

NOTIFICATION OF REPORTABLE RELEASE (Owners and Operators)

NOTIFICATION OF CONTAMINATION (Certified Installers and Inspectors)

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On August 21, 1993, the Storage Tank Cleanup Program's Corrective Action Process (CAP) regulations became effective. These regulations establish release reporting requirements for owners and operators of storage tanks and storage tank facilities.

Subsection 245.305(a) of the regulations requires owners or operators to notify the appropriate regional office of the Department as soon as practicable, but no later than 2 hours, after the confirmation of a reportable release.

Subsection 245.305(d) requires owners or operators to provide written notification to the appropriate regional office and to the local municipality, within 15 days of the notice required by Subsection 245.305(a). This form may be used to comply with Subsection 245.305(d).

OWNERS AND OPERATORS (O/O)

PLEASE COMPLETE SECTIONS I, II, IIIA, IIIB, IV, V, VII and VIII.

NOTIFICATION OF CONTAMINATION (Certified Installers and Inspectors)

On September 21, 1991, the Storage Tank Program's Certification regulations became effective. These regulations establish standards of performance for certified installers and inspectors of storage tanks and storage tank facilities.

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

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

CERTIFIED INSTALLERS AND INSPECTORS (I/I)

PLEASE COMPLETE SECTIONS I, II, IIIA, IIIC, VI, VII and VIII.

INSTRUCTIONS

- I. FACILITY INFORMATION - Record the name, I.D. number and physical location (not P.O. Box) of the facility at which a reportable release has been confirmed or at which suspected or confirmed contamination has been observed. Include the name and phone number of a person to contact at the facility.
- II. OWNER INFORMATION - Record the name, business address and phone number of the owner of the facility identified in Section I.
- III. REGULATED SUBSTANCE INFORMATION - Indicate to the best of your knowledge: A) the type of product or products involved; B) the quantity of product or products released; and C) whether the contamination is suspected or confirmed.
- IV. REPORTABLE RELEASE INFORMATION - Record the date of confirmation of the reportable release, e.g., "08/21/93"; the date and regional office notified; and the date the local municipality (provide name of municipality) was sent a copy of this form. Indicate to the best of your knowledge the extent of contamination resulting from the release of the regulated substance.
- V. INTERIM REMEDIAL ACTIONS - Indicate the interim remedial actions planned, initiated or completed.
- VI. SUSPECTED/CONFIRMED CONTAMINATION INFORMATION - Record the date of observation of the suspected or confirmed contamination, e.g., "01/01/94". Indicate to the best of your knowledge the indications of a suspected release or extent of confirmed contamination resulting from the release of the regulated substance.
- VII. ADDITIONAL INFORMATION - Provide any additional, relevant, available information concerning the reportable release or suspected or confirmed contamination. Include in this section a brief description of the activity that was being conducted when the reportable release was confirmed by the owner or operator or when the suspected/confirmed contamination was observed by the certified installer or inspector, e.g., during a(n) installation, repair or upgrade, removal from service or routine inspection.
- VIII. CERTIFICATION - Please print your name, and provide your signature and date of signature. If a certified installer/inspector, provide certification number and company certification number.

PLEASE SEND COMPLETED ORIGINAL FORM TO:

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

SOUTHWESTERN REGION

97 JUN - 6

Southeast Region
200 Park, Suite 6010
55 North Lane
Orlando, FL 32819
AX 610-832-6143

Northeast Region
2 Public Square
Wilkes-Barre, PA 18711-0790
FAX: 717-820-4907

Southcentral Region
One Ararat Boulevard
Harrisburg, PA 17110
FAX: 717-540-7492

Northcentral Region
208 W. Third Street, Suite 101
Williamsport, PA 17701
FAX: 717-327-3565

Southwest Region
400 Waterfront Drive
Pittsburgh, PA 15222
FAX: 412-442-4194

Northwest Region
230 Chestnut Street
Meadville, PA 16335
FAX: 814-332-6121

Counties
Allegheny, Chester, Delaware,
Montgomery, Philadelphia

Counties
Carbon, Lackawanna, Lehigh,
Luzerne, Monroe, Northamp-
ton, Pike, Schuylkill, Susque-
hanna, Wayne, Wyoming

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

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

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

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

FACILITY INFORMATION (Both O/O and I/I)

Facility Name Chuck Stop Facility I.D. Number 03-24734
Street Address (P.O. Box not acceptable) RT. 56 EAST
City Apollo State PA Zip Code 15613
County Armstrong Municipality Kiski Twp.
Contact Person Chuck Petters Phone Number (412) 478-2124

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

Owner Name Chuck Petters
Address 3083 Sportsman Road
City Apollo Zip Code 15613
State PA
Phone Number (412) 478-3134

03-24734

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

Include a brief description of the activity that was being conducted when the reportable release was confirmed by the owner or operator or when the suspected/confirmed contamination was observed by the certified installer or inspector, e.g., during a(n) installation, repair or upgrade, removal from service or routine inspection.

