>99 Other (must provide written comment)</p> <p>8. Main piping construction</p> <p>A Bare Steel (including only wrapped or coated)</p> <p>B Cathodically Protected, Metallic</p> <p>C Copper</p> <p>D Fiberglass or rigid non-metallic</p> <p>E Flexible Non-metallic</p> <p>F Unknown</p> <p>G No piping requiring corrosion protection (provide comment)</p> <p>I Double wall, metallic primary</p> <p>J Double wall rigid (FRP) primary</p> <p>K Double wall flexible primary</p> <p>99 Other (must provide written comment)</p> | <p>9. Piping flexible joints/connectors</p> <p>A Unprotected metallic component(s) (including only wrapped or coated)</p> <p>B Cathodically Protected, Metallic</p> <p>C Flexible coupling with protected metallic ends</p> <p>F Unknown</p> <p>I Completely inside a containment sump, secondary pipe or liner</p> <p>M Completely jacketed with sealed boot</p> <p>N Not in contact with the ground</p> <p>99 Other (must provide written comment)</p> <p>10. Pump (delivery) system</p> <p>A Suction: check valve at pump or siphon</p> <p>B Suction: check valve at tank</p> <p>C Pressure</p> <p>D Gravity flow to dispenser</p> <p>E None or piping ALL aboveground</p> <p>11. Spill protection</p> <p>Y Yes</p> <p>E Filled in less than 25 gallon increments</p> <p>N None</p> <p>12. Overfill type</p> <p>S Drop tube shut off device</p> <p>A Overfill alarm</p> <p>B Ball float valve</p> <p>E Filled in less than 25 gallon increments</p> <p>N None</p> <p>13. Current registration certificate display</p> <p>Y Properly displayed</p> <p>N Not Displayed</p> <p>14. Stage I vapor recovery</p> <p>A Coaxial</p> <p>B 2 port</p> <p>N Not complete or none</p> | <p>15. Stage II vapor recovery</p> <p>A Complete balance system</p> <p>B Complete assist system</p> <p>C UG piping only</p> <p>N Not completed or none</p> <p>16. Tank release detection</p> <p>A Inventory Control; requires code C or E</p> <p>C Tank Tightness Testing every 5 years</p> <p>D Statistical Inventory Reconciliation (SIR)</p> <p>E Automatic Tank Gauging (.2 gph Leak Test)</p> <p>F Manual Tank Gauging (36 Hour)</p> <p>G Manual Tank Gauging (44 or 58 Hour)</p> <p>H Interstitial Monitoring (2 Walls)</p> <p>I Interstitial Monitoring (Liner)</p> <p>J Groundwater Monitoring</p> <p>K Vapor Monitoring</p> <p>N None</p> <p>O Exempt (must provide written comment)</p> <p>17. Piping small release detection (.2/.1 gph)</p> <p>B Annual Line Tightness Test (pressure)</p> <p>C Line Tightness Test - 3 years (suction)</p> <p>D Interstitial Monitoring (monthly)</p> <p>E Groundwater Monitoring</p> <p>F Vapor Monitoring</p> <p>H None</p> <p>I Exempt (must provide written comment)</p> <p>J Statistical Inventory Reconciliation (SIR)</p> <p>K Electronic Line Leak Detector (.2 gph test)</p> <p>18. Piping line leak detection (3 gph within 1 hr.)</p> <p>A Automatic Line Leak Detector (incl. test)</p> <p>H None</p> <p>K Electronic Line Leak Detector (3 gph test)</p> <p>L Continuous interstitial monitoring with alarm or pump shut off.</p> |
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UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name DD GARAGE Date 12/18/02 Facility ID 59 - 11706

II. Release Detection Reference

- Records may be located at the facility or a readily available alternate site.
- The records include all of the information checked below.
- The inspector has actually seen the records.
- A test inconclusive result or failure is an indication of possible product release.

Tank 1 Tank 2 Tank 2 Tank — Tank —

Instructions: Check the box to indicate that criteria has been met.
Circle the box to indicate that criteria has not been met.
Circle with "N/A" when criteria is not applicable.

Inventory Control: (Tank only - code A)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<10 years since installation or addition of corrosion protection to bare steel tank
stick (or ATG) capable of measuring to 1/8th inch
stick (or ATG) readings and dispenser readings each operating day
1/8th inch accuracy in product (stick) readings
before/after delivery stick readings reconciled with delivery receipts
deliveries made through a drop tube
dispenser meter calibrated
monthly check for water (1/8th inch accuracy)
monthly reconciliation (1% of volume pumped plus 130 gallons) performed

Precision Tightness Test: (Tank only - code C)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

complete documentation of tightness test available
performed by UTT certified installer (after 9/28/96)
manufacturer's certification of ability to detect .1 gph release is available
date of last test _____, result _____
method used (after 10/11/94) _____

