



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 2  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

U.S. ENVIRONMENTAL  
PROTECTION AGENCY-REG.11  
2012 AUG 23 P 3:27  
REGIONAL HEARING  
CLERK

August 23, 2012

By Pouch Mail

Honorable M. Lisa Buschmann  
Administrative Law Judge  
U.S. Environmental Protection Agency  
1200 Pennsylvania Avenue, N.W.  
Mail Code 1900L  
Washington, D.C. 20460-2001

Re: Valvo's Convenience & Gas, Inc. and Stephen M. Valvo, Individually  
Docket Number: RCRA-02-2011-7507

Dear Judge Buschmann:

Enclosed for your consideration is Complainant's "Motion to Supplement Prehearing Exchange" and the attached proposed Exhibits.

Respectfully submitted,

Beverly Kolenberg  
Assistant Regional Counsel

**Karen Maples**  
Regional Hearing Clerk  
U.S. Environmental Protection Agency, Region 2  
290 Broadway, 16<sup>th</sup> Floor  
New York, New York 10007-1866

Paul A. Chiaravallotti, Esq.  
Counsel for Respondents  
1967 Wehrle Drive, Suite 1  
Williamsville, New York 14221

STATIONER  
L. B. C. & CO.

PHILADELPHIA

PA.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 2

U.S. ENVIRONMENTAL  
PROTECTION AGENCY-REG. II  
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In the Matter of :  
Valvo's Convenience & Gas, Inc. :  
And Stephen M. Valvo, Individually :  
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: :  
Proceeding under Section 9006 the :  
Solid Waste Disposal Act, as amended :  
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**MOTION TO SUPPLEMENT  
PREHEARING EXCHANGE**

Docket No. RCRA-02-2011-7507

**MOTION TO SUPPLEMENT COMPLAINANT'S PREHEARING EXCHANGE**

Pursuant to 40 C.F.R. §§ 22.16(a) and 22.19, Complainant respectfully moves the Court in this proceeding for an order to permit Complainant to supplement its Prehearing Exchange, filed November 23, 2011, to add two proposed witnesses and seventeen proposed exhibits. As discussed herein, Complainant submits that good cause exists for granting this motion, *i.e.* Respondents will not suffer prejudice or be unfairly disadvantaged or unfairly surprised by the additional testimony, which is summarized below, or the exhibits, which are attached to this motion.

Background

Complainant commenced this administrative action pursuant to Section 9006 of the Solid Waste Disposal Act, as amended, 42 U.S.C. §§ 6991e (referred to collectively as the "Act"). The Complaint, Compliance Order and Notice of Opportunity for Hearing (the "Complaint"), issued on June 3, 2011, alleged that Respondents Valvo Convenience and Gas, Inc. and Stephen M. Valvo, individually, violated the underground storage tank ("UST") regulations at three facilities in Silver Creek, New York. The Complaint alleged that Respondents failed to maintain release detection for temporarily closed USTs that contained more than one inch of petroleum residue,

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JULY 15  
1953



failed to comply with permanent closure requirements for temporarily closed USTs, failed to test cathodic corrosion protection systems every three years, failed to monitor for releases at least every 30 days, and failed to perform annual line tightness tests or monthly monitoring for pressurized piping in violation of the UST regulations at 40 C.F.R. Part 280. The Complaint proposed penalties of \$59,366 for continuing violations at the facilities after July 30, 2009, the date that Valvo's Convenience & Gas filed a petition for relief under Chapter 11 of the Bankruptcy Code.

Respondents filed an Answer with Affirmative Defenses on July 12, 2011. After the Answer was filed, Complainant was informed that the correct name of the corporate Respondent was Valvo's Convenience & Gas, Inc. Complainant filed a Motion for Change in Name of Corporate Respondent, and was granted permission to file an Amended Complaint. Complainant served the Amended Complaint on March 28, 2012, and Respondents filed their Amended Answer on April 19, 2012. On July 11, Complainant filed a Motion to File a Second Amended Complaint, and shortly thereafter filed an Addendum with a copy of the proposed Second Amended Complaint. The Second Amended Complaint updates the compliance measures taken by Respondents and adds Count 8 to reflect new information recently learned by Complainant.

By Order, dated August 17, 2012, the Court granted the Motion to Amend, set a hearing date for the week of October 23, 2012, and set the schedule for the prehearing filings. Pursuant to the Order, Complainant was directed to file, on or before August 24, 2012, a supplement to its Prehearing Exchange to submit additional names and summaries of testimony of proposed witnesses, additional proposed exhibits, and an amended calculation of the proposed penalty for the Second Amended Complaint. Complainant used its discretion and did not increase the proposed penalty in the Second Amended Complaint, despite adding a new Count 8.



Complainant attached a copy of the proposed penalty to the Second Amended Complaint, and it is attached hereto as Complainant's Exhibit 79.

Complainant's Supplementary Witnesses

In its Prehearing Exchange, Complainant initially identified three witnesses that it stated it may call to testify in this case. At this time, Complainant has identified the following additional witnesses from the New York State Department of Environmental Conservation ("NYSDEC") that it may call to testify at the hearing in this case:

4. Andrea Skalski, P.E., is an Environmental Engineer in the Bulk Storage Unit, NYSDEC Region 9, located at 270 Michigan Avenue, Buffalo, New York 14203. Ms. Skalski received a Bachelor of Science degree in chemical engineering from the State University of New York at Buffalo, New York. She has been employed by NYSDEC since September 1998 and has worked in the Bulk Storage Unit for all of her tenure at NYSDEC. Ms. Skalski runs the NYSDEC Region 9 petroleum bulk storage, chemical storage and major petroleum facilities programs. Her duties include scheduling inspections, performing inspections, and following-up on inspection reports, past due testing reports and registrations for facilities in the areas of her responsibility. In addition, Ms. Skalski deals with the public and performs outreach to inform the public and the regulated community about the underground and above-ground storage tank requirements for chemicals and petroleum. As part of her enforcement responsibilities, she prepares referrals for attorneys who are developing enforcement cases. Through the years, Ms. Skalski has worked with EPA's inspectors to select facilities for inspections and to share information in the event EPA is considering an enforcement case.

Ms. Skalski inspected the former Hanover Convenience facility at 351 Central Avenue in Silver Creek, New York on January 28, 2002, and she is familiar with the operations at that



facility. Through the years she has also developed a familiarity with the Valvo's Convenience & Gas and Valvo Transport facilities through the inspection reports prepared by NYSDEC inspectors and her discussions with Paul Sacker at EPA. Ms. Skalski will provide background information on the violations of the underground storage tank regulations at the three facilities referenced above. She will discuss the reports and evidence she provided to Mr. Sacker and also share her analysis and conclusions about the alleged underground storage tank violations at these three facilities. In addition, Ms. Skalski is expected to provide background and explanatory information on the documents Complainant will seek to introduce at the hearing.

5. Thomas J. Walker is an Environmental Technician in the Petroleum Bulk Storage Unit, NYSDEC Region 9, located at 270 Michigan Avenue, Buffalo, New York 14203. Mr. Walker received a degree in Environmental Studies from the State University of New York at Brockport, New York. He has been employed by NYSDEC since June 2010 and has worked in the Bulk Storage Unit, under the supervision of Ms. Skalski, during his tenure at NYSDEC. In the course of his duties, Mr. Walker performs inspections, prepares initial notices of violation and follows up with the subjects of his inspections to ensure compliance with the storage tank regulations. Mr. Walker will testify about a) what he observed and otherwise learned during his inspections of the three facilities that are the subject of this case; b) the inspection reports that he wrote, including his findings and conclusions; c) his recommendations for follow-up work needed at the facilities, and d) his conclusions about the scope of the violations.

Mr. Walker will testify that on March 27, 2012, he inspected Valvo's Convenience & Gas, Valvo Transport and the former Hanover Convenience facility at 351 Central Avenue, Silver Creek, NY, which is now called Valvo Convenience & Gas. He prepared written reports; *see* Complainant's Exhibits 72, 73 and 74 in Complainant's Proposed Supplementary Exhibits.

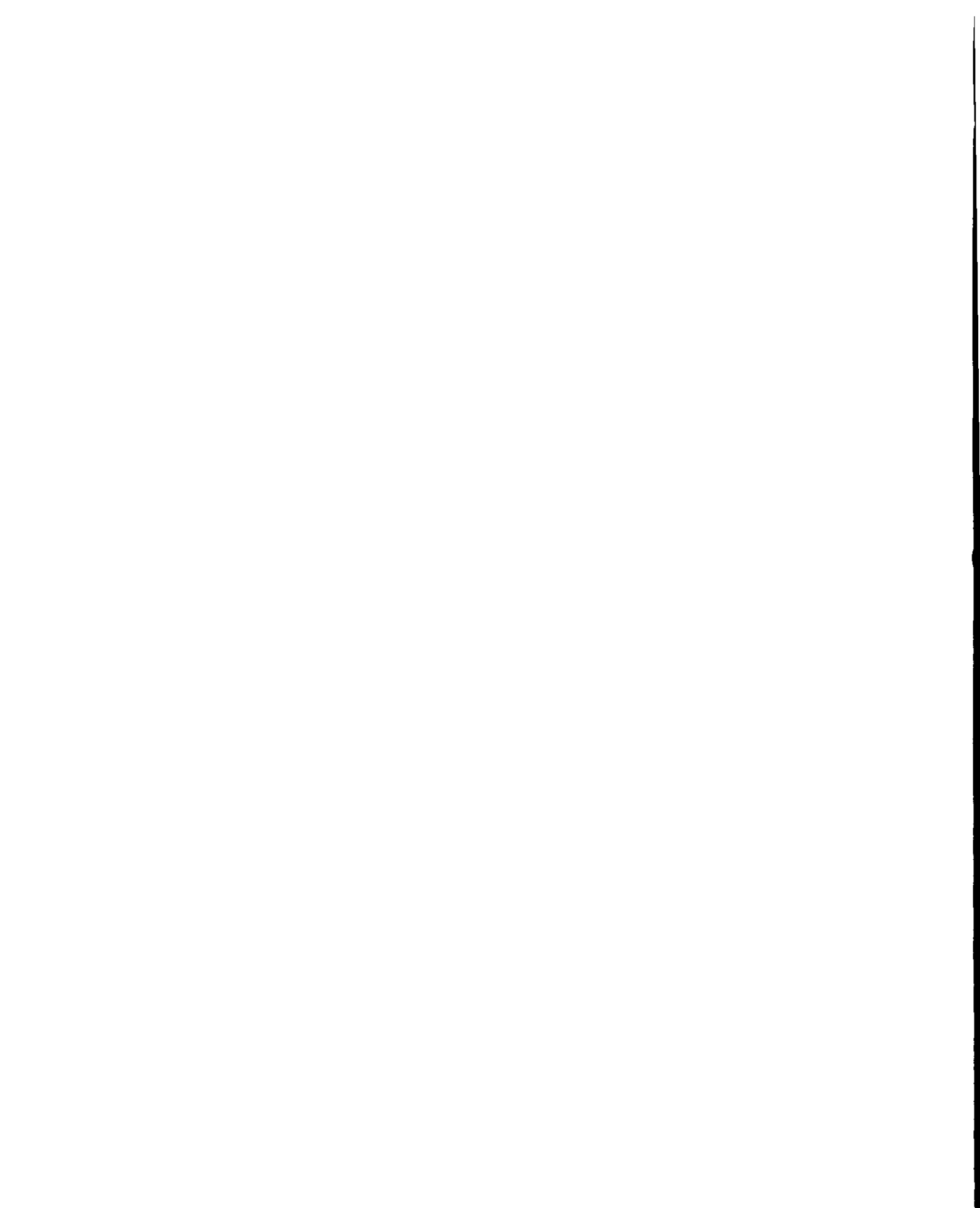


Mr. Walker will testify about his observations, and he is expected to provide background and explanatory information on the reports and photographs that Complainant will seek to introduce at the hearing. Mr. Walker's testimony about his March 27 inspection of the diesel UST (also known as the 1,000-gallon Tank #3) at 351 Central Avenue will confirm Mr. Sacker's observations and support the allegations in the new Count 8 in the Second Amended Complaint. Mr. Walker will also testify that he visited the facility at 351 Central Avenue after his inspection on March 27, 2012, and he took photographs of Tank # 3. The photographs show that the interstitial port is now exposed and no longer under the dispenser so that it can be viewed.

Complainant respectfully reserves the right to call or decline to call any of the witnesses identified in its prehearing exchanges, and to expand or otherwise modify the scope, extent, or areas of testimony of any of the witnesses cited, where appropriate. In addition, Complainant respectfully reserves the right to call additional witnesses to address issues or materials which may be placed in issue by Respondents. The listing of the expected scope of the testimony of each witness is not intended to limit EPA's right to modify or otherwise expand upon the scope and extent of the testimony of each witness, where appropriate, including in response to matters set forth in Respondents' prehearing exchange. If EPA deems it necessary, it may move again to list additional witnesses. Similarly, if EPA identifies additional exhibits that it deems necessary to present its case, it may move to add additional exhibits. If the Agency needs to supplement its witness list or add additional exhibits, it will provide the requisite notice to the Court and Respondents.

#### Complainant's Supplementary Exhibits

Attached to this Motion are seventeen exhibits that have been numbered consecutively starting with the first number following Complainant's Exhibits list in its initial Prehearing

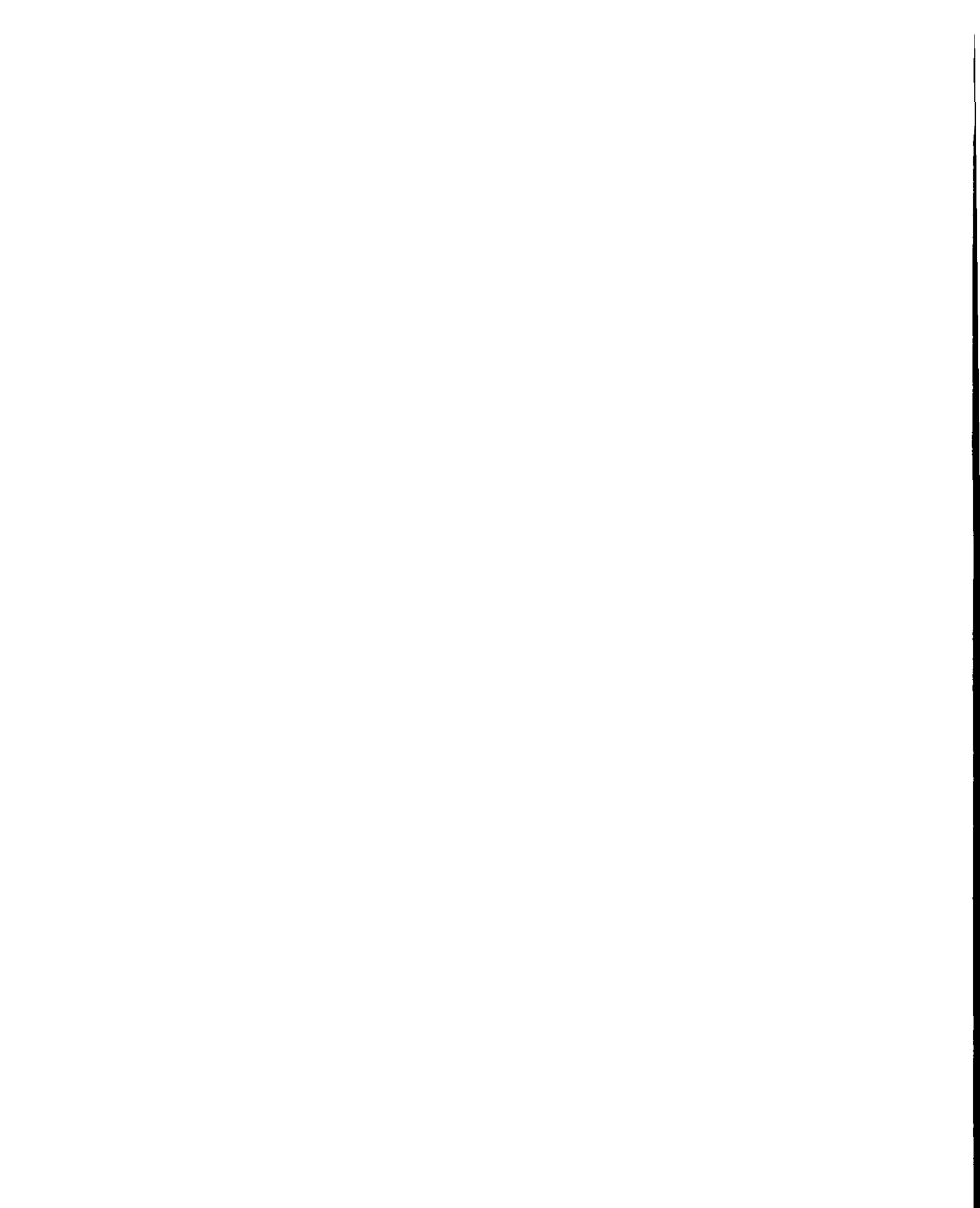




Exchange. In the Prehearing Exchange, Complainant had included Petroleum Bulk Storage (“PBS”) Certifications from NYSDEC. To supplement the history leading to the granting of the PBS Certifications, four proposed new exhibits document the multiple applications for the Valvo’s Convenience & Gas, Valvo Transport and the former Hanover Convenience facilities in the PBS Applications that Mr. Valvo filed in accordance with NYDEC’s requirements for owners and operators to provide information about their underground storage tanks. The information listed on the PBS Applications reflects facts provided by Mr. Valvo. Two additional proposed exhibits include a PBS Database Report and a PBS Database Search. Five other proposed exhibits, prepared by Mr. Valvo or his attorney Mr. Paul Chiaravalloti, relate to the measures that Respondents have taken to come into compliance with the UST regulations following the commencement of this enforcement action. In addition, the proposed exhibits include three inspection reports and an email log from NYSDEC. In their testimony, the proposed witnesses from NYSDEC will discuss their reports which are reproduced in the proposed exhibits. After the March 27, 2012 inspections by NYSDEC, Mr. Valvo was briefed on the things that needed to be corrected at his facilities, so he should be aware of the matters addressed in the reports.

The following is the proposed list of Complainant’s Exhibits which are attached hereto:

63. Letter, dated April 11, 2010, from Melissa Elwell, operator of 351 Central Avenue, Silver Creek, NY, plus two attachments from K & T Pump and Tank and JEMKO.
64. PBS Application, dated April 10, 1997, for Valvo Convenience & Gas, Inc., located at Routes 5 and 20, Silver Creek, NY.
65. PBS Applications for Valvo Transport, located at Routes and 20, Silver Creek, NY, dated May 12, 1993, (Complainant’s 65A), November 8, 1993 (Complainant’s 65B), November 1, 1993 Attachment (Complainant’s 65 C), March 13, 1998 (Complainant’s 65 D), and March 13, 1998 (Complainant’s 65 E).
66. PBS Applications for Valvo Transport, located at Routes 5 and 20, dated March 29, 2012,



(Complainant's 66 A) and April 9, 2012 (Complainant's 66 B).

67. PBS Applications for 351 Central Avenue, Silver Creek, NY, dated September 11, 1991 (Complainant's 67 A), September 11, 1996 (Complainant's 67 B), March 8, 2007 (Complainant's 67 C), May 23, 2004 (Complainant's 67 D), August 15, 2006 (Complainant's 67 E), and January 5, 2011 (Complainant's 67 F).

68. PBS Report for Valvo Convenience & Gas, Inc., dated April 6, 2006.

69. NYSDEC Bulk Storage Database Search Details for Valvo's Convenience & Gas.

70. Letter, dated March 4, 2012, from Paul Chiaravalloti to Beverly Kolenberg related to the removal of the waste oil tank, with photographs and sampling results.

71. Email from Andrea Skalski with phone log regarding sampling requirements.

72. NYSDEC Compliance Inspection, dated March 27, 2012, for Valvo Convenience & Gas, Inc. located at 351 Central Avenue, Silver Creek, NY.

73. NYSDEC Compliance Inspection, dated March 27, 2012, for Valvo Convenience & Gas, Inc. located at Routes 5 and 20, Silver Creek, NY.

74. NYSDEC Compliance Inspection, dated March 27, 2012, for Valvo Transport, located at Routes 5 and 20, Silver Creek, NY.

75. Response from Stephen Valvo to NYSDEC, dated April 25, 2012, with attached letter from Thomas J. Walker, Environmental Technician.

76. Letter, dated July 13, 2012, from Paul Chiaravalloti to Beverly Kolenberg with photographs and documentation on work performed.

77. Information Request Letter, dated July 23, 2012, from EPA to Stephen Valvo and Valvo Convenience & Gas, Inc.

78. Response to Information Request Letter, dated August 3, 2012, from Stephen Valvo to EPA.

79. Unchanged Proposed Penalty Calculation for Second Amended Complaint.

#### Legal Basis for Granting Motion

The rules of procedure governing this proceeding are set forth in 40 C.F.R. Part 22; *see* 40 C.F.R. § 22.1 (authorizing this action) and 22.16(a) (authorizing a party to submit a motion).

Pursuant to 40 C.F.R. § 22.19(f):



A party who has made an information exchange under paragraph (a) of this section . . . shall promptly supplement or correct the exchange when the party learns that the information exchanged is incomplete, inaccurate or outdated, and the additional or corrective information has not otherwise been disclosed to the other party pursuant to this section.

The only Part 22 provision implicating a time requirement for supplementing a prehearing exchange is found in 40 C.F.R. § 22.22(a), which provides, in relevant part:

The Presiding Officer shall admit all evidence which is not irrelevant, immaterial, unduly repetitious, unreliable, or of little probative value . . . . If, however, a party fails to provide any document, exhibit, witness name or summary of expected testimony required to be exchanged under §22.19 (a), (e) or (f) to all parties at least 15 days before the hearing date, the Presiding Officer shall not admit the document, exhibit or testimony into evidence, unless the non-exchanging party had good cause for failing to exchange the required information and provided the required information to all other parties as soon as it had control of the information, or had good cause for not doing so.

The case law under Part 22, among other things, looks at the issues of delay, timing of the hearing, and possible prejudice to the Respondents. None of those factors would apply to the facts underlying this Motion. Where, as in this proceeding, a motion to supplement a prehearing exchange is submitted “more than fifteen days prior to the hearing, [Complainant] does not need to show good cause for failing to supply the documents or the proposed witnesses’ names and testimony sooner under the Rules, 40 C.F.R. § 22.22(a).” *In re Service Oil, Inc.*, Docket Number CWA-08-2005-0010 (Biro, C.J., April 12, 2006) at 4 (footnote omitted). *See also In re 99 Cents Only Stores*, Docket Number FIFRA -9-2008-0027 (Biro, C.J., June 18, 2009), at 6 (because EPA’s motions to supplement its prehearing exchange were “within the 15 day time frame referenced in Rule 22.22(a)(1), [they were] not required to meet the standards of that Rule”).

Accordingly, because the hearing in this case is set to commence on October 23, 2012, two months away, EPA need not demonstrate good cause for not having supplied the exhibits or the proposed witnesses’ names and a summary of their testimony sooner. The operative



principle governing the disposition of this motion is whether allowing Complainant to supplement its prehearing exchange would result in Respondents being unfairly disadvantaged or unduly prejudiced. Complainant submits that, in deciding this motion, this Court should be guided by the principle articulated by the Environmental Appeals Board in *In re CDT Landfill Corporation*, CAA Appeal No. 02-02 (E.A.B. 2003), 11 EAD 88, 109, that “[a]dministrative hearings are such that rules allowing evidence into the record tend to be more liberal than in proceedings in other courts, and normally err towards over-inclusion rather than under-inclusion” (citations omitted).<sup>1</sup>

#### Conclusion

For the reasons set forth herein, Complainant respectfully moves this Court to grant an Order allowing Complainant leave to supplement its Prehearing Exchange with the names of two new proposed witnesses and a summary of their testimony and seventeen new exhibits.

Dated: August 23, 2012  
New York, New York

Respectfully submitted,



Beverly Kolenberg  
Assistant Regional Counsel  
Waste and Toxic Substances Branch  
U.S. Environmental Protection Agency  
290 Broadway, 17<sup>th</sup> floor  
New York, New York 10007-1866  
[Kolenberg.beverly@epa.gov](mailto:Kolenberg.beverly@epa.gov)  
212-637-3167  
Fax: 212-637-3104

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<sup>1</sup> This decision and others of the Environmental Appeals Board are available on the Internet at [www.epa.gov/eab](http://www.epa.gov/eab).





**CERTIFICATE OF SERVICE**

This is to certify that I have this day caused to be mailed copies of the foregoing Motion to Supplement Complainant's Prehearing Exchange, bearing the Docket Number RCRA-02-2011-7507 by pouch mail to Honorable M. Lisa Buschmann, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, N.W., Mail Code 1900L, Washington, D.C. 20460-2001 and by regular mail to Respondents Valvo's Convenience & Gas, Inc. and Stephen M. Valvo at 1271 Routes 5 and 20, Silver Creek, N.Y. 14136, and to Paul A. Chiaravalloti, Esq., counsel for the Respondents, 1967 Wehrle Drive, Suite 1, Williamsville, N.Y. 14221.

I hand-carried the original and a copy of the foregoing Motion to the Office of Regional Hearing Clerk, United States Environmental Protection Agency, Region 2.

Dated: August 23, 2012  
New York, New York

Beverly Kalenberg



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 2**

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And Stephen M. Valvo, Individually :  
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**MOTION TO SUPPLEMENT  
PREHEARING EXCHANGE**

Docket No. RCRA-02-2011-7507

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failed to comply with permanent closure requirements for temporarily closed USTs, failed to test cathodic corrosion protection systems every three years, failed to monitor for releases at least every 30 days, and failed to perform annual line tightness tests or monthly monitoring for pressurized piping in violation of the UST regulations at 40 C.F.R. Part 280. The Complaint proposed penalties of \$59,366 for continuing violations at the facilities after July 30, 2009, the date that Valvo's Convenience & Gas filed a petition for relief under Chapter 11 of the Bankruptcy Code.

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Exchange. In the Prehearing Exchange, Complainant had included Petroleum Bulk Storage (“PBS”) Certifications from NYSDEC. To supplement the history leading to the granting of the PBS Certifications, four proposed new exhibits document the multiple applications for the Valvo’s Convenience & Gas, Valvo Transport and the former Hanover Convenience facilities in the PBS Applications that Mr. Valvo filed in accordance with NYDEC’s requirements for owners and operators to provide information about their underground storage tanks. The information listed on the PBS Applications reflects facts provided by Mr. Valvo. Two additional proposed exhibits include a PBS Database Report and a PBS Database Search. Five other proposed exhibits, prepared by Mr. Valvo or his attorney Mr. Paul Chiaravalloti, relate to the measures that Respondents have taken to come into compliance with the UST regulations following the commencement of this enforcement action. In addition, the proposed exhibits include three inspection reports and an email log from NYSDEC. In their testimony, the proposed witnesses from NYSDEC will discuss their reports which are reproduced in the proposed exhibits. After the March 27, 2012 inspections by NYSDEC, Mr. Valvo was briefed on the things that needed to be corrected at his facilities, so he should be aware of the matters addressed in the reports.

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78. Response to Information Request Letter, dated August 3, 2012, from Stephen Valvo to EPA.

79. Unchanged Proposed Penalty Calculation for Second Amended Complaint.

#### Legal Basis for Granting Motion

The rules of procedure governing this proceeding are set forth in 40 C.F.R. Part 22; *see* 40 C.F.R. § 22.1 (authorizing this action) and 22.16(a) (authorizing a party to submit a motion).

Pursuant to 40 C.F.R. § 22.19(f):





A party who has made an information exchange under paragraph (a) of this section . . . shall promptly supplement or correct the exchange when the party learns that the information exchanged is incomplete, inaccurate or outdated, and the additional or corrective information has not otherwise been disclosed to the other party pursuant to this section.

The only Part 22 provision implicating a time requirement for supplementing a prehearing exchange is found in 40 C.F.R. § 22.22(a), which provides, in relevant part:

The Presiding Officer shall admit all evidence which is not irrelevant, immaterial, unduly repetitious, unreliable, or of little probative value . . . . If, however, a party fails to provide any document, exhibit, witness name or summary of expected testimony required to be exchanged under §22.19 (a), (e) or (f) to all parties at least 15 days before the hearing date, the Presiding Officer shall not admit the document, exhibit or testimony into evidence, unless the non-exchanging party had good cause for failing to exchange the required information and provided the required information to all other parties as soon as it had control of the information, or had good cause for not doing so.

The case law under Part 22, among other things, looks at the issues of delay, timing of the hearing, and possible prejudice to the Respondents. None of those factors would apply to the facts underlying this Motion. Where, as in this proceeding, a motion to supplement a prehearing exchange is submitted “more than fifteen days prior to the hearing, [Complainant] does not need to show good cause for failing to supply the documents or the proposed witnesses’ names and testimony sooner under the Rules, 40 C.F.R. § 22.22(a).” *In re Service Oil, Inc.*, Docket Number CWA-08-2005-0010 (Biro, C.J., April 12, 2006) at 4 (footnote omitted). *See also In re 99 Cents Only Stores*, Docket Number FIFRA -9-2008-0027 (Biro, C.J., June 18, 2009), at 6 (because EPA’s motions to supplement its prehearing exchange were “within the 15 day time frame referenced in Rule 22.22(a)(1), [they were] not required to meet the standards of that Rule”).

Accordingly, because the hearing in this case is set to commence on October 23, 2012, two months away, EPA need not demonstrate good cause for not having supplied the exhibits or the proposed witnesses’ names and a summary of their testimony sooner. The operative



principle governing the disposition of this motion is whether allowing Complainant to supplement its prehearing exchange would result in Respondents being unfairly disadvantaged or unduly prejudiced. Complainant submits that, in deciding this motion, this Court should be guided by the principle articulated by the Environmental Appeals Board in *In re CDT Landfill Corporation*, CAA Appeal No. 02-02 (E.A.B. 2003), 11 EAD 88, 109, that “[a]dministrative hearings are such that rules allowing evidence into the record tend to be more liberal than in proceedings in other courts, and normally err towards over-inclusion rather than under-inclusion” (citations omitted).<sup>1</sup>

#### Conclusion

For the reasons set forth herein, Complainant respectfully moves this Court to grant an Order allowing Complainant leave to supplement its Prehearing Exchange with the names of two new proposed witnesses and a summary of their testimony and seventeen new exhibits.

Dated: August 23, 2012  
New York, New York

Respectfully submitted,



Beverly Kolenberg  
Assistant Regional Counsel  
Waste and Toxic Substances Branch  
U.S. Environmental Protection Agency  
290 Broadway, 17<sup>th</sup> floor  
New York, New York 10007-1866  
[Kolenberg.beverly@epa.gov](mailto:Kolenberg.beverly@epa.gov)  
212-637-3167  
Fax: 212-637-3104

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<sup>1</sup> This decision and others of the Environmental Appeals Board are available on the Internet at [www.epa.gov/eab](http://www.epa.gov/eab).



