2530-FM-LRWM0127 4/96

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

DATE RECEIVED: _____

ATTACHMENT 3

# UNDERGROUND STORAGE TANK SYSTEM CLOSURE NOTIFICATION FORM

DEP
SOUTHWEST REGION
99 AUG 27 AM 11:47

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: CHARLES J PETERS III

Street Address: 737 RT 56 E

Phone Number: (724) 478 2124

City: APOLLO

State: PA

Zip Code: 15613

## II. Location of Tank System

Facility Name: CHUCKS STOP

Facility Identification Number: 03-24734 OK

Street Address: 737 RT 56 E

City: Apollo

State: PA

Zip Code: 15613

Municipality: KISKIMINETAS

County: ARMSTRONG

Contact Person: CHUCK

Phone Number: (724) 478 2124

## III. Month/Day/Year of Proposed Closure

9/30/99

## IV. Certified Installer/Company Performing Tank Handling Activities

Certified Installer Name: WILLIAM P. ORBIN

Installer Certification Number: 1154 OK

Street Address: HC 62 BOX 149

Phone Number: (724) 478 5422

City: SPRING CHURCH

State: PA

Zip Code: 15686

Certified Company Name: ORBINS PUMP & TANK

Company Certification Number: 471 OK

## V. Contractor/Individual Performing Site Assessment Activities

Name of Contractor or Individual: WILLIAM P. ORBIN

Street Address: HC 62 BOX 149

Phone Number: (724) 478 5422

City: SPRING CHURCH

State: PA

Zip Code: 15686

## 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?

Yes ____ No X

## VIII. Signature of Tank System Owner

Date: 8-20-99

3/8/2013 9:46:14 AM

2530-FM-LRWM0127 4/96 03-24734 Chucks Stop

## VI. Description of Underground Storage Tank System (Complete for each tank undergoing closure)

| | | | | | |
|---|---|---|---|---|---|
| Tank Registration Number | | 03-24734 | 004 | 005 | 006 |
| Estimated Total Capacity (Gallons) | | | 2000 | 1000 | 1000 |
| Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply) | a. Petroleum | | | | |
| | Unleaded Gasoline | | ☐ | ☐ | ☐ |
| | Leaded Gasoline | | ☐ | ☐ | ☐ |
| | Aviation Gasoline | | ☐ | ☐ | ☐ |
| | Kerosene | | ☐ | ☒ | ☒ |
| | Jet Fuel | | ☐ | ☐ | ☐ |
| | Diesel Fuel | | ☒ | ☐ | ☐ |
| | Fuel Oil No. 1 | | ☐ | ☐ | ☐ |
| | Fuel Oil No. 2 | | ☐ | ☐ | ☐ |
| | Fuel Oil No. 4 | | ☐ | ☐ | ☐ |
| | Fuel Oil No. 5 | | ☐ | ☐ | ☐ |
| | Fuel Oil No. 6 | | ☐ | ☐ | ☐ |
| | New Motor Oil | | ☐ | ☐ | ☐ |
| | Used Motor Oil | | ☐ | ☐ | ☐ |
| | Other, Please Specify | | | | |
| | b. Hazardous Substance | | ☐ | ☐ | ☐ |
| | Name of Principal CERCLA Substance AND Chemical Abstract Service (CAS) No. | | | | |
| | c. Unknown | | ☐ | ☐ | ☐ |
| Proposed Closure Method (Check Only One) | a. Removal | | ☒ | ☒ | ☒ |
| | b. Closure-in-Place | | ☐ | ☐ | ☐ |
| | c. Change-In-Service | | ☐ | ☐ | ☐ |
| Partial System Closure (Yes or No) | | | YES | YES | YES |
| Tank Registration Number | | | | | |
| Estimated Total Capacity (Gallons) | | | | | |
| Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply) | a. Petroleum | | | | |
| | Unleaded Gasoline | | ☐ | ☐ | ☐ |
| | Leaded Gasoline | | ☐ | ☐ | ☐ |
| | Aviation Gasoline | | ☐ | ☐ | ☐ |
| | Kerosene | | ☐ | ☐ | ☐ |
| | Jet Fuel | | ☐ | ☐ | ☐ |
| | Diesel Fuel | | ☐ | ☐ | ☐ |
| | Fuel Oil No. 1 | | ☐ | ☐ | ☐ |
| | Fuel Oil No. 2 | | ☐ | ☐ | ☐ |
| | Fuel Oil No. 4 | | ☐ | ☐ | ☐ |
| | Fuel Oil No. 5 | | ☐ | ☐ | ☐ |
| | Fuel Oil No. 6 | | ☐ | ☐ | ☐ |
| | New Motor Oil | | ☐ | ☐ | ☐ |
| | Used Motor Oil | | ☐ | ☐ | ☐ |
| | Other, Please Specify | | | | |
| | b. Hazardous Substance | | ☐ | ☐ | ☐ |
| | Name of Principal CERCLA Substance AND Chemical Abstract Service (CAS) No. | | | | |
| | c. Unknown | | ☐ | ☐ | ☐ |
| Proposed Closure Method (Check Only One) | a. Removal | | ☐ | ☐ | ☐ |
| | b. Closure-in-Place | | ☐ | ☐ | ☐ |
| | c. Change-In-Service | | ☐ | ☐ | ☐ |
| Partial System Closure (Yes or No) | | | | | |

3/8/2013 9:46:15 AM

ER-BWQ-84: 10/90

"24 Hr Notification"

Department of Environmental Resources

# STORAGE SYSTEM REPORT FORM
## NOTIFICATION INFORMATION

Bureau of Water Quality Management

FACILITY ID NUMBER: 03-24734 FACILITY NAME: Checks Stop

FACILITY ADDRESS/LOCATION: 737 Route 56E Apollo PA 15613

MUNICIPALITY: Kiskiminetas Twp COUNTY: Armstrong

NOTIFIER INFORMATION

Name: Bill Debin

Title:

Telephone: 724 478-5422

OWNER INFORMATION 8745

Name: Charles J Peters III

Street Address: 737 Rte 56E

Apollo PA 15613

City:

State:

Zip Code:

Contact Name:

Telephone: 724 478-2124

REASON FOR NOTIFICATION (MARK ALL THAT APPLY X):

- Sight (Products is Actually Seen) —
- Smell (Vapors) —
- Taste (Drinking Water Contamination) —
- Unexplained Water in Tank Indicates Release —
- Product Inventory Control Indicates Release —
- Tank Tightness Test Indicates Release —
- Line Tightness Test Indicates Release —
- Vapor Monitoring Indicates Release/Spill —
- Ground-Water Monitoring Indicates Release/Spill —
- Interstitial Monitoring Indicates Release/Spill —
- Automatic Line Leak Detector Indicates Release —
- Chemical Analysis Indicates Release/Spill —
- Other (Specify) _____ —

DISCUSSION

Removing 004, 005, 006. Visible soil contamination and odor. Will be stock piling soil. Will send in a report

DIRECTIONS TO SITE

OER Representative Name (Print)

OER Representative Signature: Patty Mehalek

Title

Date: 2-15-99

Time: 10:30 AM