

Pennsylvania tectonics

August 19, 2010

RECEIVED

AUG 20 2010

ICF International
PAUSTIF

Mr. Eric Supey
Pennsylvania Department of Environmental Protection
Northeast Regional Office
2 Public Square
Wilkes-Barre, PA 18711-0790

**RE: Underground Storage Tank Closure Report Forms:
Lewis Brothers Property;
Route 347
Scott Township, Lackawanna County, Pennsylvania
PADEP Facility ID# 35-10233
Pennsylvania Tectonics Project Number: 27058**

Dear Mr. Supey,

Enclosed, please find one (1) copy of the PADEP Underground Storage Tank Closure Report Forms pursuant to the removal of one (1) 1,000-gallon used motor oil UST (Tank #005).

I trust this information meets your needs. Please do not hesitate to contact me if you have any questions or comments concerning the contents of this report or the project in general.

Sincerely,

Martin Gilgallon, P.G.
Project Director
Pennsylvania Tectonics



MG/mg - 27058

Enclosures

cc: Mrs. Ruth Lewis / Lewis Brothers Garage
Ms. Bethany Smith - ICF International
Mr. Marshal Lewis
Pennsylvania Tectonics Project File # 27058

environmental consultants



APPENDIX D

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

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UNDERGROUND STORAGE TANK SYSTEM
CLOSURE REPORT FORM

35 - 10233
Facility I.D.

Lewis Brothers Garage
Facility Name

Scott Township Lackawanna
Municipality County

08/17/2010
Date Prepared

Martin Gilgallon
Name of Person Submitting Report
(Please Print)

Pennsylvania Tectonics, Incorporated
Company Name
(If Applicable)

Project Director
Title

Closure Method (Check all that apply):

- Removal
- Closure-In-Place
- Change-In-Service

Site Assessment Results (Check all that apply):

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

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

Yes N/A

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

The subject property was historically used as a gasoline station, auto repair facility and car dealership. The UST was utilized for the storage of used motor oil for an undetermined period of time. Currently, the facility is leased to two (2) tenants for storage.

- 12. A site location and sampling map of the site, drawn to scale, is attached. See page 11 of 11.
- 13. Original, color photographs of the closure process are attached (i.e., inside of excavation/piping runs, pit water, tanks showing condition).
- 14. An amended "Storage Tanks Registration/Permitting Application Form" was submitted to the DEP, Bureau of Waste Management, Division of Storage Tanks, P.O. Box 8762, Harrisburg, PA 17105-8762.
Date: 07/2/2010
- 15. If a reportable release was confirmed, the appropriate regional office of DEP was notified by the owner or operator.
Date: _____ Office: _____

Yes N/A

- 16. If tanks were cleaned on-site:
 - a. Briefly describe the disposition of usable product: No useable product was present in the UST.

 - b. Briefly describe the disposal of unusable product, sludges, sediments, and wastewater generated during cleaning. Provide the name and permit number of the processing, treatment, storage or disposal facility. (Attach documentation of proper disposal):
The unusable product, sludge, etc. was placed into two (2) 55-gallon open top steel drums. The drums were transported offsite by Hazleton Oil and Environmental for proper disposal. Associated documentation is attached.

 - c. If tank contents were determined/deemed to be hazardous waste, provide:
 - (1) Generator ID Number: NA
 - (2) Licensed Hazardous Waste Transporter Name and ID Number: NA

- 17. If tanks were removed from the site for cleaning:
 - a. Provide the name and permit number of the processing, treatment, storage or disposal facility performing the tank cleaning: NA

 - b. If tank contents were d determined/deemed to be hazardous waste, provide:
 - (1) Generator ID Number: NA
 - (2) Licensed Hazardous Waste Transporter Name and ID Number: NA

18. Briefly describe the disposition of tanks/piping (Attach documentation of proper disposal):
The tank was cut, cleaned and transported to Mike's Scrapyard for recycling. There was no piping associated with the tank. No evidence of historical piping was identified.

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

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

Yes N/A

20. Briefly describe the disposition of and amount 10 (tons) of uncontaminated soil (attach analyses):

Uncontaminated soil was staged near the excavation cavity for subsequent reuse as backfill.

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

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

Ruth D. Lewis
Signature of Tank Owner

08 / 17 / 2010
Date

Lewis Brothers Garage
Company Name
(If Applicable)

Owner
Title

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

UNDERGROUND STORAGE TANK SYSTEM
CLOSURE REPORT FORM

SECTION II. Tank Handling Information

Facility ID Number 35 - 10233

Yes N/A

- 1. Briefly describe the excavation and initial on-site staging of uncontaminated/contaminated soil:
The one (1) UST was characterized as a steel vessel. Soils overlaying and surrounding the vessel were excavated. No contamination was encountered. Uncontaminated soil stockpiled next to cavity for use as backfill.
- 2. Briefly describe the method of piping system closure and the closure of the piping systems including the quantity and condition of the piping:
No piping was encountered.
- 3. Briefly describe the condition of the tanks and any problems encountered during tank removal:
The tank was in good condition, with no holes or pitting being observed. No problems were encountered during the tank removal operations.
- 4. Briefly describe the method used to purge the tanks of and monitor for explosive vapors:
Flammable vapors were removed from the tanks utilizing a Venturi Air Mover. Atmospheric hazards were monitored utilizing an Entry Rae multi-meter. Combustable gas readings did not exceed 10% of the LEL during UST cutting activities.

- 5. If tanks were cleaned on-site:
 - a. Briefly describe the tank cleaning process: Tank was purged, cut open and entered under appropriate confined space permits to complete the cleaning process. Waste materials were staged in two (2) 55-gallon steel drums pending T&D considerations.
 - b. If subcontracted, name and address of company that performed the tank cleaning:
NA

- 6. If tanks were closed-in-place, briefly describe the tank fill material: NA

- 7. If contamination was suspected or observed, the "Notification of Contamination" form was submitted.

SECTION II. (continued)

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

Jerry Luchansky
Signature of Certified Installer

07 / 24 / 2010
Date

5579
Installer Certification Number

1517
Company Certification Number

Pennsylvania Tectonics, Inc.
Company Name

826 Main Street
Street

Peckville, PA 18452
City/Town, State, Zip

570 - 487 - 1959
Phone

UNDERGROUND STORAGE TANK CLOSURE REPORT FORM

SECTION III. Site Assessment Information

Tank Registration # 005 (complete one sheet for EACH tank system and attach ALL laboratory sheets pertaining to that system)

Facility ID Number 35 - 10233

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

Bedrock NA feet below land surface Water NA feet below land surface

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

Length of piping NA feet

C. TANK SYSTEM REMOVED FROM THE GROUND

1). Was obvious contamination observed while excavating?

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

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

NA

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

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

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

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

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

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

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

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

NA

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

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

Options for Submission and Maintenance of Closure Site Assessment Records

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

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

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

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

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

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

Jerry Luchansky
Signature of Person Performing Site Assessment

07 / 24 / 2010
Date

Environmental Specialist
Title of Person Performing Site Assessment

Pennsylvania Tectonics, Inc.
Name of Company Performing Site Assessment

570-487-1959
Telephone Number of Person Performing Site Assessment

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

**UNDERGROUND STORAGE TANK SYSTEM
CLOSURE REPORT FORM**

Sample/Analysis Information
(Attachment for Section III.)

Facility ID Number 35-10233

Sample I. D. (See diagram)	Parameter	Analytical Method	Media	Result (units)	Detection Limit (units)	Date Sample Taken	Date Sample Analyzed
058-0727-SS1	Benzene	5035/8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Ethylbenzene	5035/8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Cumene	5035/8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Toluene	5035/8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Naphthalene	5035/8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	MTBE	5035/8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	1,3,5-TMB	5035/8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	1,2,4-TMB	5035/8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Benzo(a)anthracene	8270D	Soil	<0.186 mg/Kg	0.186 mg/Kg	07/27/2010	08/13/2010
058-0727-SS1	Chrysene	8270D	Soil	<0.186 mg/Kg	0.186 mg/Kg	07/27/2010	08/13/2010
058-0727-SS1	Benzo(b)fluoranthene	8270D	Soil	<0.186 mg/Kg	0.186 mg/Kg	07/27/2010	08/13/2010
058-0727-SS1	Benzo(a)pyrene	8270D	Soil	<0.186 mg/Kg	0.186 mg/Kg	07/27/2010	08/13/2010
058-0727-SS1	Indeno(1,2,3-cd)pyrene	8270D	Soil	<0.186 mg/Kg	0.186 mg/Kg	07/27/2010	08/13/2010
058-0727-SS1	Benzo(g,h,i)perylene	8270D	Soil	<0.186 mg/Kg	0.186 mg/Kg	07/27/2010	08/13/2010
058-0727-SS1	Pyrene	8270D	Soil	<0.186 mg/Kg	0.186 mg/Kg	07/27/2010	08/13/2010
058-0727-SS1	Lead (total)	6010B	Soil	45.6 mg/Kg		07/27/2010	08/17/2010
058-0727-SS1	Chloromethane	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Bromomethane	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Vinyl Chloride	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Chloroethane	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Methylene Chloride	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Carbon Disulfide	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	1,1-Dichloroethene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	1,1-Dichloroethane	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	cis 1,2-Dichloroethene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	trans 1,2-Dichloroethene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	1,2-Dichloroethane	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	1,1,1-Trichloroethane	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Carbon Tetrachloride	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Chloroform	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Naphthalene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Cumene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Bromodichloromethane	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	1,2-Dichloropropane	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	cis-1,3-Dichloropropene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Trichloroethene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Dibromochloromethane	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	1,1,2-Trichloroethane	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Benzene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	trans-1,3-Dichloropropene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Bromoform	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Tetrachloroethene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	1,1,2,2-Tetrachloroethane	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Toluene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Chlorobenzene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Ethylbenzene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Styrene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	Xylenes, total	8260B	Soil	<0.015 mg/Kg	0.015 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	MTBE	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	1,2,4-TMB	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS1	1,3,5-TMB	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010

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

**UNDERGROUND STORAGE TANK SYSTEM
CLOSURE REPORT FORM**

Sample/Analysis Information
(Attachment for Section III.)