**CERTIFICATE OF SERVICE**

This is to certify that I have this day caused to be mailed copies of the foregoing Motion to Supplement Complainant's Prehearing Exchange, bearing the Docket Number RCRA-02-2011-7507 by pouch mail to Honorable M. Lisa Buschmann, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, N.W., Mail Code 1900L, Washington, D.C. 20460-2001 and by regular mail to Respondents Valvo's Convenience & Gas, Inc. and Stephen M. Valvo at 1271 Routes 5 and 20, Silver Creek, N.Y. 14136, and to Paul A. Chiaravalloti, Esq., counsel for the Respondents, 1967 Wehrle Drive, Suite 1, Williamsville, N.Y. 14221.

I hand-carried the original and a copy of the foregoing Motion to the Office of Regional Hearing Clerk, United States Environmental Protection Agency, Region 2.

Dated: August 23, 2012  
New York, New York

Beverly Rosenberg



**COMPLAINANT'S PROPOSED SUPPLEMENTARY EXHIBITS**





Hanover Convenience  
351 Central Ave  
Silver Creek, NY 14136

4/11/10

Polu Kai Services  
Jeffrey K. Blair  
EPA UST/UIC Region II Field Inspector  
Fax #814-887-4138

Dear Jeff:

Enclosed are the test results we had performed on our tanks and lines. I have also enclosed the cathodic test results from 2007. We have pumped out the 12,000 gallon unleaded tank into the 8,000 gallon tank. We are no longer using the 12,000 gallon tank. We also have pumped out the 1,000 gallon diesel tank and it is no longer in use.

Sincerely,

  
Melissa Elwell



K & T PUMP & TANK INC.  
370 Sawyer Avenue  
Tonawanda, NY 14150-7719  
(716)877-0226 Fax: (716)877-0034

March 13, 2007

CATHODIC PROTECTION VOLTMETER READINGS

STATION LOCATION: Hanover Convenience  
351 Central Avenue  
Silver Creek, NY 14136

OWNERS NAME: Hanover Convenience

TANK	TANK SIZE	TANK PRODUCT	METER READING	DATE TEST PERFORMED
#1	12,000	87-Regular	- .85	3-8-07
#2	8,000	93-Premium	-1.04	3-8-07
#3	1,000	Diesel	- .89	3-8-07
#4				
#5				
#6				

Testing done by K & T PUMP & TANK INC.



# JEMKO

PETROLEUM EQUIPMENT, INC.

4895 EAST LAKE ROAD  
ERIE, PENNSYLVANIA 16511  
TELEPHONE (814) 899-7575  
FAX (814) 899-6880

March 30, 2010

Hanover Convenience  
351 Central Ave.  
Silvercreek, NY 14136

Attn: Dale

Re: Line testing, leak detector testing and cathodic protection testing  
at your facility

On March 30, 2010 JEMKO performed line testing on unleaded and premium,  
leak detector testing on unleaded only, and cathodic protection testing on all three products  
at your facility.

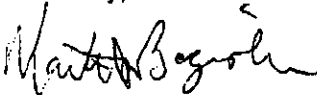
Results are as follows.

Line Testing- Product was tested using the Estabrook EZY CHEK line testing  
unit manufactured by Estabrook EZY CHEK systems.  
Both gasoline lines passed the leak test in accordance with EPA guidelines. See attachments.

Leak Detector Testing- Leak detector was tested using an Estabrook  
Precision Leak Detector testing unit engineered by Estabrook EZY CHEK systems.  
Unlead leak detector passed. See attachment.

Cathodic protection- Readings for your tanks were taken March 30, 2010.  
The readings are within the parameters to be considered corrosion protected on the 8,000  
gallon gasoline tank. The 12,000 gas and 1,000 diesel failed.  
See attachments for results

Sincerely,



Marty J Baginski  
JEMKO Petroleum Equipment Inc.



# Jemko Petroleum Equipment, Inc.

4895 East Lake Rd.  
Erie, PA 16511-1477

814-899-7575

Invoice #: 00066978

**Bill To:**

Hanover Convenience  
351 Central Avenue  
Silver Creek, NY 14136

**Ship To:**

Hanover Convenience  
351 Central Avenue  
Silver Creek, NY 14136

**P A I D**

*3/31/10 C/A 5138*

Card	YOUR NO.	SHIP VIA	SHIP DATE	TERMS	DATE	PG.
20163.5	DALE			C.O.D.	3/31/2010	1

QTY	ITEM #	DESCRIPTION	PRICE	UNIT	DISC %	EXTENDED	TX.
5.25	Labor	Needs a cathodic test done. 3/30/10: Did line & leak detector testing. The sub in the unleaded tank would not come up to speed. Could not do leak detector. Others all passed. All lines passed. Only the middle tank passed the cathodic protection.	\$60.00			\$315.00	X
118	Miles	hours traveled	\$0.60			\$70.80	X

Thank you!	SALE AMOUNT	\$385.80	
	FREIGHT	\$0.00	X
	SALES TAX	\$29.90	
	TOTAL	\$415.70	
	PAID TODAY	\$415.70	
	BALANCE DUE	\$0.00	





**EZY CHEK SYSTEMS  
PRODUCT LINE TESTER**

**DATA SHEET**

TEST DATE 3-30-2010

Testing Company Information

Name	JEMKO Petroleum Equipment, Inc.
Address	4895 East Lake Road
City	Erie, PA 16511
Phone	814-899-7676

Test Location Information

Name	HANOVER CONVIENCE
Address	351 CENTRAL AVE.
City	SILVER CREEK, NY
Phone	716-994-2292
Contact	DALE ELLIOTT
Facility ID#	

Technican Information

Name	MAT RICKTER
Cert #	PA: 335

Piping	Fiberglass
--------	------------

Applied Pressure	50 PSI
------------------	--------

#1	Product Type:				
TIME	DATA	+	GPL	RES	GPH
10:40	80	0	0.0037	0.0000	0.0000
10:55	80	0	0.0037	0	0
11:10	80	0	0.0037	0	0
			0.0037		
			0.0037		
			0.0037		
FINAL RESULT: <u>PASS</u>					

#2	Product Type:				
TIME	DATA	+	GPL	RES	GPH
		0	0.0037	0.0000	0.0000
11:25	77	0	0.0037	0	0
11:40	77	0	0.0037	0	0
11:55	76	1	0.0037	0.0037	0.1952
			0.0037		
			0.0037		
FINAL RESULT: <u>PASS</u>					

#3	Product Type:				
TIME	DATA	+	GPL	RES	GPH
		0	0.0037	0.0000	0.0000
			0.0037		
			0.0037		
			0.0037		
			0.0037		
			0.0037		
FINAL RESULT:					

#4	Product Type:				
TIME	DATA	+	GPL	RES	GPH
		0	0.0037	0.0000	0.0000
			0.0037		
			0.0037		
			0.0037		
			0.0037		
			0.0037		
FINAL RESULT:					

#5	Product Type:				
TIME	DATA	+	GPL	RES	GPH
		0	0.0037	0.0000	0.0000
			0.0037		
			0.0037		
			0.0037		
			0.0037		
			0.0037		
FINAL RESULT:					

#6	Product Type:				
TIME	DATA	+	GPL	RES	GPH
		0	0.0037	0.0000	0.0000
			0.0037		
			0.0037		
			0.0037		
			0.0037		
			0.0037		
FINAL RESULT:					



# JEMKO

PETROLEUM EQUIPMENT, INC.

## ESTABROOK'S EZY CHEK LEAK DETECTOR TEST RESULTS

DATE: 3-30-2010

TESTING CO: JEMKO Petroleum Equipment Inc.  
ADDRESS: 4895 East Lake Road  
Erie, Pa 16511  
PHONE: 814-899-7575

TEST SITE: HANOVER CONDUENCE  
ADDRESS: 357 CENTRAL AVE  
SILVER SPRING, NY 14136  
FACILITY ID #: N/A

TECH NAME & CERT #: MATT RICHTER

### TEST REPORT INDICATES

#### TYPE OF LEAK DETECTOR TESTED

PUMP #	MAKE	MODEL	SERIAL #
1	<u>Rel Jacket</u>	<u>EXIV</u>	<u>31102-2678</u>
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____

PUMP #	PRODUCT TYPE	METERING PRESSURE	FUNCTIONAL ELEMENT HOLDING PSI	RESILIENCY	TEST LEAK RATE ML/MIN	OPENING TIME	PASS FAIL
1	<u>GAS</u>	<u>26</u>	<u>1.2</u>	<u>N/A</u>	189 ml	<u>2 SEC</u>	<u>PASS</u>
2					189 ml		
3					189 ml		
4					189 ml		
5					189 ml		
6					189 ml		
7					189 ml		
8					189 ml		





### Underground Storage Tank (UST)

Facility Name: <b>HANOVER CONVENIENCE</b> Address: <b>351 CENTRAL AVE.</b> <b>SILVER CREEK, NY 14136</b>					Facility ID: 9 - Test Date: <b>3/30/2010</b>									
Telephone #: <b>(716) 934-2292</b>														
Testing Company Name: <b>JEMKO</b> Address: <b>4895 EAST LAKE RD.</b> <b>ERIE, PA 16511</b>														
Telephone #: <b>(814) 899-7575</b>														
Equipment used to test: <b>P3 TESTER</b>														
(Circle One) <input checked="" type="checkbox"/> Sacrificial OR <input type="checkbox"/> Impressed System					NOTE: Minimum test locations are 1, 2, and 3									
Test for Tank #: <b>001</b>					Tank Size: <b>12,000</b>					Product: <b>GAS</b>				
Test Locations	1	2	3	4	5	6	7	8	9	Piping	STP Connectors	Dispenser Connectors		
Reading (-Volt)	-0.296	-0.310	-0.291											
Native Voltage														
Instant Off														
Polarization (Mv)														
Corrosion Protection Results (circle one) TANK: (Pass) (Fail) (N/A)						Corrosion Protection Results (circle one) PIPING: (Pass) (Fail) (N/A)								
Comments/ Recommendations:														

Test for Tank #: <b>002</b>					Tank Size: <b>8,000</b>					Product: <b>GAS</b>				
Test Locations	1	2	3	4	5	6	7	8	9	Piping	STP Connectors	Dispenser Connectors		
Reading (-Volt)		-1.09	-1.08	-1.08										
Native Voltage														
Instant Off														
Polarization (Mv)														
Corrosion Protection Results (circle one) TANK: (Pass) (Fail) (N/A)						Corrosion Protection Results (circle one) PIPING: (Pass) (Fail) (N/A)								
Comments/ Recommendations:														

Test for Tank #: <b>003</b>					Tank Size: <b>1,000</b>					Product: <b>DIESEL</b>				
Test Locations	1	2	3	4	5	6	7	8	9	Piping	STP Connectors	Dispenser Connectors		
Reading (-Volt)		-0.614	-0.609				-0.631							
Native Voltage														
Instant Off														
Polarization (Mv)														
Corrosion Protection Results (circle one) TANK: (Pass) (Fail) (N/A)						Corrosion Protection Results (circle one) PIPING: (Pass) (Fail) (N/A)								
Comments/ Recommendations:														

I hereby certify that I have an understanding of the principles and measurements of all common types of techniques used to prevent corrosion of a metal surface by making that surface the cathode of an electrochemical cell as applied to buried piping and tank systems.

Name of Tester (Print):

NACE Certification #:

Signature: **MATT RICHTER**

Date: **3-3-2010**





**PETROLEUM BULK STORAGE APPLICATION**

Pursuant to the Petroleum Bulk Storage Law,  
Article 17, Title 10 of ECL; and 6 NYCRR 612.614.

(Continued on Reverse Side—Please Be Sure to Complete Section B)

Please Type or Print Clearly  
and Complete All Items

**SECTION A—See Instructions on Cover Sheet**

<b>PBS NUMBER</b> 7-6002317		<b>FACILITY</b>		<b>OWNER</b>		<b>CORRESPONDENCE MAILING</b>			
Indicate Other Existing DEC Numbers, if any, for this Facility: CBS Number: SPDES Number:		NAME: VALUO CONVENIENCE & GAS INC LOCATION (Not P.O. Boxes): RT 5420 LOCATION (Continued): CITY/TOWN/VILLAGE: SILVER CREEK STATE: NY ZIP CODE: 14136 COUNTY: CHAUTAUGUS TOWNSHIP OR CITY: <del>HAVERHOLM</del> <del>SEE COVER SHEET</del> NAME OF OPERATOR AT FACILITY: STEPHEN VALUO FACILITY TELEPHONE NUMBER: (716) 934-2535 EMERGENCY CONTACT NAME: STEPHEN VALUO EMERGENCY CONTACT PHONE NO.: (716) 934-2535		NAME: VALUO CONVENIENCE & GAS INC ADDRESS (Street and/or P.O. Box): RT 5420 CITY: SILVER CREEK STATE: NY ZIP CODE: 14136 FEDERAL TAX ID NO.: OWNER TELEPHONE NUMBER: (716) 934-2535		TYPE OF OWNER (Check only one) <input type="checkbox"/> Private Resident <input type="checkbox"/> State Government <input type="checkbox"/> Local Government <input type="checkbox"/> Federal Government <input checked="" type="checkbox"/> Corporate/Commercial		NAME OF COMPANY: VALUO CONVENIENCE & GAS INC ADDRESS: RT 5420 ADDRESS: CITY/STATE/ZIP CODE: SILVER CREEK NY 14136 TELEPHONE NUMBER: (716) 934-2535	
TRANSACTION TYPE (Check all that apply) NOTE: Transaction Types 1, 2 and 5 require a fee. 1. <input checked="" type="checkbox"/> Initial/New Facility 2. <input type="checkbox"/> Change of Ownership 3. <input type="checkbox"/> Substantial Tank Modification 4. <input type="checkbox"/> Information Correction 5. <input type="checkbox"/> Renewal		TYPE OF PETROLEUM FACILITY: (Check all that apply) A. <input type="checkbox"/> Storage Terminal/Petroleum Distributor B. <input checked="" type="checkbox"/> Retail Gasoline Sales C. <input type="checkbox"/> Other Retail Sales D. <input type="checkbox"/> Manufacturing E. <input type="checkbox"/> Utility F. <input type="checkbox"/> Trucking/Transportation G. <input type="checkbox"/> Apartment Building H. <input type="checkbox"/> School I. <input type="checkbox"/> Farm J. <input type="checkbox"/> Private Residence K. <input type="checkbox"/> Airline (Air Taxi) L. <input type="checkbox"/> Other (Specify)		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: STEPHEN M VALUO AMOUNT ENCLOSURE: \$ 250.00 TITLE: PRESIDENT SIGNATURE: <i>Stephen M Valuo</i> DATE: 4/8/97		OFFICIAL USE ONLY Page: 1 of 1 Date Received: 4.10.97 Date Processed: 4.16.97 Amount Received: \$ 250 Reviewed By: <i>Yue</i>	

Complainant's Exhibit 64

Action	Tank Number	Tank Location	Status	Installation or Permanent Closure Date (MO) (YR)	Capacity (Gallons)	Product Stored	Tank Type	Tank Internal Prot.	Tank External Protection	Piping Location	Piping Type	Piping Internal Prot.	Piping External Protection	Secondary Containment	Leak Detection	Spill/Overfill Prevention	Dispenser	Last Test Date (Underground Tanks) (MO) (YR)
1	1308C-1	4	1	03 97	19,000	2	1	0	5	2	9	9	5	2	1	1	1	
1	11528C-2	4	1	03 97	12,000	2	1	0	5	2	9	9	5	2	1	1	1	
1	22311C-3	4	1	03 97	2,000	6	1	0	5	2	9	9	5	2	1	1	2	

KEY FOR SECTION B	INTERNAL PROTECTION: Tank/Piping	SECONDARY CONTAINMENT	SPILLOVERFILL PREVENTION
<b>ACTION</b>	<b>INTERNAL PROTECTION: Tank/Piping</b>	<b>SECONDARY CONTAINMENT</b>	<b>SPILLOVERFILL PREVENTION</b>
1 Initial Listing	0 None	0 None	0 None
2 Add Tank	1 Epoxy Liner	1 Vault	1 Float Vent Valve
3 Close/Remove Tank	2 Rubber Liner	2 Double-Walled Tank	2 High Level Alarm
4 Information Correction	3 Fiberglass Liner (FRP)	3 Excavation Liner	3 Automatic Shut-off
5 Recondition/Repair/Reline Tank	4 Glass Liner	4 Cut-off Walls	4 Product Level Gauge
	9 Other*	5 Impervious Underlayment	5 Catch Basin
<b>TANK LOCATION</b>	<b>EXTERNAL PROTECTION: Tank/Piping</b>	6 Earthen Dike	6 Vent Whistle
1 Aboveground	0 None	7 Prefabricated Steel Dike	9 Other*
2 Aboveground on saddles legs, stilts, rack, or cradle	1 Painted/Asphalt Coating	8 Concrete Dike	<b>DISPENSER</b>
3 Aboveground: 10% or more below ground	2 Sacrificial Anode	A Synthetic Liner	1 Submersible
4 Underground	3 Impressed Current	B Natural Liner	2 Suction
5 Underground, vaulted, with access	5 Fiberglass	<b>LEAK DETECTION</b>	3 Gravity
	6 Wrapped (Piping)	0 None	
	9 Other*	1 Interstitial Monitoring	
<b>PRODUCT STORED</b>	<b>PIPING TYPE</b>	2 Vapor Well	
0 Empty	0 None	3 Groundwater Well	
1 Leaded Gasoline	1 Steel/Iron	4 In-tank System	
2 Unleaded Gasoline	2 Galvanized Steel	5 Concrete Pad with channels	
3 Nos. 1, 2, or 4 Fuel Oil	3 Fiberglass (FRP)	9 Other*	
4 Nos. 5 or 6 Fuel Oil	4 Copper		
5 Kerosene	9 Other*		
6 Diesel	<b>PIPING LOCATION</b>		
A Lube Oil	0 None		
9 Other	1 Aboveground		
	2 Underground		
	3 Aboveground/Underground Combination		

\* If Other, please list on separate sheet including the Tank Number





NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
 DIVISION OF WATER • BUREAU OF SPILL PREVENTION AND RESPONSE  
**PETROLEUM BULK STORAGE APPLICATION**

Pursuant to the Petroleum Bulk Storage Law,  
 Article 17, Title 10 of ECL; and 6 NYCRR 612-614.

Please Type or Print Clearly and Complete All Items (Continued on Reverse Side—Please Be Sure to Complete Section B)  
**SECTION A—See Instructions on Cover Sheet**

PBS NUMBER <u>9-000126</u> Indicate Other Existing DEC Numbers, if any, for this Facility: CBS Number: SPDES Number:	<b>F A C I L I T Y</b> NAME VALVO TRANSPORT INC LOCATION (Not P.O. Boxes) RTS 5 & 20 LOCATION (Continued) CITY/TOWN/VILLAGE SILVER CREEK COUNTY CHAUTAUQUE STATE NY ZIP CODE 14136 TOWNSHIP OR CITY HANOVER NAME OF OPERATOR AT FACILITY FACILITY TELEPHONE NUMBER STEPHEN VALVO (716) 934-2535 EMERGENCY CONTACT NAME EMERGENCY CONTACT PHONE NO. STEPHEN VALVO (716) 934-4451	<b>TYPE OF PETROLEUM FACILITY:</b> (Check all that apply) A. <input checked="" type="checkbox"/> Storage Terminal/Petroleum Distributor B. <input type="checkbox"/> Retail Gasoline Sales C. <input type="checkbox"/> Other Retail Sales D. <input type="checkbox"/> Manufacturing E. <input type="checkbox"/> Utility F. <input checked="" type="checkbox"/> Trucking/Transportation G. <input type="checkbox"/> Apartment Building H. <input type="checkbox"/> School I. <input type="checkbox"/> Farm J. <input type="checkbox"/> Private Residence K. <input type="checkbox"/> Airline (Air Taxi) L. <input type="checkbox"/> Other (Specify)	
<b>TRANSACTION TYPE</b> (Check all that apply) NOTE: Transaction Types 1, 2 and 5 require a fee. 1. <input type="checkbox"/> Initial/ <input type="checkbox"/> New Facility 2. <input type="checkbox"/> Change of <input type="checkbox"/> Ownership 3. <input type="checkbox"/> Substantial <input type="checkbox"/> Tank Modification 4. <input type="checkbox"/> Information <input type="checkbox"/> Correction 5. <input type="checkbox"/> Renewal	<b>OWNER</b> NAME VALVO TRANSPORT INC ADDRESS (Street and/or P.O. Box) PO BOX 271 CITY SILVER CREEK STATE NY ZIP CODE 14136 FEDERAL TAX ID NO. 16-1355827 OWNER TELEPHONE NUMBER (716) 934-4451 TYPE OF OWNER (Check only one) 1 <input type="checkbox"/> Private Resident 2 <input type="checkbox"/> State Government 3 <input type="checkbox"/> Local Government 4 <input type="checkbox"/> Federal Government 5 <input checked="" type="checkbox"/> Corporate/Commercial	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 STEPHEN M VALVO AMOUNT ENCLOSED \$ TITLE PRESIDENT SIGNATURE <i>Stephen M Valvo</i> DATE 5-12-93	
<b>Geographical Locator for this Facility: (if known)</b> LATITUDE: DEG MIN SEC LONGITUDE: DEG MIN SEC	<b>CORRESPONDENCE MAILING</b> ATTENTION STEPHEN M VALVO NAME OF COMPANY VALVO TRANSPORT INC ADDRESS PO BOX 271 ADDRESS CITY/STATE/ZIP CODE SILVER CREEK NY 14136 TELEPHONE NUMBER (716) 934-2535		OFFICIAL USE ONLY Page <u>1</u> of <u>1</u> Date Received: <u>5-12-93</u> Date Processed: <u>5-12-93</u> Amount Received \$ <u>250</u> Reviewed By <u>GES</u>

Complainant's Exhibit 65A

PBS NUMBER:

9-60076

Tank Information for Petroleum Bulk Storage Facility

SECTION B—See Instructions on Cover Sheet

Action	Tank Number	Tank Location	States	Installation or Permanent Closure Date (MO) (YR)	Capacity (Gallons)	Product Stored	Tank Type	Tank Internal Prot	Tank External Protection	Piping Location	Piping Type	Piping Internal Prot	Piping External Protection	Secondary Containment	Leak Detection	Spill Prevention	Last Test Date (underground Tanks) (MO) (YR)
1	001	4	1	0593	10,000		6	1	0	1	2	0	1	2	1	1	
1	002	2	1	0593	20,000		3	1	0	1	1	2	1	1	5	4	
1	003	2	1	0593	20,000		5	1	0	1	1	2	1	1	5	4	

ENVIRONMENTAL REGION 9  
 U.S. DEPT. OF CONSERVATION  
 MAR 20 1993  
 RECEIVED

KEY FOR SECTION B	TANK TYPE	INTERNAL PROTECTION: Tank/Piping	SECONDARY CONTAINMENT	SPILLOVERFILL PREVENTION
<b>ACTION</b>	1 Steel/Carbon Steel	0 None	0 None	0 None
1 Initial Listing	2 Stainless Steel Alloy	1 Epoxy Liner	1 Vault	1 Float Vent Valve
2 Add Tank	3 Concrete	2 Rubber Liner	2 Double-Walled Tank	2 High Level Alarm
3 Close/Remove Tank	4 Fiberglass Coated Steel	3 Fiberglass Liner (FRP)	3 Excavation Liner	3 Automatic Shut-off
4 Information Correction	5 Fiberglass Reinforced Plastic (FRP)	4 Glass Liner	4 Cut-off Walls	4 Product Level Gauge
5 Recondition/Repair/Reline Tank	6 Equivalent Technology	9 Other*	5 Impervious Underlayment	5 Catch Basin
<b>TANK LOCATION</b>	9 Other*	<b>EXTERNAL PROTECTION: Tank/Piping</b>	6 Earthen Dike	6 Vent Whistle
1 Aboveground	<b>PIPING TYPE</b>	0 None	7 Prefabricated Steel Dike	9 Other*
2 Aboveground on saddles, legs, stills, rack, or cradle	0 None	1 Painted/Asphalt Coating	8 Concrete Dike	<b>DISPENSER</b>
3 Aboveground: 10% or more below ground	1 Steel/Iron	2 Sacrificial Anode	A Synthetic Liner	1 Submersible
4 Underground	2 Unleaded Gasoline	3 Impressed Current	B Natural Liner	2 Suction
5 Underground, vaulted, with access	3 Nos. 1, 2, or 4 Fuel Oil	4 Fiberglass	9 Other*	3 Gravity
	4 Nos. 5 or 6 Fuel Oil	5 Jacketed	<b>LEAK DETECTION</b>	
	5 Kerosene	6 Wrapped (Piping)	0 None	
	6 Diesel	9 Other*	1 Interstitial Monitoring	
	9 Other*	<b>PIPING LOCATION</b>	2 Vapor Well	
		0 None	3 Groundwater Well	
		1 Aboveground	4 Intank System	
		2 Underground	5 Concrete Pad with channels	
		3 Aboveground/Underground Combination	9 Other*	

\* If Other, please list on separate sheet including the Tank Number



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
 DIVISION OF WATER • BUREAU OF SPILL PREVENTION AND RESPONSE  
**PETROLEUM BULK STORAGE APPLICATION**

Pursuant to the Petroleum Bulk Storage Law,  
 Article 17, Title 10 of ECL; and 6 NYCRR 612-614.

Please Type or Print Clearly (Continued on Reverse Side—Please Be Sure to Complete Section B) and Complete All Items

**SECTION A—See Instructions on Cover Sheet**

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N.Y.S. DEPT. OF ENVIRONMENTAL CONSERVATION  
 REGION 9

Complainant's Exhibit 65B

<b>TRANSACT I O N</b> PBS NUMBER: 9-600126 Indicate Other Existing DEC Numbers, if any, for this Facility: CBS Number: SPDES Number:		<b>FACILITY</b> NAME: VALVO TRANSPORT INC LOCATION (Not P.O. Boxes): RTS 57 20 LOCATION (Continued): CITY/TOWN/VILLAGE: SILVER CREEK COUNTY: STATE: NY ZIP CODE: 14136 TOWNSHIP OR CITY: HANOVER NAME OF OPERATOR AT FACILITY: STEPHEN M. VALVO FACILITY TELEPHONE NUMBER: 716 934-2535 EMERGENCY CONTACT NAME: STEPHEN M. VALVO EMERGENCY CONTACT PHONE NO.: 716 934-9457 NAME: STEPHEN M. VALVO ADDRESS (Street and/or P.O. Box):		<b>OWNER</b> CITY: SILVER CREEK STATE: NY ZIP CODE: 14136 FEDERAL TAX ID NO.: 13-1355827 OWNER TELEPHONE NUMBER: 716 934-9457 TYPE OF OWNER (Check only one): <input type="checkbox"/> Private Resident <input type="checkbox"/> State Government <input checked="" type="checkbox"/> Federal Government <input type="checkbox"/> Local Government <input checked="" type="checkbox"/> Corporate/Commercial		<b>TYPE OF PETROLEUM FACILITY:</b> (Check all that apply) A. <input type="checkbox"/> Storage Terminal/Petroleum Distributor B. <input type="checkbox"/> Retail Gasoline Sales C. <input type="checkbox"/> Other Retail Sales D. <input type="checkbox"/> Manufacturing E. <input type="checkbox"/> Utility F. <input checked="" type="checkbox"/> Trucking/Transportation G. <input type="checkbox"/> Apartment Building H. <input type="checkbox"/> School I. <input type="checkbox"/> Farm J. <input type="checkbox"/> Private Residence K. <input type="checkbox"/> Airline (Air Taxi) L. <input type="checkbox"/> Other (Specify)	
TRANSACTION TYPE (Check all that apply) NOTE: Transaction Types 1, 2 and 5 require a fee. 1. <input type="checkbox"/> Initial/New Facility 2. <input type="checkbox"/> Change of Ownership 3. <input type="checkbox"/> Substantial Tank Modification 4. <input checked="" type="checkbox"/> Information Correction 5. <input type="checkbox"/> Renewal		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: STEPHEN M. VALVO AMOUNT ENCLOSED: \$ 150.00 TITLE: PRESIDENT SIGNATURE: [Signature] DATE: 11/1/93			
<b>CORRESPONDENCE MAILING</b> Geographical Locator for this Facility: (If known) LATITUDE: _____ DEG MIN SEC _____ LONGITUDE: _____ DEG MIN SEC _____		ATTENTION: STEPHEN M. VALVO NAME OF COMPANY: VALVO TRANSPORT ADDRESS: P.O. BOX 217 ADDRESS: SILVER CREEK, NEW YORK 14136 CITY/STATE/ZIP CODE: SILVER CREEK, NEW YORK 14136 TELEPHONE NUMBER: 716 934-2535		OFFICIAL USE ONLY Page _____ of _____ Date Received: _____ Date Processed: _____ Amount Received \$ _____ Reviewed By: _____			



PBS NUMBER:

9-600126

Tank Information for Petroleum Bulk Storage Facility

SECTION B—See Instructions on Cover Sheet

Action	Tank Number	Tank Location	Status	Installation or Permanent Closure Date (MO) (YR)	Capacity (Gallons)	Product Stored	Tank Type	Tank Internal Prot.	Tank External Protection	Piping Location	Piping Type	Piping Internal Prot.	Piping External Protection	Secondary Containment	Leak Detection	Spill/Overflow Prevention	Dispenser	Last Test Date (Underground Tanks) (MO) (YR)
2	4	11	1	1093	275	5	1	0	0	1	2	0	0	0	0	0	1	—
2	5	11	1	0585	275	4	1	0	0	1	2	0	0	0	0	0	1	—
2	6	41	1	0585	2,000	9	1	0	0	2	2	0	0	0	0	0	1	—

KEY FOR SECTION B

- ACTION**
- Initial Listing
  - Add Tank
  - Close/Remove Tank
  - Information Correction
  - Recondition/Repair/Reline Tank

- TANK LOCATION**
- Aboveground
  - Aboveground on saddles, legs, stilts, rack, or cradle
  - Aboveground: 10% or more below ground
  - Underground
  - Underground, vaulted, with access

- STATUS**
- In-service
  - Temporarily out-of-service
  - Closed—Removed
  - Closed—In Place
  - Tank Converted to Non-Regulated Use

- PRODUCT STORED**
- Empty
  - Leaded Gasoline
  - Unleaded Gasoline
  - Nos. 1, 2, or 4 Fuel Oil
  - Nos. 5 or 6 Fuel Oil
  - Kerosene
  - Diesel
  - Lube Oil
  - Other\*

**TANK TYPE**

- Steel/Carbon Steel
- Stainless Steel Alloy
- Concrete
- Fiberglass Coated Steel
- Fiberglass Reinforced Plastic (FRP)
- Equivalent Technology
- Other\*

**PIPING TYPE**

- None
- Steel/iron
- Galvanized Steel
- Fiberglass (FRP)
- Copper
- Other\*

**INTERNAL PROTECTION: Tank/Piping**

- None
- Epoxy Liner
- Rubber Liner
- Fiberglass Liner (FRP)
- Glass Liner
- Other\*

**EXTERNAL PROTECTION: Tank/Piping**

- None
- Painted/Asphalt Coating
- Sacrificial Anode
- Impressed Current
- Fiberglass
- Jacketed
- Wrapped (Piping)
- Other\*

**INTERNAL PROTECTION: Tank/Piping**

- None
- Vault
- Double-Walled Tank
- Excavation Liner
- Cut-off Walls
- Impervious Underlayment
- Earthen Dike
- Prefabricated Steel Dike
- Concrete Dike
- Synthetic Liner
- Natural Liner
- Other\*

**SECONDARY CONTAINMENT**

- None
  - Vault
  - Double-Walled Tank
  - Excavation Liner
  - Cut-off Walls
  - Impervious Underlayment
  - Earthen Dike
  - Prefabricated Steel Dike
  - Concrete Dike
  - Synthetic Liner
  - Natural Liner
  - Other\*
- LEAK DETECTION**
- None
  - Interstitial Monitoring
  - Vapor Well
  - Groundwater Well
  - Intank System
  - Concrete Pad with channels
  - Double Bottom
  - Other\*

**SPILL/OVERFILL PREVENTION**

- None
  - Float Vent Valve
  - High Level Alarm
  - Automatic Shut-off
  - Product Level Gauge
  - Catch Basin
  - Vent-Whistle
  - Other\*
- DISPENSER**
- Submersible
  - Suction
  - Gravity

\* If Other, please list on separate sheet including the Tank Number



FAX (716) 934-4926  
PHONE (716) 934-2535  
DUNS # 118785377  
RTS. 5 & 20 SILVER CREEK, N.Y. 14136

AMERICAN  
TRUCKING  
ASSOCIATIONS



November 1, 1993

Attachment to Petroleum Bulk Storage Application  
9-600126

Tank # 6, below ground waste oil storage tank from  
the trucks and tractors used by Valvo Transport.  
This tank is pumped out by Bison Waste Oil Services.

