



United Refining Company • Petroleum Products

December 22, 2014

Mr. Scott Ferguson  
Pennsylvania Department of Environmental Protection  
208 West 3<sup>rd</sup> Street, Suite 101  
Williamsport, Pennsylvania 17701

**Notification of Reportable Release**

Kwik Fill #M0090  
1322 South 2<sup>nd</sup> Street  
Clearfield, Pennsylvania

PADEP Facility ID #17-14821

Dear Mr. Ferguson:

Enclosed is one copy of the Notification of Reportable Release (NORR) for the above referenced facility. A copy of the NORR was also submitted to the affected municipality.

If you have any questions, please contact me at (814) 726-4863.

Sincerely,

UNITED REFINING COMPANY OF PA

Scott C. Wonsettler, P.G.  
Environmental Manager  
Environmental Operations

enc.

cc: Leak Detection Systems, Inc.  
File



**United Refining Company • Petroleum Products**

**December 22, 2014**

Clearfield Borough Administration Office  
6 S. Front Street  
Clearfield, Pennsylvania 16830-2349

**Notification of Reportable Release**

Kwik Fill #M0090  
1322 South 2<sup>nd</sup> Street  
Clearfield, Pennsylvania

PADEP Facility ID #17-14821

United Refining Company operates the above referenced gas station, which is located within your municipality. In accordance with 25 Pa Code §245.305(d), storage tank owner/operators are required to notify the involved municipality in the event of a reportable release. Attached is a Notification of Reportable Release form, a copy of which was submitted to the Pennsylvania Department of Environmental Protection in Williamsport, PA.

If you have any questions, please contact me at (814) 726-4863.

Sincerely,  
UNITED REFINING COMPANY OF PA

Scott C. Wonsettler, P.G.  
Environmental Manager  
Environmental Operations

enc.

cc: PADEP  
File

**NOTIFICATION OF REPORTABLE RELEASE (Owners and Operators)**

☒ Initial  
☐ Follow-Up

**NOTIFICATION OF CONTAMINATION (Certified Installers and Inspectors)**

**NOTIFICATION OF REPORTABLE RELEASE (Owners and Operators)**

The Storage Tank Program's Corrective Action Process (CAP) 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 24 hours, after the confirmation of a reportable release.

Subsection 245.305(d) requires owners or operators to provide an initial written notification to the Department, each municipality in which the reportable release occurred, and each municipality where that release has impacted environmental media or water supplies, buildings, or sewer or other utility lines, within 15 days of the notice required by Subsection 245.305(a).

Subsection 245.305(e) requires owners or operators to provide follow-up written notification to the Department and to each impacted municipality of new impacts to environmental media or water supplies, buildings, or sewer or other utility lines discovered after the initial written notification required by subsection 245.305(d). Written notification is to be made within 15 days of the discovery of the new impact.

This form may be used to comply with Subsection 245.305(d) and (e).

**OWNERS AND OPERATORS (O/O)**

INDICATE IF THIS IS AN INITIAL OR FOLLOW-UP NOTIFICATION  
BY MARKING THE APPROPRIATE BOX FOUND IN THE TOP RIGHT-HAND  
CORNER OF THIS FORM. PLEASE COMPLETE ALL INFORMATION IN  
SECTIONS I, II, IIIA, IIIB, IV, V, VII and VIII.

**NOTIFICATION OF CONTAMINATION  
(Certified Installers and Inspectors)**

The Storage Tank Program's Certification 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). Subsection 245.132(a)(4) requires 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 ALL INFORMATION IN  
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/OPERATOR INFORMATION** - Record the name, business address and phone number of the owner of the facility identified in Section I. Also, record the name and phone number of the operator of the facility.
- 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., "9/18/01"; the date and regional office notified; and the date the local municipality(ies) [provide name of municipality(ies)] was/were sent a copy of this form. Indicate to the best of your knowledge the source/cause of the release, how the release was discovered and the environmental media affected and impacts.
- 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., "11/24/01". 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 specific details or problems about the release. For example, if the piping was the source of the release and the cause was corrosion of a metal connector or flexible connector, it is important to include that information here. Use additional 8½" x 11" sheets of paper, if necessary.
- 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.
- IX. **ATTACHMENT** - If a certified installer/inspector, provide a copy of failed valid tightness test(s), if applicable.