Facility ID Number 35-10233

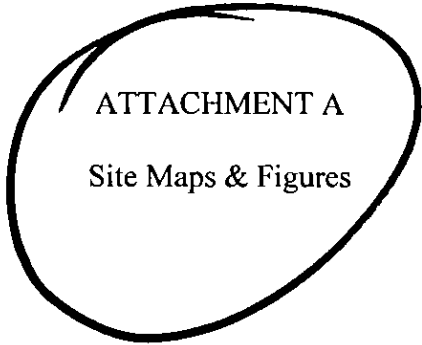
Sample I. D. (See diagram)	Parameter	Analytical Method	Media	Result (units)	Detection Limit (units)	Date Sample Taken	Date Sample Analyzed
058-0727-SS2	Benzene	5035/8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Ethylbenzene	5035/8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Cumene	5035/8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Toluene	5035/8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Naphthalene	5035/8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	MTBE	5035/8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	1,3,5-TMB	5035/8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	1,2,4-TMB	5035/8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Benzo(a)anthracene	8270D	Soil	<0.180 mg/Kg	0.180 mg/Kg	07/27/2010	08/13/2010
058-0727-SS2	Chrysene	8270D	Soil	<0.180 mg/Kg	0.180 mg/Kg	07/27/2010	08/13/2010
058-0727-SS2	Benzo(b)fluoranthene	8270D	Soil	<0.180 mg/Kg	0.180 mg/Kg	07/27/2010	08/13/2010
058-0727-SS2	Benzo(a)pyrene	8270D	Soil	<0.180 mg/Kg	0.180 mg/Kg	07/27/2010	08/13/2010
058-0727-SS2	Indeno(1,2,3-cd)pyrene	8270D	Soil	<0.180 mg/Kg	0.180 mg/Kg	07/27/2010	08/13/2010
058-0727-SS2	Benzo(g,h,i)perylene	8270D	Soil	<0.180 mg/Kg	0.180 mg/Kg	07/27/2010	08/13/2010
058-0727-SS2	Pyrene	8270D	Soil	<0.180 mg/Kg	0.180 mg/Kg	07/27/2010	08/13/2010
058-0727-SS2	Lead (total)	6010B	Soil	166 mg/Kg		07/27/2010	08/17/2010
058-0727-SS2	Chloromethane	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Bromomethane	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Vinyl Chloride	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Chloroethane	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Methylene Chloride	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Carbon Disulfide	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	1,1-Dichloroethene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	1,1-Dichloroethane	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	cis 1,2-Dichloroethene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	trans 1,2-Dichloroethene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	1,2-Dichloroethane	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	1,1,1-Trichloroethane	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Carbon Tetrachloride	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Chloroform	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Naphthalene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Cumene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Bromodichloromethane	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	1,2-Dichloropropane	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	cis-1,3-Dichloropropene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Trichloroethene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Dibromochloromethane	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	1,1,2-Trichloroethane	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Benzene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	trans-1,3-Dichloropropene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Bromoform	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Tetrachloroethene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	1,1,2,2-Tetrachloroethane	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Toluene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Chlorobenzene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Ethylbenzene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Styrene	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	Xylenes, total	8260B	Soil	<0.015 mg/Kg	0.015 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	MTBE	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	1,2,4-TMB	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010
058-0727-SS2	1,3,5-TMB	8260B	Soil	<0.005 mg/Kg	0.005 mg/Kg	07/27/2010	07/29/2010

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

Facility Name and ID: Lewis Brothers Garage 35 - 10233

County: Lackawanna

Township/Borough: Scott Township



ATTACHMENT A
Site Maps & Figures



Pennsylvania
 tectonics
 Environmental Consultants

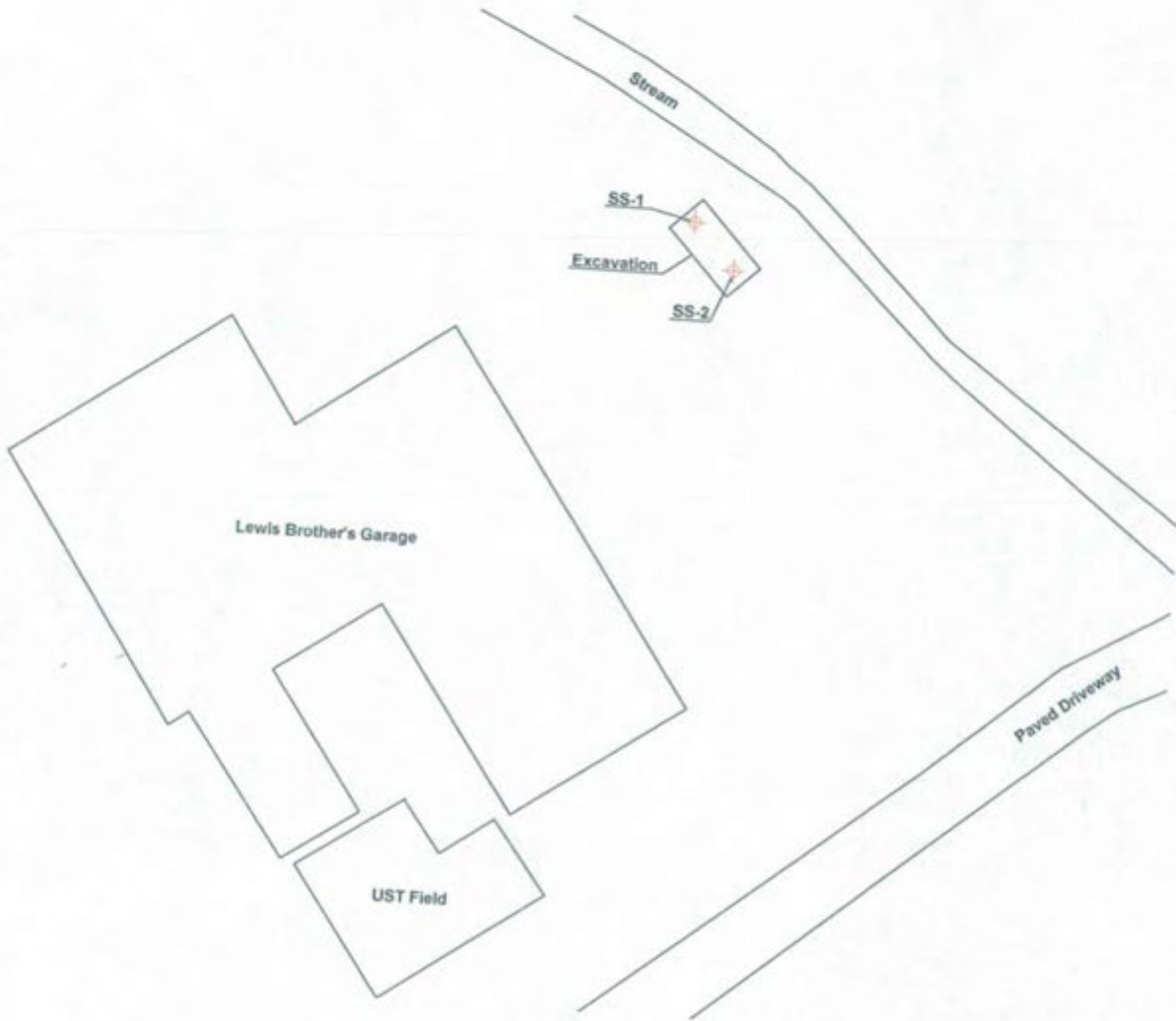
FIGURE 2
SITE SKETCH

LEWIS BROTHER'S GARAGE PROPERTY
PA ROUTE 347
SCOTT TOWNSHIP,
LACKAWANNA COUNTY, PENNSYLVANIA

DRAWN BY: J.L. **DATE: 07/30/10**
APPROXIMATE SCALE: 1" = 30'

N

TRUE NORTH




Pennsylvania
 **tectonics**
Environmental Consultants

FIGURE 3
SAMPLE LOCATION MAP
LEWIS BROTHER'S GARAGE PROPERTY
PA ROUTE 347
SCOTT TOWNSHIP,
LACKAWANNA COUNTY, PENNSYLVANIA

DRAWN BY: J.L. DATE: 07/30/2010
SCALE: 1" = 30'

8/20/2010 1:25:21 PM

ATTACHMENT B

Photograph Log

Table B-1

Photograph Log

Photo	Description	Date
1.	View of the UST prior to closure activities.	07/27/10
2.	View of the top of the UST being excavated.	07/27/10
3.	View of the UST cleaning operations.	07/27/10
4.	View of the UST being excavated.	07/27/10
5.	View of the UST cavity subsequent to removal.	07/27/10
6.	View of Pennsylvania Tectonics personnel collecting a soil sample from the excavation.	07/27/10
7.	View of the UST cavity being backfilled.	07/27/10

Photo #1
07/27/10

View of the UST prior to closure activities.