**PETROLEUM BULK STORAGE APPLICATION**

Pursuant to the Petroleum Bulk Storage Law,  
Article 17, Title 10 of ECL; 6 NYCRR 612-614 and 6 NYCRR, Subpart 360-14  
(Continued on the Reverse Side—Please Be Sure to Complete Section B)

**SECTION A—See Instructions on Cover Sheet**



Please Type or Print Clearly  
and Complete All Items

<p>PBS NUMBER <b>9-600126</b></p> <p>Indicate other existing DEC Numbers, if any, for this facility:</p> <p>CBS Number _____</p> <p>SPDES Number _____</p>	<p><b>F A C I L I T Y</b></p>	<p>FACILITY NAME <b>Valvo Transport Inc.</b></p> <p>LOCATION (Not PO Boxes) <b>Rtes. 5 &amp; 20</b></p> <p>LOCATION (Continued) _____</p> <p>CITY/TOWN/VILLAGE <b>Silver Creek</b></p> <p>COUNTY <b>Chautauq</b></p> <p>STATE <b>NY</b></p> <p>ZIP CODE <b>14136</b></p> <p>TOWNSHIP OR CITY _____</p> <p>NAME OF OPERATOR AT FACILITY <b>Stephen M. Valvo</b></p> <p>FACILITY TELEPHONE NUMBER <b>(716) 934-2535</b></p> <p>EMERGENCY CONTACT NAME <b>Stephen M. Valvo</b></p> <p>EMERGENCY TELEPHONE NO. <b>(716) 934-7763</b></p>	<p><b>TYPE OF PETROLEUM FACILITY:</b> (Check all that apply)</p> <p>A. <input checked="" type="checkbox"/> Storage Terminal/Petroleum Distributor B. <input type="checkbox"/> Retail Gasoline Sales C. <input type="checkbox"/> Other Retail Sales D. <input type="checkbox"/> Manufacturing E. <input type="checkbox"/> Utility F. <input type="checkbox"/> Trucking/Transportation G. <input type="checkbox"/> Apartment Building H. <input type="checkbox"/> School I. <input type="checkbox"/> Farm J. <input type="checkbox"/> Private Residence K. <input type="checkbox"/> Airline (Air Taxi) L. <input type="checkbox"/> Other (Specify Below)</p> <p>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.</p>
<p><b>TRANSACTION TYPE</b> (Check all that apply) NOTE: Transaction Types 1, 2 and 5 may require a fee.</p> <p>1 <input type="checkbox"/> New Facility 2 <input type="checkbox"/> Change of Ownership 3 <input checked="" type="checkbox"/> Substantial Tank Modification 4 <input type="checkbox"/> Information Correction 5 <input type="checkbox"/> Renewal</p>	<p><b>O W N E R</b></p>	<p>OWNER NAME <b>Valvo Transport Inc.</b></p> <p>ADDRESS (Street and/or PO Box) <b>Rtes. 5 &amp; 20</b></p> <p>CITY <b>Silver Creek</b></p> <p>STATE <b>N.Y.</b></p> <p>ZIP CODE <b>14136</b></p> <p>FEDERAL TAX ID NUMBER <b>161355827</b></p> <p>OWNER TELEPHONE NUMBER <b>(716) 934-2535</b></p> <p>TYPE OF OWNER (Check only one) 1 <input type="checkbox"/> Private Resident 2 <input type="checkbox"/> State Government 3 <input type="checkbox"/> Local Government 4 <input type="checkbox"/> Federal Government 5 <input checked="" type="checkbox"/> Corporate/Commercial</p>	<p>NAME OF OWNER OR AUTHORIZED REPRESENTATIVE <b>Valvo Transport Inc.</b></p> <p>AMOUNT ENCLOSED <b>5</b></p> <p>TITLE <b>President</b></p> <p>SIGNATURE <i>Stephen M. Valvo</i></p> <p>DATE <b>11/13/99</b></p>
<p>Geographical Locator for this Facility: (If known)</p> <p>LATITUDE: DEG MIN SEC      </p> <p>LONGITUDE: DEG MIN SEC      </p>	<p><b>C O R R E S P O N D E N C E</b></p>	<p>ATTENTION <b>Stephen M. Valvo</b></p> <p>NAME OF COMPANY <b>Valvo Transport Inc.</b></p> <p>ADDRESS <b>Rtes. 5 &amp; 20</b></p> <p>ADDRESS _____</p> <p>CITY/STATE/ZIP CODE <b>Silver Creek N.Y. 14136</b></p> <p>TELEPHONE NUMBER <b>(716) 934-2535</b></p>	<p><b>OFFICIAL USE ONLY</b></p> <p>Page _____ of _____</p> <p>Date Received: ___/___/___</p> <p>Date Processed: ___/___/___</p> <p>Amount Received \$ _____</p> <p>Reviewed By: _____</p>

RETURN COMPLETED FORM & FEE TO:

NYS DEC - REGION 9  
270 MICHIGAN AVE  
BUFFALO, NY 14203-2999  
(716) 851-7220



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
DIVISION OF ENVIRONMENTAL REMEDIATION

**PETROLEUM BULK STORAGE APPLICATION**

Pursuant to the Petroleum Bulk Storage Law,  
Article 17, Title 10 of ECL; 6 NYCRR 612-614 and 6 NYCRR, Subpart 360-14  
(Continued on the Reverse Side—Please Be Sure to Complete Section B)

**SECTION A—See Instructions on Cover Sheet**

Please Type or Print Clearly  
and Complete All Items

<p>FBS NUMBER 9-600126</p> <p>Indicate other existing DEC Numbers, if any, for this facility:</p> <p>CBS Number</p> <p>SPDES Number</p> <p>TRANSACTION TYPE (Check all that apply) NOTE: Transaction Types 1, 2 and 5 may require a fee.</p> <p>1 <input type="checkbox"/> New Facility</p> <p>2 <input type="checkbox"/> Change of Ownership</p> <p>3 <input type="checkbox"/> Substantial Tonk Modification</p> <p>4 <input type="checkbox"/> Information Correction</p> <p>5 <input checked="" type="checkbox"/> Renewal</p>	<p><b>F A C I L I T Y</b></p> <p>FACILITY NAME VALVO TRANSPORT INC</p> <p>LOCATION (Not PO. Boxes) RTS 5 &amp; 20</p> <p>LOCATION (Continued)</p> <p>CITY/TOWN/VILLAGE SILVER CREEK</p> <p>STATE NY</p> <p>ZIP CODE 14136</p> <p>TOWNSHIP OR CITY HANOVER</p> <p>NAME OF OPERATOR AT FACILITY STEPHEN M. VALV</p> <p>FACILITY TELEPHONE NUMBER ( 716 ) 934-2535</p> <p>EMERGENCY CONTACT NAME STEPHEN M. VALV</p> <p>EMERGENCY TELEPHONE NO. ( 716 ) 934-7763</p> <p>OWNER NAME VALVO TRANSPORT INC</p> <p>ADDRESS (Street and/or PO Box) PO BOX 271</p> <p>CITY SILVER CREEK</p> <p>STATE NY</p> <p>ZIP CODE 14136</p> <p>OWNER TELEPHONE NUMBER ( 716 ) 934-2535</p> <p>TYPE OF OWNER (Check only one) 1 <input type="checkbox"/> Private Resident 2 <input type="checkbox"/> State Government 3 <input type="checkbox"/> Local Government 4 <input type="checkbox"/> Federal Government 5 <input checked="" type="checkbox"/> Corporate/Commercial</p>	<p><b>TYPE OF PETROLEUM FACILITY:</b> (Check all that apply)</p> <p>A. <input type="checkbox"/> Storage Terminal/Petroleum Distributor</p> <p>B. <input type="checkbox"/> Retail Gasoline Sales</p> <p>C. <input type="checkbox"/> Other Retail Sales</p> <p>D. <input type="checkbox"/> Manufacturing</p> <p>E. <input type="checkbox"/> Utility</p> <p>F. <input type="checkbox"/> Trucking/Transportation</p> <p>G. <input type="checkbox"/> Apartment Building</p> <p>H. <input type="checkbox"/> School</p> <p>I. <input type="checkbox"/> Farm</p> <p>J. <input type="checkbox"/> Private Residence</p> <p>K. <input type="checkbox"/> Airline (Air Taxi)</p> <p>L. <input type="checkbox"/> Other (Specify Below) _____</p> <p><b>RECEIVED</b> MAR 13 1998 NYSDEC - REG. 9 FOIL REL _____ UNREL _____</p>
<p><b>OWNER</b></p> <p>NAME OF OWNER OR AUTHORIZED REPRESENTATIVE Stephen M. Valvo</p> <p>AMOUNT ENCLOSED \$ 250. -</p> <p>TITLE President</p> <p>SIGNATURE <i>Stephen M. Valvo</i></p> <p>DATE 3/9/98</p>	<p><b>C O R R E S P O N D E N C E</b></p> <p>ATTENTION STEVE M VALVO</p> <p>NAME OF COMPANY VALVO TRANSPORT INC</p> <p>ADDRESS PO BOX 271</p> <p>CITY/STATE/ZIP CODE SILVER CREEK, NY 14136</p> <p>TELEPHONE NUMBER ( 716 ) 934-2535</p>	<p>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.</p>
<p>Geographical Locator for this Facility: (If known)</p> <p>LATITUDE:           DEG MIN SEC</p> <p>LONGITUDE:           DEG MIN SEC</p>	<p>OFFICIAL USE ONLY</p> <p>Page 1 of 1</p> <p>Date Received: 3/13/98</p> <p>Date Processed: 3/13/98</p> <p>Amount Received \$ 250.00</p> <p>Reviewed By: <i>MG</i></p>	

Tank Information for Petroleum Bulk Storage Facility  
SECTION B—See Instructions on Cover Sheet

Action	Tank Number	Tank Location	Status	Installation or Permanent Closure Date (MO) (YR)	Capacity (Gallons)	Product Stored	Tank Internal Protection	Tank External Protection	Piping Location	Piping Type	Piping Internal Protection	Piping External Protection	Secondary Containment	Leak Detection	Spill/Overfill Prevention	Dispenser	Last Test Date (Underground Tanks) (MO) (YR)
2	006	1	1	1 1	20,000	6	1 0	1 1	1 1	2	0 1	1	8	5	1	1	
2	007	1	1	1 1	20,000	2	1 0	1 1	1 1	2	0 1	1	8	5	4	1	
2	008	1	1	1 1	1,000	3	1 0	1 0	1 0	3	0 0	0	0	0	0	2	
2	009	4	1	1 1	2,000	C	1 0	1 0	1 0	C	0 0	0	0	0	0	2	

**KEY FOR SECTION B**

**ACTION**

- Initial Listing
- Add Tank
- Close/Remove Tank
- Information Correction
- Recondition/Repair/Reline Tank

**TANK LOCATION**

- Aboveground on saddles, legs, skids, rack, or cradle
- Aboveground: 10% or more below ground
- Underground
- Underground, vaulted, with access

**STATUS**

- In-service
- Temporarily out-of-service
- Closed—Removed
- Closed—in Place
- Tank Converted to Non-Regulated Use

**PRODUCT STORED**

- Empty
- Leaded Gasoline
- Unleaded Gasoline
- Nos. 1, 2, or 4 Fuel Oil
- Nos. 5 or 6 Fuel Oil
- Kerosene
- Diesel
- Lube Oil
- Used Oil
- Other\*

**TANK TYPE**

- Steel/Carbon Steel
- Stainless Steel Alloy
- Concrete
- Fiberglass Coated Steel
- Fiberglass Reinforced Plastic (FRP)
- Equivalent Technology
- Other\*

**INTERNAL PROTECTION: Tank/Piping**

- None
- Epoxy Liner
- Rubber Liner
- Fiberglass Liner (FRP)
- Glass Liner
- Other\*

**EXTERNAL PROTECTION: Tank/Piping**

- None
- Painted/Asphalt Coating
- Sacrificial Anode
- Impressed Current
- Fiberglass
- Jacketed
- Wrapped (Piping)
- Other\*

**PIPING TYPE**

- Steel/Iron
- Galvanized Steel
- Fiberglass (FRP)
- Copper
- Other\*

**INTERNAL PROTECTION: Tank/Piping**

- None
- Vault
- Double-Walled Tank
- Excavation Liner
- Cut-off Walls
- Impervious Underlayment
- Earthen Dike
- Prefabricated Steel Dike
- Concrete Dike
- Synthetic Liner
- Natural Liner
- Other\*

**SECONDARY CONTAINMENT**

- None
- Underground Combination
- Other\*

**PIPING LOCATION**

- None
- Aboveground
- Underground
- Aboveground/Underground Combination
- Other\*

**LEAK DETECTION**

- None
- Interstitial Monitoring
- Vapor Well
- Groundwater Well
- In-Tank System
- Concrete Pad w/channels
- Double Bottom
- Other\*

**SPILL/OVERFILL PREVENTION**

- None
- Floated Vent Valve
- High Level Alarm
- Automatic Shut-off
- Product Level Gauge
- Catch Basin
- Vent Whistle
- Other\*

**DISPENSER**

- Submersible
- Suction
- Gravity

\* If other, please list on separate sheet including Tank Number



Tank Information for Petroleum Bulk Storage Facility  
SECTION B—See Instructions on Cover Sheet

Complainants Exhibit 65E

Action	Tank Number	Tank Location	Status	Installation or Permanent Closure Date (MO) (YR)	Capacity (Gallons)	Product Stored	Tank Internal Protection	Tank External Protection	Piping Location	Piping Type	Piping Internal Protection	Piping External Protection	Secondary Containment	Leak Detection	Spill/Overflow Prevention	Dispenser	Last Test Date (Underground Tanks) (MO) (YR)			
1	1	4	1	0593	10,000	6	0	0	1	2	2	0	0	1	0	1	1			
1	2	2	1	0593	20,000	3	0	0	1	1	2	0	0	1	0	5	0	4	2	
1	3	2	1	0593	20,000	5	0	0	1	1	2	0	0	1	0	5	0	4	2	
1	4	1	1	1093	275	5	0	0	0	1	2	0	0	0	0	0	0	6	1	
1	5	1	1	0585	275	A	0	0	0	1	2	0	0	0	5	0	0	6	1	
1	6	1	1	1197	20,000	6	0	1	0	1	2	0	1	0	8	5	1	1		
1	7	1	1	1197	20,000	2	0	1	0	1	2	1	0	8	0	5	0	1	0	1

KEY FOR SECTION B ACTION	TANK TYPE	INTERNAL PROTECTION: Tank/Piping	PIPING LOCATION	LEAK DETECTION	SPILL/OVERFILL PREVENTION
1. Initial Listing	1. Steel/Carbon Steel	0. None	0. None	0. None	0. None
2. Add Tank	2. Stainless Steel Alloy	1. Epoxy Liner	1. Aboveground	1. Interstitial Monitoring	1. Float Vent Valve
3. Close/Remove Tank	3. Concrete	2. Rubber Liner	2. Underground	2. Vapor Well	2. High Level Alarm
4. Information Correction	4. Fiberglass Coated Steel	3. Fiberglass Liner (FRP)	3. Aboveground/ Underground Combination	3. Groundwater Well	3. Automatic Shut-off
5. Recondition/Repair/Reline Tank	5. Fiberglass Reinforced Plastic (FRP)	4. Glass Liner	4. None	4. In-tank System	4. Product Level Gauge
	6. Equivalent Technology	9. Other*	5. Vault	5. Concrete Pad w/channels	5. Catch Basin
	9. Other*	EXTERNAL PROTECTION: Tank/Piping	6. Double-Walled Tank	6. Double Bottom	6. Vent Whistle
	1. Lead Gasoline	1. Painted/Asphalt Coating	7. Excavation Liner	9. Other*	9. Other*
	2. Unleaded Gasoline	2. Sacrificial Anode	8. Cut-off Walls		
	3. Nos. 1, 2, or 4 Fuel Oil	3. Impressed Current	9. Impervious Underlayment		
	4. Nos. 5 or 6 Fuel Oil	4. Fiberglass	10. Earthen Dike		
	5. Kerosene	5. Jacketed	11. Prefabricated Steel Dike		
	6. Diesel	6. Wrapped (Piping)	12. Concrete Dike		
	A. Lube Oil	9. Other*	13. Synthetic Liner		
	B. Used Oil		14. Natural Liner		
	C. Used Oil		9. Other*		
	9. Other*				

RECEIVED

MAR 13 1998

NY DEC 11 REG 9

FOIL  
REL UNREL

\* If other, please list on separate sheet including Tank Number

Tank Information for Petroleum Bulk Storage Facility  
SECTION B—See Instructions on Cover Sheet

PBS NUMBER: 9-600126

Action	Tank Number	Tank Location	Status	Installation or Permanent Closure Date (MO) (YR)	Capacity (Gallons)	Product Stored	Tank Internal Protection	Tank Type	Tank External Protection	Piping Location	Piping Type	Piping Internal Protection	Piping External Protection	Secondary Containment	Leak Detection	Spill/Overflow Prevention	Dispenser	Last Test Date (Underground Tanks) (MO) (YR)	
1	8	2	1	1 1 9 7	1,000	3	1	0	1	0	0	0	0	0	0	0	0	2	
1	9	4	1	1 1 9 7	2,000	C	1	0	1	0	0	0	0	0	0	0	0	2	

**KEY FOR SECTION B ACTION**

- Initial Listing
- Add Tank
- Close/Remove Tank
- Information Correction
- Recondition/Repair/Reline Tank

**TANK LOCATION**

- Aboveground
- Aboveground on saddles, legs, stits, rack, or cradle
- Aboveground: 10% or more below ground
- Underground
- Underground, vaulted, with access

**STATUS**

- In-service
- Temporarily out-of-service
- Closed—Removed
- Closed—In Place
- Tank Converted to Non-Regulated Use

**PRODUCT STORED**

- Empty
- Leaded Gasoline
- Unleaded Gasoline
- Nos. 1, 2, or 4 Fuel Oil
- Nos. 5 or 6 Fuel Oil
- Kerosene
- Diesel
- Lube Oil
- Other

**TANK TYPE**

- Steel/Carbon Steel
- Stainless Steel Alloy
- Concrete
- Fiberglass Coated Steel
- Fiberglass Reinforced Plastic (FRP)
- Equivalent Technology
- Other\*

**INTERNAL PROTECTION: Tank/Piping**

- None
- Epoxy Liner
- Rubber Liner
- Fiberglass Liner (FRP)
- Glass Liner
- Other\*

**EXTERNAL PROTECTION: Tank/Piping**

- None
- Painted/Asphalt Coating
- Sacrificial Anode
- Impressed Current
- Fiberglass
- Jacketed
- Wrapped (Piping)
- Other\*

**PIPEMENT TYPE**

- None
- Steel/Iron
- Galvanized Steel
- Fiberglass (FRP)
- Copper
- Other\*

**INTERNAL PROTECTION: Tank/Piping**

- None
- Double-Walled Tank
- Excavation Liner
- Cut-off Walls
- Impervious Underlayment
- Earthen Dike
- Prefabricated Steel Dike
- Concrete Dike
- Synthetic Liner
- Natural Liner
- Other\*

**SECONDARY CONTAINMENT**

- None
- Vault
- Double-Walled Tank
- Excavation Liner
- Cut-off Walls
- Impervious Underlayment
- Earthen Dike
- Prefabricated Steel Dike
- Concrete Dike
- Synthetic Liner
- Natural Liner
- Other\*

**PIPING LOCATION**

- None
- Aboveground
- Underground
- Aboveground/Underground Combination
- Other\*

**LEAK DETECTION**

- None
- Interstitial Monitoring
- Vapor Well
- Groundwater Well
- In-Tank System
- Concrete Pad with Shaegels
- Other\*

**SPILL/OVERFILL PREVENTION**

- None
- Floater Vent Valve
- High Level Alarm
- Automatic Shut-off
- Product Level Gauge
- Catch Basin
- Vent Whistle
- Other\*

**DISPENSER**

- Submersible
- Suction
- Gravity

**RECEIVED**  
MAR 13 1998  
NYSDF

\* If other, please list on separate sheet including Tank Number

# Petroleum Bulk Storage Application

Pursuant to the Petroleum Bulk Storage Law  
Article 17, Title 10 of ECL; 6 NYCRR 612-614 and 6 NYCRR, Subpart 374-2

**PBS Number:  
9-600126**

**Return Completed Form & Fees To:**

Region 9  
NYSDEC - PBS Unit  
270 Michigan Avenue  
Buffalo, NY 14203-2999  
(716) 851-7220

(Please Type or Print Clearly and Complete All Items for Sections A & B)

## Section A - Facility/Owner/Contact Information

Expiration Date: 05/20/2003

<p><b>Transaction Type:</b> 5</p> <p>1) Initial/New Facility 2) Change of Ownership 3) Tank Installation, Closing, Repair or Reconditioning 4) Information Correction 5) Renewal</p>	<p>Facility Name: VALVO TRANSPORT INC / Location (Not PO Boxes): RTS 5 &amp; 20 Location (cont.): City: SILVER CREEK State: NY Zip Code: 14136 County: Chautauqua Township or City: Hanover Name of Daily On-Site Operator: STEPHEN M. VALVO Facility Phone Number: (716) 934-2535 Name of Primary Operator: STEPHEN M. VALVO Training: <input type="checkbox"/> Primary Operator Phone Number: <input type="checkbox"/></p>	<p><b>TYPE OF PETROLEUM FACILITY</b> (Check only one)  <input checked="" type="checkbox"/> 01=Storage Terminal/Petroleum Distributor <input type="checkbox"/> 02=Retail Gasoline Sales  <input type="checkbox"/> 03=Other Retail Sales <input type="checkbox"/> 04=Manufacturing <input type="checkbox"/> 05=Utility  <input type="checkbox"/> 06=Trucking/Transportation <input type="checkbox"/> 07=Apartment/Office Building <input type="checkbox"/> 08=School  <input type="checkbox"/> 09=Farm <input type="checkbox"/> 10=Private Residence <input type="checkbox"/> 11=Airline/Air Taxi/Airport  <input type="checkbox"/> 12=Chemical Distributor <input type="checkbox"/> 13=Municipality <input type="checkbox"/> 15=Railroad  <input type="checkbox"/> 25=Auto Service/Repair (No Gasoline Sales)  <input type="checkbox"/> 26=Religious (Church, Synagogue, Mosque, Temple, etc.)  <input type="checkbox"/> 27=Hospital/Nursing Home/Health Care <input type="checkbox"/> 28=Cemetery / Memorial  <input checked="" type="checkbox"/> 99=Other (Specify): <u>Temporary out of Service</u></p> <p>Emergency Contact Name: STEPHEN M. VALVO Emergency Telephone Number: (716) 934-2535</p>
<p><b>NOTE: A</b> change of ownership and/or federal tax ID submission must include the first page of the deed.</p>	<p>Owner Name: VALVO TRANSPORT INC / Address (Street and/or P.O.): PO BOX 271 City: SILVER CREEK State: NY Zip Code: 14136 Federal Tax ID Number: 16-1355827 Owner Telephone Number: (716) 934-2535 Check if Multiple Tank: <input type="checkbox"/> Private Resident <input type="checkbox"/> State Government <input checked="" type="checkbox"/> Local Government <input type="checkbox"/> Federal Government <input type="checkbox"/> Corporate/Commercial</p>	<p>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.</p> <p>Name of Owner/Authorized Representative: <u>Steph M. Valvo</u> *** Amount Enclosed: \$ <u>100</u>          Title: <u>Owner</u>          Signature: <u>Steph M. Valvo</u> *** Date: <u>3/29/12</u></p>
<p><b>***The Application will be returned if these items are blank</b></p>	<p>(Please keep up to date - this information is used for mailing and contact purposes)          Attention: STEVE M VALVO          Name of Company: VALVO TRANSPORT INC          Address: PO BOX 271          Address: SILVER CREEK, NY 14136          City/State/Zip Code: SILVER CREEK, NY 14136          Telephone Number: (716) 934-2535 E-Mail Address:</p>	<p>OFFICIAL USE ONLY          RECEIVED NYSDEC REGION 9 APR 03 2012          Date Received: <u>4/3/12</u>          Date Processed: <u>4/3/12</u>          Amount Received \$:          Reviewed by: <u>UNREA</u>          (pbsapplication2009.rpt)</p>

Complainant's Exhibit 66A

**PBS Number:**  
9-600126

**Section B - Tank Information**

*(Please use the key located on the other side of this page to complete each item/column)*

Registration Expiration Date: 5/20/2003

(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
Tank Number	Tank Location	Status	Installation or Permanent Closure Date (M/D/Year) application will be returned if blank or 00/00/0000	Capacity (Gallons)	Product Stored (If Gasoline w/Ethanol or Biodiesel, list % additive)	Tank Type	Tank Internal Protection	Tank External Protection	Tank Secondary Containment	Tank Leak Detection	Tank Overfill Prevention	Tank Spill Prevention	Pumping/Dispensing Method	Piping Location	Piping Type	Piping External Protection	Piping Secondary Containment	Piping Leak Detection	Under Dispenser Containment (UDC) (Check box if present)	Tank Owned By Party Other Than Listed In Section A (Check box if applicable)
1	5	2	5/1/1993	10,000	0008	01	00	02	04	01	01		01	02	02	01		07	<input type="checkbox"/>	<input type="checkbox"/>
2	3	2	5/1/1993	20,000	0001	01	00	01	03	06	04		02	01	02	01		09	<input type="checkbox"/>	<input type="checkbox"/>
3	3	2	5/1/1993	20,000	0012	01	00	01	03	06	04		02	01	02	01		09	<input type="checkbox"/>	<input type="checkbox"/>
4	3	1	10/1/1993	275	0012	01	00	00	00	00	05		01	01	02	00			<input type="checkbox"/>	<input type="checkbox"/>
5	3	1	5/1/1985	275	0013	01	00	00	10	00	05		01	01	02	00			<input type="checkbox"/>	<input type="checkbox"/>
6	3	2	11/1/1997	20,000	0008	01	00	01	01	06	01		01	01	02	01			<input type="checkbox"/>	<input type="checkbox"/>
7	3	2	11/1/1997	20,000	0009	01	00	01	01	06	01		01	01	02	01			<input type="checkbox"/>	<input type="checkbox"/>
8	3	1	11/1/1997	1,000	0001	01	00	01	00	00	00		02	00	00	00		09	<input type="checkbox"/>	<input type="checkbox"/>

# Petroleum Bulk Storage Application

Pursuant to the Petroleum Bulk Storage Law,  
Article 17, Title 10 of ECL; 6 NYCRR 612-614 and 6 NYCRR, Subpart 374-2

(Please Type or Print Clearly and Complete All Items for Sections A & B)

**PBS Number:  
9-600126**

**Return Completed Form & Fees To:**  
Region 9  
NYSDEC - PBS Unit  
270 Michigan Avenue  
Buffalo, NY 14203-2999  
(716) 851-7220

## Section A - Facility/Owner/Contact Information

Expiration Date: 05/20/2013

<b>Transaction Type:</b> 3 1) Initial/ New Facility 2) Change of Ownership 3) Tank Installation, Closing, Repair or Reconditioning 4) Information Correction 5) Renewal	<b>Facility Name:</b> VALVO	<b>TYPE OF PETROLEUM FACILITY (Check only one)</b> <input checked="" type="checkbox"/> 01=Storage Terminal/Petroleum Distributor <input type="checkbox"/> 02=Retail Gasoline Sales <input type="checkbox"/> 03=Other Retail Sales <input type="checkbox"/> 04=Manufacturing <input type="checkbox"/> 05=Utility <input type="checkbox"/> 06=Trucking/Transportation <input type="checkbox"/> 07=Apartment/Office Building <input type="checkbox"/> 08=School <input type="checkbox"/> 09=Farm <input type="checkbox"/> 10=Private Residence <input type="checkbox"/> 11=Airline/Air Taxi/Airport <input type="checkbox"/> 12=Chemical Distributor <input type="checkbox"/> 13=Municipality <input type="checkbox"/> 15=Railroad <input type="checkbox"/> 25=Auto Service/Repair (No Gasoline Sales) <input type="checkbox"/> 26=Religious (Church, Synagogue, Mosque, Temple, etc.) <input type="checkbox"/> 27=Hospital/Nursing Home/Health Care <input type="checkbox"/> 28=Cemetery / Memorial <input type="checkbox"/> 99=Other (Specify): _____		
	<b>Location (Not P.O. Boxes):</b> RTS 5 & 20	<b>City:</b> SILVER CREEK	<b>State:</b> NY	<b>Zip Code:</b> 14136
	<b>Location (cont.):</b>	<b>Township or City:</b> Hanover	<b>Name of Daily On-Site Operator:</b> STEPHEN M. VALVO	
	<b>City:</b> SILVER CREEK	<b>County:</b> Chautauqua	<b>Facility Phone Number:</b> (716) 934-2535	<b>Primary Operator Phone Number:</b>
	<b>Name of Primary Operator:</b> STEPHEN M. VALVO	<b>Training:</b> <input type="checkbox"/>	<b>Name of Owner:</b> VALVO TRANSPORT INC	<b>Emergency Contact Name:</b> STEPHEN M. VALVO
<b>Address (Street and/or P.O.):</b> PO BOX 271	<b>City:</b> SILVER CREEK	<b>State:</b> NY	<b>Zip Code:</b> 14136	
<b>Federal Tax ID Number:</b> 16-1355827	<b>Owner Telephone Number:</b> (716) 934-2535	<b>Type of Owner (check only one):</b> <input type="checkbox"/> 1 Private Resident <input type="checkbox"/> 2 State Government <input checked="" type="checkbox"/> 3 Local Government <input type="checkbox"/> 4 Federal Government <input type="checkbox"/> 5 Corporate/Commercial	<b>Name of Owner or Authorized Representative:</b> STEPHEN M. VALVO	
<b>Check if Multiple Tank Owners:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2	<b>Amount Enclosed:</b> \$	<b>Title:</b> OWNER	<b>Date:</b> 4/9/12	
<b>NOTE: A change of ownership and/or federal tax ID submission must include the first page of the deed.</b>	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.			
<b>***The Application will be returned if these items are blank</b>	<b>Attention:</b> STEVE M VALVO	<b>Name of Company:</b> VALVO TRANSPORT INC	<b>Emergency Telephone Number:</b> (716) 934-2535	
<b>OFFICIAL USE ONLY</b>	<b>Date Received:</b> 4/11/12	<b>Date Processed:</b> 4/16/12	<b>Amount Received \$:</b> -	
<b>Signature:</b> <i>Stephen M. Valvo</i>	<b>Reviewed by:</b> TSW	<b>Signature:</b> <i>Steph M Valvo</i>	(pbsapplication2009.rpt)	

