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WESTCHESTER COUNTY DEPARTMENT OF HEALTH

PETROLEUM BULK STORAGE/GASOLINE DISPENSING SITES APPLICATION

Pursuant to the Petroleum Bulk Storage Law, Articles XXV and XXVI of the Westchester County Sanitary Code

Mail completed package to:
Westchester County Dept. of Health
PBS Section, 8th Floor
145 Huguenot Street
New Rochelle, NY 10801

Section A – Facility/Owner/Contact Information

PBS NUMBER:
3-

VAPOR RECOVERY ID:
355-

GASOLINE DISPENSING SITES (check all that apply)

- ☐ Stage I Vapor Collection System*
- ☐ Stage II Vapor Collection System* (attach most recent test report)
- ☐ None

*Registration fee required.

FACILITY

Facility Name

Location (no P.O. Boxes)

Location (continued)

City/Town/Village | State: NY | Zip

County: WESTCHESTER | Township/City

Name of Operator at Facility | Facility Telephone No. ( )

Emergency Contact Name | Emergency Contact Phone No. ( )

TYPE OF PETROLEUM FACILITY:
(Check only one)

- ☐ Storage Terminal/Petroleum Distributor
- ☐ Retail Gasoline Sales
- ☐ Other Retail Sales
- ☐ Manufacturing
- ☐ Utility
- ☐ Trucking/Transportation
- ☐ Apartment/Office Building
- ☐ School
- ☐ Farm
- ☐ Private Residence
- ☐ Airline/Air Taxi
- ☐ Chemical Distributor
- ☐ Municipality
- ☐ Refinery
- ☐ Railroad
- ☐ Other (specify):_____

TRANSACTION TYPE
(check all that apply)

- ☐ Initial/New Facility*
- ☐ Change of Ownership* (attach first page of the deed)
- ☐ Substantial Modification (attach installation, repair or closure report)
- ☐ Information Correction
- ☐ Renewal*

*Registration fee required.

MAILING ADDRESS

Attention

Company Name

c/o

Address

Address

City/Town/Village | State | Zip

Telephone No. ( ) | Email Address

I hereby certify under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Name of Owner or Authorized Representative

Title

Signature

Amount Enclosed | Date

IMPORTANT NOTICE

Application will be rejected if any portion of Section A is left blank.

OWNER

Owner Name

Address

Address

City/Town/Village | State | Zip

Federal Tax ID No. | Owner Telephone No. ( )

Owner Type (check only one)

- ☐ Individual
- ☐ Local Government
- ☐ State Government
- ☐ Federal Government
- ☐ Corporate/Commercial
- ☐ Partnership
- ☐ Limited Liability Corp. (LLC)
- ☐ Unincorporated Association

OFFICIAL USE ONLY
9/18/09

Check No. | Issued By

Check Date | Date Processed

Amount | Reviewed By

PBS No.: 3-

Vapor Recovery ID: 355-

TANK INFORMATION

Section B – Use key below to enter data.

Action	Tank ID	Tank Location	Status	Installation Date (MMYY)	Capacity (Gallons)	Product Stored	% (if gas w/ethanol or biodiesel)	Tank Type	Tank Internal Protection	Tank External Protection	Tank Secondary Containment	Tank Leak Detection	Tank Overfill Prevention	Spill Prevention	Dispenser	Piping Location	Piping Type	Piping External Protection	Piping Secondary Containment	Piping Leak Detection	Permanent Closure Date (MMYY)

Action
1. Initial listing
2. New install
3. Close tank in place
4. Remove tank
5. Information correction
6. Recondition/repair/reline tank

Product Stored
1. #2 fuel oil
2. #4 fuel oil
3. #5 fuel oil
4. #6 fuel oil
5. Jet fuel
6. Diesel
7. Gasoline
8. Gasoline/ethanol
9. Biodiesel
10. Biodiesel (heating)
11. Kerosene
12. Motor Oil
13. Waste/used oil
14. Used oil (heating)
99. Other*

Piping Location
0. No piping
1. Aboveground
2. Underground/on ground
3. Aboveground/underground combination

Status
1. In-service
2. Temporarily out of service
4. Closed – in place
5. Closed - removed
7. Tank converted to non-regulated use

Tank Internal Protection
0. None
1. Epoxy liner
2. Rubber liner
3. Fiberglass liner (FRP)
4. Glass liner
99. Other*

Tank/Piping Secondary Containment
0. None
1. Diking (aboveground only)
2. Vault (w/ access)
3. Vault (w/ no access)
4. Double-walled (underground only)
5. Synthetic liner
6. Remote impounding area
7. Excavation/trench liner system
8. Flexible internal liner (bladder)
9. Modified double-walled (aboveground only)
10. Impervious underlayment
11. Double bottom (aboveground only)
12. Cutoff walls (underground only)
99. Other*

Tank Overfill Prevention
0. None
1. Float vent valve
2. High level alarm
3. Automatic shutoff
4. Product level gauge (aboveground only)
5. Vent whistle
99. Other*

Dispenser
0. None
1. Submersible
2. Suction
3. Gravity

Piping Type
0. No piping
1. Steel/carbon steel/iron
2. Galvanized steel
3. Stainless steel alloy
4. Fiberglass coated steel
5. Steel encased in concrete
6. Fiberglass reinforced plastic (FRP)
7. Plastic
8. Equivalent technology
9. Copper
10. Flexible piping
99. Other*

Tank Location
1. Aboveground (contact w/ soil)
2. Aboveground (contact w/ impervious barrier)
3. Aboveground on saddles, legs, stilts, rack or cradle
4. Aboveground: w/ 10% or more below ground
5. Underground
6. Underground, vaulted, with access

Tank/Piping External Protection
0. None
1. Painted/asphalt coating
2. Sacrificial anode (not retrofit)
3. Retrofitted sacrificial anode
4. Impressed current (not retrofit)
5. Retrofitted impressed current
6. Fiberglass
7. Jacketed (tank)
8. Wrapped (piping)
9. Urethane
99. Other*

Tank Leak Detection
0. None
1. Electronic interstitial monitoring
2. Manual interstitial monitoring
3. Vapor well
4. Groundwater well
5. In-tank system (auto tank gauge)
6. Impervious barrier/concrete pad (aboveground only)
99. Other*

Tank Type
1. Steel/carbon steel/iron
2. Galvanized steel alloy
3. Stainless steel alloy
4. Fiberglass coated steel
5. Steel tank in concrete
6. Fiberglass reinforced plastic (FRP)
7. Plastic
8. Equivalent Technology
9. Concrete
10. Urethane clad steel
99. Other*

Spill Prevention
0. None
1. Catch basin
2. Transfer station containment
99. Other*

Piping Leak Detection
0. None
1. Electronic interstitial Monitoring
2. Manual interstitial Monitoring
3. Vapor well
4. Groundwater well
5. Pressurized piping leak detector
6. Tank top sump
7. Exempt suction piping
99. Other*