Photo #2
07/27/10

View of the top of the UST being excavated.



8/20/2010 1:25:26 PM

Photo #3
07/27/10

View of the UST cleaning operations.



Photo #4
07/27/10

View of the UST being excavated.



8/20/2010 1:25:28 PM

Photo #5
07/27/10

View of the UST cavity subsequent to removal.



Photo #6
07/27/10

View of Pennsylvania Tectonics personnel collecting a soil sample from the excavation.



8/20/2010 1:25:29 PM

Photo #7
07/27/10

View of the UST cavity being backfilled.



8/20/2010 1:25:31 PM

ATTACHMENT C

Pennsylvania Tectonics Representative Resumes / PADEP Certifications

MARTIN P. GILGALLON, P.G.

FIELDS OF COMPETENCE

Hazardous waste site characterization and remediation; Phase I and Phase II Environmental Site Assessment; test borings and monitoring well installation and sampling; hydrogeological studies; regulatory compliance assessment-- RCRA, CWA, TSCA, SDWA, CERCLA/SARA, and State standards (PA DEP, NY DEC, and NJ DEPE); remedial investigations / feasibility studies; underground storage tank compliance, closure, release investigations, site characterization, and corrective action; water supply investigations and permitting for commercial, industrial and institutional client; associated health & safety protocols.

EXPERIENCE SUMMARY

Twenty-two years experience in the field of environmental assessment, water quality and wastestream treatment evaluation, site characterization, subsurface investigations, and remedial design/action. Currently serve as Principal of Pennsylvania Tectonics, Incorporated, a multi-faceted environmental consulting firm serving lending institutions, development corporations and various commercial and residential clients throughout the Mid-Atlantic Region. Recently served as Project Hydrogeologist for a variety of environmental investigation and remediation projects including: the design and implementation of groundwater monitoring networks and soil sampling programs for landfills and underground storage tank farms; review of remedial alternatives; design and implementation of soil and groundwater remedial systems; the completion of Phase I and Phase II Environmental Site Assessments; scoping and oversight of underground storage tank closures, site characterization, and corrective actions.

CREDENTIALS

B.S. - Geosciences, Penn State University, 1987.

Commonwealth of Pennsylvania Registered Professional Geologist

Pennsylvania Department of Environmental Protection Certified UST Installer

OSHA 1910.120 Hazardous Waste Site Training: 40 Hour and Annual 8 Hour.

Member: Association of Groundwater Scientists and Engineers.

Member: National Groundwater Association

Member: The Geological Society of America

EMPLOYMENT HISTORY

1999 – Present	Pennsylvania Tectonics, Incorporated, Peckville, Pennsylvania
1990 – 1999	Synergist, Incorporated, Carbondale & Elverson, Pennsylvania
1987 – 1990	Applied Geotechnical and Environmental Services, Incorporated, Valley Forge, Pennsylvania

KEY PROJECTS

PENNSYLVANIA TECTONICS, INC. - Currently serves as Principal of Pennsylvania Tectonics, Incorporated, a multi-faceted environmental consulting firm serving lending institutions, development corporations and various commercial and residential clients throughout the Mid-Atlantic Region. Pennsylvania Tectonics, Incorporated provides environmental services including Phase I & Phase II Environmental Site Assessments, Transaction Screen Process Reports, Underground Storage Tank Removal Services, Brownfield Services including Site Characterization and Remediation, Public Water Supply, and Watershed Investigations.

SYNERGIST, INC. – Served as Project Manager for the Lackawanna Watershed 2000 Program on the Lackawanna River Basin in Northeastern Pennsylvania. Previously served as Project Manager under the Strategic Environmental Research and Development Program (SERDP) in conjunction with the completion of watershed studies on the Lackawanna River Basin in Northeastern Pennsylvania and the Winters Run River Basin at the Aberdeen Proving Ground in Harford County, Maryland. The associated Scopes of Work included; the completion of the mapping of each basin utilizing GPS and GIS technologies; the generation of channel morphology data utilizing traditional surveying methods; the collection of wet chemistries to determine baseline chemical characteristics of each river system; and the collection of water quality data utilizing in-situ, real-time data collection equipment pursuant to the development of the prototypes and pilot demonstrations for an Environmental Monitoring and Management System (EMMS) under SERDP. In each investigation, the real-time data was collected from the field stations utilizing cellular telephone technologies and downloaded, via modem, to a central data collection laboratory at the National Institute for Environmental Renewal (NIER) located in Mayfield, Lackawanna County, Pennsylvania. As Project Manager, responsibilities also included; coordination with officials of the Army Environmental Center at the Aberdeen Proving Ground; completion of the collection of atmospheric data with field representatives of the Waterways Experimental Station (WES) in Vicksburg, Mississippi; and coordination with local, county and state regulators and authorities.

Conducted evaluations of Publicly Owned Treatment Works (POTW) effluent characterization protocols relative to compliance with PA Clean Streams and US EPA Clean Water Act requirements, as they apply to receiving water limitations on quantities, rates, and concentrations of chemical and physical constituents. Designed and implemented Dye Tracer studies for a variety of commercial and industrial clients, in order to determine the configuration of both sanitary and industrial piping systems. As part of a Design Study relative to a Groundwater Pump and Treat System, evaluated the capability of a private Sewage Treatment Plant to process treated discharges from a hydrocarbon-contaminated wastestream. In support of Permit

Applications for encroachments into wetlands, prepared environmental assessment documentation regarding wetland aerial extent, value, function, adverse impacts and adverse environmental effect.

As Project Hydrogeologist, responsible for the assessment of hydrologic and geologic conditions pertaining to project performance. Projects of note include the initiation and supervision of release investigations in conjunction with failed underground storage tank (UST) systems at numerous sites and UST Closures. These projects typically include the development of test boring and monitoring well networks and soil and groundwater sampling programs in order to discern migration pathways and the extent of potential contamination present at a facility. Responsibilities include: the design and implementation of remedial action plans to address soil and groundwater contamination; associated coordination with regulatory agencies; and the preparation of UST Closure Reports. Remedial action projects include: the design and implementation of vacuum extraction and bioremediation systems to address petroleum contaminated soil and groundwater; and pump and treat remedial systems to address petroleum impacted groundwater in deep, bedrock aquifers. As Project Manager for environmental assessments and site characterizations, responsibilities include the preparation of and adherence to site specific health and safety plans, performance of background reviews and field investigations, oversight of field technicians, data review, and reporting. Projects of note include: the remedial investigation / feasibility study of a 120 acre industrial facility contaminated with various petroleum hydrocarbons, volatile organics and PCBs; hydrogeological study and quarterly monitoring of an abandoned industrial site contaminated with 1,1,1 Trichloroethane; geophysical documents review; and Phase I and Phase II environmental site assessments of commercial and industrial facilities.

APPLIED GEOTECHNICAL AND ENVIRONMENTAL SERVICES (AGES) - As Staff Geologist, duties included the design of groundwater monitoring systems for landfills and UST systems. Responsible for the installation of test borings and construction of groundwater monitoring wells, and the development and implementation of soil and aqueous sampling programs. Also responsible for environmental site assessments; and geotechnical investigations in conjunction with building design and construction, and report preparation. Projects of note include the hydrogeological investigation including project and client coordination for a US Environmental Protection Agency Superfund Site in New Jersey; and numerous geologic investigations for both government agencies and private corporations.

ORGANIZATIONS

- Association of Groundwater Scientists and Engineers
- National Groundwater Association
- The Geological Society of America
- Lackawanna River Corridor Association

JERRY LUCHANSKY

FIELDS OF COMPETENCE

Phase I and Phase II Environmental Site Assessment; Test borings and monitoring well installation oversight and sampling; watershed monitoring; remote and real-time field instrumentation operation and data acquisition; GPS surveying; environmental data collection and management.

EXPERIENCE SUMMARY

Two years in the field of site assessments, site remediation and water quality and natural resource monitoring and management. Currently serves as Project Manager / Environmental Specialist at Pennsylvania Tectonics, Incorporated, a multi-faceted environmental consulting firm serving lending institutions, development corporations and various industrial, commercial and residential clients throughout the Mid-Atlantic Region.

CREDENTIALS

B.S. – Environmental Science, King’s College, 2007

OSHA 1910.120 Hazardous Waste Site Training: 40 Hour and Annual 8 Hour

24-Hour Asbestos Building Inspector Initial Training (Certification #045512)

PADEP Certified UST Installer (UMR Certification #5579)

EMPLOYMENT HISTORY

2008 – Present Pennsylvania Tectonics, Incorporated, Peckville, Pennsylvania

KEY PROJECTS

PENNSYLVANIA TECTONICS, INC. – Currently serves as Environmental Specialist for Pennsylvania Tectonics, Incorporated. Pennsylvania Tectonics, Incorporated provides environmental services including Phase I & Phase II Environmental Site Assessments, Transaction Screen Process Reports, Underground Storage Tank Removal Services, Brownfield Services including Site Characterization and Remediation and Watershed Investigations.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION



BUREAU OF WASTE MANAGEMENT
DIVISION OF STORAGE TANKS
P.O. BOX 8763
HARRISBURG, PENNSYLVANIA 17105-8763



THIS CERTIFICATION AUTHORIZES THE BELOW NAMED INDIVIDUAL TO CONDUCT TANK HANDLING OR INSPECTION ACTIVITIES PURSUANT TO THE STORAGE TANK AND SPILL PREVENTION ACT, AND DEPARTMENT REGULATIONS AT TITLE 25 PA CODE CHAPTER 245 IN THE SPECIFIC CATEGORIES SHOWN.