Complainant's Exhibit 66 B



**PETROLEUM BULK STORAGE APPLICATION - SECTION B - TANK INFORMATION - CODE KEYS**

**Spill Prevention (14)**

- 00. None
- 01. Catch Basin
- 02. Transfer Station Containment
- 99. Other - Please list\*

**Pumping/Dispensing Method (15)**

- 00. None
- 01. Submersible
- 02. Suction
- 03. Gravity

**Piping Location (16)**

- 00. No Piping
- 01. Aboveground
- 02. Underground/On-ground
- 03. Aboveground/Underground Combination

**Piping Type (17)**

- 00. None
- 01. Steel/Carbon Steel/Iron
- 02. Galvanized Steel
- 03. Stainless Steel Alloy
- 04. Fiberglass Coated Steel
- 05. Steel Encased in Concrete
- 06. Fiberglass Reinforced Plastic (FRP)
- 07. Plastic
- 08. Equivalent Technology
- 09. Concrete
- 10. Copper
- 11. Flexible Piping
- 99. Other-please list.\*

**Pipe Leak Detection (20)**

- 00. None
- 01. Interstitial Electronic Monitoring
- 02. Interstitial Manual Monitoring
- 03. Vapor Well
- 04. Groundwater Well
- 07. Pressurized Piping Leak Detector
- 08. Tank Top Sump
- 09. Exempt Suction Piping
- 99. Other-please list.\*

**Secondary Containment (11/19)**

- 00. None
- Aboveground Tanks/Piping
- 01. Diking
- 02. Vault (w/access)
- 05. Synthetic Liner
- 06. Remote Impounding Area
- 09. Modified Double-Walled
- 10. Impermeable Barrier \*\*\*
- 11. Double Bottom \*\*\*

\*\*\* Each of these codes must be combined with code 01 or 06 to meet compliance requirements

**Underground Tanks/Piping**

- 03. Vault (w/o access)
- 04. Double-Walled
- 05. Synthetic Liner
- 07. Excavation/Trench Liner System
- 08. Flexible Internal Liner (Bladder)
- 10. Impervious Underlayment

**Tank Leak Detection (12)**

- 00. None
- 01. Interstitial Electronic Monitoring
- 02. Interstitial Manual Monitoring
- 03. Vapor Well
- 04. Groundwater Well
- 05. In-Tank System (Auto Tank Gauge)
- 06. Impermeable Barrier (Aboveground Only)
- 99. Other-please list.\*

**Overfill Prevention (13)**

- 00. None
- 01. Float Vent Valve
- 02. High Level Alarm
- 03. Automatic Shut-off
- 04. Product Level Gauge (Aboveground Only)
- 05. Vent Whistle
- 99. Other-please list.\*

**Product Stored (7)**

**Lubricating/Cutting Oils**

- 0013. Lube Oil
- 0015. Motor Oil
- 1045. Gear/Spindle Oil
- 0010. Hydraulic Oil
- 0007. Cutting Oil
- 0021. Transmission Fluid
- 1836. Turbine Oil
- 0308. Petroleum Grease

**Oils Used As**

- Building Materials**
- 2626. Asphaltic Emulsions
- 0748. Form Oil

**Petroleum Spirits**

- 0014. White/Mineral Spirits
- 1731. Naphtha

**Mineral/Insulating Oils**

- 0020. Insulating Oil (e.g. Transformer, Cable Oil)
- 2630. Mineral Oil

**Waste/Used/Other Oils**

- 0022. Waste/Used Oil
- 9999. Other -please list.\*

**External Protection (10/18)**

- 00. None
- 01. Painted/Asphalt Coating
- 02. Original Sacrificial Anode
- 03. Original Impressed Current
- 04. Fiberglass
- 05. Jacketed
- 06. Wrapped (Piping)
- 07. Retrofitted Sacrificial Anode
- 08. Retrofitted Impressed Current
- 09. Urethane
- 99. Other-please list.\*

**Internal Protection (9)**

- 00. None
- 01. Epoxy Liner
- 02. Rubber Liner
- 03. Fiberglass Liner (FRP)
- 04. Glass Liner
- 99. Other-please list.\*

**Heating Oils**

- 0001. #2 Fuel Oil
- 0002. #4 Fuel Oil
- 0259. #5 Fuel Oil
- 0003. #6 Fuel Oil
- 0012. Kerosene
- 0591. Clarified Oil
- 2711. Biodiesel (Heating)
- 2642. Used Oil (Heating)

**Motor Fuels**

- Gasoline**
- 0009. Gasoline
- 2712. Gasoline/Ethanol
- Diesel**
- 0008. Diesel
- Biodiesl**
- 2710. Biodiesl
- 0011. Jet Fuel
- 1044. Jet Fuel (Biofuel)
- 2641. Aviation Gasoline

**Crude Oil**

- 0006. Crude Oil
- 0701. Crude Oil Fractions

**Tank Type (8)**

- 01. Steel/Carbon Steel/Iron
- 02. Galvanized Steel Alloy
- 03. Stainless Steel Alloy
- 04. Fiberglass Coated Steel
- 05. Steel Tank in Concrete
- 06. Fiberglass Reinforced Plastic (FRP)
- 07. Plastic
- 08. Equivalent Technology
- 09. Concrete
- 10. Urethane Clad Steel
- 99. Other-please list.\*

**Internal Protection (9)**

- 00. None
- 01. Epoxy Liner
- 02. Rubber Liner
- 03. Fiberglass Liner (FRP)
- 04. Glass Liner
- 99. Other-please list.\*

**Action (1)**

- 1. Initial Listing
- 2. Add Tank
- 3. Close/Remove Tank
- 4. Information Correction
- 5. Recondition/Repair/Reline Tank

**Tank Location (3)**

- 1. Aboveground-contact w/soil
- 2. Aboveground-contact w/impervious barrier
- 3. Aboveground on saddles, legs, stilts, rack, or cradle
- 4. Aboveground with 10% or more below ground
- 5. Underground
- 6. Aboveground in Subterranean Vault w/ access for inspections

**Status (4)**

- 1. In-service
- 2. Temporarily out-of-service
- 3. Closed-Removed
- 4. Closed- In Place
- 5. Tank converted to Non-Regulated use

**Under Dispenser Containment (UDC) - sump/containment underneath a motor fuel dispenser (21)**

Check If Present

**Tank Owned by Party Other Than Listed in Section a (22)**

Check If Applicable

\* If other, please list on a separate sheet including Tank Number

**Section B - Tank Information**

*(Please use the key located on the other side of this page to complete each item/column)*

Registration Expiration Date:  
**5/20/2013**

**PBS Number:  
9-600126**

(1) Action	(2) Tank Number	(3) Tank Location	(4) Status	(5) Installation or Permanent Closure Date (M/D/Year) application will be returned if blank or 00/00/0000	(6) Capacity (Gallons)	(7) Product Stored (If Gasoline with ethanol or Biodiesel, list % additive)	(8) Tank Type	(9) Tank Internal Protection	(10) Tank External Protection	(11) Tank Secondary Containment	(12) Tank Leak Detection	(13) Tank Overfill Prevention	(14) Tank Spill Prevention	(15) Pumping/Dispensing Method	(16) Piping Location	(17) Piping Type	(18) Piping External Protection	(19) Piping Secondary Containment	(20) Piping Leak Detection	(21) Under Dispenser Containment (UDC) (Check box if present)	(22) Tank Owned By Party Other Than Listed In Section A (Check box if applicable)
	1	5	2	5/1/1993	10,000	0008	01 00 02	04	01	01 02 01	02 02 01	01	01 02 01	01	02 01	02 01	01	07		<input type="checkbox"/>	<input type="checkbox"/>
	2	3	3	5/1/1993 7/1/05	20,000	0001	01 00 01	03	04	06	06			02	01 02 01	02 01	01	09		<input type="checkbox"/>	<input type="checkbox"/>
	3	3	3	5/1/1993 7/1/05	20,000	0012	01 00 01	03	04	06	06			02	01 02 01	02 01	01	09		<input type="checkbox"/>	<input type="checkbox"/>
	4	3	3	10/1/1993 8-10/05	275	0012	01 00 00	00	05	00	00			01	01 02 00	01 02	00			<input type="checkbox"/>	<input type="checkbox"/>
	5	3	3	5/1/1985 8-10-05	275	0013	01 00 00	10	05	00	00			01	01 02 00	01 02	00			<input type="checkbox"/>	<input type="checkbox"/>
	6	3	3	11/1/1997 7/1/05	20,000	0008	01 00 01	01	01	06	06			01	01 02 01	01 02	01			<input type="checkbox"/>	<input type="checkbox"/>
	7	3	3	11/1/1997 7/1/05	20,000	0009	01 00 01	01	01	06	06			01	01 02 01	01 02	01			<input type="checkbox"/>	<input type="checkbox"/>
	8	3	3	11/1/1997 7/2/12	1,000	0001	01 00 01	00	00	00	00			02	00 00 00	00 00	00	09		<input type="checkbox"/>	<input type="checkbox"/>





425508

CM: P 733 243 782

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
DIVISION OF WATER • BUREAU OF SPILL PREVENTION AND RESPONSE  
**PETROLEUM BULK STORAGE APPLICATION**

Pursuant to the Petroleum Bulk Storage Law,  
Article 17, Title 10 of ECL; and 6 NYCRR 612.614.

(Continued on Reverse Side—Please Be Sure to Complete Section B)

**SECTION A—See Instructions on Cover Sheet**

Please Type or Print Clearly  
and Complete All Items

J-25508

<b>PBS NUMBER</b> 9-425508 Indicate Other Existing DEG Numbers, if any, for this Facility: _____ CBS Number: _____ SPDES Number: _____		<b>FACILITY</b> NAME VALVO'S CONVENIENCE & GAS, INC. LOCATION (Not P.O. Boxes) 351 CENTRAL AVENUE LOCATION (Continued) _____ CITY/TOWN/VILLAGE SILVER CREEK STATE NY ZIP CODE 14136 COUNTY CHAUTAQUA TOWNSHIP OR CITY TAVOER NAME OF OPERATOR AT FACILITY STEVE VALVO FACILITY TELEPHONE NUMBER (716) 934-9535 EMERGENCY CONTACT NAME STEVE VALVO EMERGENCY CONTACT PHONE NO. (716) 934-2535		<b>TYPE OF PETROLEUM FACILITY:</b> (Check all that apply) A. <input type="checkbox"/> Storage Terminal/Petroleum Distributor B. <input checked="" type="checkbox"/> Retail Gasoline Sales C. <input type="checkbox"/> Other Retail Sales D. <input type="checkbox"/> Manufacturing E. <input type="checkbox"/> Utility F. <input type="checkbox"/> Trucking/Transportation G. <input type="checkbox"/> Apartment Building H. <input type="checkbox"/> School I. <input type="checkbox"/> Farm J. <input type="checkbox"/> Private Residence K. <input type="checkbox"/> Airline (Air Taxi) L. <input type="checkbox"/> Other (Specify) _____ N.Y.S. DEPT. OF ENVIRONMENTAL CONSERVATION <b>RECEIVED</b> SEP 16 1991	
<b>TRANSACTION TYPE</b> (Check all that apply) NOTE: Transaction Types 1, 2 and 5 require a fee. 1. <input checked="" type="checkbox"/> Initial/ New Facility 2. <input checked="" type="checkbox"/> Change of Ownership 3. <input type="checkbox"/> Substantial Tank Modification 4. <input type="checkbox"/> Information Correction 5. <input type="checkbox"/> Renewal		<b>OWNER</b> NAME STEVE VALVO ADDRESS (Street and/or P.O. Box) RTS. 5 & 20 C/O P.O. BOX 271 CITY SILVER CREEK STATE NY ZIP CODE 14136 FEDERAL TAX ID NO. OWNER TELEPHONE NUMBER (716) 934-2535 TYPE OF OWNER (Check only one) 1 <input type="checkbox"/> Private Resident 2 <input type="checkbox"/> State Government 3 <input type="checkbox"/> Local Government 4 <input type="checkbox"/> Federal Government 5 <input checked="" type="checkbox"/> Corporate/Commercial		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 STEVE VALVO TITLE President SIGNATURE DATE 9/11/91 AMOUNT ENCLOSED \$ 250.00	
<b>CORRESPONDENCE MAILING</b> Attention STEVE VALVO NAME OF COMPANY VALVO TRANSPORT, INC. ADDRESS RTS. 5 & 20 C/O P.O. BOX 271 ADDRESS CITY/STATE/ZIP CODE SILVER CREEK, NY 14136 TELEPHONE NUMBER (716) 934-2535		OFFICIAL USE ONLY Page 1 of 1 Date Received: 9.17.91 Date Processed: 9.17.91 Amount Received \$ 250.00 Reviewed By: J.P.D.			

Complainant's Exhibit 67A



2013 12/18

**SECTION A—Instructions on Back**

**SECTION B—Instructions on Back**

APPLICATION NUMBER: **144219**

TRANSACTION TYPE: Check one

1  Registration

2  Transfer

If Transfer, Existing PBS Number

3  Substantial Facility Modification

4  Information Correction

PBS Number: **425508**

1. NAME OF FACILITY: **HILLCREST SUNOCO**

2. ADDRESS (Number and Street): **351 CENTRAL AVE**

3. CITY, TOWN, VILLAGE: **SILVER CREEK**

4. STATE: **NY**

5. ZIP CODE +4: **14136**

6. COUNTY: **ERIE**

7. TELEPHONE: **(716) 934-3800**

1. NAME OF OWNER: **WW GRIFFITH OIL Co, INC.**

2. ADDRESS (Number and Street): **PO BOX 1068**

3. CITY, TOWN, VILLAGE: **OLEAN**

4. STATE: **NY**

5. ZIP CODE +4: **14760**

7. TELEPHONE: **(716) 372-2171**

1. NAME OF OPERATOR: **RAYMOND P. BEACH**

2. ADDRESS (Number and Street): **351 CENTRAL AVE.**

3. CITY, TOWN, VILLAGE: **SILVER CREEK**

4. STATE: **NY**

5. ZIP CODE +4: **14136**

7. TELEPHONE: **(716) 934-3500**

1. NAME OF EMERGENCY CONTACT: **SAME AS OPERATOR**

2. ADDRESS (Number and Street):

3. CITY, TOWN, VILLAGE:

4. STATE:

5. ZIP CODE +4:

7. TELEPHONE:

I hereby affirm under penalty of perjury, that 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.

8 NAME/TITLE OF REPRESENTATIVE: **JOHN W CAMPBELL MGR.**

9 SIGNATURE: *John W Campbell* DATE: **9/25/57**

Action	Tank Number	Location	Capacity	Tank Type	Product Stored	Status	Installation Date	Leak Detection	Secondary Containment	Product Group	Piping Type	Dispenser	Final Use Only	
													Leak Detection	Final Use Only
*	1	1	4000	1	1	1	0672	0	0	0	0	0		
	2	2	4000	2	1	1	0672	0	0	0	0	0		
	3	3	4000	2	1	1	0672	0	0	0	0	0		
	4	4	4000	2	1	1	0672	0	0	0	0	0		

**KEY FOR SECTION B (Instructions on back)**

**ACTION**

- Register existing tank
- Add Tank
- Close/Approve Tank
- Modify Tank

**LOCATION**

- Underground with access
- Underground with access, no access
- Underground with access, no access
- Aboveground on crib, etc.
- Aboveground—10% or more below ground

**TANK TYPE**

- Bare steel or algal with back asphalt coating
- Steel in vault
- Sheet with liner-for epoxy lining
- Steel retrofitted with cathodic protection
- Steel with cathodic protection
- Fiberglass coated steel
- Fiberglass reinforced plastic
- Double walled

**PRODUCT STORED**

- Leaded gasoline
- Unleaded gasoline
- Nos. 1, 2 or 4 fuel oil
- Nos. 5 or 6 fuel oil
- Kerosene
- Other

**STATUS**

- In service
- Temporarily out
- Permanently out

**INSTALLATION DATE**

This location  
 Month/year (mm/yy)

**LEAK DETECTION SYSTEM**

- Electronic
- Vapor well
- Sampling well
- In-tank system
- Other
- None

**SECONDARY CONTAINMENT**

- Diking
- Vault
- Double wall tank
- Underground liner
- Other
- None

**PRODUCT TYPE**

- Steel/titanium
- Galvanized steel
- Fiberglass
- Fiberglass protected
- Cathodically protected
- Double walled
- Unknown

**DISPENSER METHOD**

- Submersible
- Surface
- Cashly
- Loading rack

**REGION**



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
DIVISION OF SPILLS MANAGEMENT • BUREAU OF SOURCE CONTROL  
**PETROLEUM BULK STORAGE APPLICATION**

Pursuant to the Petroleum Bulk Storage Law,  
Article 17, Title 10 of ECL; 6 NYCRR 612-614 and 6 NYCRR, Subpart 360-14, BUFFALO, NY 14203-2999  
(Continued on Reverse Side—Please Be Sure to Complete Section B) (716) 851-7220

Please Type or Print Clearly  
and Complete All Items

RETURN COMPLETED FORM & FEE TO:  
NYS DEC - REGION 9  
270 MICHIGAN AVENUE  
BUFFALO, NY 14203-2999

RECEIVED

<b>FACILITY</b> PBS NUMBER 9-425508 Indicate Other Existing DEC Numbers, if any, for this Facility: CBS Number: SPDES Number:		<b>OWNER</b> TRANSACTION TYPE (Check all that apply) NOTE: Transaction Types 1, 2 and 5 may require a fee. 1. <input type="checkbox"/> Initial/ <input type="checkbox"/> New Facility 2. <input type="checkbox"/> Change of Ownership 3. <input type="checkbox"/> Substantial Tank Modification 4. <input type="checkbox"/> Information Correction 5. <input checked="" type="checkbox"/> Renewal		<b>CORRESPONDENCE MAILING</b> Geographical Locator for this Facility: (if known) LATITUDE: DEG MIN SEC LONGITUDE: DEG MIN SEC	
<b>VALVO'S CONVENIENCE &amp; GAS, INC</b> LOCATION (Not P.O. Boxes) 351 CENTRAL AVE LOCATION (Continued) CITY/TOWN/VILLAGE SILVER CREEK STATE NY ZIP CODE 14136 COUNTY CHAUTAUQUA TOWNSHIP OR CITY HANOVER NAME OF OPERATOR AT FACILITY STEVE VALVO FACILITY TELEPHONE NUMBER (716) 934-9525 EMERGENCY CONTACT NAME STEVE VALVO EMERGENCY CONTACT PHONE NO. (716) 934-2535		<b>STEVE VALVO</b> NAME STEVE VALVO ADDRESS (Street and/or P.O. Box) RTS. 5 & 20 CITY C/O P O BOX 271 STATE NY ZIP CODE 14136 OWNER TELEPHONE NUMBER (716) 934-2535 TYPE OF OWNER (Check only one) <input type="checkbox"/> Private Resident <input type="checkbox"/> State Government <input type="checkbox"/> Local Government <input checked="" type="checkbox"/> Federal Government <input checked="" type="checkbox"/> Corporate/Commercial		<b>STEVE VALVO</b> NAME OF COMPANY VALVO TRANSPORT, INC ADDRESS RTS. 5 & 20 ADDRESS C/O P O BOX 271 CITY/STATE/ZIP CODE SILVER CREEK, NY 14136 TELEPHONE NUMBER (716) 934-2535	
<b>TYPE OF PETROLEUM FACILITY:</b> (Check all that apply) A. <input type="checkbox"/> Storage Terminal/Petroleum Distributor B. <input checked="" type="checkbox"/> Retail Gasoline Sales C. <input type="checkbox"/> Other Retail Sales D. <input type="checkbox"/> Manufacturing E. <input type="checkbox"/> Utility F. <input type="checkbox"/> Trucking/Transportation G. <input type="checkbox"/> Apartment Building H. <input type="checkbox"/> School I. <input type="checkbox"/> Farm J. <input type="checkbox"/> Private (Spill by) UNREL K. <input type="checkbox"/> Airline (Air Tax) UNREL L. <input type="checkbox"/> Other (Spill by) UNREL		<b>NAME OF OWNER OR AUTHORIZED REPRESENTATIVE</b> STEPHEN A VALVO <b>TITLE</b> PRESIDENT <b>SIGNATURE</b> <i>Stephen A. Valvo</i> <b>DATE</b> 9/13/96		<b>AMOUNT ENCLOSED</b> \$250.00 <b>OFFICIAL USE ONLY</b> Page 1 of 1 Date Received: 9/13/96 Date Processed: 9/18/96 Amount Received \$ 250 Reviewed By: <i>pw</i>	

Complainant's Exhibit 67B

Tank Information for Petroleum Bulk Storage Facility

SECTION B—See Instructions on Cover Sheet

Action	Tank Number	Tank Location	Status	Installation or Permanent Closure Date (MO) (YR)	Capacity (Gallons)	Product Stored	Tank Type	Tank Internal Prot.	Tank External Protection	Piping Location	Piping Type	Piping Internal Prot.	Fiberglass External Protection	Secondary Containment	Leak Detection	Spill/Overflow Prevention	Disconnect	Last Test Date (Underground Tanks) (MO) (YR)
1	001	4		6 91	8,000	2	1	0	2	2	3	3	3	2	1	1	1	6 91
1	002	4		6 91	12,000	2	1	0	2	2	3	3	3	2	1	1	1	6 91
1	003	4		6 91	1,000	3	1	0	2	2	3	3	3	2	1	1	2	6 91

KEY FOR SECTION B

- ACTION**
- Initial Listing
  - Add Tank
  - Close/Remove Tank
  - Information Correction
  - Recondition/Repair/Refine Tank
- TANK LOCATION**
- Aboveground
  - Aboveground on saddles, legs, stilts, rack, or cradle
  - Aboveground: 10% or more below ground
  - Underground
  - Underground, vaulted, with access
- STATUS**
- In-service
  - Temporarily out-of-service
  - Closed—Removed
  - Closed—In Place
  - Tank converted to Non-Regulated Use
- PRODUCT STORED**
- Empty
  - Leaded Gasoline
  - Unleaded Gasoline
  - Nos. 1, 2, or 4 Fuel Oil
  - Nos. 5 or 6 Fuel Oil
  - Kerosene
  - Diesel
  - Lube Oil
  - Other\*

TANK TYPE

- Steel/Carbon Steel
  - Stainless Steel Alloy
  - Concrete
  - Fiberglass Coated Steel
  - Fiberglass Reinforced Plastic (FRP)
  - Equivalent Technology
  - Other\*
- PIPING TYPE**
- None
  - Sacrificial Anode
  - Impressed Current
  - Fiberglass
  - Jacketed
  - Wrapped (piping)
  - Other\*
- PIPING LOCATION**
- Aboveground
  - Underground
  - Aboveground/Underground Combination

INTERNAL PROTECTION: Tank/Piping

- None
  - Epoxy Liner
  - Rubber Liner
  - Fiberglass Liner (FRP)
  - Glass Liner
  - Other\*
- EXTERNAL PROTECTION: Tank/Piping**
- None
  - Painted/Asphalt Coating
  - Sacrificial Anode
  - Impressed Current
  - Fiberglass
  - Jacketed
  - Wrapped (piping)
  - Other\*

SECONDARY CONTAINMENT

- None
  - Vault
  - Double-Walled Tank
  - Excavation Liner
  - Cut-off Walls
  - Impervious Underlayment
  - Earthen Dike
  - Prefabricated Steel Dike
  - Concrete Dike
  - Synthetic Liner
  - Natural Liner
  - Other\*
- LEAK DETECTION**
- None
  - Interstitial Monitoring
  - Vapor Well
  - Groundwater Well
  - In-tank System
  - Concrete Pad with channels
  - Double Bottom
  - Other\*

SPILLOVERFILL PREVENTION

- None
  - Float Vent Valve
  - High Level Alarm
  - Automatic Shut-off
  - Product Level Gauge
  - Catch Basin
  - Vent Whistle
  - Other\*
- DISPENSER**
- Submersible
  - Suction
  - Gravity

\* If Other, please list on separate sheet, including the Tank Number.



Please Type or Print Clearly and Complete All Items

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
 DIVISION OF ENVIRONMENTAL REMEDIATION  
**PETROLEUM BULK STORAGE APPLICATION**  
 Pursuant to the Petroleum Bulk Storage Law,  
 Article 17, Title 10 of ECL; 6 NYCRR 612-6.14 and 6 NYCRR, Subpart 360-1.4  
 (Continued on the Reverse Side—Please Be Sure to Complete Section B)  
**SECTION A—See Instructions on Cover Sheet**



PBS NUMBER <b>9-425508</b>	Indicate other existing DEC Numbers, if any, for this facility: _____ _____ _____ _____ _____	
CBS Number _____	SPDES Number _____	
TRANSACTION TYPE (Check all that apply) NOTE: Transaction types 1, 2 and 5 may require a fee.		
1 <input type="checkbox"/> New Facility 2 <input type="checkbox"/> Change of Ownership 3 <input type="checkbox"/> Substantial Tank Modification 4 <input type="checkbox"/> Information Correction 5 <input checked="" type="checkbox"/> Renewal	FACILITY FACILITY NAME <b>Hanover Central Cow. Store</b> LOCATION (Not P.O. Boxes) <b>351 Central Ave.</b> LOCATION (Continued) <b>Sliver Creek</b> CITY/TOWN/VILLAGE <b>Sliver Creek</b>	
OWNER OWNER NAME <b>VALVO CONVALENT + GAS INC</b> ADDRESS (Street and/or PO Box) <b>RT 5 + 20</b> CITY <b>SLIVER CREEK</b>	COUNTY <b>Chattaugus</b> TOWNSHIP OR CITY <b>NY</b>	STATE <b>NY</b>
TYPE OF OWNER (Check only one) 1 <input type="checkbox"/> Private Resident 2 <input type="checkbox"/> State Government 3 <input type="checkbox"/> Local Government 4 <input type="checkbox"/> Federal Government 5 <input checked="" type="checkbox"/> Corporate/Commercial	FACILITY TELEPHONE NUMBER <b>716, 934-4497</b> EMERGENCY TELEPHONE NO. <b>716, 913-6029</b>	ZIP CODE <b>14136</b>
FEDERAL TAX ID NUMBER <b>16-1397109</b>	OWNER TELEPHONE NUMBER <b>(716) 934-2535</b>	ZIP CODE <b>14136</b>
ATTENTION NAME OF COMPANY ADDRESS ADDRESS CITY/STATE/ZIP CODE TELEPHONE NUMBER	TYPE OF PETROLEUM FACILITY: (Check all that apply) A. <input type="checkbox"/> Storage Terminal/Petroleum Distributor B. <input checked="" type="checkbox"/> Retail Gasoline Sales C. <input type="checkbox"/> Other Retail Sales D. <input type="checkbox"/> Manufacturing E. <input type="checkbox"/> Utility F. <input type="checkbox"/> Trucking/Transportation G. <input type="checkbox"/> Apartment Building H. <input type="checkbox"/> School I. <input type="checkbox"/> Farm J. <input type="checkbox"/> Private Residence K. <input type="checkbox"/> Airline (Air Taxi) L. <input type="checkbox"/> Other (Specify Below)	
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 <b>Brian Slocum</b>	AMOUNT ENCLOSED <b>\$ 250.00</b>
SIGNATURE 	DATE <b>3/8/02</b>	OFFICIAL USE ONLY Page <u>1</u> of <u>2</u> Date Received: <u>3/14/02</u> Date Processed: <u>3/14/02</u> Amount Received: <u>\$ 250.00</u> Reviewed By: <u>[Signature]</u>

Tank Information for Petroleum Bulk Storage Facility

SECTION B—See Instructions on Cover Sheet

Action	Tank Number	Tank Location	Status	Installation or Permanent Closure Date (MO) (YR)	Capacity (Gallons)	Product Stored	Tank Type	Tank Internal Prot.	Tank External Protection	Piping Location	Piping Type	Piping Internal Prot.	Piping External Protection	Secondary Containment	Leak Detection	Spill/Overfill Prevention	Dispenser	Last Test Date (Underground Tanks) (MO) (YR)
1	1		4	1 0 6 9 1	8,000	2	1	0	2	2	3	3	3	2	1	1	1	
1	2		4	1 0 6 9 1	12,000	2	1	0	2	2	3	3	3	2	1	1	1	
1	3		4	1 0 6 9 1	1,000	2	1	0	2	2	3	3	3	2	1	1	1	

**KEY FOR SECTION B**

**ACTION**

- Initial Listing
- Add Tank
- Close/Remove Tank
- Information Correction
- Recondition/Repair/Reline Tank

**TANK LOCATION**

- Aboveground
- Aboveground on saddles legs, stills, rack, or cradle
- Aboveground, 10% or more below ground
- Underground
- Underground, vaulted, with access

**STATUS**

- In-service
- Temporarily out-of-service
- Closed—Removed
- Closed—In Place
- Tank Converted to Non-Regulated Use

**PRODUCT STORED**

- Empty
- Leaded Gasoline
- Unleaded Gasoline
- Nos. 1, 2, or 4 Fuel Oil
- Nos. 5 or 6 Fuel Oil
- Kerosene
- Diesel
- Luce Oil
- Used Oil (fuel)
- Used Oil
- Other\*

**TANK TYPE**

- Steel/Carbon Steel
- Stainless Steel Alloy
- Concrete
- Fiberglass Coated Steel
- Fiberglass Reinforced Plastic (FRP)
- Equivalent Technology?
- Other\*

