

REGISTRATION/PERMITTING OF STORAGE TANKS

*** INSTRUCTIONS ARE INCLUDED FOR YOUR REFERENCE.
INCOMPLETE FORMS WILL BE RETURNED, DELAYING REGISTRATION AND PERMITTING.***

I. PURPOSE OF SUBMITTAL (Check (✓) Those That Apply)

- | INITIAL | AMENDED | CHANGE OF OWNERSHIP |
|---|---|--|
| <input type="checkbox"/> Initial | <input checked="" type="checkbox"/> Changed Previous Info | <input type="checkbox"/> Sold <input type="checkbox"/> Purchased |
| <input type="checkbox"/> Registration for Removal of Unregistered Tank(s) | <input checked="" type="checkbox"/> Added Tank(s) | <input type="checkbox"/> All Tanks (Will Remain at Same Facility) |
| <input type="checkbox"/> Registration for Un-Registered Tank(s) Closed in Place | <input checked="" type="checkbox"/> Tank(s) Temporarily Out of Use | <input type="checkbox"/> Some Tanks (Will Remain at Same Facility) |
| | <input type="checkbox"/> Removed / Closed Tank(s) | <input type="checkbox"/> Some Tanks (Relocated to Another Regulated Facility) |
| | <input type="checkbox"/> Exempted Tank(s) | <input type="checkbox"/> Some Tanks (Relocated to a New Facility and the Tanks are to be Registered) |
| | <input type="checkbox"/> Changed from Regulated to Unregulated Substance or Use | |
| | <input type="checkbox"/> Relocated Tank(s) | |

DEP REGIONAL
SOUTHWEST
99 FEB 17 PM 3:27
STATE USE ONLY

II. TANK OWNER / BUSINESS INFORMATION (Type or Print Legibly)

A. DEP CLIENT ID NO. (STATE USE ONLY) _____

Federal Tax ID No. (EIN or SSN)

2 5 1 7 0 8 4 6 2Owner Name CHARLES J PETERS IIIAddress 737 RT 56 ECity APOLLO State PA Zip 15613Phone No. (724) 478-2124County ARMSTRONG Municipality KISKIMINKUS

Type of Owner/Business (Check Only One)

- | | |
|---|--|
| <input type="checkbox"/> Vol. Fire Co./EMS Org. | <input type="checkbox"/> Corporate |
| <input type="checkbox"/> Federal Government | <input checked="" type="checkbox"/> Private (Business) |
| <input type="checkbox"/> State Government | <input type="checkbox"/> Private (Residential) |
| <input type="checkbox"/> Local Government | |

B. CHANGE OF OWNERSHIP

The new owner is to complete all sections of this form including this section if some or all tanks have been purchased/transferred.

Effective Date of Change _____

Purchased/Transferred From: _____

(Previous Owner Name) _____

(Previous Owner Address) _____

(Previous Facility ID No.) _____

(Previous Tank No.(s)) _____

III. FACILITY INFORMATION (Type or Print Legibly)

A. FACILITY ID NO. 03-24734Facility Name CHUCKS STOPLocation 737 RT 56 E

(PO Box NOT acceptable) (RR Box IS acceptable)

City APOLLO State PA Zip 15613Phone No. (724) 478-2124County ARMSTRONG Municipality KISKI.

Type of Facility (Check Only One)

- | | |
|--|--|
| <input type="checkbox"/> 00 Unknown | <input type="checkbox"/> 10 Federal, Military |
| <input checked="" type="checkbox"/> 01 Gas Station | <input type="checkbox"/> 11 Commercial |
| <input type="checkbox"/> 02 Petroleum Distr | <input type="checkbox"/> 12 Industrial |
| <input type="checkbox"/> 03 Air Taxi | <input type="checkbox"/> 13 Residential |
| <input type="checkbox"/> 04 Aircraft Owner | <input type="checkbox"/> 14 Contractor |
| <input type="checkbox"/> 05 Auto Dealership | <input type="checkbox"/> 15 Trucking/Transport |
| <input type="checkbox"/> 06 Railroad | <input type="checkbox"/> 16 Utilities |
| <input type="checkbox"/> 07 Local Govt | <input type="checkbox"/> 17 Farm |
| <input type="checkbox"/> 08 State Govt | <input type="checkbox"/> 18 Convenience Store |
| <input type="checkbox"/> 09 Federal, Non-Military | <input type="checkbox"/> 99 Other _____ |

SPECIFY

B. FIRE SAFETY PERMIT NO.

If applicable: _____

Issued by: _____

C. CONTACT (CHECK ONLY ONE)

- ☐ Send all mail to the Owner address noted above.
☒ Send all mail to the Facility address noted at left.
☐ Send all mail to the Contact address noted below:

Name _____

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone No. () _____

Facility ID No.

03 - 24734

Facility Name

Chucks stop**IV. DESCRIPTION OF STORAGE TANKS**

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

A. ABOVEGROUND TANKS List all tanks. If amending information, identify the Amended Tank(s) with an asterisk (*) to the left of the tank number.