Statistical Inventory Reconciliation: (Tank code D, and/or piping code J)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

manufacturer's certification of ability to detect .2 gph release is available
data is collected according to the test vendor's instructions
analysis completed monthly and results supplied to owner/operator
test vendor _____

Automatic Tank Gauging: (Tank only - code E)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

valid monthly leak test conducted and documented
manufacturer's certification of ability to detect .2 gph release is available
probes and gauge software certified for manifolded tank systems
date installed _____
ATG manufacturer _____ ATG model _____
software version _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Uncertified gauges also require inventory control records including dates of calibration, maintenance, and repair for the past year equipment is operational

Manual Tank Gauging: (Tank only - code F (may require code C) or G)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

tank capacity is 2,000 gallons or less
performed weekly
1/8th inch accuracy stick readings
average 2 stick readings before and after test
test length appropriate for each tank

- 36 hours minimum
- 44 hours, 551-1000 gallons, 64" diameter, no tightness test
- 58 hours, 551-1000 gallons, 48" diameter, no tightness test

variation is within standard (both weekly and monthly)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name DO GARAGE Date 12/8/02 Facility ID 59-11706

II. RELEASE DETECTION REFERENCE) (continued)

Tank 1 Tank 2 Tank 3 Tank Tank

Instructions: Check the box to indicate that criteria has been met.
Circle the box to indicate that criteria has not been met.
Circle with "N/A" when criteria is not applicable.

Interstitial Monitoring: (Tank code H or I)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

interstitial area monitored monthly
monitoring wells (secondary barrier) or ports are clearly marked and secured
records of calibration, maintenance and repair of equipment for last year
equipment manufacturer's performance claims are available
secondary barrier is compatible with stored substance and impermeable

Groundwater Monitoring: (Tank code J, and/or piping code E)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

regulated substance stored is immiscible in water and has a specific gravity <1
groundwater is within 20 feet of surface grade and soil hydraulic conductivity is $\geq .01$ cm/sec
casing is properly slotted and allows entry of product during high and low groundwater conditions
wells are sealed from ground surface to the top of the filter pack
site evaluation verifies the above information; wells are located according to site evaluation; attach evaluation cover page to inspection report.
monitoring devices can detect 1/8 inch of product or less on water
equipment manufacturer's performance claims are available
monitoring wells are marked and secured
wells monitored and results recorded monthly

Vapor Monitoring: (Tank code K, and/or piping code F)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

stored substance is sufficiently volatile and backfill allows diffusion of vapors from releases
the monitoring device is not rendered inoperative by groundwater, rainfall, or soil moisture
background contamination will not interfere with vapor monitoring
vapor monitors are designed and operated to detect increases in concentrations of stored substance
site evaluation verifies above information; wells are located according to the site evaluation; attach evaluation cover page to inspection report.
monitoring wells are marked and secured
wells monitored and results recorded monthly
records of calibration, maintenance, and repair of monitoring equipment for last year
equipment manufacturer's performance claims are available

Record Review: (All methods)

- An empty tank or one supplying an emergency generator only is not required to perform leak detection. Indicate date emptied or that it is an emergency generator tank in Section V.
- New tank systems must begin performing leak detection immediately after receiving product. Indicate date of first product receipt in Section V.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Last 12 months of tank leak detection records are available
Tank leak detection records indicate the tank has not released product

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Last 12 months of pipe leak detection records are available
Pipe leak detection records indicate the piping has not release product

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name DD GARAGE Date 12/18/22 Facility ID 59 - 11706

II. RELEASE DETECTION REFERENCE) (continued)

Pipe 1 2 3 4 5

Instructions: Check the box to indicate that criteria has been met.
Circle the box to indicate that criteria has not been met.
Circle with "N/A" when criteria is not applicable.

Check Valve at the Dispenser: (SUCTION piping only - code I)

NOTE: No further release detection required on piping meeting all these criteria.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the tank is lower than the dispenser
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the below grade piping slopes uniformly back to the tank
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	there is no more than one check valve in the piping
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the check valve is located close to or inside the suction pump
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	compliance with above specifications can be readily determined

Interstitial Monitoring: (Piping code D or L)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	interstitial area monitored monthly (required)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	monitoring wells or ports (when used) are clearly marked and secured
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	records of calibration, maintenance, and repair of equipment for last year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	equipment manufacturer's performance claims are available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	secondary barrier (pipe) is compatible with stored substance and impermeable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Code L) continuous monitoring with acceptable alarm used as line leak detector
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(gravity or pressurized piping) -- capable of detecting 3.0 gph release within 1 hour

Piping Tightness Testing: (Piping only - code B or C)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	test conducted at proper frequency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> conducted annually for pressurized piping without monthly monitoring conducted every 3 years for suction piping not meeting Code I
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	date of last test _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of ability to detect .1 gph release is available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	method used _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	if test device permanently installed, records of calibration, maintenance and repair for last year