CATEGORIES	ISSUE DATE(S)	EXPIRATION DATE(S)
UMR *****	05/25/2010	05/25/2013
*****	*****	*****
*****	*****	*****
*****	*****	*****
*****	*****	*****
*****	*****	*****

Eric A. Lingle
Eric A. Lingle, Chief
Certification Unit

ISSUED TO GERALD E LUCHANSKY
DEP CLIENT ID NUMBER 279167
CERTIFICATION NUMBER 5579

WARNING

Special security measures are incorporated into this Certification Certificate and Identification Card. Any attempt to alter the information on these documents may be a violation of Pennsylvania law, including but not limited to 18 Pa. C.S.A. 4104 (relating to tampering with records or identification) and 18 Pa. C.S.A. 4911 (relating to tampering with public records and information).

Certified Companies employing the certified individual shown above may make a Photo Copy of the Certification Certificate for company records. The original certification documents shall be retained by the certified individual to whom they are issued unless otherwise directed by the Department.

IMPORTANT INSTRUCTIONS

Carefully detach the Identification (ID) Card along perforated edges. Sign the ID Card on the reverse side and carry the ID Card at all times when performing certified activities. You must present (display) the ID Card upon request.

The ID Card may be covered or laminated with a clear plastic material (after signing) to protect it from deterioration.

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF STORAGE TANKS
INSTALLER/INSPECTOR CERTIFICATION NUMBER 5579

ISSUED TO: GERALD E LUCHANSKY

CATEGORIES	EXPIRATION DATE
UMR *****	05/25/2013
*****	*****
*****	*****
*****	*****
*****	*****
*****	*****



Pennsylvania Department of Environmental Protection

Rachel Carson State Office Building

P.O. Box 8763

Harrisburg, PA 17105-8763

November 19, 2008

Bureau of Waste Management

Local and Out of State: 717-772-5599
In PA: 1-800-42-TANKS

PENNSYLVANIA TECTONICS, INCORPORATED
826 MAIN ST
PECKVILLE, PA 18452-2320

Re: Authorization Number: 751543

Dear Applicant:

This is to notify you that

PENNSYLVANIA TECTONICS, INCORPORATED

meets the qualifications established under the Storage Tank and Spill Prevention Act and the Department of Environmental Protection's (DEP) regulations for company certification. The enclosed certificate is your company's certification document.

Company Certification Number: 1517
DEP Client ID Number: 187112

This certification expires on 02/07/2012. To renew this certification, a completed application must be submitted to DEP at least 120 days prior to the certification expiration date.

Company certification is conditioned upon compliance with the Storage Tank and Spill Prevention Act and the rules and regulations established under the Act. Certified companies must employ certified installers and certified inspectors to perform tank handling, tightness testing and inspection activities. Failure to comply with the Act could result in the assessment of fines or penalties and the suspension or revocation of the certification.

If there is a change in the information in the original application for company certification, you must notify DEP of the change by promptly filing an application containing the amended information.

If you have questions or need further assistance, please contact the Division of Storage Tanks' Certification Unit at the above numbers.

Sincerely,

Eric A. Lingle, Chief
Certification Unit
Division of Storage Tanks

ATTACHMENT D

Initial Registration of Storage Tanks Form

Pennsylvania **tectonics**

July 21, 2010

Mr. Eric Supey
Pennsylvania Department of Environmental Protection
Northeast Regional Office
2 Public Square
Wilkes-Barre, PA 18711-0790

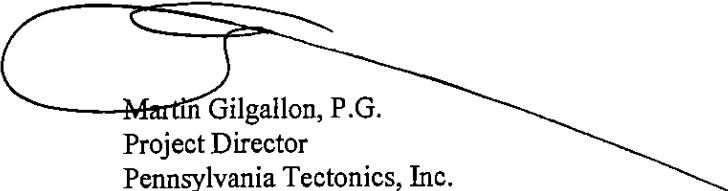
**RE: Registration of Storage Tank for Removal;
Lewis Service Station Property:
RR #2 Box 57
Scott Township, Lackawanna County, Pennsylvania
PADEP Facility ID# 35-10233
Pennsylvania Tectonics Project Number: 27058**

Dear Mr. Supey,

On the behalf of Mrs. Ruth Lewis, enclosed please find a Storage Tanks Registration / Permitting Application Form in association with the above referenced facility. The purpose of this submittal is to register a 550-gallon used motor oil UST for removal. This UST was recently discovered onsite. A check in the amount of \$50.00 is also enclosed to cover the registration fee.

I trust this information meets your needs. Please do not hesitate to contact me if you have any questions or comments on the contents of this letter or the project in general.

Sincerely,



Martin Gilgallon, P.G.
Project Director
Pennsylvania Tectonics, Inc.

MG/mg - 27058

Enclosures

cc: Mrs. Ruth Lewis (with enclosures)
Mr. Marshal Lewis (with enclosures)
Pennsylvania Tectonics Project #27058

environmental consultants

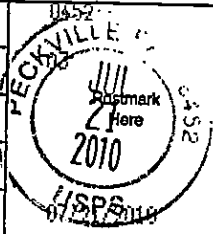
7006 0810 0003 2182 5926

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	\$1.39
Certified Fee		\$2.80
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.49



Sent To Mr. Eric Supey - PAD2P
 Street, Apt. No., or PO Box No. 2 Public Square
 City, State, ZIP+4 Wilkes-Barre, PA 18711-0790

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Mr. Eric Supey
PAD2P
2 Public Square
Wilkes-Barre, PA 18711-0790

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) ERIC SUPEY Date of Delivery JUL 2 2010

Is the delivery address different from item 1? Yes No
 If YES, enter delivery address below:

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7006 0810 0003 2182 5926

PENNSYLVANIA TECTONICS INC.

826 MAIN STREET PH. 670-487-1859
PECKVILLE, PA 18452

6101

DATE 7/21/10

60-1/313
100

PAY
TO THE
ORDER OF

Commonwealth of Pennsylvania

\$ 50.00

Fifty dollars 00/100

DOLLARS

VOID AFTER 60 DAYS

 **PNCBANK**

PNC Bank, N.A. 030
Northeast PA

For _____



⑈00610⑈ ⑆031300012⑆ 9009176089⑈



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.

35-10233 Facility ID # Lewis Brothers Facility Name	DEP USE ONLY	
	Client ID#	
	Site ID#	
	Account #	
	Auth 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 Operation Information |
| <input type="checkbox"/> Changed to Currently In Use Tank(s) | <input checked="" type="checkbox"/> Added Tank(s) to Existing Facility |
| <input type="checkbox"/> Changed to Temporarily Out of Use Tank(s) | <input type="checkbox"/> Changed to Permanently Closed Tank(s)/Removed |
| <input type="checkbox"/> Changed Product | <input type="checkbox"/> Changed to Exempt Tank(s) |

CHANGE OF OWNERSHIP

- Tanks Changed Ownership and Remain at Same Facility

II. CURRENT OR NEW TANK OWNER / CLIENT INFORMATION

DEP Client ID#	Client Type/Code	Fee Kind (check one if applicable)		
		<input type="checkbox"/> Volunteer Fire Co/EMS Org	<input type="checkbox"/> State Govt	<input type="checkbox"/> Fed Govt
Organization Name or Registered Fictitious Name		Employer ID# (EIN)	Dun & Bradstreet ID#	
Lewis Brothers				
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		
3 Hunts Court				
Address Last Line - City	State	ZIP+4	Country	
Clarks Summit	PA	18411	USA	
Client Contact Last Name	First Name	MI	Suffix	
Lewis	Ruth	D.	Mrs.	
Client Contact Title		Phone	Ext	
P.O.A.		570-587-3182		
E-mail Address			FAX	
NA			570-587-5311	

III. SITE INFORMATION

DEP Site ID# _____ Site Name
Lewis Brothers

EPA ID# _____ Estimated Number of Employees to be Present at Site 0

Description of Site
Former Gasoline Service Station

County Name	Municipality	City	Boro	Twp	State
Lackawanna	Scott Township	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 _____
Route 347

Site Location Last Line – City	State	ZIP+4
Olyphant	PA	18447

Detailed Written Directions to Site
 From Interstate 81 North:
 -Exit 191A to Business Route 6 Toward Dickson City
 -Take Business Route 6 ~3.0 miles to Route 347
 -Make Left onto Route 347
 -Follow Route 347 ~1.5 miles; site is located on the left (white block & wood structure); Pumps along Road, Tanks to left of building
 -Cross Street is Hilltop Drive

Site Contact Last Name	First Name	MI	Suffix
Lewis	Ruth	D.	Mrs.

Site Contact Title _____ Site Contact Firm _____
P.O.A.

