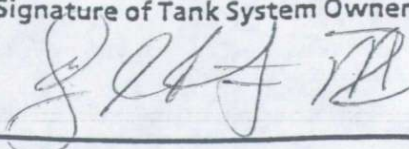


ATTACHMENT 3

UNDERGROUND STORAGE TANK SYSTEM
DEP CLOSURE NOTIFICATION FORM
SOUTHWEST REGION

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
Municipality KISKIMINETAS	Zip Code 15613		
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 ☒			
VIII. Signature of Tank System Owner 		Date 8-20-99	

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 _____	_____	_____	_____
	<u>AND</u>			
	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	
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Tank Registration Number				
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Estimated Total Capacity (Gallons)				
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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	_____	_____	_____	_____	_____
<u>AND</u>					
Chemical Abstract Service (CAS) No.	_____	_____	_____	_____	_____
c. Unknown	☐	☐	☐	☐	☐

Proposed	a. Removal	☐	☐	☐	☐
Closure Method	b. Closure-in-Place	☐	☐	☐	☐
(Check Only One)	c. Change-In-Service	☐	☐	☐	☐

Partial System Closure (Yes or No)				
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"2nd Notification"

Department of
Environmental ResourcesSTORAGE SYSTEM REPORT FORM
NOTIFICATION INFORMATIONBureau of Water
Quality Management

FACILITY ID NUMBER

03-24734

FACILITY NAME

Churchs Shop

FACILITY ADDRESS/LOCATION

737 Route 56 E

Apollo PA 15613

MUNICIPALITY

Kissimmee Township

COUNTY

Armstrong

NOTIFIER INFORMATION

Name

Bill Rubin

Title

Telephone

724 478-5422

REASON FOR NOTIFICATION (MARK ALL THAT APPLY ☒):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/Soil ☐Ground-Water Monitoring Indicates Release/Soil ☐Interstitial Monitoring Indicates Release/Soil ☐Automatic Line Leak Detector Indicates Release ☐Chemical Analysis Indicates Release/Soil ☐Other (Specify) ☐

OWNER INFORMATION

8745

Name

Charles J. Peters III

Street Address

737 Rte 56 E

Apollo PA 15613

City

State

Zip Code

Contact Name

Telephone

724 478-2124

DISCUSSION

Removal 004, 005, 006. Visible soil
contamination and odor. Will be
stock piling soil. Will send area
reports.

DIRECTIONS TO SITE

DER Representative Name (Print)

DER Representative Signature

Title

Date

12-15-99

Time

10:30 AM