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)

IF A REPORTABLE RELEASE, ALSO SEND A COPY OF THE FORM TO:

PA Department of Environmental Protection  
Land Recycling and Cleanup Program  
Attn: Storage Tank Corrective Action  
P.O. Box 8471  
Harrisburg, PA 17105-8471

FAX: 717-787-0884

Southeast Region  
Lee Park, Suite 6010  
555 North Lane  
Conshohocken, PA 19428  
PHONE: 610-832-5950/8000  
FAX: 610-832-6143

**Counties**  
Bucks, Chester, Delaware,  
Montgomery, Philadelphia

Northeast Region  
2 Public Square  
Wilkes-Barre, PA 18711-0790  
PHONE: 570-826-2511  
FAX: 570-820-4907

**Counties**  
Carbon, Lackawanna, Lehigh,  
Luzerne, Monroe, Northampton,  
Pike, Schuylkill, Susquehanna,  
Wayne, Wyoming

Southcentral Region  
909 Elmerton Avenue  
Harrisburg, PA 17110  
PHONE: 877-333-1904  
FAX: 717-705-4830

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

Northcentral Region  
208 W. Third Street, Suite 101  
Williamsport, PA 17701  
PHONE: 570-321-6525/327-3696  
FAX: 570-327-3420

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

Southwest Region  
400 Waterfront Drive  
Pittsburgh, PA 15222  
PHONE: 412-442-4091/4000  
FAX: 412-442-4328

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

Northwest Region  
230 Chestnut Street  
Meadville, PA 16335-3481  
PHONE: 814-332-6945  
800-373-3398  
FAX: 814-332-6121