Tank Number	STATUS	TYPE	Install Date (Mo-Day-Yr)	Change of Status Date (Mo-Day-Yr)	Capacity (Gallons)	Substance Code (Currently or Last Stored)	CERCLA Name (If Hazardous Substance) Substance Name (If Other Petroleum Substance or Petroleum-Based Mixture)	CAS No. (If Hazardous Substance)	Exempt Reference Code (See Instructions)
A					— — — — —				
A					— — — — —				
A					— — — — —				
A					— — — — —				
A					— — — — —				
A					— — — — —				
A					— — — — —				
A					— — — — —				
A					— — — — —				
A					— — — — —				
A					— — — — —				
A					— — — — —				
A					— — — — —				
A					— — — — —				
A					— — — — —				

Status Codes:
Type Codes:C - Currently in Use
M - ManufacturedT - Temporarily Out of Use
F - Field Constructed

E - Exempt

R - Removed

P - Closed in Place

B. UNDERGROUND TANKS List all tanks. If amending information, identify the Amended Tank(s) with an asterisk (*) to the left of the tank number.

Tank Number	STATUS	TYPE	Install Date (Mo-Day-Yr)	Change of Status Date (Mo-Day-Yr)	Capacity (Gallons)	Substance Code (Currently or Last Stored)	CERCLA Name (If Hazardous Substance) Substance Name (If Other Petroleum Substance or Petroleum-Based Mixture)	CAS No. (If Hazardous Substance)	Exempt Reference Code (See Instructions)
204	T			12-22-95	2,000				
205	T			12-22	1,000				
206	T			12-22	1,000				
207	C		2-9-99		1,000				
					— — — — —				
					— — — — —				
					— — — — —				
					— — — — —				
					— — — — —				
					— — — — —				
					— — — — —				
					— — — — —				
					— — — — —				
					— — — — —				
					— — — — —				
					— — — — —				

Status Codes:
Type Codes:C - Currently in Use
M - ManufacturedT - Temporarily Out of Use
F - Field Constructed

E - Exempt

R - Removed

P - Closed in Place

Detach this entire form and return with all appropriate signatures to the Division of Storage Tanks

3/8/2013 9:44:18 AM

Facility ID No.

03 - 24734

Facility Name

Chucks Stop

V. INFORMATION FOR ABOVEGROUND AND UNDERGROUND NEW TANK INSTALLATIONS (cont.)

(Write the Tank Number(s) and place a check (✓) in the appropriate box for each component that was installed.)

	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number
SPILL PREVENTION (6)	007										
(Y) YES	X										
(N) NO											
(E) EXEMPT											
OVERFILL PREVENTION PRESENT (7)											
(Y) YES	X										
(N) NO											
(E) EXEMPT											
VAPOR RECOVERY PRESENT (11)											
A) STAGE I INSTALLED											
B) STAGE II INSTALLED											
C) STAGE I AND II INSTALLED											
D) NONE	X										
TANK RELEASE DETECTION METHOD (12)											
A) MONTHLY INVENTORY CONTROL	X										
B) ANNUAL TANK TIGHTNESS TESTING	X										
C) TANK TIGHTNESS TESTING (EVERY 5 YEARS)											
D) STATISTICAL INVENTORY RECONCILIATION											
E) AUTOMATIC TANK GAUGING											
F) MANUAL TANK GAUGING (36 HRS.)											
G) MANUAL TANK GAUGING (44 OR 58 HRS.)											
H) INTERSTITIAL MONITORING (2 WALLS)											
I) INTERSTITIAL MONITORING (LINER)											
J) GROUNDWATER MONITORING											
K) VAPOR MONITORING											
L) GROOVES MADE IN THE IMPERMEABLE PAD											
M) SLOTTED PIPE ABOVE THE IMPERMEABLE PAD											
N) NONE											
O) EXEMPT											
P) VISUAL INSPECTION (AST's ONLY)											
99) OTHER (SPECIFY)											
EMERGENCY CONTAINMENT (16) ASTs ONLY											
(Y) YES											
(N) NO											
SECONDARY CONTAINMENT (17) ASTs ONLY											
(Y) YES											
(N) NO											

VI. ABOVEGROUND AND UNDERGROUND TANK INFORMATION FOR REMOVAL FROM SERVICE

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

	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number
	004	005	006								
TANK REMOVED											
TANK CLOSED IN PLACE <i>TEMP.</i>	X	X	X								
CONTAMINATION SUSPECTED OR OBSERVED AND NOTIFICATION OF CONTAMINATION FORM WAS SUBMITTED											
CLOSURE DOCUMENT SUBMITTED TO DEP (FOR USTs ONLY)											
CLOSURE DOCUMENT KEPT ON FILE BY OWNER											

Facility ID No.

03 - 24734Facility Name Chucks Stop**V. INFORMATION FOR ABOVEGROUND AND UNDERGROUND NEW TANK INSTALLATIONS**

(Write the Tank Number(s) and place a check (✓) in the appropriate box for each component that was installed.)