**INTERNAL PROTECTION: Tank/Piping**

- None
- Epoxy Liner
- Rubber Liner
- Fiberglass Liner (FRP)
- Glass Liner
- Other\*

**EXTERNAL PROTECTION: Tank/Piping**

- Paint/Asphalt Coating
- Sacrificial Anode
- Impressed Current
- Fiberglass
- Jacketed
- Wrapped (Piping)
- Other\*

**PIPING LOCATION**

- None
- Aboveground
- Underground
- Aboveground/Underground Combination

**SECONDARY CONTAINMENT**

- None
- Vault
- Double-Walled Tank
- Excavation Liner
- Out-of walls
- Impervious Underlayment
- Earthen Dike
- Prefabricated Steel Dike
- Concrete Dike
- Synthetic Liner
- Natural Liner
- Other\*

**LEAK DETECTION**

- None
- Interstitial Monitoring
- Vapor Well
- Groundwater Well
- In-tank System
- Concrete Pad with channels
- Double Bottom
- Other\*

**SPILLOVERFILL PREVENTION**

- None
- Float Vent Valve
- High Level Alarm
- Automatic Shut-off
- Product Level Gauge
- Catch Basin
- Vent Whistle
- Other\*

**DISPENSER**

- Submersible
- Suction
- Gravity

\* If Other, please list on separate sheet including the Tank Number



lease Type or Print Clearly and Complete All Items

(See enclosed instructions and please be sure to complete Sections A & B)

Expiration Date:

New York State Department of Environmental Conservation  
 Division of Environmental Remediation  
**Petroleum Bulk Storage Application**  
 Pursuant to the Petroleum Bulk Storage Law,  
 Article 17, Title 10 of ECL, 6 NYCRR 612.6-14 and 6 NYCRR, Subpart 360-14

**Return Completed Form & Fees To:**  
 Region 9  
 270 Michigan Avenue  
 Buffalo, NY 14203-2999  
 (716) 851-7220



PBS Number <b>9-425508</b>	DEC CBS Number: (If applicable)	DEC SPDES Number: (If applicable)	Facility Name: <b>Hanover Convenience</b> Location (Not P.O. Boxes): <b>351 Central Ave</b> Location (cont.):	TYPE OF PETROLEUM FACILITY (Check only one) <input type="checkbox"/> 01=Storage Terminal/Petroleum Distributor <input checked="" type="checkbox"/> 02=Retail Gasoline Sales <input type="checkbox"/> 03=Other Retail Sales <input type="checkbox"/> 04=Manufacturing <input type="checkbox"/> 05=Utility <input type="checkbox"/> 06=Trucking/Transportation <input type="checkbox"/> 07=Apartment Building <input type="checkbox"/> 08=School <input type="checkbox"/> 09=Farm <input type="checkbox"/> 10=Private Residence <input type="checkbox"/> 11=Airline/Air Taxi <input type="checkbox"/> 12=Chemical Distributor <input type="checkbox"/> 13=Municipality <input type="checkbox"/> 14=Refinery <input type="checkbox"/> 15=Railroad <input type="checkbox"/> 16=Vessel/Barge <input type="checkbox"/> 99=Other (Specify):									
Transaction Type Check all that apply) NOTE: Transaction Types 1, 2 and 5 may require a fee	City: <b>Silver Creek</b>	County: <b>Chautauque</b>	State: <b>NY</b>	Zip Code: <b>14136</b>	Township or City: <b>Hanover</b>	Name of Operator at Facility: <b>Melissa Elwell</b>	Facility Telephone Number: <b>716-679-8900</b>	Emergency Contact Name: <b>Dale Elwell</b>	Emergency Telephone Number: <b>716-679-8060</b>				
<input type="checkbox"/> 1) Initial/ New Facility <input checked="" type="checkbox"/> 2) Change of Ownership <input type="checkbox"/> 3) Substantial Tank Modification <input checked="" type="checkbox"/> 4) Information Correction <input type="checkbox"/> 5) Retrieval	Owner Name: <b>Steve Valvo</b>	Address (Street and/or P.O.): <b>RTS 5120, 46 P.O. Box 271</b>	City: <b>Silver Creek</b>	State: <b>NY</b>	Zip Code: <b>14136</b>	Federal Tax ID Number: <b>16-1397109</b>	Owner Telephone Number: <b>716-434-2535</b>	Type of Owner: (check only one) <input type="checkbox"/> 1 Private Residence <input type="checkbox"/> 2 State Government <input type="checkbox"/> 3 Local Government <input checked="" type="checkbox"/> 4 Federal Government <input checked="" type="checkbox"/> 5 Corporate/Commercial	Name of Owner or Authorized Representative: <b>Melissa B Elwell</b>	Title: <b>Owner</b>	Signature: <i>Melissa B Elwell</i>	Amount Enclosed: <b>\$500</b>	Date: <b>5-23-04</b>
Geographical Locator for this Facility: (If known) Latitude: Longitude: (Degrees/Minutes/Seconds) (Degrees/Minutes/Seconds)	Attention: <b>Melissa B Elwell</b> Name of Company: <b>Hanover Convenience</b> Address: <b>351 Central Ave</b> City/State/Zip Code: <b>Silver Creek NY 14136</b> Telephone Number: <b>716-679-8900</b>												
(Please keep up to date - this information is used for mailing and contact purposes) <div style="text-align: center;">                       MAY 26 2004                      NYSDEC REG 9                      FCI                      PEL UNPEL                 </div>													OFFICIAL USE ONLY Page <u>1</u> of <u>2</u> Date Received: <b>5/23/04</b> Date Processed: <b>6/7/04</b> Amount Received \$: <b>500</b> Reviewed by: <i>[Signature]</i>



Tank Information for Petroleum Bulk Storage Facility  
SECTION B—See Instructions on Cover Sheet

Action	Tank Number	Tank Location	Status	MM/DD/YYYY Inspection or Fermoxon Closure Date (99)XXXXXX	Capacity (gallons)	Product Stored	Tank Type	Tank Internal Protection	Tank External Protection	Piping Location	Piping Type	Piping Internal Protection	Piping External Protection	Secondary Containment	Leak Detection	Spill/ Overfill Prevention	Dispenser	MM/DD/YYYY (Last Test Date Underground Tanks) (99)XXXXXX	
																			KEY FOR SECTION B
	1	4	1	9	8000		2	1	0	2	2	3	2	4	2	1	5	1	
	2	4	1	9	12,000		2	1	0	2	2	3	3	4	2	1	5	1	
	3	4	1	9	1,800		5	1	0	2	2	3	3	4	1	5	1		

- KEY FOR SECTION B**
- ACTION**
- Initial Listing
  - Add Tank
  - Close/Remove Tank
  - Information Correction
  - Recondition/Repair/Reline Tank
- TANK LOCATION**
- Aboveground
  - Aboveground on saddles, legs, stilts, rack, or cradle
  - Aboveground: 10% or more below ground
  - Underground
  - Underground, vaulted, with access
- STATUS**
- In-service
  - Temporarily out-of-service
  - Closed—Removed
  - Closed—In Place
  - Tank Converted to Non-Regulated Use
- PRODUCT STORED**
- Empty
  - Leaded Gasoline
  - Unleaded Gasoline
  - Nos. 1, 2, or 4 Fuel Oil
  - Nos. 5 or 6 Fuel Oil
  - Kerosene
  - Diesel
  - Lube Oil
  - Used Oil
  - Other\*
- TANK TYPE**
- Steel/Carbon Steel
  - Stainless Steel Alloy
  - Concrete
  - Fiberglass Coated Steel
  - Fiberglass Reinforced Plastic (FRP)
  - Equivalent Technology
  - Other\*
- INTERNAL PROTECTION: Tank/Piping**
- None
  - Epoxy Liner
  - Rubber Liner
  - Fiberglass Liner (FRP)
  - Glass Liner
  - Other\*
- EXTERNAL PROTECTION: Tank/Piping**
- None
  - Painted/Asphalt Coating
  - Sacrificial Anode
  - Impressed Current
  - Fiberglass
  - Jacketed
  - Wrapped (piping)
  - Other\*
- PIPING LOCATION**
- None
  - Aboveground
  - Underground
  - Underground/Combination
- SECONDARY CONTAINMENT**
- None
  - Vault
  - Double-Walled Tank
  - Excavation Liner
  - Cut-off Walls
  - Impermeous Underlayment
  - Earthen Dike
  - Prefabricated Steel Dike
  - Concrete Dike
  - Synthetic Liner
  - Natural Liner
  - Other\*
- LEAK DETECTION**
- None
  - Interstitial Monitoring
  - Vapor Well
  - Groundwater Well
  - In-Tank System
  - Concrete Pad w/channels
  - Double Bottom
  - Other\*
- SPILL/OVERFILL PREVENTION**
- None
  - Flood Vent Valve
  - High Level Alarm
  - Automatic Shut-off
  - Product Level Gauge
  - Catch Basin
  - Vent Whistle
  - Other\*
- DISPENSER**
- Submersible
  - Suction
  - Groovy

\* If other, please list on separate sheet including Tank Number



# Petroleum Bulk Storage Application

Pursuant to the Petroleum Bulk Storage Law,  
Article 17, Title 10 of ECL, 6 NYCRR 612-6.14 and 6 NYCRR, Subpart 360-14

**Return Completed Form & Fees To:**  
Region 9  
270 Michigan Avenue  
Buffalo, NY 14203-2999  
(716) 851-7220



Please Type or Print Clearly  
and Complete All Items

(See enclosed instructions and please be sure to complete Sections A & B)  
Section A

Expiration Date: 09/17/2006

Complainant's Exhibit 67E

<p><b>PBS Number</b> 9-425508</p>	<p>Facility Name: <b>HANOVER CONVENIENCE</b></p> <p>Location (Not P.O. Boxes) <b>351 CENTRAL AVE</b></p> <p>Location (cont.):</p>	<p><b>TYPE OF PETROLEUM FACILITY</b> (Check only one)</p> <p><input type="checkbox"/> 01=Storage Terminal/Petroleum Distributor</p> <p><input checked="" type="checkbox"/> 02=Retail Gasoline Sales</p> <p><input type="checkbox"/> 03=Other Retail Sales</p> <p><input type="checkbox"/> 04=Manufacturing</p> <p><input type="checkbox"/> 05=Utility</p> <p><input type="checkbox"/> 06=Trucking/Transportation</p> <p><input type="checkbox"/> 07=Apartment Building</p> <p><input type="checkbox"/> 08=School</p> <p><input type="checkbox"/> 09=Farm</p> <p><input type="checkbox"/> 10=Private Residence</p> <p><input type="checkbox"/> 12=Chemical Distributor</p> <p><input type="checkbox"/> 13=Municipality</p> <p><input type="checkbox"/> 14=Refinery/Residence</p> <p><input type="checkbox"/> 15=Railroad</p> <p><input type="checkbox"/> 16=Vessel/Barge</p> <p><input type="checkbox"/> 99=Other (Specify):</p>
<p>DEC CBS Number: (if applicable)</p> <p>DEC SPDES Number: (if applicable)</p>	<p>City: <b>SILVER CREEK</b> State: <b>NY</b> Zip Code: <b>14136</b></p> <p>County: <b>Hanover</b> Township or City: <b>Hanover</b></p>	<p><b>RECEIVED</b> MAY 23 2006 NYS/DEC REG 4 SERIAL 661</p>
<p><b>Transaction Type</b> (Check all that apply) NOTE: Transaction Types 1, 2 and 5 may require a fee</p> <p><input type="checkbox"/> 1)Initial/ New Facility</p> <p><input type="checkbox"/> 2)Change of Ownership</p> <p><input type="checkbox"/> 3)Substantial Tank Modification</p> <p><input type="checkbox"/> 4)Information Correction</p> <p><input checked="" type="checkbox"/> 5) Renewal</p>	<p>Name of Operator at Facility: <b>MELISSA ELLWELL</b> Facility Telephone Number: <b>(716) 679-8900</b></p> <p>Emergency Contact Name: <b>DALE ELWELL</b> Emergency Telephone Number: <b>(716) 679-8060</b></p> <p>Owner Name: <b>STEVE VALVO</b></p> <p>Address (Street and/or P.O.): <b>RTS. 5 &amp; 20 C/O PO BOX 271</b></p> <p>City: <b>SILVER CREEK</b> State: <b>NY</b> Zip Code: <b>14136</b></p> <p>Federal Tax ID Number: <b>16-1397109</b> Owner Telephone Number: <b>(716) 934-2535</b></p> <p>Type of Owner: <input type="checkbox"/> Private Resident <input type="checkbox"/> State Government <input type="checkbox"/> Local Government <input checked="" type="checkbox"/> Federal Government <input checked="" type="checkbox"/> Corporate/Commercial</p>	<p>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.</p> <p>Name of Owner or Authorized Representative: <b>MELISSA B. ELWELL</b> Amount Enclosed: <b>\$500.00</b></p> <p>Title: <b>TENANT</b></p> <p>Signature: <i>Melissa B. Ellwell</i> Date: <b>8-15-06</b></p>
<p>*** Application will be returned if these items are blank</p>	<p>Attention: <b>MELISSA ELWELL</b></p> <p>Name of Company: <b>HANOVER CONVENIENCE</b></p> <p>Address: <b>351 CENTRAL AVE</b></p> <p>Address: <b>SILVER CREEK NY 14136</b></p> <p>City/State/Zip Code: <b>SILVER CREEK NY 14136</b></p> <p>Telephone Number: <b>(716) 679-8900</b></p> <p>E-mail Address:</p>	<p>OFFICIAL USE ONLY</p> <p>Page <b>1</b> of <b>2</b></p> <p>Date Received: <b>8/23/06</b></p> <p>Date Processed: <b>8/24/06</b></p> <p>Amount Received \$: <b>500.00</b></p> <p>Reviewed by: <i>[Signature]</i></p>





New York State Department of Environmental Conservation  
Division of Environmental Remediation

**Petroleum Bulk Storage Application**

Pursuant to the Petroleum Bulk Storage Law,  
Article 17, Title 10 of ECL; 6 NYCRR 617-619 and 6 NYCRR, Subpart 374-2

(Please Type or Print Clearly and Complete All Items for Sections A & B)

Return Completed Form & Fees To:



PBS Number:

9-425506

**Section A - Facility/Owner/Contact Information**

Expiration Date:

Transaction Type: <b>5</b> 1) Initial/New Facility 2) Change of Ownership 3) Tank Installation, Closing, Repair or Reconditioning 4) Information Correction 5) Renewal	Facility Name: <b>Valvo Convenience &amp; Gas Inc.</b> Location (Not P.O. Boxes): <b>351 Central Avenue</b> Location (cont.): City: <b>Silver Creek</b> State: <b>NY</b> Zip Code: <b>14136</b> County: <b>Chaut.</b> Township or City: <b>Hanover</b> Name of Daily On-Site Operator: <b>Steve Valvo</b> Training: <input type="checkbox"/> Facility Phone Number: <b>716-818-2994</b> Name of Primary Operator: <b>Steve Valvo</b> Training: <input type="checkbox"/> Primary Operator Phone Number: <b>716-8182994</b>	TYPE OF PETROLEUM FACILITY (Check only one) <input type="checkbox"/> 01=Storage Terminal/Petroleum Distributor <input checked="" type="checkbox"/> 02=Retail Gasoline Sales <input type="checkbox"/> 03=Other Retail Sales <input type="checkbox"/> 04=Manufacturing <input type="checkbox"/> 05=Utility <input type="checkbox"/> 06=Trucking/Transportation <input type="checkbox"/> 07=Apartment/Office Building <input type="checkbox"/> 08=School <input type="checkbox"/> 09=Farm <input type="checkbox"/> 10=Private Residence <input type="checkbox"/> 11=Airline/Air Taxi/Airport <input type="checkbox"/> 12=Chemical Distributor <input type="checkbox"/> 13=Municipality <input type="checkbox"/> 14=Railroad <input type="checkbox"/> 25=Auto Service/Repair (No Gasoline Sales) <input type="checkbox"/> 26=Religious (Church, Synagogue, Mosque, Temple, etc.) <input type="checkbox"/> 27=Hospital/Nursing Home/Health Care <input type="checkbox"/> 28=Cemetery / Memorial <input type="checkbox"/> 99=Other (Specify):
	Owner Name: <b>Steve Valvo</b> Address (Street and/or P.O.): <b>Rt 5 &amp; 20, P.O. Box 225</b> City: <b>Silver Creek</b> State: <b>NY</b> Zip Code: <b>14136</b> Federal Tax ID Number: <b>716-818-2994</b> Owner Telephone Number: <b>716-818-2994</b> Check if Multiple Tank Owners: <input type="checkbox"/> Type of Owner (check only one): <input type="checkbox"/> 1 Private Resident <input type="checkbox"/> 2 State Government <input type="checkbox"/> 3 Local Government <input checked="" type="checkbox"/> 4 Federal Government <input checked="" type="checkbox"/> 5 Corporate/Commercial	Emergency Contact Name: <b>Steve Valvo</b> Emergency Telephone Number: <b>716-818-2994</b> 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: <b>Steve Valvo</b> Amount Enclosed: <b>\$ 500.</b> Title: <b>President</b> Signature: <i>Steve Valvo</i> *** Date: <b>1/5/11</b>
***The Application will be returned if these items are blank	(Please keep up to date - this information is used for mailing and contact purposes) Attention: <b>Steve Valvo</b> Name of Company: <b>Valvo Convenience &amp; Gas Inc.</b> Address: <b>351 Central Avenue</b> Address: <b>P.O. Box 225</b> City/State/Zip Code: <b>Silver Creek, New York, 14136</b> Telephone Number: <b>716-818-2994</b> E-Mail Address: <b>LIONE</b>	OFFICIAL USE ONLY Date Received: <b>1/6/11</b> Date Processed: <b>1/6/11</b> Amount Received: <b>\$ 500.</b> Reviewed by: <b>LD</b> (pbsapplication2009 rpt)



Section B - Tank Information

(See enclosed instructions and use the key located on the bottom of this sheet to complete each item/column)

PBS Number:

9-425508

Registration Expiration Date:  
9/17/2006

(1) Action	(2) Tank Model	(3) Tank Location	(4) Status	(5) Installation or Permanent Closure Date (Month/Day/Year)	(6) Capacity (Gallons)	(7) Product Stored	(8) Tank Type	(9) Tank Internal Protection	(10) External Protection	(11) Tank Secondary Containment	(12) Tank Leak Detection	(13) Tank Overfill Prevention	(14) Tank Spill Prevention	(15) Tank Dispenser	(16) Piping Location	(17) Piping Type	(18) Piping External Protection	(19) Piping Sec Containment	(20) Piping Leak Detection	(21) Last Test Date/ Testing Due Date (Underground Tanks) Last Test Next Test
	1	5	1	6/1/1991	8,000	0009	01	00	02	04	01	01		01	02	06	03		ZZ	
	2	5	1	6/1/1991	12,000	0009	01	00	02	04	01	01		01	02	06	03		ZZ	
	3	5	1	6/1/1991	1,000	0012	01	00	02	04	01	01		01	02	06	03		ZZ	

(1) Action	(2) Tank Model	(3) Tank Location	(4) Status	(5) Installation or Permanent Closure Date (Month/Day/Year)	(6) Capacity (Gallons)	(7) Product Stored	(8) Tank Type	(9) Tank Internal Protection	(10) External Protection	(11) Tank Secondary Containment	(12) Tank Leak Detection	(13) Tank Overfill Prevention	(14) Tank Spill Prevention	(15) Tank Dispenser	(16) Piping Location	(17) Piping Type	(18) Piping External Protection	(19) Piping Sec Containment	(20) Piping Leak Detection	(21) Last Test Date/ Testing Due Date (Underground Tanks) Last Test Next Test
<b>Action (1)</b> 1. Initial Listing 2. Add Tank 3. Close/Remove Tank 4. Information Correction 5. Recondition/Repair/ Refine Tank <b>Tank Location (3)</b> 1. Aboveground-contact w/soil 2. Aboveground-contact w/ impervious barrier 3. Aboveground on saddles, legs, stills, rack, or cradle or more below ground 4. Aboveground with 10% Underground 5. Underground 6. Underground, vaulted, with access	<b>Status (4)</b> 1. In-service 2. Temporarily out-of-service 3. Closed-Removed 4. Closed- In Place 5. Tank converted to Non-Regulated use <b>Product Stored (7)</b> 0001. #2 Fuel Oil 0002. #4 Fuel Oil 0003. #6 Fuel Oil 0011. Jet Fuel 0009. Gasoline 0012. Kerosene 0013. Lube Oil 0022. Waste/Used Oil 0259. #5 Fuel Oil 2642. Used Oil (Fuel) 9999. Other - please list	<b>Tank Type (8)</b> 01. Steel/Carbon Steel/Iron 02. Galvanized Steel Alloy 03. Stainless Steel Alloy 04. Fiberglass Coated Steel 05. Steel Tank in Concrete 06. Fiberglass Reinforced Plastic (FRP) 07. Plastic 08. Equivalent Technology 09. Concrete 10. Urethane Clad Steel 99. Other-please list <b>Internal Protection (9)</b> 00. None 01. Epoxy Liner 02. Rubber Liner 03. Fiberglass Liner (FRP) 04. Glass Liner 99. Other-please list	<b>External Protection (10/18)</b> 00. None 01. Painted/Asphalt Coating 02. Original Sacrificial Anode 03. Original Impressed Current 04. Fiberglass 05. Jacked 06. Wrapped (Piping) 07. Retrofitted Sacrificial Anode 08. Retrofitted Impressed Current 09. Urethane 99. Other-please list <b>Tank Leak Detection (12)</b> 00. None 01. Interstitial Electronic Monitoring 02. Interstitial Manual Monitoring 03. Vapor Well 04. Groundwater Well 05. In-Tank System (ATG) 06. Impervious Barrier/Concrete Pad (A/G) 99. Other-please list	<b>Piping Type (17)</b> 00. None 01. Steel/Carbon Steel/Iron 02. Galvanized Steel 03. Stainless Steel Alloy 04. Fiberglass Coated Steel 05. Steel Encased in Concrete 06. Fiberglass Reinforced Plastic (FRP) 07. Plastic 08. Equivalent Technology 09. Concrete 10. Copper 11. Flexible Piping 99. Other-please list <b>Overfill Prevention (13)</b> 00. None 01. Float Vent Valve 02. High Level Alarm 03. Automatic Shut-off 04. Product Level Gauge (A/G) 05. Vent Whistle 99. Other-please list	<b>Secondary Containment (11/19)</b> 00. None 01. Diking (A/G) 02. Vault (w/access) 03. Vault (w/o access) 04. Double-Walled (U/G) 05. Synthetic Liner 06. Remote Impounding Area 07. Excavation/Trench Liner System 08. Flexible Internal Liner (Bladder) 09. Modified Double-Walled (A/G) 10. Impervious Underlayment 11. Double Bottom (A/G) 99. Other-please list <b>Spill Prevention (14)</b> 00. None 01. Catch Basin 02. Transfer Station Containment 99. Other - Please list	<b>Piping Location (16)</b> 00. No Piping 01. Aboveground 02. Underground/On-ground 03. Aboveground/Underground Combination <b>Pipe Leak Detection (20)</b> 00. None 01. Interstitial Electronic Monitoring 02. Interstitial Manual Monitoring 03. Vapor Well 04. Groundwater Well 07. Pressurized Piping Leak Detector 08. Tank Top Sump (Piping) 09. Exempt Suction Piping 99. Other-please list <b>Dispenser (15)</b> 00. None 01. Submersible 02. Suction 03. Gravity														

\* If other, please list on a separate sheet including Tank Number

**Section B - Tank Information**

*(Please use the key located on the other side of this page to complete each item/column)*

Registration Expiration Date:

**PBS Number:**

(1) Action	(2) Tank Number	(3) Tank Location	(4) Status	(5) Installation or Permanent Closure Date (M/D/Year) application will be returned if blank or 00/00/0000	(6) Capacity (Gallons)	(7) Product Stored (If Gasoline w/Ethanol or Biodiesel, list % additive) 10 %	(8) Tank Type	(9) Tank Internal Protection	(10) Tank External Protection	(11) Tank Secondary Containment	(12) Tank Leak Detection	(13) Tank Overfill Prevention	(14) Tank Spill Prevention	(15) Pumping/Dispensing Method	(16) Piping Location	(17) Piping Type	(18) Piping External Protection	(19) Piping Secondary Containment	(20) Piping Leak Detection	(21) Under Dispenser Containment (UDC) (Check box if present)	(22) Tank Owned By Party Other Than Listed In Section A (Check box if applicable)
4	1	5	1	6/1/91	8000	2712	0100	07	04	02	01	0101	0206	04	04	04	04	02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	2	5	1	6/1/91	12000	2712	0100	07	04	02	01	0101	0206	04	04	04	04	02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	3	5	1	6/1/91	1000	2712	0100	07	04	02	01	0102	0202	06	04	04	04	02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
																				<input type="checkbox"/>	<input type="checkbox"/>
																				<input type="checkbox"/>	<input type="checkbox"/>
																				<input type="checkbox"/>	<input type="checkbox"/>

**Additional Tanks:**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
																				<input type="checkbox"/>	<input type="checkbox"/>
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NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
 Petroleum Bulk Storage Program  
 Facility Information Report

PBS #  
9-600317

Site: VALVO CONVENIENCE & GAS INC  
 RTE 5 & 20  
 SILVER CREEK, NY 14136

Owner: VALVO CONVENIENCE & GAS INC  
 RTE 5 & 20  
 SILVER CREEK, NY 14136

Mail: VALVO CONVENIENCE & GAS INC  
 RTE 5 & 20  
 P.O. BOX 271  
 SILVER CREEK, NY 14136-0271

Town: Hanover  
 Operator: STEPHEN VALVO  
 Emergency: STEPHEN VALVO

County: Chautauqua  
 Owner Type: Corporate or Commercial  
 Fed Tax ID: (716) 934-2535  
 Auth Rep: (716) 934-2535

ATTN: STEPHEN M VALVO  
 (716) 934-2535

(2) Tank No	(3) Tank Loc	(4) Status	(5) Date Instal	(6) Date Close	(7) Capacity (gals)	(8) Product	(9) Tank Type	(10) Tank IP	(11) Tank SC	(12) Tank LD	(13) Tank OP	(14) Tank SP	(15) Tank Disp	(16) Pipe Loc	(17) Pipe Type	(18) Pipe EP	(19) Pipe SC	(20) Pipe LD	(21) Next Test
C1	5	Temporarily Out of	3/1/97		10,000	0009	01	00	04	01	01	01	01	02	08	05		ZZ	ZZ
C2	5	Temporarily Out of	3/1/97		12,000	0002	01	00	04	01	01	01	01	02	08	05		ZZ	ZZ
C3	5	Temporarily Out of	3/1/97		2,000	0008	01	00	04	01	01	01	01	02	08	05		ZZ	ZZ

Site Status: Active  
 Site Type: Retail Gasoline Sales  
 Total Active Tanks: 3  
 Active Capacity: 24,000

Reg Expires: 4/18/02  
 Cert Printed: 2/14/02

Comments:  
 5/20/02 Letter sent for OD registration. Response due 6/19/02. AES

Complainant's Exhibit 68







## Bulk Storage Database Search Details

### Facility Information

**Site No.:** 9-600317  
**Status:** Active  
**Expiration Date:** 04/18/2002  
**Site Type:** PBS  
**Site Name:** VALVO CONVENIENCE & GAS INC  
**Address:** RTE 5 & 20  
**Locality:** SILVER CREEK  
**State:** NY  
**Zipcode:** 14136  
**County:** Chautauqua

### Owner(s) Information

**Owner:** VALVO CONVENIENCE & GAS INC  
RTE 5 & 20 . SILVER CREEK, NY. 14136  
**Mail Contact:** VALVO CONVENIENCE & GAS INC  
RTE 5 & 20 . SILVER CREEK , NY. 14136-0271

### Tank Information

#### 3 Tanks Found

Tank No	Tank Location	Status	Capacity (Gal.)
C1	Underground	Temporarily Out of Service	10000
C2	Underground	Temporarily Out of Service	12000
C3	Underground	Temporarily Out of Service	2000

As of 12/9/2009



**PAUL A. CHIARAVALLOTI, ESQ.**

---

**1967 WEHRLE DRIVE, SUITE 1  
WILLIAMSVILLE, NEW YORK 14221**

March 4, 2012

Beverly Kolenberg, Esq.  
Office of Regional Counsel  
U.S. Environmental Protection Agency, Region 2  
290 Broadway, 17<sup>th</sup> Floor  
New York, NY 10007-1866

**Re: Valvo's Convenience & Gas, Inc. and Stephen Valvo**

Dear Ms. Kolenberg:

Enclosed herewith is additional documentation with regard to compliance with EPA regulations. Kindly pass these documents on to Paul Sacker for his review. Please be advised that my client has informed me he has been in touch with the DEC regarding the removal of the waste oil tank.

Please be further advised that today I filed an adversary proceeding in the Debtor's Chapter 11 case with regard to ascertaining whether the Court will treat any penalty obtained against the debtor as an unsecured, nonpriority liability or as an administrative expense. Once a summons is issued by the clerk's office I will provide a complete copy of the adversary proceeding to you as well as Jane B. Wolfe. Service of the summons and complaint in this matter will be made pursuant to Bankruptcy Rule 7004.

Please contact me at your convenience to further discuss these matters.

Very truly yours,

  
\_\_\_\_\_  
Paul A. Chiaravalloti, Esq.

PAC/mls  
enc.





Date: Wednesday, February 29, 2012 1:58 PM  
From: Dave Steiner <dsteiner@sjbempire.net>  
To: precisiontran@roadrunner.com  
Subject: Report



Steve,

Attached please find our environmental report for the UST removal. All soil tests were non-detect.

Please let me know if you need anything else.


FYI – thanks,

Dave

David R. Steiner, P.G.  
Senior Engineering Geologist  
Environmental Services Manager

716-649-8110 office  
716-649-8051 fax  
716-359-5613 cell  
dsteiner@sjbempire.net



 Environmental Rpt-Valvo UST Removal-Feb-2012.pdf

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February 29, 2012  
Empire Project Number BEV-12-006

Valve Convenience  
P O Box 225  
Silver Creek, New York 14136

Phone 716-934-3500  
Fax 716-934-3531

Attention Steve Valvo

Reference Summary Report for Environmental Services  
Site Located near 1277 Routes 5 & 20  
Silver Creek, New York

Dear Steve

Empire GeoServices Inc (Empire) provided environmental services associated with the recent removal of an underground storage tank. This report summarizes our work.

**Background**

An underground storage tank (UST) with a capacity of approximately 1,000 gallons that was formerly used for waste oil storage was excavated and removed from the subsurface of the referenced site on February 20-21, 2012. The UST was cut open and cleaned making it suitable for recycling as scrap metal.

An Empire Environmental Geologist visited the UST removal site on February 21, 2012 to observe the excavation, collect verification soil samples, and observe the condition of the UST. The geologist also screened the excavated soils and soils on the floor and sidewalls of the excavation with a photoionization detector (PID) for the presence of volatile organic vapors.