Automatic (mechanical) Line Leak Detector: (PRESSURIZED piping only - code A)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	annual operational test of leak detector according to manufacturer's instructions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	date tested _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of ability to detect a leak of 3 gph at 10 psi within 1 hour is available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	date installed _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	records of calibration, maintenance and repair for last year (in addition to annual test)

Electronic Line Leak Detection: (Pressurized Piping only - code K)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of ability to detect a leak of 3 gph at 10 psi within 1 hour is available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	date installed _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	records of calibration, maintenance and repair available for the last year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	shut off pump, audible alarm, visual alarm, or restrict product flow
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	continuously monitors piping

Does the electronic leak detector also perform "monthly" monitoring function? ☐ Yes, ☐ No If yes:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	manufacturer's certification of ability to detect .2 gph release is available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	documentation of monthly test available for last year

UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name DO GARAGE Date 12/15/02 Facility ID 59 - 11706

Tank and Pipe	Tank and Pipe	Tank and Pipe	Tank and Pipe	Tank and Pipe
<u>1</u>	<u>2</u>	<u>3</u>	<u> </u>	<u> </u>

Instructions: Check the box to indicate that criteria has been met.
Circle the box to indicate that criteria has not been met.
Circle with "N/A" when criteria is not applicable.

III. CORROSION PROTECTION COMPLIANCE CRITERIA

Lined Tanks: (Tank only - code I)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tank inspected and lined according to national standard date lined _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tank initially inspected 10 years after lining and every 5 years after that (15, 20, 25, ... years after lining) date(s) inspected _____

Galvanic Cathodic Protection: (Tank code B or O, and/or Piping (may include code B))

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	structure to soil potential greater than .85 volts, or meets other nationally recognized protection standard: specify _____ documentation of last two monitoring results date(s) measured _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> monitoring conducted within six months of installation monitoring conducted every three years (single wall tank and piping) monitoring conducted within 6 months of repair

Impressed Current Cathodic Protection (Tank code C or P, and/or Piping (may include code B))

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	structure to soil potential greater than .85 volts, or meets other nationally recognized protection standard: specify _____ documentation of last two monitoring results date(s) measured _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> monitoring conducted within six months of installation monitoring conducted every three years monitoring conducted within 6 months of repair
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	documentation of last three volt and amp readings available <ul style="list-style-type: none"> volt and amp readings recorded every 60 days (within design limits)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	system designed by a corrosion expert

If Cathodic Protection is Added to Existing Tanks, One of the Following is Required:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tank was internally inspected and found to be structurally sound and free of corrosion holes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the tank was less than ten years old and now uses automatic tank gauging, soil vapor monitoring, groundwater monitoring, interstitial monitoring or statistical inventory reconciliation for leak detection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the tank was less than ten years old and was tested for tightness prior to installing the cathodic protection and between three and six months following the first operation of the cathodic protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	the tank was assessed and found to be acceptable for upgrading under ASTM standard ES 40-94 or G158. Includes tightness tests prior to and between 3 and 6 months following the installation of the cathodic protection. <ul style="list-style-type: none"> cathodic protection installed within 6 months of assessment

Date assessed _____ Date installed _____

IV. MANDATED TECHNICAL REQUIREMENTS

List the system technical upgrades necessary to continue operating after 12/22/98:

VENTPIRES NEED REINSTALLED; REGISTRATION TO BE DONE FOR
"T" STATUS

UNDERGROUND STORAGE TANK FACILITY
OPERATIONS INSPECTIONFacility Name DO GARAGE Date 12/15/02 Facility ID 59 - 11706

- V. COMMENTS - Suspected contamination, improperly closed tanks, "other" types of construction, tank system modifications (with date), estimated installation date when actual date is unknown, leak detection exemptions, owner/operator actions needed for compliance, changes at site since initial inspection (with date), and other information that would be helpful to the owner, operator or DEP when reviewing the inspection. Include description of technical assistance given to the owner/operator.

Reference section and tank number for each comment

- TANKS ARE STEEL W/ FRP COATING, SINGLE WALL (BUFFIDE)
- PIPING IS FLEXIBLE NON METALLIC TO EUROPEAN Suction SYSTEM.
- FACILITY IS CLOSED FOR BUSINESS FOR SEVERAL MONTHS. THE BUILDING IS NO LONGER STANDING. ALL THAT IS PRESENT IS THE TANKS, PUMPS + CANOPY. THE MONITORING SYSTEM THAT WAS IN THE BUILDING IS AT THE TANK OWNER'S PLACE OF BUSINESS. A CHANGE IN STATUS TO "T" WILL BE SUBMITTED. THERE IS LESS THAN 1" OF PRODUCT IN THE TANKS AND NO CORROSION PROTECTION READINGS ARE NEEDED OR REQUIRED ON THE TANK SYSTEM.