Mailing Address Line 1 _____ Mailing Address Line 2 _____
3 Hunts Court

Address Last Line – City	State	ZIP+4
Clarks Summit	PA	18411

Phone	Ext	FAX	E-mail Address
570-587-3182		570-587-5311	

NAICS Codes (Two- & Three-Digit Codes – List All That Apply) _____ 6-Digit Code (Optional) _____

Site to Client Relationship
Owner

IV. FACILITY INFORMATION

DEP Storage Tank Facility ID# 35-10233	Facility Name Lewis Brothers	Facility Kind MFULS				
Facility Location Line 1 (if different than Site Location) Same		Facility Location Line 2				
Facility Location Last Line - City Same	State	ZIP+4				
Latitude/Longitude Point of Origin	Latitude			Longitude		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
	41	29	57	-75	37	40
Horizontal Accuracy Measure	Feet	--or--	Meters			
Horizontal Reference Datum Code	<input checked="" 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	~1,520'	--or--	Meters		
Altitude Datum Name	<input type="checkbox"/> The National Geodetic Vertical Datum of 1929 <input checked="" 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	USGS 7.5 Scranton, PA Quad	Inch(es)	=	Feet		
	--or--	Centimeter(s)	=	Meters		
Flammable & Combustible Liquid Permit # (if applicable)						
State or Municipality that issued the Permit						

FACILITY OPERATOR INFORMATION

Same as Owner Identified in Section II. Different than Owner Identified in Section II; identified below.

DEP Client ID#	Client Type / Code				
Organization Name or Registered Fictitious Name	Employer ID# (EIN)	Dun & Bradstreet ID#			
Individual Last Name	First Name	MI	Suffix	SSN	
Additional Individual Last Name	First Name	MI	Suffix	SSN	
Mailing Address Line 1	Mailing Address Line 2				
Address Last Line - City	State	ZIP+4	Country		
Client Contact Last Name	First Name	MI	Suffix		
Client Contact Title	Phone			Ext	
E-mail Address	FAX				

V. CHANGE OF OWNERSHIP INFORMATION

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

OWNERSHIP CHANGE TO - Client information is noted in Section II. Current or New Tank Yes No
Owner/Client Information

OWNERSHIP CHANGE FROM (previous owner information)

Name _____
Employer ID# (EIN) or _____
SSN _____
Mailing Address Line 1 _____
Mailing Address Line 2 _____
Address Last Line - City _____ State _____ ZIP+4 _____
Previous Facility ID# _____
Date of Sale/Transfer _____

SIGNATURE & CERTIFICATION OF PREVIOUS OWNER

Previous owner's signature is not available. As required, the "new" owner Yes No N/A
has attached a deed of transfer or other proof of ownership to this
application.

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

Type or Print Previous Owner Name _____

Previous Owner Signature Title Date

Facility ID# 35-10233

Facility Name Lewis Brothers

VII. ABOVEGROUND & UNDERGROUND NEW TANK INSTALLATION INFORMATION

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

Tank Construction & Corrosion Protection (1)	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
	003	004	005							
A. Unprotected Steel (Single Wall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Cathodically Protected Steel (Galvanic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Cathodically Protected Steel (Impressed Current)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Unprotected Steel (Double Wall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Fiberglass (Single Wall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Fiberglass (Double Wall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Steel W/Plastic or Fiberglass Jacket or Double Wall Act 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Steel With FRP Coating (Act 100 or Equivalent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Steel With Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Cathodically Protected Double Wall Steel (Galvanic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Cathodically Protected Steel With Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Double Bottom (AST's Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Molded Plastic Form (AST's Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. Stainless Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T. Aluminum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facility ID# 35-10233

Facility Name Lewis Brothers

		Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	
		003	004	005												
Underground Piping Construction & Corrosion Protection (2)																
A.	Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Cathodically Protected Metallic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Single Wall Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Single Wall Flexible (Non-Metallic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.	Double Wall Metallic Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.	Double Wall Rigid (FRP) Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K.	Double Wall Flexible Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L.	Trench Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aboveground Piping Construction & Corrosion Protection (3)																
A.	Carbon Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Cathodically Protected Metallic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Single Wall Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Single Wall Flexible (Non-Metallic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	PVC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.	Double Wall - Metallic Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.	Double Wall - Rigid (FRP) Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K.	Double Wall - Flexible Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L.	Stainless Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Prevention (6) UST Only																
Y.	Installed and Liquid Tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N.	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Fill In Less Than 25 Gallons (Exempt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facility ID# 35-10233

Facility Name Lewis Brothers

		Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
Overfill Prevention (7)		003	004	005									
A.	Overfill Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Ball Float Valve and No Air Eliminator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Fill In Less Than 25 Gallons (Exempt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N.	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S.	Drop Tube Shutoff Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y.	Yes (AST only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Containment (16) ASTs Only		Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
E.	Exempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N.	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y.	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment (17) ASTs Only		Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
E.	Exempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N.	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y.	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stage I Vapor Recovery (19) USTs Only		Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
A.	Coax	003	004	005									
B.	2 Point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N.	None or Incomplete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stage II Vapor Recovery (20)		Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
A.	Complete Balance System	003	004	005									
B.	Complete Assist System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	UG Piping Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N.	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Facility ID# 35-10233

Facility Name Lewis Brothers

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.

	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
	003	004	005							
<i>Items 2 & 3 below apply to large ASTs and all USTs</i>										
1. Contamination suspected or observed and notification of contamination form was submitted to the appropriate DEP regional office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Closure document submitted to the appropriate DEP regional office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Closure document kept on file by owner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

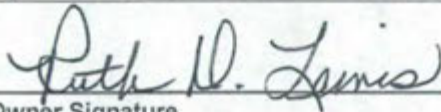
IX. OWNER CERTIFICATION

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

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

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

Type or Print Owner Name Mrs. Ruth Lewis

	Owner Title	July 21, 2010 Date
Owner Signature		

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

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#	Installer/Remover 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#

ATTACHMENT E

Amended Registration of Storage Tanks Form

Pennsylvania tectonics

July 29, 2010

PA DEP
Bureau of Watershed Conservation
Division of Storage Tanks
P.O. Box 8762
Harrisburg, PA 17105-8762

VIA CERTIFIED MAIL #7006 0810 0003 2182 6008


**RE: Amended Registration of Storage Tank Form;
Lewis Service Station Property:
RR #2 Box 57
Scott Township, Lackawanna County, Pennsylvania
PADEP Facility ID# 35-10233
Pennsylvania Tectonics Project Number: 27058**

Dear Sir / Madam,

Attached, please find one (1) copy of the Amended Registration of Storage Tanks Form for the above referenced facility. Please note, Tank #005 was reported to be 550-gallons in capacity and was initially registered as such. The tank was noted to be 1,000-gallons in capacity upon removal.

I trust this information meets your needs at this time. Please feel free to contact me if you have any questions or comments concerning the information presented on this form or the project in general.

Sincerely,



Martin Giggallon, P.G.
Project Director
Pennsylvania Tectonics, Incorporated

Attachment

MG/mg – PADEP Cover Letter

cc: Mrs. Ruth Lewis / Lewis Brothers Garage (with attachments)
Mr. Marshal Lewis (with attachments)
Pennsylvania Tectonics Project File #27058

environmental consultants



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.

35-10233 Facility ID # Lewis Brothers Facility Name	DEP USE ONLY
	Client ID#
	Site ID#
	Account #
	Auth ID#
	Master Auth ID#

II. 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 Operation 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

III. CURRENT OR NEW TANK OWNER / CLIENT INFORMATION

DEP Client ID#	Client Type/Code	Fee Kind (check one if applicable)		
		<input type="checkbox"/> Volunteer Fire Co/EMS Org	<input type="checkbox"/> State Govt	<input type="checkbox"/> Fed Govt
Organization Name or Registered Fictitious Name		Employer ID# (EIN)	Dun & Bradstreet ID#	
Lewis Brothers				
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		
3 Hunts Court				
Address Last Line -- City	State	ZIP+4	Country	
Clarks Summit	PA	18411	USA	
Client Contact Last Name	First Name	MI	Suffix	
Lewis	Ruth	D.	Mrs.	
Client Contact Title		Phone	Ext	
P.O.A.		570-587-3182		
E-mail Address			FAX	
NA			570-587-5311	

III. SITE INFORMATION

DEP Site ID#	Site Name		
	Lewis Brothers		
EPA ID#	Estimated Number of Employees to be Present at Site		0
Description of Site			
Former Gasoline Service Station			
County Name	Municipality	City	Boro Twp State
Lackawanna	Scott Township	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" 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	
Route 347			
Site Location Last Line - City		State	ZIP+4
Olyphant		PA	18447
Detailed Written Directions to Site			
From Interstate 81 North:			
-Exit 191A to Business Route 6 Toward Dickson City			
-Take Business Route 6 ~3.0 miles to Route 347			
-Make Left onto Route 347			
-Follow Route 347 ~1.5 miles; site is located on the left (white block & wood structure); Pumps along Road, Tanks to left of building			
-Cross Street is Hilltop Drive			
Site Contact Last Name	First Name	MI	Suffix
Lewis	Ruth	D.	Mrs.
Site Contact Title	Site Contact Firm		
P.O.A.			
Mailing Address Line 1	Mailing Address Line 2		
3 Hunts Court			
Address Last Line - City	State	ZIP+4	
Clarks Summit	PA	18411	
Phone	Ext	FAX	E-mail Address
570-587-3182		570-587-5311	
NAICS Codes (Two- & Three-Digit Codes - List All That Apply)			6-Digit Code (Optional)
Site to Client Relationship			
Owner			

IV. FACILITY INFORMATION

DEP Storage Tank Facility ID# 35-10233	Facility Name Lewis Brothers	Facility Kind MFULS				
Facility Location Line 1 (if different than Site Location) Same		Facility Location Line 2				
Facility Location Last Line - City Same		State ZIP+4				
Latitude/Longitude Point of Origin	Latitude			Longitude		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
	41	29	57	-75	37	40
Horizontal Accuracy Measure	Feet	--or--	Meters			
Horizontal Reference Datum Code	<input checked="" 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	~1,520'	--or--	Meters		
Altitude Datum Name	<input type="checkbox"/> The National Geodetic Vertical Datum of 1929 <input checked="" 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	USGS 7.5 Scranton, PA Quad	Inch(es)	=	Feet		
	--or--	Centimeter(s)	=	Meters		
Flammable & Combustible Liquid Permit # (if applicable)						
State or Municipality that Issued the Permit						

FACILITY OPERATOR INFORMATION

Same as Owner Identified in Section II. Different than Owner Identified in Section II; identified below.