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

I. FACILITY INFORMATION (Both O/O and I/I)				II. OWNER/OPERATOR INFORMATION (Both O/O and I/I)			
Facility Name <b>Kwik Fill M-90</b>		Facility I.D. Number <b>17-28130</b>		Owner Name <b>United Refining Co.</b>			
Street Address (P.O. Box not acceptable) <b>1322 South 2<sup>nd</sup> Street</b>				Address <b>11 Bradley St, PO Box 688</b>			
City <b>Clearfield</b>	State <b>PA</b>	Zip Code <b>16830-</b>		City <b>Warren</b>	State <b>PA</b>	Zip Code <b>16365 -</b>	
County <b>Clearfield</b>	Municipality <b>Clearfield Borough</b>			Phone Number <b>( 814 ) 723 - 1500</b>			
Contact Person <b>Scott Wonsetler</b>	Phone Number <b>( 814 ) 726 - 4863</b>			Operator Name <b>Scott Wonsetler</b>	Phone Number <b>( 814 ) 726 - 4863</b>		
<b>III. REGULATED SUBSTANCE INFORMATION</b>							
<b>A. Type of Product(s) Involved</b> (Mark All That Apply <input checked="" type="checkbox"/> ); Both O/Q and I/I		<b>B. Quantity (Gallons) of Product(s) Released:</b> O/O Only		<b>C. Contamination Suspected [S] or Confirmed [C] (Mark All That Apply <input checked="" type="checkbox"/> ): I/I Only</b>			
Leaded Gasoline ..... <input type="checkbox"/>		.....		.....[S] .....[C]			
Unleaded Gasoline ..... <input type="checkbox"/>		.....		.....[S] .....[C]			
Aviation Gasoline ..... <input type="checkbox"/>		.....		.....[S] .....[C]			
Kerosene ..... <input type="checkbox"/>		.....		.....[S] .....[C]			
Jet Fuel ..... <input type="checkbox"/>		.....		.....[S] .....[C]			
Diesel Fuel ..... <input checked="" type="checkbox"/>		..... U N K N O W N .....		.....[S] X.....[C]			
New Motor Oil ..... <input type="checkbox"/>		.....		.....[S] .....[C]			
Used Motor Oil ..... <input type="checkbox"/>		.....		.....[S] .....[C]			
Fuel Oil No. 1 ..... <input type="checkbox"/>		.....		.....[S] .....[C]			
Fuel Oil No. 2 ..... <input type="checkbox"/>		.....		.....[S] .....[C]			
Fuel Oil No. 4 ..... <input type="checkbox"/>		.....		.....[S] .....[C]			
Fuel Oil No. 5 ..... <input type="checkbox"/>		.....		.....[S] .....[C]			
Fuel Oil No. 6 ..... <input type="checkbox"/>		.....		.....[S] .....[C]			
Other (Specify) ..... <input type="checkbox"/>		.....		.....[S] .....[C]			
Unknown ..... <input type="checkbox"/>		.....		.....[S] .....[C]			
<b>IV. REPORTABLE RELEASE INFORMATION (O/O Only)</b>							
Date Reportable Release was Confirmed: <u>12 / 18 / 2014</u> m d y				Date Owner/Operator Sent Copy of this Written Notification to Local Municipality(ies) and Name of Municipality(ies) Notified: Date: <u>12 / 22 / 2014</u> Municipality <u>Clearfield Boro.</u> m d y			
Date Owner/Operator Verbally Notified Appropriate Regional Office of Reportable Release and Office Notified: Date: <u>12 / 19 / 2014</u> Office <u>Williamsport, PA</u> m d y				Date: _____ Municipality _____ m d y			
<b>Source/Cause (Mark All That Apply <input checked="" type="checkbox"/> ):</b>		<b>How Discovered (Mark All That Apply <input checked="" type="checkbox"/> ):</b>		<b>Environmental Media Affected and Impacts (Mark All That Apply <input checked="" type="checkbox"/> ):</b>			
Tank (DEP Assigned Nos. .... ) <input type="checkbox"/>		During Closure..... <input type="checkbox"/>		Soil ..... <input type="checkbox"/>			
Piping System (Aboveground Regulated)..... <input type="checkbox"/>		Lining Installation..... <input type="checkbox"/>		Sediment ..... <input type="checkbox"/>			
Piping System (Underground Regulated)..... <input checked="" type="checkbox"/>		Routine Leak Detection..... <input type="checkbox"/>		Surface Water ..... <input type="checkbox"/>			
Piping System (Non-Regulated)..... <input type="checkbox"/>		Third Party Inspection..... <input type="checkbox"/>		Ground Water ..... <input type="checkbox"/>			
Dispenser/Dispensing Equipment ..... <input type="checkbox"/>		Tightness Testing Activities..... <input checked="" type="checkbox"/>		Bedrock ..... <input type="checkbox"/>			
Spill Catchment Basin..... <input type="checkbox"/>		Visible Product or Odor Reports..... <input type="checkbox"/>		Water Supplies ..... <input type="checkbox"/>			
Accident/Act of God ..... <input type="checkbox"/>		Water in Tank ..... <input type="checkbox"/>		Vapors/Product in Buildings ..... <input type="checkbox"/>			
Containment/Sump Failure ..... <input type="checkbox"/>		Construction ..... <input type="checkbox"/>		Vapors/Product in Sewer/Utility Lines ..... <input type="checkbox"/>			
Faulty Installation..... <input type="checkbox"/>		Upgrade/Repair..... <input type="checkbox"/>		Ecological Receptors..... <input type="checkbox"/>			
Corrosion..... <input type="checkbox"/>		Supply Well Sample Results..... <input type="checkbox"/>					
Mechanical Failure..... <input type="checkbox"/>		Monitoring Well Sample Results ..... <input type="checkbox"/>					
Spill During Delivery..... <input type="checkbox"/>		Property Transfer..... <input type="checkbox"/>					
Overfill at Delivery..... <input type="checkbox"/>		Other (Specify)..... <input type="checkbox"/>					
Vehicle Gas Tank Overfill..... <input type="checkbox"/>		Unknown ..... <input type="checkbox"/>					
Product Delivery Hose Rupture..... <input type="checkbox"/>							
Other (Specify)..... <input type="checkbox"/>							
Unknown ..... <input type="checkbox"/>							