WE UNCOVERED TANKS to Have them Fiberglassed inside them. found DISCLORED SAND, shown on Rain water that had Accumulated in SAND on top ~~of~~ TANKS. Slight odor in Air in TANK EXCAVATION. Soils Staged on site AND covered with plastic.

WE WILL BE REMOVING EXISTING LINES & PUMP ISLAND, WILL BE EXPECTING TO FIND MORE SOIL CONT.

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

CHARLES J. PETERS III

(Print Name)

_____ hereby certify, under penalty of law as provided in 18 Pa. C.S.A.

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

Signature of Owner or Operator

6-3-97

Date _____

William P. ORBIN

(Print Name)

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

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

William A. Dobb
Signature of Certified Installer

6-3-97

Date _____

1154

Installer Certification Number

471

Company Certification Number

(Print Name)

_____, hereby certify, under penalty of law as provided in 18 Pa. C.S.A.

1904 (relating to unsworn falsification to authorities) that I am the certified inspector who performed inspection activities at the above referenced orange tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

Signature of Certified Inspector

Date _____

Inspector Certification Number

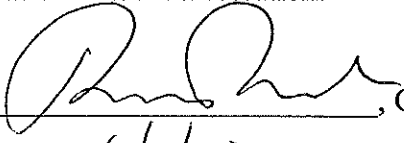
Company Certification Number

RE: Storage Tank Program
Administrative File Review
Facility Name: Chuck's Stop
Facility ID #: 03-24734
Current Status: 8
County: Armstrong
Incident #: 23578

On June 3, 2008, the Department reviewed the file for Chuck's Stop, Facility ID No. 03-24734, to determine whether additional information would be required for a release reported on June 3, 1997. The release may or may not have been related to a storage tank closure.

As a result of our file review, we have determined that no further action is required at this time for the incident listed above. The status of this release incident is listed as either 4 (closed), 7 (notification only), or 8 (administrative close out). The "Closed" status means that the documentation available in the file provided supporting evidence to close the case. The "Notification Only" status means that a release was reported (suspected) but was never confirmed. The "Administrative Close Out" status means that although contamination was reported, the Department will not be pursuing remediation at this time due to higher priority cases.

We do not warrant the accuracy or veracity of any Closure Report or other submitted document. If we subsequently obtain additional information which indicates the existence of contamination caused by the conditions on your premises, we reserve the right to require additional site characterization and/or remediation.


_____, Group Manager, Storage Tank Program
6/3/08, Date

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Facility Search Details

Facility ID:	578512
Facility Name:	CHUCKS STOP
Address:	737 ROUTE 56 E APOLLO, PA 15613 Kiskiminetas Township, Armstrong County
Status:	Active
Program:	Environmental Cleanup & Brownfields

Facility Search Sub-Facility Details

No records matched the criteria.

Facility Search Permit Details

Authorization	Status:	Permit Number:	Date Received:
Storage Tank Registration/Permitting (396675)	Issued	03-24734	08/05/1989
Storage Tank Registration/Permitting (1048498)	Issued	03-24734	10/15/2014

Facility Search Inspection Details

Inspection Type	Inspection Date	Result
Facility Operations Inspection (1131121)	11/29/1997	No Violations Noted
Facility Operations Inspection (1131122)	06/19/2000	No Violations Noted
Follow-up Inspection (1345700)	06/17/2004	Viol(s) Noted & Immediately Corrected
Facility Operations Inspection (1443394)	04/18/2005	No Violations Noted
Compliance Evaluation (1637190)	07/18/2007	In Compliance with Policy
Construction (1682075)	06/20/2007	No Violations Noted
Facility Operations Inspection (1876425)	02/15/2010	Violation(s) Noted
Compliance Evaluation (2072554)	06/01/2012	No Violations Noted
Administrative/File Review (2074675)	06/11/2012	In Compliance with Schedule
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Facility Search Tank Remediation

Incident Name	Confirmed Release Date	Type	Cleanup Status	Cleanup Status Date
CHUCKS STOP (19839)	12/15/1999	UST (Petroleum)	Cleanup Completed	09/30/2011
(23578)	06/06/1997	UST (Petroleum)	Cleanup Completed	09/30/2011
LINING FAILURE (44113)	07/23/2012	UST (Petroleum)	Cleanup Completed	10/20/2014
FAILED LINER TEST IN 2012. DEP ISSUED ORDER TO REMOVE. (47047)	09/23/2014	UST (Petroleum)	Interim Remedial Actions Initiated or Completed	09/24/2014

Corrective Action/Tank Closure requirements remain outstanding for incidents in Inactive status.

Facility Search Land Recycling Information

No records matched the criteria.

Facility Search Air Emissions

No records matched the criteria.