DEP Client ID#	Client Type / Code				
Organization Name or Registered Fictitious Name	Employer ID# (EIN)		Dun & Bradstreet ID#		
Individual Last Name	First Name	MI	Suffix	SSN	
Additional Individual Last Name	First Name	MI	Suffix	SSN	
Mailing Address Line 1	Mailing Address Line 2				
Address Last Line - City	State	ZIP+4	Country		
Client Contact Last Name	First Name	MI	Suffix		
Client Contact Title	Phone		Ext		
E-mail Address	FAX				

V. CHANGE OF OWNERSHIP INFORMATION

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

OWNERSHIP CHANGE TO - Client information is noted in Section II. Current or New Tank Yes No
Owner/Client Information

OWNERSHIP CHANGE FROM (previous owner information)

Name _____
Employer ID# (EIN) or _____
SSN _____
Mailing Address Line 1 _____
Mailing Address Line 2 _____
Address Last Line - City _____ State _____ ZIP+4 _____
Previous Facility ID# _____
Date of Sale/Transfer _____

SIGNATURE & CERTIFICATION OF PREVIOUS OWNER

Previous owner's signature is not available. As required, the "new" owner has attached a deed of transfer or other proof of ownership to this application. Yes No N/A

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

Type or Print Previous Owner Name _____

Previous Owner Signature Title Date

Facility ID# 35-10233

Facility Name Lewis Brothers

VII. ABOVEGROUND & UNDERGROUND NEW TANK INSTALLATION INFORMATION

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

Tank Construction & Corrosion Protection (1)	Tank #		Tank #		Tank #		Tank #		Tank #		Tank #		Tank #		Tank #	
	003	004	005													
A. Unprotected Steel (Single Wall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Cathodically Protected Steel (Galvanic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Cathodically Protected Steel (Impressed Current)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Unprotected Steel (Double Wall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Fiberglass (Single Wall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Fiberglass (Double Wall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Steel W/Plastic or Fiberglass Jacket or Double Wall Act 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Steel With FRP Coating (Act 100 or Equivalent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Steel With Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Cathodically Protected Double Wall Steel (Galvanic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Cathodically Protected Steel With Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Double Bottom (AST's Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Molded Plastic Form (AST's Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. Stainless Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T. Aluminum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facility ID# 35-10233 Facility Name Lewis Brothers

	Underground Piping Construction & Corrosion Protection (2)					Aboveground Piping Construction & Corrosion Protection (3)				
	Tank # 003	Tank # 004	Tank # 005	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
A. Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Cathodically Protected Metallic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Single Wall Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Single Wall Flexible (Non-Metallic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Double Wall Metallic Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Double Wall Rigid (FRP) Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Double Wall Flexible Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Trench Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
A. Carbon Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Cathodically Protected Metallic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Single Wall Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Single Wall Flexible (Non-Metallic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. PVC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Double Wall - Metallic Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Double Wall - Rigid (FRP) Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Double Wall - Flexible Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Stainless Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
	003	004	005							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Facility ID# 35-10233

Facility Name Lewis Brothers

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

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

Facility ID# 35-10233

Facility Name Lewis Brothers

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.

	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
	003	004	005								
Items 2 & 3 below apply to large ASTs and all USTs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Contamination suspected or observed and notification of contamination form was submitted to the appropriate DEP regional office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Closure document submitted to the appropriate DEP regional office.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Closure document kept on file by owner.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

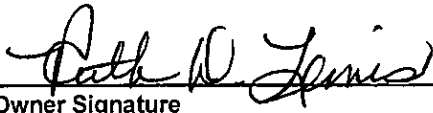
IX. OWNER CERTIFICATION

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 Mrs. Ruth Lewis

	Owner Title	7/28/10 Date
Owner Signature		

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
005	Jerry Luchansky	UL-58	5579	UMP	1517	<i>Jerry Luchansky</i>	July 27, 2010

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#	Installer/Remover 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#

ATTACHMENT F
PADEP 30-Day Notification



July 21, 2010

Pennsylvania Department of Labor
Bureau of Occupational & Industrial Safety
16th Floor, L&I Building
7th & Forster Streets
Harrisburg, PA 17120

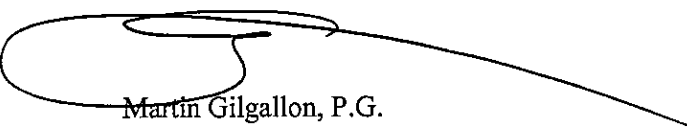
**RE: Underground Storage Tank Closure Notification Form:
Lewis Brothers Property;
Route 347
Scott Township, Lackawanna County, Pennsylvania
PADEP Facility ID# 35-10233
Pennsylvania Tectonics Project Number: 27058**

Dear Sir / Madam,

Enclosed, please find the completed Underground Storage Tank Closure Notification Form for the above referenced facility. This notification serves to inform the Pennsylvania Department of Labor and Industry of Lewis Brothers' intent to close the one (1) UST system via removal. The PADEP has verbally granted a waiver on the 30-day waiting period.

I trust this information meets your needs. Please do not hesitate to contact me if you have any questions or comments concerning the contents of this letter or the project in general.

Sincerely,



Martin Gilgallon, P.G.
Project Director
Pennsylvania Tectonics, Inc.

MG/mg - 27058

Attachments

cc: Mrs. Ruth Lewis
Mr. Marshal Lewis
Pennsylvania Tectonics Project File # 27058

environmental consultants

Pennsylvania tectonics

July 21, 2010

Mr. Eric Supey
Pennsylvania Department of Environmental Protection
Northeast Regional Office
2 Public Square
Wilkes-Barre, PA 18711-0790

VIA CERTIFIED MAIL #7006 0810 0003 2182 5926

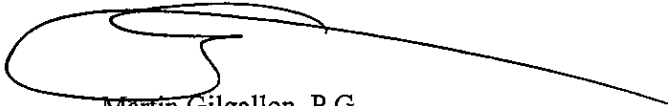
**RE: Underground Storage Tank Closure Notification Form:
Lewis Brothers Property;**
Route 347
Scott Township, Lackawanna County, Pennsylvania
PADEP Facility ID# 35-10233
Pennsylvania Tectonics Project Number: 27058

Dear Mr. Supey,

Enclosed, please find a completed Pennsylvania Department of Environmental Protection Underground Storage Tank Closure Notification Form associated with the one (1) underground storage tank (UST) located at the above referenced subject property. As discussed with Mr. Tom Coar on this day, the PADEP has granted a waiver of the required 30-day notification period. Pennsylvania Tectonics anticipates completing the closure activities within two (2) weeks of the date of this letter.

I trust this information meets your needs. Please do not hesitate to contact me if you have any questions or comments concerning the contents of this letter or the project in general.

Sincerely,



Martin Gilgallon, P.G.
Project Director
Pennsylvania Tectonics, Inc.

MG/mg - 27058

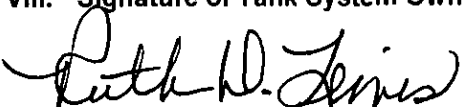
Attachments

cc: Mrs. Ruth Lewis
Mr. Marshal Lewis
Pennsylvania Tectonics Project File # 27058

environmental consultants

**UNDERGROUND STORAGE TANK SYSTEM
CLOSURE NOTIFICATION FORM**

NOTE: Notification of permanent closure must be received by the appropriate regional office of the Department at least 30 days prior to initiation of the closure activities.