X  
CORPORATE/  
BUFFALO OFFICE

ALBANY OFFICE

CORTLAND OFFICE

ROCHESTER OFFICE

VSURE#

ACEC New York





### **Onsite Observations**

The UST removal excavation contained water in the bottom that did not have a petroleum sheen or odor. The soils on the sides and floor of the excavation, as well as the excavated soils, did not have petroleum staining or odor and PID readings were at background levels. Photographs are attached.

The UST was found to be in good condition with no indications of holes or leakage, as indicated in the attached photos

### **Soil Sampling and Analysis**

The Empire geologist collected two composite verification soil samples from the UST removal excavation for laboratory testing. One soil sample was collected as a composite of the four sidewalls and the second was collected as a composite of the excavation floor. The soil samples were analyzed for New York State Department of Environmental Conservation (NYSDEC) Spill Technology and Remediation Series (STARS) listed volatile organic compounds (VOCs; EPA Method 8260) and semi-volatile organic compounds (SVOCs; EPA Method 8270). The two soil samples were analyzed by Paradigm Environmental Services, Inc. (Paradigm) of Rochester, New York. Paradigm's lab is certified by the New York State Department of Health (NYSDOH).

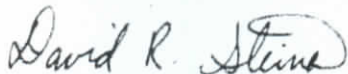
### **Laboratory Results**

The attached lab report indicates that no NYSDEC STARS listed VOCs or SVOCs were detected in either of the two soil samples

### **Closing**

This report has been prepared for the use of Valvo Convenience for the specific application to the subject site in accordance with generally accepted environmental practices. If you have any questions or if we can provide further assistance please contact our office at (716) 649-8110

Respectfully Submitted,  
**EMPIRE GEOSERVICES, INC.**



David R. Steiner  
Senior Engineering Geologist  
Project Manager

Attachments:            Photographs

Soil Lab Report from Paradigm Environmental Services, Inc.

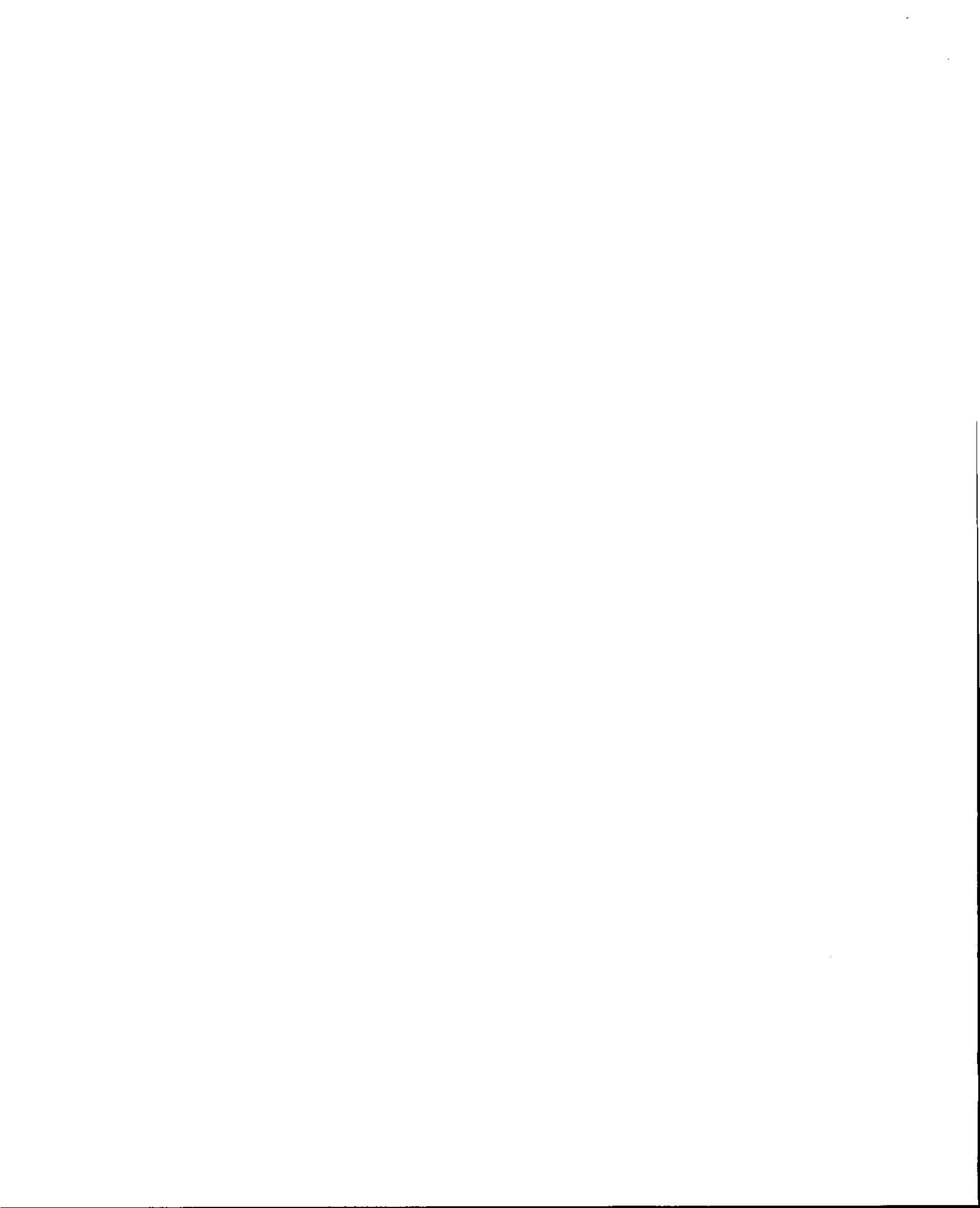




Photo 1 = Northeastward view of UST removal excavation.





02

Photo 2 = Southwestward view of UST removal excavation.

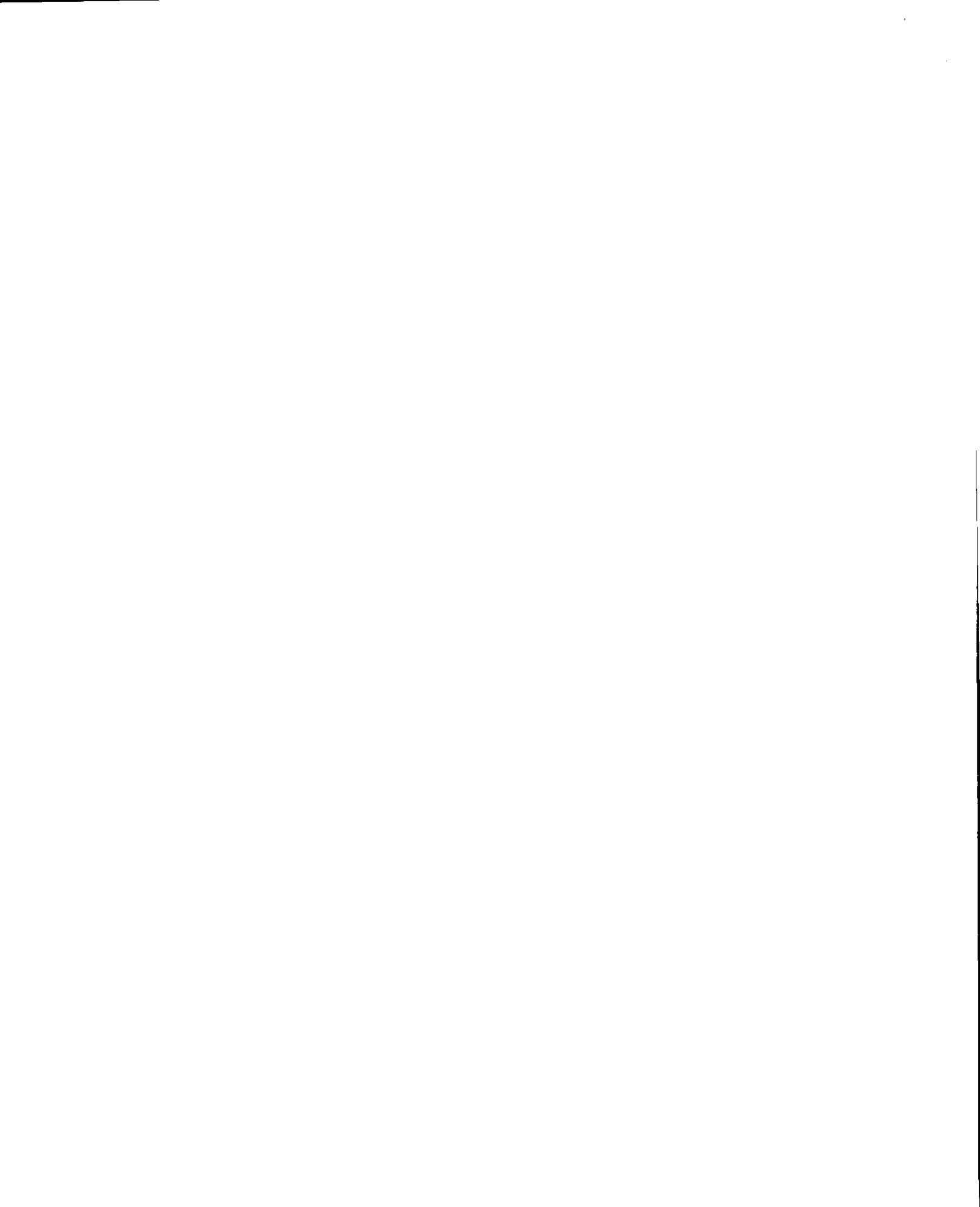




Photo 3 - Bottom of UST.



Photo 4 - Top of UST.







**PARADIGM**  
ENVIRONMENTAL SERVICES, INC.

## Analytical Report Cover Page

### Empire Geo

For Lab Project # 12:0758

Issued February 28, 2012

This report contains a total of 6 pages

The reported results relate only to the samples as they have been received by the laboratory.

Any noncompliant QC parameters having impact on the data are flagged or documented on the final report.

All soil/sludge samples have been reported on a dry weight basis, unless qualified "reported as received". Other solids are reported as received.

Each page of this document is part of a multipage report. This document may not be reproduced except in its entirety, without the prior consent of Paradigm Environmental Services, Inc.

The Chain of Custody provides additional information, including compliance with sample condition requirements upon receipt. Sample condition requirements are defined under the 2003 NELAP Standard, sections 5.5.8.3.1 and 5.5.8.3.2.

NYSDOH ELAP does not certify for all parameters. Paradigm Environmental Services or the indicated subcontracted laboratory does hold certification for all analytes where certification is offered by ELAP unless otherwise specified.

Data qualifiers are used, when necessary, to provide additional information about the data. This information may be communicated as a flag or as text at the bottom of the report. Please refer to the following list of frequently used data flags and their meaning:

"<" = analyzed for but not detected at or above the reporting limit.

"E" = Result has been estimated, calibration limit exceeded.

"Z" = See case narrative.

"D" = Duplicate results outside QC limits. May indicate a non-homogenous matrix.

"M" = Matrix spike recoveries outside QC limits. Matrix bias indicated.

"B" = Method blank contained trace levels of analyte. Refer to included method blank report.





**Semi-Volatile STARS Analysis Report for Soils/Solids/Sludges**

Client: **Empire Geo**

Client Job Site:	Valvo UST	Lab Project Number:	12:0758
Client Job Number:	N/A	Lab Sample Number:	12:0758-01
Field Location:	Sidewall Composite	Date Sampled:	02/21/2012
Field ID Number:	N/A	Date Received:	02/22/2012
Sample Type:	Soil	Date Analyzed:	02/24/2012

Base / Neutrals	Results in ug / Kg
Acenaphthene	< 363
Acenaphthylene	< 363
Anthracene	< 363
Benzo (a) anthracene	< 363
Benzo (a) pyrene	< 363
Benzo (b) fluoranthene	< 363
Benzo (g,h,i) perylene	< 363
Benzo (k) fluoranthene	< 363
Chrysene	< 363
Dibenz (a,h) anthracene	< 363
Fluoranthene	< 363
Fluorene	< 363
Indeno (1,2,3-cd) pyrene	< 363
Naphthalene	< 363
Phenanthrene	< 363
Pyrene	< 363

ELAP Number 10958

Analytical Method: EPA 8270C  
Prep Method: EPA 3550C

Data File: S61578.D

Comments: ug / Kg = microgram per Kilogram

Signature:



Bruce Hoogesteger, Technical Director





**Semi-Volatile STARS Analysis Report for Soils/Solids/Sludges**

Client: **Empire Geo**

Client Job Site: Valvo UST  
Client Job Number: N/A  
Field Location: Bottom Composite  
Field ID Number: N/A  
Sample Type: Soil

Lab Project Number: 12:0758  
Lab Sample Number: 12:0758-02  
Date Sampled: 02/21/2012  
Date Received: 02/22/2012  
Date Analyzed: 02/24/2012

Base / Neutrals	Results in ug / Kg
Acenaphthene	< 382
Acenaphthylene	< 382
Anthracene	< 382
Benzo (a) anthracene	< 382
Benzo (a) pyrene	< 382
Benzo (b) fluoranthene	< 382
Benzo (g,h,i) perylene	< 382
Benzo (k) fluoranthene	< 382
Chrysene	< 382
Dibenz (a,h) anthracene	< 382
Fluoranthene	< 382
Fluorene	< 382
Indeno (1,2,3-cd) pyrene	< 382
Naphthalene	< 382
Phenanthrene	< 382
Pyrene	< 382

ELAP Number 10958

Analytical Method: EPA 8270C  
Prep Method: EPA 3550C

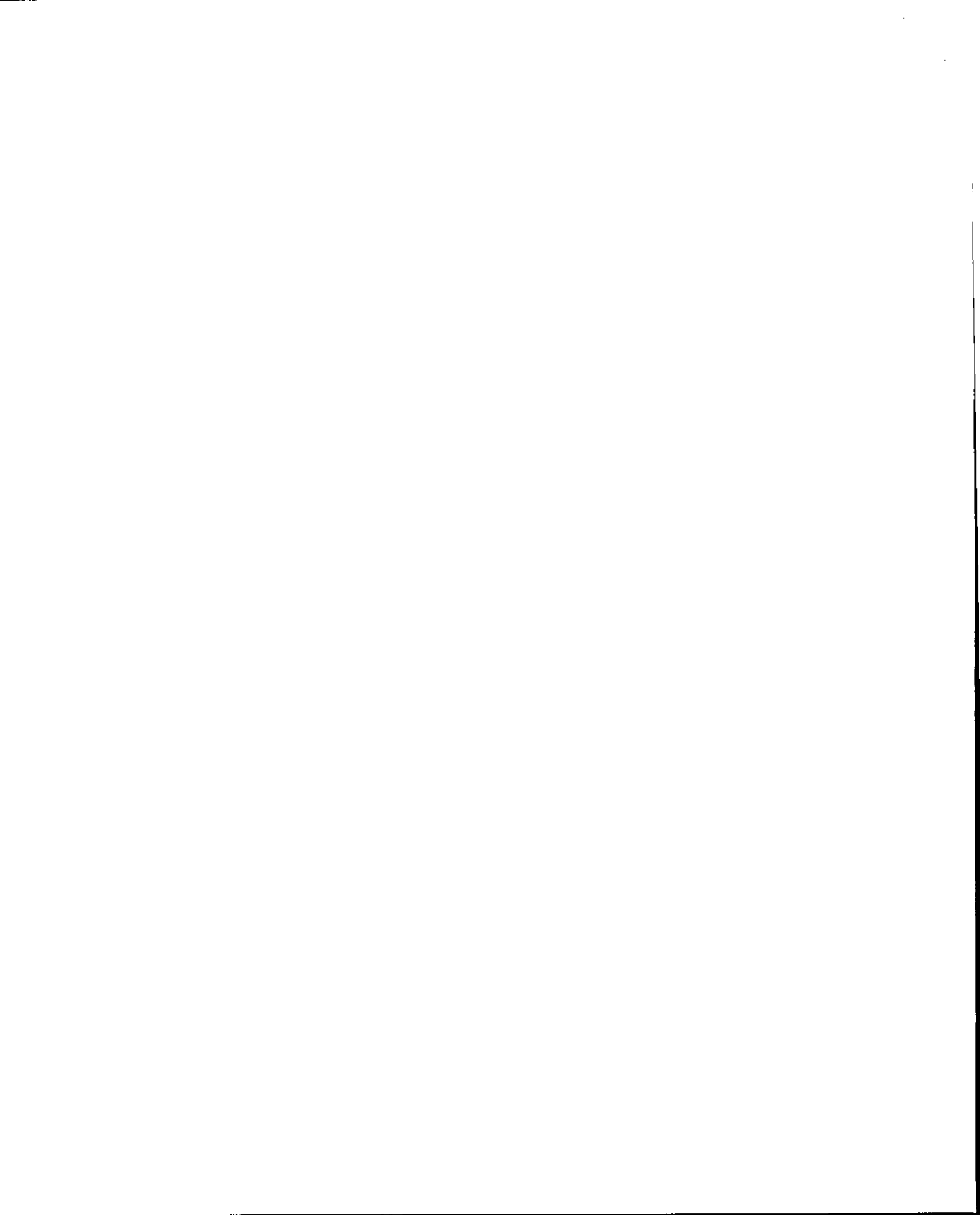
Data File: S61579.D

Comments: ug / Kg = microgram per Kilogram

Signature: \_\_\_\_\_

Bruce Hoogesteger: Technical Director

This report is part of a multipage document and should only be evaluated in its entirety. Chain of Custody provides additional information, including compliance with sample condition requirements upon receipt.





**Volatile STARS Analysis Report for Soils/Solids/Sludges**

Client: **Empire Geo**

Client Job Site: Valvo UST

Lab Project Number: 12:0758

Lab Sample Number: 12:0758-01

Client Job Number: N/A

Field Location: Sidewall Composite

Date Sampled: 02/21/2012

Field ID Number: N/A

Date Received: 02/22/2012

Sample Type: Soil

Date Analyzed: 02/27/2012

Aromatics	Results in ug / Kg
Benzene	< 8.80
n-Butylbenzene	< 8.80
sec-Butylbenzene	< 8.80
tert-Butylbenzene	< 8.80
Ethylbenzene	< 8.80
n-Propylbenzene	< 8.80
Isopropylbenzene	< 8.80
p-Isopropyltoluene	< 8.80
Naphthalene	< 22.0
Toluene	< 8.80
1,2,4-Trimethylbenzene	< 8.80
1,3,5-Trimethylbenzene	< 8.80
m,p-Xylene	< 8.80
o-Xylene	< 8.80
<b>Miscellaneous</b>	
Methyl tert-butyl Ether	< 8.80

ELAP Number 10958

Method: EPA 8260B

Data File: V94887.D

Comments: ug / Kg = microgram per Kilogram

Signature: \_\_\_\_\_

Bruce Hoogesteger, Technical Director

This report is part of a multipage document and should only be evaluated in its entirety. Chain of Custody provides additional information, including compliance with sample condition requirements upon receipt.







**Volatile STARS Analysis Report for Soils/Solids/Sludges**

Client: **Empire Geo**

Client Job Site: Valvo UST  
Client Job Number: N/A  
Field Location: Bottom Composite  
Field ID Number: N/A  
Sample Type: Soil

Lab Project Number: 12:0758  
Lab Sample Number: 12:0758-02  
Date Sampled: 02/21/2012  
Date Received: 02/22/2012  
Date Analyzed: 02/27/2012

Aromatics	Results in ug / Kg
Benzene	< 9.52
n-Butylbenzene	< 9.52
sec-Butylbenzene	< 9.52
tert-Butylbenzene	< 9.52
Ethylbenzene	< 9.52
n-Propylbenzene	< 9.52
Isopropylbenzene	< 9.52
p-Isopropyltoluene	< 9.52
Naphthalene	< 23.8
Toluene	< 9.52
1,2,4-Trimethylbenzene	< 9.52
1,3,5-Trimethylbenzene	< 9.52
m,p-Xylene	< 9.52
o-Xylene	< 9.52
<b>Miscellaneous</b>	
Methyl tert-butyl Ether	< 9.52

ELAP Number 10958

Method: EPA 8260B

Data File: V94888.D

Comments: ug / Kg = microgram per Kilogram

Signature: \_\_\_\_\_

Bruce Hoogesteger, Technical Director

This report is part of a multipage document and should only be evaluated in its entirety. Chain of Custody provides additional information, including compliance with sample condition requirements upon receipt.



# PARADIGM ENVIRONMENTAL SERVICES, INC.

179 Lake Avenue  
Rochester, NY 14808

(716) 647-2530 • (800) 724-1997

PROJECT NAME/SITE NAME:  
**VALVO UST**

REPORT TO:

INVOICE TO:

## CHAIN OF CUSTODY

COMPANY: <b>EMPIRE GED</b>	ADDRESS:	CITY: <b>HAMBURG</b>	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	CITY: _____	STATE: _____	ZIP: _____
ATTN: <b>DAVE STEINER</b>	ATTN: _____	LAB PROJECT #: <b>12:0758</b>	CLIENT PROJECT #:	TURNAROUND TIME: (WORKING DAYS)
COMMENTS: <b>PLEASE EMAIL</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

DATE	TIME	C O M P O S I T E	G R A B	SAMPLE LOCATION/FIELD ID	M A T R I X	C O N T A M I N A T I O N S	REQUESTED ANALYSIS	REMARKS	PARADIGM LAB SAMPLE NUMBER
12-21-12	1120	X		SIDEBELL COMPOSITE	SOIL	1			01
2-2-12	1135	X		BOTTOM COMPOSITE	SOIL	1			02
3									
4									
5									
6									
7									
8									
9									
10									

\*\*LAB USE ONLY\*\*

SAMPLE CONDITION: Check box if acceptable or note deviation:  CONTAINER TYPE:  PRESERVATIONS:  HOLDING TIME:  TEMPERATURE:

20°C stored from temp 11k

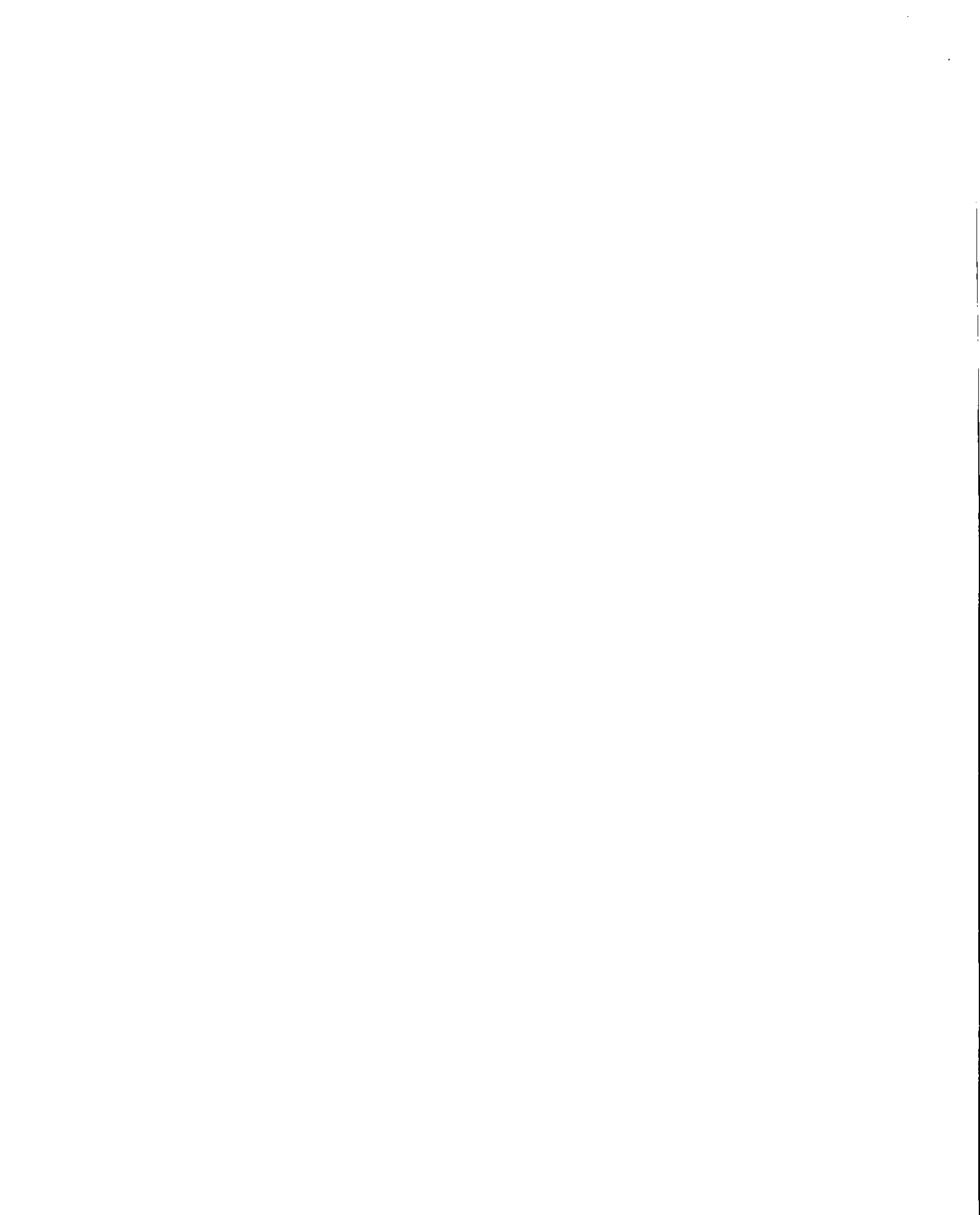
Sampled By: **David R. Stein** Date/Time: **2-21-12 / 1135**

Relinquished By: **David R. Stein** Date/Time: \_\_\_\_\_

Received @ Lab By: **M. K. Popen** Date/Time: **2-21-12 1400**

Total Cost: \_\_\_\_\_

P.L.F. \_\_\_\_\_





5167 SOUTH PARK AVENUE  
HAMBURG, NY 14075

VOICE: 716-649-8110  
FAX: 716-649-8051

**INVOICE**  
PAYABLE UPON  
RECEIPT

Sold To: VALVO CONVENIENCE  
PO BOX 225  
  
SILVER CREEK, NY 14136  
USA  
  
STEVE VALVO

PAGE  
1

INVOICE NO:  
17315

INVOICE DATE:  
Jan 31, 2012

PURCHASE ORDER NO:

Customer ID: VALVO CONVENIENCE  
716.818.2994

Item	Description	Quantity	Unit Price	Extension
	BEV-12-006 - ENVIRONMENTAL SOIL SAMPLING AND TESTING			
	CONTACT: STEVE VALVO *****			
	COLLECT SOIL SAMPLES, COORDINATE WITH LAB, PREPARE BRIEF REPORT	1.000	450.00	450.00
	LAB TESTING - NYSDEC STARS LIST	2.000	300.00	600.00

**CHECKS TO BE MADE PAYABLE TO:**  
SJB SERVICES, INC.  
5167 SOUTH PARK  
HAMBURG, NY 14075

TOTAL DUE                      1,050.00

FINANCE CHARGES WILL APPLY AFTER 30 DAYS (1.5%)  
COLLECTION FEES ADDED AFTER 75 DAYS





5167 SOUTH PARK AVENUE  
HAMBURG, NY 14075

VOICE: 716-649-8110  
FAX: 716-649-8051

 **COPY  
INVOICE**

**PAYABLE UPON  
RECEIPT**

Sold To: VALVO CONVENIENCE  
PO BOX 225  
  
SILVER CREEK, NY 14136  
USA  
  
STEVE VALVO

PAGE  
1

INVOICE NO:  
17315

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Jan 31, 2012

Customer ID: VALVO CONVENIENCE  
716.818.2994

PURCHASE ORDER NO:

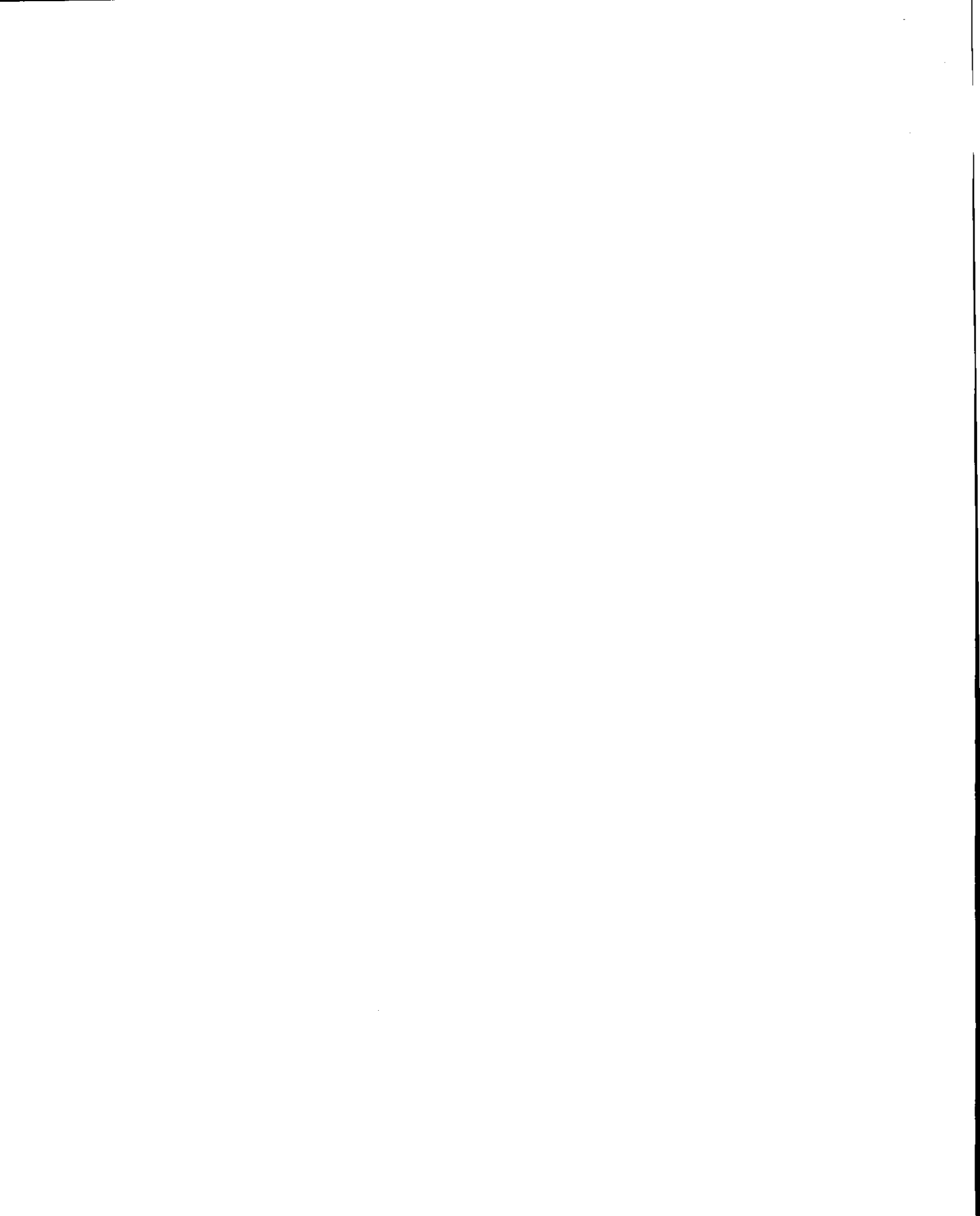
Item	Description	Quantity	Unit Price	Extension
	BEV-12-006 - ENVIRONMENTAL SOIL SAMPLING AND TESTING * CONTACT: STEVE VALVO ***** COLLECT SOIL SAMPLES, COORDINATE WITH LAB, PREPARE BRIEF REPORT * LAB TESTING - NYSDEC STARS LIST	1.000	450.00	450.00
		2.000	300.00	600.00

2/21/12 paid in full

**CHECKS TO BE MADE PAYABLE TO:**  
  
SJB SERVICES, INC.  
5167 SOUTH PARK  
HAMBURG, NY 14075

**TOTAL DUE                      1,050.00**

FINANCE CHARGES WILL APPLY AFTER 30 DAYS (1.5%)  
COLLECTION FEES ADDED AFTER 75 DAYS





FEB. 21, 2012

RECEIVED \$1,050.00  
FROM VALVO CONVENIENCE  
FOR SOIL SAMPLING,  
LAB TESTING, AND  
REPORTING RESULTS

DAVID R. STEINER  
EMPIRE GEOSERVICES, INC.