**V. INTERIM REMEDIAL ACTIONS (O/O Only)**(Mark All That Apply ☒):

	Planned	Initiated	Completed	Not Applicable
Regulated Substance Removed from Storage Tanks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fire, Explosion and Safety Hazards Mitigated .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Contaminated Soil Excavated .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Free Product Recovered .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water Supplies Identified and Sampled .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Temporary Water Supplies Provided .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Specify) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**VI. SUSPECTED / CONFIRMED CONTAMINATION INFORMATION (I/I Only)**Date of Observation of Suspected/Confirmed Contamination: 12 / 19 / 2014  
m d y

Indication of Suspected Contamination (Mark All That Apply <input checked="" type="checkbox"/> ):	Extent of Confirmed Contamination (Mark All That Apply <input checked="" type="checkbox"/> ):
Unusual Level of Vapors ..... <input type="checkbox"/>	Product Stained or Product Saturated Soil or Backfill ..... <input type="checkbox"/>
Erratic Behavior of Product Dispensing Equipment ..... <input checked="" type="checkbox"/>	Ponded Product ..... <input type="checkbox"/>
Release Detection Results Indicate a Release ..... <input type="checkbox"/>	Free Product or Sheen on Ponded Water ..... <input type="checkbox"/>
Discovery of Holes in the Storage Tank ..... <input type="checkbox"/>	Free Product or Sheen on the Ground Water Surface ..... <input type="checkbox"/>
Other (Specify) <u>Tightness Testing Failure</u> ..... <input checked="" type="checkbox"/>	Free Product or Sheen on Surface Water ..... <input type="checkbox"/>
	Other (Specify) <u>None detected at time of testing.</u> ..... <input checked="" type="checkbox"/>

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

Provide any additional, relevant, available information concerning the reportable release or suspected or confirmed contamination. Include specific details or problems about the release. For example, if the piping was the source of the release and the cause was corrosion of a metal connector or flexible connector, it is important to include that information here. Provide DEP assigned and owner/operator assigned tank number(s), where applicable. Use additional 8½" x 11" sheets of paper, if necessary.

During the week of December 15, 2014, station personnel reported actuation of the diesel fuel line leak detector. All product piping was tightness tested on December 18, 2014. The diesel fuel piping failed the tightness test. The affected UST system was removed from service and emptied of product. Existing monitoring wells were gauged to check for separate phase hydrocarbons (SPH). No SPH was detected. Site characterization activities are pending.

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

I, Scott C. Wonsettler, hereby certify, under penalty of law as provided in 18 Pa.  
(Print Name)

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

12 / 22 / 2014

Date

I, Tom Michel, hereby certify, under penalty of law as provided in 18 Pa.  
(Print Name)

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.

  
Signature of Certified Installer

12 / 22 / 2014

Date

301

Installer Certification Number

562

Company Certification Number

I, \_\_\_\_\_, hereby certify, under penalty of law as provided in 18 Pa.  
(Print Name)

C.S.A. §4904 (relating to unsworn falsification to authorities) that I am the certified inspector who performed inspection 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.

\_\_\_\_\_  
Signature of Certified Inspector

/ /   
Date

\_\_\_\_\_  
Inspector Certification Number

\_\_\_\_\_  
Company Certification Number



**pennsylvania**

DEPARTMENT OF ENVIRONMENTAL  
PROTECTION

NORTHCENTRAL REGIONAL OFFICE

JANUARY 8, 2016

Certified Mail 7014 1820 0002 3638 1923

Mr. Scott Wonsettler, P.G.  
Assistant Environmental Manager  
United Refining Company of Pennsylvania  
15 Bradley Street  
P.O. Box 688  
Warren, PA 16365