I. Owner of Tank System			
Owner Name Mrs Ruth Lewis			
Street Address 3 Hunts Court		Phone Number (570) 587 - 3182	
City Clarks Summit	State PA	Zip Code 18411 -	
II. Location of Tank System			
Facility Name Lewis Brothers		Facility Identification Number 35 - 10233	
Street Address Route 347	City Olyphant	State PA	Zip Code 18447 -
Municipality Scott Township	County Lackawanna		
Contact Person Mrs Ruth Lewis		Phone Number (570) 587 - 3182	
III. Month/Day/Year of Proposed Closure 07 / 28 / 2010			
IV. Certified Installer/Company Performing Tank Handling Activities			
Certified Installer Name Martin P. Gilgallon		Installer Certification Number 4294	
Street Address 826 Main Street		Phone Number (570) 487 - 1959	
City Peckville	State PA	Zip Code 18452 -	
Certified Company Name Pennsylvania Tectonics, Incorporated		Company Certification Number 1517	
V. Contractor/Individual Performing Site Assessment Activities			
Name of Contractor or Individual Martin P. Gilgallon			
Street Address 826 Main Street		Phone Number (570) 487 - 1959	
City Peckville	State PA	Zip Code 18452 -	
VI. Description of Underground Storage Tank Systems (See reverse side of form)			
VII. Will this closure involve replacement of at least one old tank with a new tank?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
VIII. Signature of Tank System Owner			Date
			07 / 21 / 2010

VI. Description of Underground Storage Tank System (Complete for each tank undergoing closure)				
Tank Registration Number	005			
Estimated Total Capacity (Gallons)	550			
Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply)	a. Petroleum			
	Unleaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Leaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aviation Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Jet Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Diesel Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	New Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Used Motor Oil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify				
	b. Hazardous Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Name of Principal CERCLA Substance			
	AND			
	Chemical Abstract Service (CAS) No.			
	c. Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposed Closure Method (Check Only One)	a. Removal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	b. Closure-in-Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Change-In-Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial System Closure (Yes or No)	No	No		
Tank Registration Number				
Estimated Total Capacity (Gallons)				
Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply)	a. Petroleum			
	Unleaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Leaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aviation Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Jet Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Diesel Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	New Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Used Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify				
	b. Hazardous Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Name of Principal CERCLA Substance			
	AND			
	Chemical Abstract Service (CAS) No.			
	c. Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposed Closure Method (Check Only One)	a. Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Closure-in-Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Change-In-Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial System Closure (Yes or No)				

ATTACHMENT G

Drummed Waste T&D Documentation



HAZLETON OIL & ENVIRONMENTAL, Inc.

"Your Recycling Partner"

PA DEP # 301295
EPA # PA0000101816
NY PERMIT # PA395

No #: 131865

300 Tamaqua Street
Hazleton, PA 18201-7913
Phone: 800-458-3496
Fax: 570-929-3048
E-mail: info@hazletonoil.com
Web: www.hazletonoil.com

WORK ORDER

IMPORTANT DOCUMENT FOR YOUR FILES

HAZLETON OIL & ENVIRONMENTAL, INC. TAKES FULL RESPONSIBILITY for the pickup, transportation and disposal of all waste accepted by our company.

Company	Date 8-19-10	Job Site
PA Tectonics 826 Main Street Peckville, PA 18452-2320	Contact Marty Gilgallon	Lewis Brothers Garage PA Route 347 Olyphant, PA 18447
	Phone 570-487-1959	
	Time Arrived	
Driver Rich R	Time Finished	Vehicle 428825

Quantity	Description	Price	Total
1	BO Bottoms/Sludge 55 gal DM		
1	OD Oily Debris 55 gal DM		

Halogen Test: Y N Results	PPM			
Driver Signature if COD	Check if Cash	Check Number	Net 30 DAYS	Total

Accepted by: Please Sign *[Signature]* Accepted by: Please Print DEAN CRUZANE
PA TECTONICS, Inc.

Generator Certified this waste oil:

- Is not flammable.
- Is not mixed with chlorinated solvents/cleaners.
- Has not been mixed with hazardous waste/PCBs.
- Does not exhibit any characteristics under 40 CRF 261, ref 24 PA code 261 a.1.
- Is not mixed with hazardous waste according to 25 PA. Code 298. 10(b)(2)(III).

ATTACHMENT H
Weight Slip for Clean Fill

ATTACHMENT I
Certificate of Cleaning



CERTIFICATE OF TANK CLEANING

Pennsylvania Tectonics, Incorporated certifies that the following Underground Storage Tank (UST) has been cleaned in accordance with American Petroleum Institute Publication 2015: Cleaning Petroleum Storage Tanks, Third Edition, September 1985.

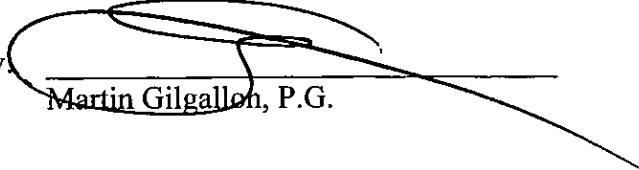
One (1) – 1,000-gallon used motor oil UST was cleaned onsite by Pennsylvania Tectonics and transported offsite for recycling.

Location: Lewis Brothers Garage Property
Route 347
Scott Township, Lackawanna County, Pennsylvania

PA Tectonics Project Number: 27058

Facility I.D. #35-10233

Verified By:


Martin Gilgallon, P.G.

Date: 07/27/10

environmental consultants

ATTACHMENT J
Certificate of Destruction

MIKE'S SCRAP RECYCLING

3001 Boulevard Ave. - Scranton, PA 18509

Phone (570) 346-8124

17664

Date 7/27/10 Time 12:40

Received From Power Tonic's

Address Peckville

Signature _____

License Number of Vehicle _____

11200
10400
800 Tank x 6.50 = 52.00

P.W. License # (V) 057456
(M) 057457 Signature [Signature]
(G) 057458
(R) 065440 Cust. Signature [Signature]

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

ATTACHMENT K
Analytical Data Sheets

QUANTUM

ANALYTICAL & ENVIRONMENTAL LABORATORIES, INC.

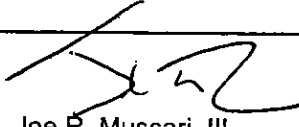
ANALYTICAL REPORT

August 17, 2010

Martin Gilgallon
Pennsylvania Tectonics, Inc.
826 Main Street
Peckville, PA 18452

Project: 27058
Sample Matrix: Soil
Sample Date: 27-Jul-10
Sample Time: 10:52
Sampled By: JL/ PA Tectonics
Received By: AK
Date Received: 28-Jul-10
Time Received: 11:50

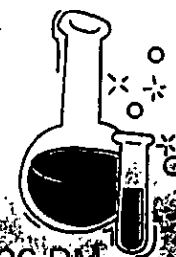
Parameter	Result	Units	Method	Analyzed
058-0727-SS1				
Benzene	< 0.005	mg/Kg	EPA 5035/ 8260B	29-Jul-10
Ethylbenzene	< 0.005	mg/Kg	EPA 5035/ 8260B	29-Jul-10
Isopropylbenzene	< 0.005	mg/Kg	EPA 5035/ 8260B	29-Jul-10
Toluene	< 0.005	mg/Kg	EPA 5035/ 8260B	29-Jul-10
Naphthalene	< 0.005	mg/Kg	EPA 5035/ 8260B	29-Jul-10
MTBE	< 0.005	mg/Kg	EPA 5035/ 8260B	29-Jul-10
1,3,5-Trimethylbenzene	< 0.005	mg/Kg	EPA 5035/ 8260B	29-Jul-10
1,2,4-Trimethylbenzene	< 0.005	mg/Kg	EPA 5035/ 8260B	29-Jul-10
Benzo(a)anthracene	< 0.186	mg/Kg	EPA 8270D	13-Aug-10
Chrysene	< 0.186	mg/Kg	EPA 8270D	13-Aug-10
Benzo(b)fluoranthene	< 0.186	mg/Kg	EPA 8270D	13-Aug-10
Benzo(a)pyrene	< 0.186	mg/Kg	EPA 8270D	13-Aug-10
Indeno(1,2,3-cd)pyrene	< 0.186	mg/Kg	EPA 8270D	13-Aug-10
Benzo(g,h,i)perylene	< 0.186	mg/Kg	EPA 8270D	13-Aug-10
Pyrene	< 0.186	mg/Kg	EPA 8270D	13-Aug-10
Lead (total)	45.6	mg/Kg	EPA 6010B	17-Aug-10


Joe R. Mussari, III
Laboratory Director

**DICKSON CITY INDUSTRIAL PARK
824 ENTERPRISE STREET
DICKSON CITY, PA 18519-1593**

PHONE: (570) 489-6964

FAX: (570) 489-6965



8/20/2010 1:31:26 PM

QUANTUM

ANALYTICAL & ENVIRONMENTAL LABORATORIES, INC.