David R. Steiner



COPY



COPY COPY

11 FAX 1100

FAX TRANSMITTAL      DATE: DEC. 22, 2011

NUMBER OF PAGES TO FOLLOW:     

CORPORATE/  
BUFFALO OFFICE  
5167 South Park Avenue  
Hamburg, NY 14075  
Phone: (716) 649-8110  
Fax: (716) 649-8051

TO: STEVE VALVO

FIRM: \_\_\_\_\_

FAX: 934-3531

ALBANY OFFICE  
PO Box 2199  
Ballston Spa, NY 12020

FAX FROM:  
DAVE STEINER  
716-359-5613 CELL

5 Knabner Road  
Mechanicville, NY 12116  
Phone: (518) 899-7491  
(518) 899-7496

NOTES: SOIL SAMPLING & TESTING

CORTLAND OFFICE  
60 Miller Street  
Cortland, NY 13045  
Phone: (607) 758-7182  
Fax: (607) 758-7188

① COLLECT SOIL SAMPLES, COORDINATE W/ LAB, PREPARE  
BRIEF REPORT      Lump Sum \$ 450-

② LAB TESTING <sup>8260 } NYSDEL</sup> <sub>8270 } STARS LIST</sub>  
Lump Sum \$ 300

TOTAL \$ 750-

ROCHESTER OFFICE  
535 Summit Point Drive  
Henrietta, NY 14467  
Phone: (585) 359-2730  
Fax: (585) 359-9668

ORIGINAL WILL FOLLOW [ ]

ORIGINAL WILL NOT FOLLOW [ ]

If you do not receive all pages -or- if the quality is not suitable, please call  
(716) 649-8110.



PURCHASE RECEIPT

**Metalico Buffalo, Inc.**

127 Fillmore Avenue  
Buffalo, NY 14210  
Metalico Buffalo 716-823-3788  
Metalico Niagara 716-284-8729  
Metalico South Park 716-823-4930

 **COPY**

STEPHEN M VALVO  
1277 RT5A20 POB225

TKT#: 979449  
DATE: 02/28/2012  
TIME: 11:29

SILVER CREEK

NY 14136

CSH

Commodity	Description	Gross	Tare	Ded.	Net	Price / UM	Amount
FE301	UNPREPARED P&S SHEARING	17,120	15,040	0	2,080	250.00 / NT	260.00
	<b>Totals</b>	17,120	15,040	0	2,080		260.00

Accepted: \_\_\_\_\_

OPEN MONDAY THROUGH FRIDAY 7:30-4 SATURDAYS 7:30 - 11:30



CERTIFIED SCALE TICKET

Metalico Buffalo, Inc.

127 Fillmore Avenue

Buffalo, NY 14210



COPY

Time In 09:51

Time Out 11:28

Account: PEDDLF

Recv Date: 02/28/2012

Receiver #: 979449

Control #: 979449

Vehicle WHITE/RE

NY

Commodity	Description	Gross	Tare	Deduct	Net
FE301	UNPREPARED P&S SHEARING	17,120	15,040	0	2,080
<b>Totals</b>		<b>17,120</b>	<b>15,040</b>	<b>0</b>	<b>2,080</b>

OPEN SATURDAYS FROM 7:30 A.M. UNTIL 11:30 A.M.

Seller certifies that all refrigerants, including but not limited to, CFC's and HCPC's as defined in section 608 of the Clean Air Act have not leaked and have previously been recovered from appliances prior to delivery.

Seller certifies that the material delivered does not contain PCB capacitors, mercury, fluids and any other prohibited material.

The list of prohibited material is posted at the scale entrance.

*Handwritten signature/initials*







COPY

FEB. 21, 2012

RECEIVED \$ 1,056.00  
FROM VALVO CONVENIENCE  
FOR SOIL SAMPLING,  
LAB TESTING, AND  
REPORTING RESULTS

DAVID R. STEINER  
EMPIRE GEOSERVICES, INC.

*David R. Steiner*



2/20/12 T/W Down 5 times to 40 ft for  
samples as per quote we have more time  
mid morning to take samples

2/20/12 17:10 Down 5 times called back  
will be here by 9:45 because he  
is coming himself



2/29/12 8:00 Mark Egger and Phil [unclear]  
 approx 1-1 1/2 hrs and began uncovering tank  
 the steel tank is found on north or  
 east side of tank, 11:00 AM Tank Top  
 & sides exposed, began moving tank for  
 13:00 Tank on ground & began cutting  
 holes in both sides 2' x 2' 50

2/29/12 9:45 PM Andrea Galeffi said to  
 get down by tank & excavator, saw Egger  
 Keys lot 8260, 8270 1415 DEC store light  
 She has no car to use out today  
 & forgot hole. 50

10:07 Called, Egger Geo Dave notified  
 her tank is out & ready for sample  
 he will be in 30 minutes. 50



COPY

**MSB**  
**Gravel Products**

P.O. BOX 348  
FREDONIA, NEW YORK 14063  
Scalehouse (716) 287-2009

JOB NO	PHONE	DATE			
NAME					
ADDRESS					
CASH	C.O.D	CHARGE	ON ACCT	YARDS	TONS
		BANK RUN			
		SCREENED			
		OVERSIZE			
		2 & 3 STONE			
		#2 CRUSHED			
		#1 CRUSHED			
		SCREENED TOPSOIL			
		SAND			
		OTHER			
TRK NO		RECEIVED BY			
			<b>TOTAL</b>		

WHITE - ORIGINAL    YELLOW - TRUCKER COPY    PINK - CUSTOMER COPY

*Thank You*

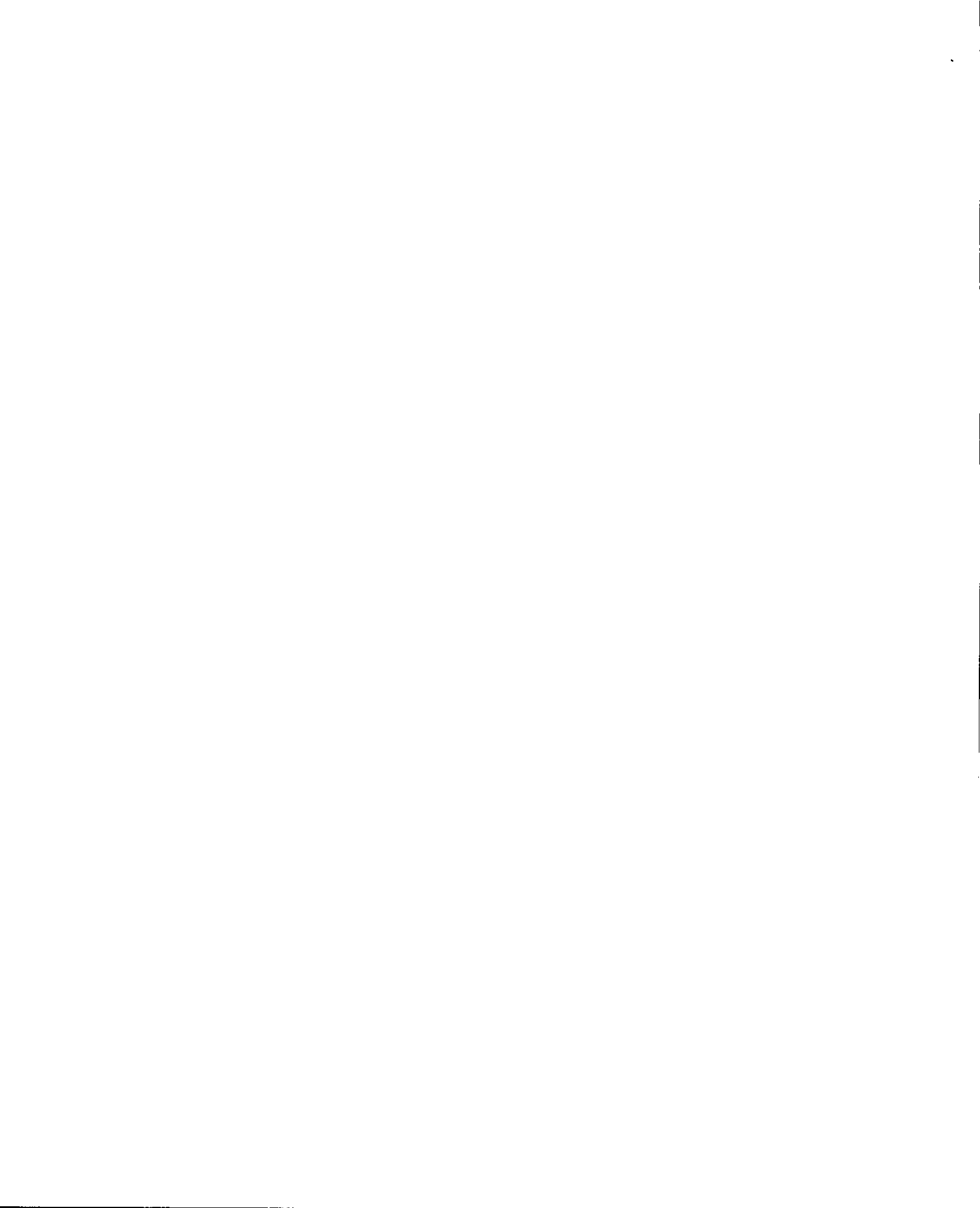
**MSB**  
**Gravel Products**

P.O. BOX 348  
FREDONIA, NEW YORK 14063  
Scalehouse (716) 287-2009

JOB NO	PHONE	DATE			
NAME					
ADDRESS					
CASH	C.O.D	CHARGE	ON ACCT	YARDS	TONS
		BANK RUN			
		SCREENED			
		OVERSIZE			
		2 & 3 STONE			
		#2 CRUSHED			
		#1 CRUSHED			
		SCREENED TOPSOIL			
		SAND			
		OTHER			
TRK NO		RECEIVED BY			
			<b>TOTAL</b>		

WHITE - ORIGINAL    YELLOW - TRUCKER COPY    PINK - CUSTOMER COPY

*Thank You*











Re: Your conversation with Valvo Counsel

Andrea Skalski

to:

Paul Sacker

03/07/2012 01:37 PM

Cc:

Beverly Kolenberg, Dennis McChesney, William Sawyer

Hide Details

From: "Andrea Skalski" <aeskalsk@gw.dec.state.ny.us>

To: Paul Sacker/R2/USEPA/US@EPA

Cc: Beverly Kolenberg/R2/USEPA/US@EPA, Dennis  
McChesney/R2/USEPA/US@EPA, William Sawyer/R2/USEPA/US@EPA

I went back through my phone log to mid-December found the following:

December 20, 2011: I spoke to Mr. Valvo. He indicated that he wanted to remove a 1000 gallon UST in the spring and asked about our sampling and notification requirements.

December 22, 2011: I spoke with Mr. Chiaravalloti. He wanted to verify the information I had given Mr. Valvo regarding sampling requirements. I requested at least 1 week notice before tank removal was done so I could arrange to have an employee present. No date for the removal had been set at that point. Mr. Chiaravalloti stated that the scheduling would be weather dependent.

February 21, 2012: Mr. Valvo called our office. No one from the Bulk Storage Unit was available when he called. His message stated that the tank was out and the excavation was being backfilled soon.

February 22, 2012: I returned Mr. Valvo's call. He said the hole was backfilled and that samples had been taken. He indicated that sample results would be sent to this office as soon as they were available. (Paul - sorry I completely forgot I had this conversation with Mr. Valvo when I spoke to you yesterday. I had planned to send you an email that day but I got sidetracked with something else before that happened and then never got back to it. That is why I keep a phone log...)

So the bottom line is although we were notified of the tank removal it was after the work was already completed and was verbal only. We require prior notification in writing for tank closures. We haven't received any paperwork as of today. Tom Walker will be inspecting all three of the facilities in Silver Creek next week. Please let me know if you need anything else from me.

Andrea

Andrea Skalski, P.E.  
Environmental Engineer  
Bulk Storage Unit  
NYSDEC Region 9  
270 Michigan Ave  
Buffalo, NY 14203

(716) 851-7220>>> Paul Sacker <Sacker.Paul@epamail.epa.gov> 3/7/2012 11:51 AM >>>

Andrea,

Could put in writing when you spoke to Paul Chiavorlotti - Valvo's Counsel about tank closure and as exactly as you can recall what he may have said to you.

We need to determine if they gave proper 30 day notice to DEC or not.

Thanks

**New York State Department of Environmental Conservation**  
**Division of Environmental Remediation, Region 9**  
270 Michigan Avenue, Buffalo, New York 14203-2915  
Phone: (716) 851-7220 • Fax: (716) 851-7226  
Website: [www.dec.ny.gov](http://www.dec.ny.gov)



March 27, 2012

Mr. Stephen Valvo  
Valvo Convenience & Gas, Inc.  
Routes 5 & 20  
P.O. Box 271  
Silver Creek, New York 14136

Dear Mr. Valvo:

Petroleum Bulk Storage (PBS) Program Facility  
Inspection - 6 NYCRR Parts 612-614  
PBS #9-425508  
Inspection #29315  
Valvo Convenience & Gas, Inc.  
351 Central Avenue  
Silver Creek, New York 14136

On March 21, 2012, I visited the above facility to determine compliance with New York State's Petroleum Bulk Storage regulations. The following violations were identified during that inspection and need immediate attention to bring this facility into compliance. Citations to the applicable regulations are noted in brackets and pertain to the tanks listed. A copy of the inspection checklist is enclosed for your reference.

The law requires that you comply fully with the PBS regulations. You must correct all of the violations noted below within the stated time frame and submit required documentation.

#### **Violations**

Dispensers #1/2 and #3/4

**Shear valves** - Not anchored

[Paragraph 613.3(c)(1)] and [NFPA No. 30A Section 4-3.6]

The shear valves at the above dispensers are not properly installed. Shear valves must be rigidly anchored to the island.

Mr. Stephen Valvo  
March 27, 2012  
Page 2

**Underground tanks #1 and #2**

**Maintenance of Spill Prevention Equipment - tank top sumps**  
[Subdivision 613.3(d)]

All equipment for spill prevention must be maintained in good working order. Tank top sumps must be kept clear of all liquids (water and product) and other debris. At the time of the inspection, there was a small amount of water in each of the sumps.

**Underground tank #3**

**Leak Monitoring for New Underground Tanks**  
[Section 614.5]

This tank was installed after December 27, 1986 and does not have a leak monitoring system. All new underground tanks installed after December 27, 1986 must have one of the following leak monitoring systems:

- (1) a double walled tank with monitoring of the interstitial (annular) space;
- (2) an in-tank monitoring system; or
- (3) an observation well or wells.

If the tank is double walled, only interstitial monitoring is acceptable. At the time of the inspection, interstitial monitoring was not being performed on this tank because the location of the interstitial port was not known.

**Underground tanks #1, #2 and #3**

**Labeling at New Underground Tanks**  
[Subdivision 614.3(a)]

The above tanks were installed after December 27, 1986 and do not have the appropriate labeling at the fill port. All new underground tanks installed after December 27, 1986 must bear a permanent label, stencil or plate which contains all of the information listed in Subparagraphs 614.3(a)(1)(i-vii). In addition, the label must contain the date of installation as per Paragraph 614.3(a)(2). The label must be readily visible to the carrier and may be imbedded in concrete, welded to the fill port, or otherwise permanently affixed.

**Underground tanks #1, #2 and #3**

**Interstitial Monitoring of Double Walled Tanks**  
[Subdivision 614.5(b)]

The above tanks are double walled and the interstitial space is not being monitored as required. If a double walled tank is used, the interstitial space must be monitored for tightness using pressure monitoring, vacuum monitoring, electronic monitoring or manual monitoring at least once per week. At the time of the inspection, interstitial monitoring records showed tanks #1 and #2 are being monitored monthly instead of weekly, and tank #3 is not being monitored at all.

Mr. Stephen Valvo  
March 27, 2012  
Page 3

**Underground tanks #1, #2 and #3**  
**Reconciliation of Inventory Records**  
[ECL 17-1007] and [Subdivision 613.4(d)]

Inventory records for the above tank have not been properly reconciled every ten (10) days. Every ten (10) days the cumulative losses or gains must be compared to 3/4 of 1% of the total ten day throughput, 3/4 of 1% of the total ten day deliveries or 3/4 of 1% of the total tank volume, whichever is largest. This is the allowable variance. The absolute value of the cumulative losses or gains should be less than the allowable variance calculated above.

**Federal Violations**

The following violations of EPA's Underground Storage Tank regulations (40 CFR Part 280) were identified during this inspection:

**Underground tanks #1, #2 and #3**  
**Cathodic Protection System Testing**  
[Part 280.31(b)(1)]

The cathodic protection systems for the above tanks have not been tested at least annually as required.

**Pressurized piping associated with tanks #1 and #2**  
**Pressurized Line Tightness Testing - Time period**  
[Part 280.41(b)(1)(ii)]

The pressurized piping associated with the above tanks has not been tightness tested annually as required.

**Underground tanks #1 and #2**  
**Automatic Line Leak Detector - Testing**  
[Part 280.44(a)]

The automatic line leak detectors at the above tanks have not been tested annually as required.

**Underground tanks #3**  
**Release Detection Records - No monitoring**  
[Part 280.45]

No release detection is being performed for the above tank.

### Corrective Actions

By **April 30, 2012**, you must submit the following documentation to this office:

1. Photographs showing that the shear valves at dispensers **#1/2 and #3/4** have been properly anchored.
2. Photographs showing that the tank top sumps for tanks **#1 and #2** have been cleaned out.
3. A work plan which includes a schedule for the installation of a leak monitoring system for tank **#3** or a schedule for the removal of this tank.
4. Photographs showing that the appropriate labels have been installed at the fill ports for tanks **#1, #2 and #3**.
5. Copies of at least three weeks worth of records showing that the interstitial spaces for tanks **#1, #2 and #3** have been monitored at least weekly.
6. Copies of at least thirty (30) days worth of properly reconciled inventory records for tanks **#1, #2 and #3**.
7. The results of cathodic protection monitoring performed on tanks **#1, #2 and #3** within the last twelve (12) months.
8. Results of pressurized line tightness testing performed on the piping for tanks **#1 and #2** within the last year.
9. A copy of line leak detector test results for tanks **#1 and #2** performed within the last twelve (12) months.
10. Documentation that an acceptable method of release detection has been performed on tank **#3** at least weekly for the period starting **April 2, 2012**.

The above documents and photographs may be submitted via email to [tjwalker@gw.dec.state.ny.us](mailto:tjwalker@gw.dec.state.ny.us).

As a result of these violations, you are subject to enforcement by this Department. Pursuant to Environmental Conservation Law Section 71-1929, you may be liable for a civil penalty of up to \$37,500 per day for each of the above noted violations. The violations identified in this letter require immediate attention. Delays in correcting the violations noted above will affect the amount of penalties for which you will be liable. In addition, under Environmental Conservation Law Section 71-1933, a person may be held criminally liable if any of the foregoing violations was the result of intentional, knowing or criminally negligent conduct.

Note that the inspection may not have disclosed all violations that exist at this site. You are responsible for ensuring that the entire facility is in compliance with applicable requirements.



Mr. Stephen Valvo  
March 27, 2012  
Page 5

If you have any questions, please contact me at (716) 851-7220 or email me at [tjwalker@gw.dec.state.ny.us](mailto:tjwalker@gw.dec.state.ny.us).

Sincerely,



Thomas J. Walker  
Environmental Technician I

TJW:sz

Enclosure



**NEW YORK STATE DEC PETROLEUM BULK STORAGE (PBS) REGULATIONS INSPECTION REPORT**Date: 3/21/2012PBS# 9-425508Inspection # 29315FACILITY Representative, Name & Title: Steve ValvoNYSDEC Representative, Name & Title: Thomas Walker

Facility Name:	<u>VALVO CONVENIENCE and GAS INC.</u>	Owner:	<u>STEVE VALVO</u>
Facility Address:	<u>351 CENTRAL AVENUE</u>	Owner Address:	<u>RTS. 5 and 20. PO BOX 225</u>
City:	<u>SILVER CREEK</u>	City:	<u>SILVER CREEK</u>
Operator:	<u>STEVE VALVO</u>	Emergency Cont:	<u>STEVE VALVO</u>
Phone:	<u>(716) 818-2994</u>	Phone:	<u>(716) 818-2994</u>

**Facility-level information (indicate dispenser-specific)**

1. Is the registration certificate posted at the facility?				Y
2. Is the registration information current and correct?				Y
3. Are monitoring/observation wells marked and secured? Y/N/X				Y
4. Have dispenser sumps been maintained? Y/N(accumulation product) / 1(accumulation of water/debris) / X (no sump)				X
5. For a motor fuel tank with pressurized piping, is a shear valve installed? Y/N(no shear valve)				(N)
	1 (inoperative valve) (2) (improperly installed)			False
	X (not pressurized piping)			True
Tank Registration Identification Number	1	2	3	
Underground or Aboveground Tank	Underground	Underground	Underground	
Product Stored / Tank Volume if different from registered	2712 Gasoline/Ethanol	2712 Gasoline/Ethanol	0008 Diesel	
Date Installed	6/91	6/91	6/91	
6. Is the tank properly permanently closed?	X	X	X	
7. Is the tank properly temporarily closed?	X	X	X	
8. Were any spills observed during the inspection (also include suspected releases from leak detection equipment and uninvestigated inventory discrepancies)? Y / N	N	N	N	
9. Have tank top sumps properlyly maintained? Y / N (accumulation of product) / 1 (accumulation of water/debris) / X (no sump)	1	1	X	
10. Have fill port catch basins (spill buckets) been properly maintained? Y / N (accumulation of product) / 1 (accumulation of water/debris) / X (catch basin)	Y	Y	Y	
11. Is the fillport color coded to identify the product in the tank? Y / N / 1 (incorrectly coded) / X (used oil tank or day tank) For products not explicitly listed in Part 613.3(b), is the tank properly marked?	Y	Y	Y	

**Underground Storage Tanks**

12. For UST systems installed after Dec. 27, 1986, does the tank system meet standards? Y / X (system installed prior to Dec. 27, 1986) If not, how is the tank system deficient? 1 (tank not corrosion resistant) / 2 (no tank secondary containment) / 3 (not tank leak monitoring) / 4 (no overfill prevention) / 5 (piping not corrosion resistant) / 6 (no piping leak monitoring) / 7 (more than one check valve in suction piping system) / 8 (no tank label) / 9 (no as-built plans or drawings)	N	N	N					
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input checked="" type="checkbox"/> 8	<input type="checkbox"/> 7	<input checked="" type="checkbox"/> 8	<input type="checkbox"/> 7	<input checked="" type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

**Underground Storage Tanks (continued)**

COMPLIANCE WITH REGULATORY REQUIREMENTS WAS ASSESSED VIA THE FOLLOWING METHODS:  
 FIELDS OBSERVATION, RECORDS REVIEW, AND/OR INTERVIEW WITH FACILITY REPRESENTATIVE



	1		2		3					
	T	P	T	P	T	P	T	P	T	P
13. Is leak monitoring being done? Y / N / 1 (inoperative system) / 2 ( weekly leak detection records not maintained ) / 3 (monthly operability records not maintained) / 4 (interstitial space on double-walled tanks and / or piping not monitored) / X (Category A or B tank system or exempt suction piping)	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
	<input checked="" type="checkbox"/> N	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N
	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X	<input checked="" type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X
	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
14. Is cathodic protection for steel tank and piping systems monitored annually? Y / N (no monitoring on either) / 1 (no monitoring on tank) / 2 (no monitoring on line) / 3 (records not maintained) / 4 (minimum protection not provided) / 5 (inadequate monitoring, i.e., not enough readings) / X (Category A or B steel tank system or not steel tank system)	1		1		1					
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 5
15. Does the facility have adequate inventory records for metered tanks? Y / X (unmetered tank) If not, which items are deficient? 1 (no records) / 2 (no tank bottom water measurements) / 3 (equipment not capable of 1/8" measurement) / 4 (meter not calibrated) / 5 (no reconciliation of records) / 6 (improper reconciliation) / 7 (no investigation of discrepancy)	N		N		N					
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 6	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 6	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	<input type="checkbox"/> 7		<input type="checkbox"/> 7		<input type="checkbox"/> 7		<input type="checkbox"/> 7		<input type="checkbox"/> 7	
16. Do unmetered tanks have annual standpipe analysis or tank test, or other acceptable leak detection method? Y / N / X (metered tank)	X		X		X					
17. Has tightness testing been conducted on the tank and piping system within the last 5 years? Y / N (no test on either tank or line) / 1(no tank test)/ 2(no line test) / 3 (test report not submitted) / X (exempt from tightness testing)	X		X		X					

**Aboveground Storage Tanks**

18. For AST systems installed after Dec.27, 1986, does the tank system meet standards? Y / X (tanksystem installed prior to Dec. 27, 1986) If not, which items are deficient? 1 (tank not welded steel) / 2 (no surface coating) / 3 (tank resting on soil; no cathodic protection) / 4 (tank on grade; no impermeable barrier) / 5 (no leak monitoring between tank and barrier)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 5		<input type="checkbox"/> 5		<input type="checkbox"/> 5		<input type="checkbox"/> 5		<input type="checkbox"/> 5	
19. Does the facility conduct monthly inspections for all ASTs? Y / N / 1 (records not maintained)										
20. Does the facility conduct ten-year inspections for ASTs? Y / N / 1 (records not maintained) / X (not required per Part 613.6(b))										
21. For ASTs >= 10,000 gallons (or for ASTs < 10k gal. where 2ndary containment is req'd), Is the secondary containment adequately designed and in good condition? Y / N / 1 (secondary containment not maintained) / 2 (poor design)										
For ASTs < 10,000 gallons if using alternatives to secondary containment, Y / N / 1(secondary containment not maintained)/ 2(poor design) are SPOTS #17 issues addressed?Y / N / 3 (equipment not maintained) / X (not req'd)										
22. Are dike drain valves locked in a closed position? Y / N (unlocked) / 1 (no valve on discharge pipe) / X (no dike)										
23. Does the AST have a gauge, high level alarm or other equivalent device? Y / N / 1 (inoperative)										
24. Is the design / working capacity, and ID number marked on the tank and at the gauge? Y / N / 1(tank not labeled) / 2 (not marked at gauge)										
25. Is a solenoid or equivalent valve in place for gravity-fed motor fuel dispensers? Y / N / 1 (inoperative) / X (not motor fuel/gravity-fed)										
26. Is a check valve in place for pump-filled tanks with remote fills? Y / N / 1(inoperative) / X (not remote fill)										
27. Is an operative valve in place on every line with gravity head? Y / N / 1 (operative) / X (no gravity head on line)										

COMPLIANCE WITH REGULATORY REQUIREMENTS WAS ASSESSED VIA THE FOLLOWING METHODS:  
 FIELDS OBSERVATION, RECORDS REVIEW, AND/OR INTERVIEW WITH FACILITY REPRESENTATIVE



## Federal UST Questions - Release Prevention

	1	2	3		
28. Is the spill prevention device (catch basin) present and functional? Y / N (not present) / 1 (not functional - holes or cracks present) / X (tank receives <25 gal. at one time)	Y	Y	Y		
29. Is the overfill prevention device (i.e., automatic shut-off, high-level alarm, ball float valve) present? Y / N / X (tank receives <25 gal. at one time)	Y	Y	Y		
30. Is the overfill prevention device operational? Y / X (tank receives <25 gal. at one time) If not operational: 1) Automatic shut-off is not operational (i.e., device tampered with or inoperable; gauging stick in drop tube). 2) High-level alarm is not operational. 3) Alarm is not audible or visible to the delivery driver. Ball float is not operational because: 4) Stage I vapor recovery is present. 5) Piping system is suction. 6) Drain valve on spill catch basin is broken or is impaired by debris, causing drain valve to act as an emergency vent.	Y	Y	Y		
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 4
	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 5 <input type="checkbox"/> 6
31. Were structurally repaired tanks and piping tightness tested within 30 days repair completion (not required w/ internal inspections after repair or if release detection equipment is in use)? Y / N / X (no structural repair)	X	X	X		
32. If cathodically protected tank or piping was structurally repaired, were CP systems tested/inspected within 6 months of repair? Y / N / X (no CP system/structural repair)	X	X	X		
33. Is buried metal tank and piping (including fittings, connections, etc.) protected from corrosion? Y / X (no buried metal components) If not: 1) Buried metal piping components (such as swing joints, flex-connectors, etc.) are not isolated from the ground or cathodically protected. For new USTs (tanks and piping installed after 12/22/1988): 2) Tank or piping does not meet new tank/piping standards for corrosion. For existing USTs (tanks and piping installed on or before 12/22/1988): 3) Steel tank is not internally lined OR retrofitted with cathodic protection. 4) Metal piping is not retrofitted with cathodic protection.	Y	Y	Y		
	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
34. Was corrosion protection system tested within required time frame and does it provide continuous protection? Y / X (no CP system) If system does not provide continuous protection: 1) CP system was not tested 2) CP system is not performing adequately based on results of testing. 3) Operator is not conducting or has not completed appropriate repair in response to test results.	N	N	N		
	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
35. If an impressed current system is in use, has system been operated continuously? Y / X (no impressed current system) If system has not been operated continuously: 1) Rectifier is not operational. 2) Rectifier does not have electrical power 24/7. 3) Clock shows that power has been turned off.	X	X	X		
	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
36. Is impressed current system inspected every 60 days? (Operator is only required to keep 6 months of readings; at least 2 of last 3 readings are required if system is operational at time of inspection.) Y / N / X (no impressed current system)	X	X	X		
37. Do reports indicate that lined tanks are inspected periodically (within 10 years of installation and every 5 years thereafter) and that lining is in compliance? Y / N (no report) / 1 (lining was inspected and failed) / 2 (inspection procedure not acceptable) / X (tank not lined)	X	X	X		