	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number
TANK CONSTRUCTION AND CORROSION PROTECTION (1)	<u>007</u>										
(A) SINGLE WALL UNPROTECTED STEEL											
(B) CATHODICALLY PROTECTED STEEL (GALVANIC)											
(C) CATHODICALLY PROTECTED STEEL (IMPRESSED CURRENT)											
(D) DOUBLE WALL STEEL <u>5713</u>	<u>X</u>										
(E) SINGLE WALL FIBERGLASS											
(F) DOUBLE WALL FIBERGLASS											
(G) STEEL WITH PLASTIC OR FIBERGLASS JACKET											
(H) STEEL WITH FRP COATING											
(I) STEEL WITH LINED INTERIOR											
(J) CONCRETE											
(O) CATHODICALLY PROTECTED DOUBLE WALL STEEL (GALVANIC)											
(P) CATHODICALLY PROTECTED STEEL WITH LINER											
(Q) DOUBLE BOTTOM (AST's ONLY)											
(R) MOLDED PLASTIC FORM (AST's ONLY)											
(99) OTHER (SPECIFY)											
UNDERGROUND PIPING CONSTRUCTION AND CORROSION PROTECTION (2)											
(A) BARE STEEL											
(B) CATHODICALLY PROTECTED STEEL											
(C) COPPER											
(D) FIBERGLASS											
(E) FLEXIBLE (NON-METALLIC)											
(G) NONE											
(I) DOUBLE WALL STEEL											
(J) DOUBLE WALL FIBERGLASS											
(K) DOUBLE WALL PLASTIC											
(L) TRENCH LINER											
(M) JACKETED											
(99) OTHER (SPECIFY)	<u>X</u>										
ABOVEGROUND PIPING CONSTRUCTION AND CORROSION PROTECTION (3)											
(A) BARE STEEL											
(B) CATHODICALLY PROTECTED STEEL											
(C) COPPER											
(D) FIBERGLASS											
(E) FLEXIBLE (NON-METALLIC)											
(G) NONE	<u>X</u>										
(99) OTHER (SPECIFY)											
PUMP (PIPING) SYSTEM (4)											
(A) SUCTION: CHECK VALVE AT PUMP	<u>X</u>										
(B) SUCTION: CHECK VALVE AT TANK											
(C) PRESSURE											
(D) GRAVITY FED											
(E) NONE											
PIPE RELEASE DETECTION METHOD (5)											
(A) AUTOMATIC LINE LEAK DETECTOR											
(B) ANNUAL LINE TIGHTNESS TESTING (PRESSURE)											
(C) LINE TIGHTNESS TEST - 3 YEARS (SUCTION)	<u>X</u>										
(D) INTERSTITIAL MONITORING											
(E) GROUNDWATER MONITORING											
(F) VAPOR MONITORING											
(G) VISUAL INSPECTION											
(H) NONE											
(I) EXEMPT											
(J) STATISTICAL INVENTORY RECONCILIATION (SIR)											
(K) ELECTRONIC LINE LEAK DETECTOR											
(L) INTERSTITIAL MONITORING WITH CONTINUOUS ALARM OR SHUT OFF											

Detach this entire form and return with all appropriate signatures to the Division of Storage Tanks

3/8/2013 9:45:05 AM

Facility ID No.

03 - 24734

Facility Name Chucks stop**VII. OWNER CERTIFICATION** (Read and sign after completing all applicable sections.)

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

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 this registration is made subject to the penalties of 18 PA. C.S. Section 4904 relating to unsworn falsification to authorities.

Name and Title of Owner

Signature

Date

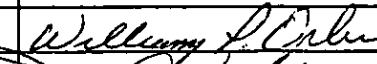
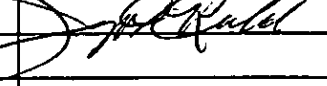
CHARLES J. PECCS III



2/9/99

VIII. 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 Sections V and VI. Do NOT enter the company certification number. Tank Modifications must be submitted on a "Tank Handling Activities Report" form. (Type or Print legibly)

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 herein is true, accurate and complete to the best of my knowledge and belief.

Tank Number	Installer/Remover Name	Construction Standard	Individual Certification No.	Certification Category	Installer/Remover Signature	Date
007	William P. ORBIN		1154	UMX		2-9-99
207	Joseph A. Keibler		1115	UMX		2-9-99

IX. INSPECTOR CERTIFICATION This section must be completed by the certified tank inspector(s) who is responsible for verifying the installation standards for all field constructed tanks and all aboveground tanks greater than 21,000 gallons listed in Section V. (Type or Print legibly)

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 Number	Inspector Name	Construction Standard	Individual Certification No.	Certification Category	Inspector Signature	Date

X. SITE SPECIFIC PERMIT NUMBER (If a site specific permit was required for new tank installation, write the tank number(s) and permit number(s) in the appropriate box.)

Site Specific Permit No.	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number