August 13, 2010

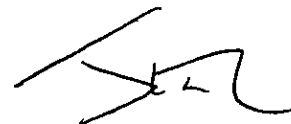
Martin Gilgallon
PA Tectonics, Inc.
826 Main Street
Peckville, PA 18452

Client Sample ID: 058-0727-SS1

Matrix: Soil

Date Sampled: 27-Jul-10 10:52
Date Received: 28-Jul-10 11:50
Date Analyzed: 29-Jul-10
Analyst: JRM

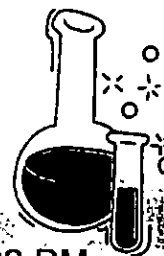
PARAMETER	RESULT	RESULT	
EPA 8260B/ TCL Volatile Organics	mg/Kg	mg/Kg	
<i>Chloromethane</i>	< 0.005	<i>Bromodichloromethane</i>	< 0.005
<i>Bromomethane</i>	< 0.005	<i>1,2-Dichloropropane</i>	< 0.005
<i>Vinyl Chloride</i>	< 0.005	<i>cis-1,3-Dichloropropene</i>	< 0.005
<i>Chloroethane</i>	< 0.005	<i>Trichloroethene</i>	< 0.005
<i>Methylene Chloride</i>	< 0.005	<i>Dibromochloromethane</i>	< 0.005
<i>Carbon Disulfide</i>	< 0.005	<i>1,1,2-Trichloroethane</i>	< 0.005
<i>1,1-Dichloroethene</i>	< 0.005	<i>Benzene</i>	< 0.005
<i>1,1-Dichloroethane</i>	< 0.005	<i>trans-1,3-Dichloropropene</i>	< 0.005
<i>cis 1,2-Dichloroethene</i>	< 0.005	<i>Bromoform</i>	< 0.005
<i>trans 1,2-Dichloroethene</i>	< 0.005	<i>Tetrachloroethene</i>	< 0.005
<i>1,2-Dichloroethane</i>	< 0.005	<i>1,1,2,2-Tetrachloroethane</i>	< 0.005
<i>1,1,1-Trichloroethane</i>	< 0.005	<i>Toluene</i>	< 0.005
<i>Carbon Tetrachloride</i>	< 0.005	<i>Chlorobenzene</i>	< 0.005
<i>Chloroform</i>	< 0.005	<i>Ethylbenzene</i>	< 0.005
<i>Naphthalene</i>	< 0.005	<i>Styrene</i>	< 0.005
<i>Isopropylbenzene</i>	< 0.005	<i>Xylenes, total</i>	< 0.015
		<i>MTBE</i>	< 0.005
		<i>1,2,4-Trimethylbenzene</i>	< 0.005
		<i>1,3,5-Trimethylbenzene</i>	< 0.005


Joe R. Mussari, III
Laboratory Director

**DICKSON CITY INDUSTRIAL PARK
824 ENTERPRISE STREET
DICKSON CITY, PA 18519-1593**

PHONE: (570) 489-6964

FAX: (570) 489-6965



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QUANTUM

ANALYTICAL & ENVIRONMENTAL LABORATORIES, INC.

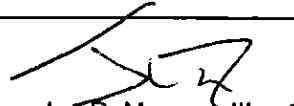
ANALYTICAL REPORT

August 17, 2010

Martin Gilgallon
Pennsylvania Tectonics, Inc.
826 Main Street
Peckville, PA 18452

Project: 27058
Sample Matrix: Soil
Sample Date: 27-Jul-10
Sample Time: 10:59
Sampled By: JL/ PA Tectonics
Received By: AK
Date Received: 28-Jul-10
Time Received: 11:50

Parameter	Result	Units	Method	Analyzed
058-0727-SS2				
Benzene	< 0.005	mg/Kg	EPA 5035/ 8260B	29-Jul-10
Ethylbenzene	< 0.005	mg/Kg	EPA 5035/ 8260B	29-Jul-10
Isopropylbenzene	< 0.005	mg/Kg	EPA 5035/ 8260B	29-Jul-10
Toluene	< 0.005	mg/Kg	EPA 5035/ 8260B	29-Jul-10
Naphthalene	< 0.005	mg/Kg	EPA 5035/ 8260B	29-Jul-10
MTBE	< 0.005	mg/Kg	EPA 5035/ 8260B	29-Jul-10
1,3,5-Trimethylbenzene	< 0.005	mg/Kg	EPA 5035/ 8260B	29-Jul-10
1,2,4-Trimethylbenzene	< 0.005	mg/Kg	EPA 5035/ 8260B	29-Jul-10
Benzo(a)anthracene	< 0.180	mg/Kg	EPA 8270D	13-Aug-10
Chrysene	< 0.180	mg/Kg	EPA 8270D	13-Aug-10
Benzo(b)fluoranthene	< 0.180	mg/Kg	EPA 8270D	13-Aug-10
Benzo(a)pyrene	< 0.180	mg/Kg	EPA 8270D	13-Aug-10
Indeno(1,2,3-cd)pyrene	< 0.180	mg/Kg	EPA 8270D	13-Aug-10
Benzo(g,h,i)perylene	< 0.180	mg/Kg	EPA 8270D	13-Aug-10
Pyrene	< 0.180	mg/Kg	EPA 8270D	13-Aug-10
Lead (total)	166	mg/Kg	EPA 6010B	17-Aug-10


Joe R. Mussari, III
Laboratory Director

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824 ENTERPRISE STREET
DICKSON CITY, PA 18519-1593**

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8/20/2010 1:31:29 PM

QUANTUM

ANALYTICAL & ENVIRONMENTAL LABORATORIES, INC.

August 13, 2010

Martin Gilgallon
PA Tectonics, Inc.
826 Main Street
Peckville, PA 18452

Client Sample ID: 058-0727-SS2

Matrix: Soil

Date Sampled: 27-Jul-10 10:59

Date Received: 28-Jul-10 11:50

Date Analyzed: 29-Jul-10

Analyst: JRM

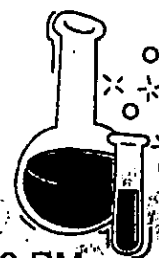
PARAMETER	RESULT	RESULT	
EPA 8260B/ TCL Volatile Organics	mg/Kg	mg/Kg	
<i>Chloromethane</i>	< 0.005	<i>Bromodichloromethane</i>	< 0.005
<i>Bromomethane</i>	< 0.005	<i>1,2-Dichloropropane</i>	< 0.005
<i>Vinyl Chloride</i>	< 0.005	<i>cis-1,3-Dichloropropene</i>	< 0.005
<i>Chloroethane</i>	< 0.005	<i>Trichloroethene</i>	< 0.005
<i>Methylene Chloride</i>	< 0.005	<i>Dibromochloromethane</i>	< 0.005
<i>Carbon Disulfide</i>	< 0.005	<i>1,1,2-Trichloroethane</i>	< 0.005
<i>1,1-Dichloroethene</i>	< 0.005	<i>Benzene</i>	< 0.005
<i>1,1-Dichloroethane</i>	< 0.005	<i>trans-1,3-Dichloropropene</i>	< 0.005
<i>cis 1,2-Dichloroethene</i>	< 0.005	<i>Bromoform</i>	< 0.005
<i>trans 1,2-Dichloroethene</i>	< 0.005	<i>Tetrachloroethene</i>	< 0.005
<i>1,2-Dichloroethane</i>	< 0.005	<i>1,1,2,2-Tetrachloroethane</i>	< 0.005
<i>1,1,1-Trichloroethane</i>	< 0.005	<i>Toluene</i>	< 0.005
<i>Carbon Tetrachloride</i>	< 0.005	<i>Chlorobenzene</i>	< 0.005
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<i>Naphthalene</i>	< 0.005	<i>Styrene</i>	< 0.005
<i>Isopropylbenzene</i>	< 0.005	<i>Xylenes, total</i>	< 0.015
		<i>MTBE</i>	< 0.005
		<i>1,2,4-Trimethylbenzene</i>	< 0.005
		<i>1,3,5-Trimethylbenzene</i>	< 0.005

Joe R. Mussari, III
Laboratory Director

**DICKSON CITY INDUSTRIAL PARK
824 ENTERPRISE STREET
DICKSON CITY, PA 18519-1593**

PHONE: (570) 489-6964

FAX: (570) 489-6965



8/20/2010 1:31:30 PM

CHAIN OF CUSTODY

Special Requirements

PA DEP ASTM TCLP
 RCRA UST FORM U
 FORM 43

Other _____
 pH _____ Temp _____
 TAT: RUSH _____ **NORMAL**

PROJECT: 27058

Location Sample Description

058. 0727. 551
 058. 0727. 552



Date Sampled
 Time Sampled

7.27.10 1052
 7.27.10 1059

Matrix
 # of Cont / Size

SO 4
 SO 4

PRSV / Cont Type

* *
 * *

Grab / Composite

G G
 G G

Used Optor
 TCL VOCs

X X
 X X

ANALYSIS TO BE PERFORMED

Invoice #

Quantum ID

009 1072810
 010 1072810
 011 1072810

PO #:

O - Other

AG - Amber Glass

CG - Glass

P - Plastic

Phone: (570) 489-6964 Fax: (570) 489-6965

Page 1 of 1

Report to: Pennsylvania Technics Inc
 826 Main Street
 Peckville PA 18452
 Contact: Martin Gilgallon
 Phone: 570.487.1959 Fax: 570.487.1961
 Bill to: Pennsylvania Technics Inc
 826 Main Street
 Peckville PA 18452

QUANTUM
 ANALYTICAL & ENVIRONMENTAL LABORATORIES, INC.
 Dickson City Industrial Park
 824 Enterprise Street
 Dickson City, PA 18519-1593

DW - Drinking Water SL - Sludge
 GW - Ground Water SO - Soil
 SW - Surface Water HZ - Hazardous
 WW - Waste Water Other

Comments: * Sample Kit provided by Lab

Intact Containers (Y) N Within Holding Times (Y) N
 COC Complete (Y) N Labels Match COC (Y) N
 Properly Preserved (Y) N Rec'd on Ice (Y) N

Shipped _____ / Hand Delivered _____

Sampler: Jerry Luchansky

Relinquished By: *Jerry Luchansky*

Date: 7.28.10 Time: 1135

Date: 7/28/10 Time: 1135

Relinquished By: *Susan Navak*

Date: 7/28/10 Time: 1150

Date: 7/28/10 Time: 11:50