Re: Site Characterization Report/Remedial Action Plan Approval  
Storage Tank System Release December 18, 2014  
Facility ID No.17-14821  
Facility Name Kwik Fill M90  
Facility Address 1322 South 2<sup>nd</sup> Street, Clearfield, PA  
Lawrence Township, Clearfield County

Dear Mr. Wonsettler

The Department of Environmental Protection (Department) has reviewed the documents titled Site Characterization and Remedial Action Plan, dated October 26, 2015 and December 23, 2015, for the release referenced above. The documents were prepared by Letterle & Associates. and submitted as a Site Characterization Report (SCR) and Remedial Action Plan (RAP) as required by 25 Pa. Code § 245.310 and § 245.311, respectively. You selected the residential Statewide health standard as the remediation standard for soil and groundwater.

The Department approves the SCR and RAP in accordance with 25 Pa. Code § 245.311(b)(1).

25 Pa. Code § 245.312(a) specifies that remedial action shall be implemented upon approval of the RAP according to the schedule contained in the RAP. Remedial action should, therefore, commence immediately upon receipt of this letter and proceed in accordance with the schedule in the RAP until the selected remediation standard is attained.

Remedial Action Progress Reports must be submitted to the Department in accordance with Section 245.312(b-d) by the 30<sup>th</sup> day of the month following the end of each quarter (April 30, July 30, October 30, and January 30). The final RAPR is submitted as part of the Remedial Action Completion Report. Your first RAPR under this RAP should be submitted no later than April 30, 2015.

Failure to implement remedial action or submit complete progress reports in accordance with the schedule outlined above may result in enforcement action by the Department. If you wish to modify any part of this RAP or select a new remediation standard, you must prepare and submit a new or modified RAP to the Department in accordance with Section 245.312(e).

208 West Third Street | Suite 101 | Williamsport, PA 17701-6448

570.327.3636 | Fax 570.327.3565

www.depweb.state.pa.us

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RECEIVED

JAN 11 2016

ICF International  
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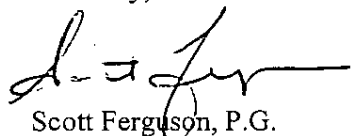
Any person aggrieved by this action may appeal, pursuant to Section 4 of the Environmental Hearing Board Act, 35 P.S. Section 7514, and the Administrative Agency Law, 2 Pa.C.S. Chapter 5A, to the Environmental Hearing Board, Second Floor, Rachel Carson State Office Building, 400 Market Street, P.O. Box 8457, Harrisburg, PA 17105-8457, 717-787-3483. TDD users may contact the Board through the Pennsylvania Relay Service, 800-654-5984. Appeals must be filed with the Environmental Hearing Board within 30 days of receipt of written notice of this action unless the appropriate statute provides a different time period. Copies of the appeal form and the Board's rules of practice and procedure may be obtained from the Board. The appeal form and the Board's rules of practice and procedure are also available in braille or on audiotape from the Secretary to the Board at 717-787-3483. This paragraph does not, in and of itself, create any right of appeal beyond that permitted by applicable statutes and decisional law.

IF YOU WANT TO CHALLENGE THIS ACTION, YOUR APPEAL MUST REACH THE BOARD WITHIN 30 DAYS. YOU DO NOT NEED A LAWYER TO FILE AN APPEAL WITH THE BOARD.

IMPORTANT LEGAL RIGHTS ARE AT STAKE, HOWEVER, SO YOU SHOULD SHOW THIS DOCUMENT TO A LAWYER AT ONCE. IF YOU CANNOT AFFORD A LAWYER, YOU MAY QUALIFY FOR FREE PRO BONO REPRESENTATION. CALL THE SECRETARY TO THE BOARD (717-787-3483) FOR MORE INFORMATION.

If you have questions, please contact me at 570.327.3778 or by email to [oferguson@pa.gov](mailto:oferguson@pa.gov).

Sincerely,



Scott Ferguson, P.G.  
Licensed Professional Geologist  
Storage Tank Section  
Environmental Cleanup and Brownfields

cc: ICF Consulting  
Steve Webster  
Jed Hill, Letterle & Associates  
File