COMPLIANCE WITH REGULATORY REQUIREMENTS WAS ASSESSED VIA THE FOLLOWING METHODS:  
 FIELDS OBSERVATION, RECORDS REVIEW, AND/OR INTERVIEW WITH FACILITY REPRESENTATIVE

**Federal UST Questions - Release Detection (only complete applicable sections)**<sub>1</sub>

2

3

Specify method(s) of tank release detection used: (NOTE: Methods B&C and C&D can only be used for 10 years after a tank has been installed or upgraded) A. Automatic Tank Gauging (ATG) - answer questions 38-40, 56 B. Manual Tank Gauging (MTG) for tanks <=1000 gal. - answer questions 41-43, 56 E. Groundwater or Vapor Monitoring - answer questions 47-50, 56 F. Interstitial Monitoring - answer questions 51-52, 56 H. Statistical Inventory Reconciliation (SIR) - answer questions 55, 56	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A
	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B
	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E
	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F
	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H
Specify second method of pressurized piping release detection used: (NOTE: "G. Automatic Line Leak Detector [ALLD]" is always required for pressurized piping) - answer questions 53-54, 56 C. Tightness Testing - answer questions 44-46, 56 E. Groundwater or Vapor Monitoring - answer questions 47-50, 56 F. Interstitial Monitoring - answer questions 51-52, 56 H. Statistical Inventory Reconciliation (SIR) - answer questions 55, 56	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C
	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E
	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F
	<input checked="" type="checkbox"/> G	<input checked="" type="checkbox"/> G	<input type="checkbox"/> G	<input type="checkbox"/> G	<input type="checkbox"/> G
	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H
Specify method of suction piping release detection used: (NOTE: safe [European] suction piping does not require RD - mark box "X") C. Tightness Testing - answer questions 44-46, 56 E. Groundwater or Vapor Monitoring - answer questions 47-50, 56 F. Interstitial Monitoring - answer questions 51-52, 56 H. Statistical Inventory Reconciliation (SIR) - answer questions 55, 56 X. Exempt Suction Piping, 56	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C
	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E
	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F
	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H
	<input type="checkbox"/> X	<input type="checkbox"/> X	<input checked="" type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X

**A. Automatic Tank Gauging (ATG)**

38. Is ATG on National Work Group on Leak Detection Evaluations (NWGLDE) list? Y / N					
39. Is ATG set up properly? Y / N / X (unable to confirm)					
40. Did ATG conduct test while tank contained routinely highest level of product? Y / N					

**B. Manual Tank Gauging (MTG)**

41. Is tank size appropriate for using MTG? (<= 1000 gal. only) Y / N					
42. Do records indicate that MTG method is being conducted correctly? Y/N					
43. Is MTG equipment capable of 1/8" measurement? Y / N					

**C. Tightness Testing**

	T	P	T	P	T	P	T	P	T	P
44. Is tightness testing method on National Work Group on Leak Detection Evaluations (NWGLDE) list? Y / N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
45. Is tightness testing conducted per manufacturer's instructions? (Compare test report with NWGLDE specifications for test method.) Y / N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
46. Is tightness testing conducted within the specified time frames for the following equipment? Y / 1 (tanks - not tested every 5 years) / 2 (pressurized piping - not tested annually) / 3 (non-exempt suction piping - not tested every 3 years)		<input type="checkbox"/> Y <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3		<input type="checkbox"/> Y <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3		<input type="checkbox"/> Y <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		<input type="checkbox"/> Y <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		<input type="checkbox"/> Y <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3



Federal UST Questions - Release Detection (continued)

D. Inventory Control - not valid as release detection for EPA as of 12/22/2008											
E. Groundwater or Vapor Monitoring											
	T	P	T	P	T	P	T	P	T	P	
47. Does owner have the site assessment report indicating location and number of vapor or groundwater monitoring wells? Y / N (answer '1' for questions 48-50)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
48. According to site assessment report, is groundwater always detectable in the monitoring well (i.e., never more than 20 feet from the ground surface)? Y / N / 1 (no report) / X (no groundwater monitoring wells)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	
49. Is vapor monitoring well not affected by high groundwater? Y / N / 1 (no report) / X (no vapor monitoring wells)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	
50. Are wells properly designed and positioned? Y / N / 1 (no report)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	
F. Interstitial Monitoring											
	T	P	T	P	T	P	T	P	T	P	
51. Does secondary containment have integrity? Y / N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
52. Is the sensor properly positioned (piping only)? Y / N / X (manual monitoring)		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> X		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> X		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> X		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> X		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> X	
G. Automatic Line Leak Detector (ALLD)											
53. Is automatic line leak detector (ALLD) present and operational? Y / N (not present) / 1 (not operational)	Y		Y		X						
54. Has annual functionality test of the ALLD been conducted, and are records available? Y / N (no test conducted) / 1 (no records)	1		1		X						
H. Statistical Inventory Reconciliation (SIR)											
	T	P	T	P	T	P	T	P	T	P	
55. Is SIR method on National Work Group on Leak Detection Evaluations (NWGLDE) list of release detection methods? Y / N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Federal UST Questions - Release Detection Monitoring											
	T	P	T	P	T	P	T	P	T	P	
56. Are tanks and piping monitored monthly for releases, and are records available (must have records for the two most recent consecutive months and for 8 of the last 12 months)? Y / N (no release detection present) / 1 (no monthly monitoring) / 2 (no records) / 3 (inadequate records) / X (exempt suction piping)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3
Federal UST Questions - Closure											
57. For tanks permanently closed within the last 3 years, was site assessment performed? Y / N / 1 (inadequate) / X (not applicable)	X		X		X						

COMMENTS (continue on separate paper if needed):

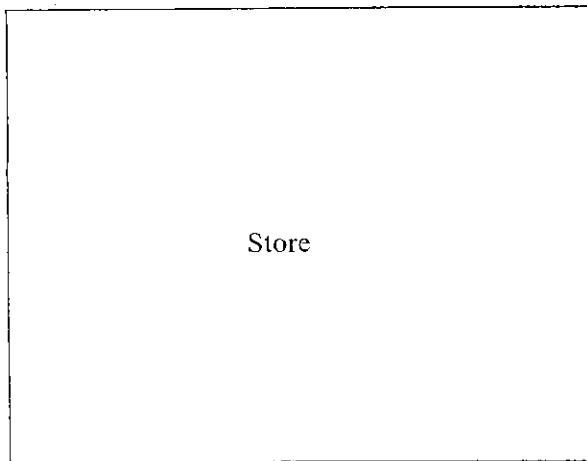
Regional notes or forms attached: 0 pages

**PBS # 9-425508**  
**Valvo Convenience & Gas Inc.**  
**351 Central Avenue**  
**Silver Creek, New York 14136**

**Inspection Notes:**

- Interstitial monitoring on tanks # 1 and 2 is done monthly, not weekly
- No interstitial monitoring is being done on tank # 3. Owner cannot find the interstitial port, may have paved over it
- 10-day inventory reconciliation is not being done on tanks # 1, 2 and 3
- Tanks # 1, 2 and 3 are missing 614 tags
- Small amount of water in tanks #1 and 2 tank top sumps
- Shear valves at dispensers # 1/2 and 3/4 are not anchored to the island
- No annual Line Tightness Testing and Line Leak Detector Testing records were on site
- Most recent Cathodic protection records at the site were from 10/28/2010. No records from within the last year

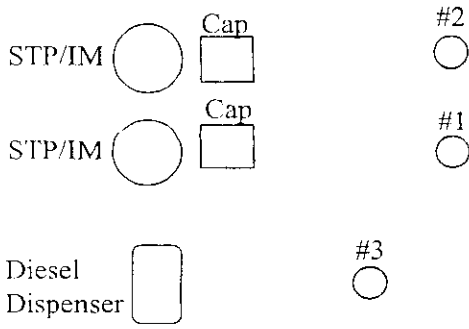
**Site Diagram:**



1/2

3/4

Central  
Ave





**New York State Department of Environmental Conservation**

**Division of Environmental Remediation, Region 9**

270 Michigan Avenue, Buffalo, New York 14203-2915

Phone: (716) 851-7220 • Fax: (716) 851-7226

Website: [www.dec.ny.gov](http://www.dec.ny.gov)



Joe Martens  
Commissioner

March 27, 2012

Mr. Stephen Valvo  
Valvo Convenience & Gas, Inc.  
Routes 5 & 20  
P.O. Box 271  
Silver Creek, New York 14136

Dear Mr. Valvo:

Petroleum Bulk Storage (PBS) Program Facility  
Inspection - 6 NYCRR Parts 612-614  
PBS #9-600317  
Inspection #29318  
Valvo Convenience & Gas, Inc.  
Routes 5 & 20  
Silver Creek, New York 14136

On March 21, 2012, I visited the above facility to determine compliance with New York State's Petroleum Bulk Storage regulations. The following violations were identified during that inspection and need immediate attention to bring this facility into compliance. Citations to the applicable regulations are noted in brackets and pertain to the tanks listed. A copy of the inspection checklist is enclosed for your reference.

The law requires that you comply fully with the PBS regulations. You must correct all of the violations noted below within the stated time frame and submit required documentation.

**Violations**

**PBS Registration Certificate - Accuracy**  
[Subdivision 612.2(e)]

The registration certificate posted at the facility is not current and valid. The registration expired on April 14, 2002. The following is required:

- The registration certificate must be signed and dated (lower right corner).

- \$500.00 in overdue registration fees is due for the period from April 18, 2002 - April 18, 2007. \$500.00 in overdue registration fees is due for the period from April 18, 2007- April 18, 2012. A final \$500.00 registration fee will make your registration current and valid until 2017. In total, \$1500.00 is due at this time. The check can be made payable to NYS DEC and should be sent in with the renewal application.
- The Federal Tax Identification Number for this facility must be listed in the appropriate box in the ownership section on the first page of the application. In addition, the piping leak detection must be updated in column 20 of the application. The code for tanks #C1 and #C2 is 07 (Pressurized Piping Leak Detector). The code for tank #C3 is 09 (Exempt Suction Piping).
- Any other corrections must be made to the registration information to reflect current facility information. Please be sure to sign and date the first page of the application or it cannot be processed.

Underground tanks **#C1 and #C2**

**Maintenance of Spill Prevention Equipment** - tank top sumps

[Subdivision 613.3(d)]

All equipment for spill prevention must be maintained in good working order. Tank top sumps must be kept clear of all liquids (water and product) and other debris.

Tanks **#C1 and #C3**

**Maintenance of Spill Prevention Equipment**

[Subdivision 613.3(d)]

All equipment for spill prevention must be maintained in proper working order. Fill port catch basins must be kept clear of all liquids (water and product) and other debris.

Underground tanks **#C1, #C2 and #C3**

**Labeling at New Underground Tanks**

[Subdivision 614.3(a)]

The above tanks were installed after December 27, 1986 and do not have the appropriate labeling at the fill port. All new underground tanks installed after December 27, 1986 must bear a permanent label, stencil or plate which contains all of the information listed in Subparagraphs 614.3(a)(1)(i-vii). In addition, the label must contain the date of installation as per Paragraph 614.3(a)(2). The label must be readily visible to the carrier and may be imbedded in concrete, welded to the fill port, or otherwise permanently affixed.

Mr. Stephen Valvo  
March 27, 2012  
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Underground tanks #C1, #C2 and #C3  
**Interstitial Monitoring of Double Walled Tanks**  
[Subdivision 614.5(b)]

The above tanks are double walled and the interstitial spaces are not being monitored as required. If a double walled tank is used, the interstitial space must be monitored for tightness using pressure monitoring, vacuum monitoring, electronic monitoring or manual monitoring at least once per week.

**Federal Violations**

The following violations of EPA's Underground Storage Tank regulations (40 CFR Part 280) were identified during this inspection:

Underground tank #C3  
**Overfill Prevention Equipment - Operability**  
[Parts 280.20(c)(ii) and 280.21(d)]

The ball float valve used for overfill prevention at tank #C3 is not functional. Ball float valves do not function properly when installed on a tank that uses a suction dispenser.

Underground tank #C3  
**Cathodic Protection System Testing - Repairs needed based on test results**  
[Part 280.31(a)]

The results of the most recent cathodic protection testing for the above tank indicate that the system is not functioning adequately to protect the tank from corrosion. All corrosion protection systems must be operated and maintained to continuously provide corrosion to metal components of the tank system that routinely contain product.

Underground tanks #C1, #C2 and #C3  
**Release Detection Records - No monitoring**  
[Part 280.45]

No release detection is being performed for the above tank.

**Corrective Actions**

By **April 30, 2012**, you must submit the following documentation to this office:

1. A completed Petroleum Bulk Storage Application to make any necessary changes to the registration. A new certificate will be issued upon receipt of this application. The new certificate must be signed and posted at the facility.
2. Photographs showing that the tank top sumps for tanks #C1 and #C2 have been cleaned out.

Mr. Stephen Valvo  
March 27, 2012  
Page 4

3. Photographs showing that the fill port catch basins for tanks **#C1 and #C3** have been cleaned out.
4. Photographs showing that the appropriate labels have been installed at the fill ports for tanks **#C1, #C2 and #C3**.
5. Copies of at least three weeks worth of records showing that the interstitial spaces for tanks **#C1, #C2 and #C3** have been monitored at least weekly.
6. Since tank **#C3** is not in service the ball float valve does not need to be replaced. If tank **#C3** is put back into service, the ball float valve used for overfill prevention needs to be replaced with an automatic shut-off valve in the fill line or a high level alarm that is visible or audible at the fill port.
7. A work plan including a schedule to repair or replace the cathodic protection system for tank **#C3** or a schedule for the removal of this tank.

The above documents and photographs may be submitted via email to [tjwalker@gw.dec.state.ny.us](mailto:tjwalker@gw.dec.state.ny.us).

As a result of these violations, you are subject to enforcement by this Department. Pursuant to Environmental Conservation Law Section 71-1929, you may be liable for a civil penalty of up to \$37,500 per day for each of the above noted violations. The violations identified in this letter require immediate attention. Delays in correcting the violations noted above will affect the amount of penalties for which you will be liable. In addition, under Environmental Conservation Law Section 71-1933, a person may be held criminally liable if any of the foregoing violations was the result of intentional, knowing or criminally negligent conduct.

Note that the inspection may not have disclosed all violations that exist at this site. You are responsible for ensuring that the entire facility is in compliance with applicable requirements.

If you have any questions, please contact me at (716) 851-7220 or email me at [tjwalker@gw.dec.state.ny.us](mailto:tjwalker@gw.dec.state.ny.us).

Sincerely,



Thomas J. Walker  
Environmental Technician I

TJW:sz

Enclosure

**NEW YORK STATE DEC PETROLEUM BULK STORAGE (PBS) REGULATIONS INSPECTION REPORT**Date: 3/21/2012PBS# 9-600126Inspection # 29341FACILITY Representative, Name & Title: Steve ValvoNYSDEC Representative, Name & Title: Thomas Walker

Facility Name: <u>VALVO TRANSPORT INC</u>	Owner: <u>Valvo Transport Inc.</u>
Facility Address: <u>RTS 5 and 20</u>	Owner Address: <u>PO BOX 271</u>
City: <u>SILVER CREEK</u>	City: <u>SILVER CREEK</u>
Operator: <u>STEPHEN M. VALVO</u>	Emergency Cont: <u>STEPHEN M. VALVO</u>
Phone: <u>(716) 934-2535</u>	Phone: <u>(716) 934-2535</u>

**Facility-level information (indicate dispenser-specific)**

1. Is the registration certificate posted at the facility?						Y
2. Is the registration information current and correct?						N
3. Are monitoring/observation wells marked and secured? Y/N/X						Y
4. Have dispenser sumps been maintained? Y/N(accumulation product) / 1(accumulation of water/debris) / X (no sump)						X
5. For a motor fuel tank with pressurized piping, is a shear valve installed? Y/N(no shear valve) 1 (inoperative valve) / 2 (improperly installed) X (not pressurized piping)						X
Tank Registration Identification Number	1	2	3	4	5	
Underground or Aboveground Tank	Underground	Aboveground - No Contact (on saddles, legs, rack, cradle, etc.)	Aboveground - No Contact (on saddles, legs, rack, cradle, etc.)	Aboveground - in contact with soil	Aboveground - in contact with soil	
Product Stored / Tank Volume if different from registered	0008 Diesel	0001 #2 Fuel Oil	0012 Kerosene	0012 Kerosene	0013 Lube Oil	
Date Installed	5/93	5/93	5/93	10/93	5/85	
6. Is the tank properly permanently closed?	X	Y	Y	Y	Y	
7. Is the tank properly temporarily closed?	Y					
8. Were any spills observed during the inspection (also include suspected releases from leak detection equipment and uninvestigated inventory discrepancies)? Y / N	N					
9. Have tank top sumps properlyly maintained? Y / N (accumulation of product) / 1 (accumulation of water/debris) / X (no sump)	?					
10. Have fill port catch basins (spill buckets) been properly maintained? Y / N (accumulation of product) / 1 (accumulation of water/debris) / X (catch basin)	Y					
11. Is the fillport color coded to identify the product in the tank? Y / N / 1 (incorrectly coded) / X (used oil tank or day tank) For products not explicitly listed in Part 613.3(b), is the tank properly marked?	Y					

**Underground Storage Tanks**

12. For UST systems installed after Dec. 27, 1986, does the tank system meet standards? Y / X (system installed prior to Dec. 27, 1986) If not, how is the tank system deficient? 1 (tank not corrosion resistant) / 2 (no tank secondary containment) / 3 (not tank leak monitoring) / 4 (no overflow prevention) / 5 (piping not corrosion resistant) / 6 (no piping leak monitoring) / 7 (more than one check valve in suction piping system) / 8 (no tank label) / 9 (no as-built plans or drawings)	N									
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4
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	<input type="checkbox"/> 7	<input checked="" type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

**Underground Storage Tanks (continued)**

COMPLIANCE WITH REGULATORY REQUIREMENTS WAS ASSESSED VIA THE FOLLOWING METHODS:  
FIELDS OBSERVATION, RECORDS REVIEW, AND/OR INTERVIEW WITH FACILITY REPRESENTATIVE

13. Is leak monitoring being done? Y / N / 1 (inoperative system) / 2 ( weekly leak detection records not maintained ) / 3 (monthly operability records not maintained) / 4 (interstitial space on double-walled tanks and / or piping not monitored) / X (Category A or B tank system or exempt suction piping)	T	P	T	P	T	P	T	P	T	P
	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
	<input checked="" type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N
	<input type="checkbox"/> X	<input checked="" type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X
	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
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<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	
14. Is cathodic protection for steel tank and piping systems monitored annually? Y / N (no monitoring on either) / 1 (no monitoring on tank) / 2 (no monitoring on line) / 3 (records not maintained) / 4 (minimum protection not provided) / 5 (inadequate monitoring, i.e., not enough readings) / X (Category A or B steel tank system or not steel tank system)	Y									
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 5
15. Does the facility have adequate inventory records for metered tanks? Y / X (unmetered tank) If not, which items are deficient? 1 (no records) / 2 (no tank bottom water measurements) / 3 (equipment not capable of 1/8" measurement) / 4 (meter not calibrated) / 5 (no reconciliation of records) / 6 (improper reconciliation) / 7 (no investigation of discrepancy)	X		X		X		X		X	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	<input type="checkbox"/> 7		<input type="checkbox"/> 7		<input type="checkbox"/> 7		<input type="checkbox"/> 7		<input type="checkbox"/> 7	
16. Do unmetered tanks have annual standpipe analysis or tank test, or other acceptable leak detection method? Y / N / X (metered tank)	Y		X		X		X		X	
17. Has tightness testing been conducted on the tank and piping system within the last 5 years? Y / N (no test on either tank or line) / 1(no tank test)/ 2(no line test) / 3 (test report not submitted) / X (exempt from tightness testing)	X									

**Aboveground Storage Tanks**

18. For AST systems installed after Dec.27, 1986, does the tank system meet standards? Y / X (tanksystem installed prior to Dec. 27, 1986) If not, which items are deficient? 1 (tank not welded steel) / 2 (no surface coating) / 3 (tank resting on soil; no cathodic protection) / 4 (tank on grade; no impermeable barrier) / 5 (no leak monitoring between tank and barrier)										X
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 5		<input type="checkbox"/> 5		<input type="checkbox"/> 5		<input type="checkbox"/> 5		<input type="checkbox"/> 5	
19. Does the facility conduct monthly inspections for all ASTs? Y / N / 1 (records not maintained)										
20. Does the facility conduct ten-year inspections for ASTs? Y / N / 1 (records not maintained) / X (not required per Part 613.6(b))										
21. For ASTs >= 10,000 gallons (or for ASTs < 10k gal. where 2andary containment is req'd), Is the secondary containment adequately designed and in good condition? Y / N / 1 (secondary containment not maintained) / 2 (poor design)										
For ASTs < 10,000 gallons if using alternatives to secondary containment, Y / N / 1(secondary containment not maintained)/ 2(poor design) are SPOTS #17 issues addressed?Y / N / 3 (equipment not maintained) / X (not req'd)										
22. Are dike drain valves locked in a closed position? Y / N (unlocked) / 1 (no valve on discharge pipe) / X (no dike)										
23. Does the AST have a gauge, high level alarm or other equivalent device? Y / N / 1 (inoperative)										
24. Is the design / working capacity, and ID number marked on the tankand at the gauge? Y / N / 1(tank not labeled) / 2 (not marked at gauge)										
25. Is a solenoid or equivalent valve in place for gravity-fed motor fuel dispensers? Y / N / 1 (inoperative) / X (not motor fuel/gravity-fed)										
26. Is a check valve in place for pump-filled tanks with remote fills? Y / N / 1(inoperative) / X (not remote fill)										
27. Is an operative valve in place on every line with gravity head? Y / N / 1 (operative) / X (no gravity head on line)										

COMPLIANCE WITH REGULATORY REQUIREMENTS WAS ASSESSED VIA THE FOLLOWING METHODS:  
 FIELDS OBSERVATION, RECORDS REVIEW, AND/OR INTERVIEW WITH FACILITY REPRESENTATIVE



## Federal UST Questions - Release Prevention

28. Is the spill prevention device (catch basin) present and functional? Y / N (not present) / 1 (not functional - holes or cracks present) / X (tank receives <25 gal. at one time)	Y				
29. Is the overfill prevention device (i.e., automatic shut-off, high-level alarm, ball float valve) present? Y / N / X (tank receives <25 gal. at one time)	Y				
30. Is the overfill prevention device operational? Y / X (tank receives <25 gal. at one time) If not operational: 1) Automatic shut-off is not operational (i.e., device tampered with or inoperable; gauging stick in drop tube). 2) High-level alarm is not operational. 3) Alarm is not audible or visible to the delivery driver. Ball float is not operational because: 4) Stage I vapor recovery is present. 5) Piping system is suction. 6) Drain valve on spill catch basin is broken or impaired by debris, causing drain valve to act as an emergency vent.	Y				
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 4
	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 5 <input type="checkbox"/> 6
31. Were structurally repaired tanks and piping tightness tested within 30 days repair completion (not required w/ internal inspections after repair or if release detection equipment is in use)? Y / N / X (no structural repair)	X				
32. If cathodically protected tank or piping was structurally repaired, were CP systems tested/inspected within 6 months of repair? Y / N / X (no CP system/structural repair)	X				
33. Is buried metal tank and piping (including fittings, connections, etc.) protected from corrosion? Y / X (no buried metal components) If not: 1) Buried metal piping components (such as swing joints, flex-connectors, etc.) are not isolated from the ground or cathodically protected. For new USTs (tanks and piping installed after 12/22/1988): 2) Tank or piping does not meet new tank/piping standards for corrosion. For existing USTs (tanks and piping installed on or before 12/22/1988): 3) Steel tank is not internally lined OR retrofitted with cathodic protection. 4) Metal piping is not retrofitted with cathodic protection.	Y				
	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
34. Was corrosion protection system tested within required time frame and does it provide continuous protection? Y / X (no CP system) If system does not provide continuous protection: 1) CP system was not tested 2) CP system is not performing adequately based on results of testing. 3) Operator is not conducting or has not completed appropriate repair in response to test results.	Y				
	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
35. If an impressed current system is in use, has system been operated continuously? Y / X (no impressed current system) If system has not been operated continuously: 1) Rectifier is not operational. 2) Rectifier does not have electrical power 24/7. 3) Clock shows that power has been turned off.	X				
	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
36. Is impressed current system inspected every 60 days? (Operator is only required to keep 6 months of readings; at least 2 of last 3 readings are required if system is operational at time of inspection.) Y / N / X (no impressed current system)	X				
37. Do reports indicate that lined tanks are inspected periodically (within 10 years of installation and every 5 years thereafter) and that lining is in compliance? Y / N (no report) / 1 (lining was inspected and failed) / 2 (inspection procedure not acceptable) / X (tank not lined)	X				

COMPLIANCE WITH REGULATORY REQUIREMENTS WAS ASSESSED VIA THE FOLLOWING METHODS:  
 FIELDS OBSERVATION, RECORDS REVIEW, AND/OR INTERVIEW WITH FACILITY REPRESENTATIVE

**Federal UST Questions - Release Detection (only complete applicable sections)**

Specify method(s) of tank release detection used: (NOTE: Methods B&C and C&D can only be used for 10 years after a tank has been installed or upgraded) A. Automatic Tank Gauging (ATG) - answer questions 38-40, 56 B. Manual Tank Gauging (MTG) for tanks <=1000 gal. - answer questions 41-43, 56 E. Groundwater or Vapor Monitoring - answer questions 47-50, 56 F. Interstitial Monitoring - answer questions 51-52, 56 H. Statistical Inventory Reconciliation (SIR) - answer questions 55, 56	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A
	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B
	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E
	<input checked="" type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F
	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H
Specify second method of pressurized piping release detection used: (NOTE: "G. Automatic Line Leak Detector [ALLD]" is always required for pressurized piping) - answer questions 53-54, 56 C. Tightness Testing - answer questions 44-46, 56 E. Groundwater or Vapor Monitoring - answer questions 47-50, 56 F. Interstitial Monitoring - answer questions 51-52, 56 H. Statistical Inventory Reconciliation (SIR) - answer questions 55, 56	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C
	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E
	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F
	<input checked="" type="checkbox"/> G	<input type="checkbox"/> G	<input type="checkbox"/> G	<input type="checkbox"/> G	<input type="checkbox"/> G
	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H
Specify method of suction piping release detection used: (NOTE: safe [European] suction piping does not require RD - mark box "X") C. Tightness Testing - answer questions 44-46, 56 E. Groundwater or Vapor Monitoring - answer questions 47-50, 56 F. Interstitial Monitoring - answer questions 51-52, 56 H. Statistical Inventory Reconciliation (SIR) - answer questions 55, 56 X. Exempt Suction Piping, 56	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C
	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E
	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F
	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H
	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X

**A. Automatic Tank Gauging (ATG)**

38. Is ATG on National Work Group on Leak Detection Evaluations (NWGLDE) list? Y / N					
39. Is ATG set up properly? Y / N / X (unable to confirm)					
40. Did ATG conduct test while tank contained routinely highest level of product? Y / N					

**B. Manual Tank Gauging (MTG)**

41. Is tank size appropriate for using MTG? (<= 1000 gal. only) Y / N					
42. Do records indicate that MTG method is being conducted correctly? Y/N					
43. Is MTG equipment capable of 1/8" measurement? Y / N					

**C. Tightness Testing**

	T	P	T	P	T	P	T	P	T	P
44. Is tightness testing method on National Work Group on Leak Detection Evaluations (NWGLDE) list? Y / N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
45. Is tightness testing conducted per manufacturer's instructions? (Compare test report with NWGLDE specifications for test method.) Y / N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
46. Is tightness testing conducted within the specified time frames for the following equipment? Y / 1 (tanks - not tested every 5 years) / 2 (pressurized piping - not tested annually) / 3 (non-exempt suction piping - not tested every 3 years)	<input type="checkbox"/> Y	<input type="checkbox"/> 1	<input type="checkbox"/> Y	<input type="checkbox"/> 1	<input type="checkbox"/> Y	<input type="checkbox"/> 1	<input type="checkbox"/> Y	<input type="checkbox"/> 1	<input type="checkbox"/> Y	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 3

COMPLIANCE WITH REGULATORY REQUIREMENTS WAS ASSESSED VIA THE FOLLOWING METHODS: FIELDS OBSERVATION, RECORDS REVIEW, AND/OR INTERVIEW WITH FACILITY REPRESENTATIVE



Federal UST Questions - Release Detection (continued)

D. Inventory Control - not valid as release detection for EPA as of 12/22/2008											
E. Groundwater or Vapor Monitoring											
	T	P	T	P	T	P	T	P	T	P	
47. Does owner have the site assessment report indicating location and number of vapor or groundwater monitoring wells? Y / N (answer '1' for questions 48-50)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
48. According to site assessment report, is groundwater always detectable in the monitoring well (i.e., never more than 20 feet from the ground surface)? Y / N / 1 (no report) / X (no groundwater monitoring wells)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	
49. Is vapor monitoring well not affected by high groundwater? Y / N / 1 (no report) / X (no vapor monitoring wells)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	
50. Are wells properly designed and positioned? Y / N / 1 (no report)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	
F. Interstitial Monitoring											
	T	P	T	P	T	P	T	P	T	P	
51. Does secondary containment have integrity? Y / N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
52. Is the sensor properly positioned (piping only)? Y / N / X (manual monitoring)		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> X		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> X		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> X		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> X		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> X	
G. Automatic Line Leak Detector (ALLD)											
53. Is automatic line leak detector (ALLD) present and operational? Y / N (not present) / 1 (not operational)	Need Photo										
54. Has annual functionality test of the ALLD been conducted, and are records available? Y / N (no test conducted) / 1 (no records)	X										
H. Statistical Inventory Reconciliation (SIR)											
	T	P	T	P	T	P	T	P	T	P	
55. Is SIR method on National Work Group on Leak Detection Evaluations (NWGLDE) list of release detection methods? Y / N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Federal UST Questions - Release Detection Monitoring											
	T	P	T	P	T	P	T	P	T	P	
56. Are tanks and piping monitored monthly for releases, and are records available (must have records for the two most recent consecutive months and for 8 of the last 12 months)? Y / N (no release detection present) / 1 (no monthly monitoring) / 2 (no records) / 3 (inadequate records) / X (exempt suction piping)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Federal UST Questions - Closure											
57. For tanks permanently closed within the last 3 years, was site assessment performed? Y / N / 1 (inadequate) / X (not applicable)	X		X		X		X		X		

COMMENTS (continue on separate paper if needed):

Regional notes or forms attached: 0 pages

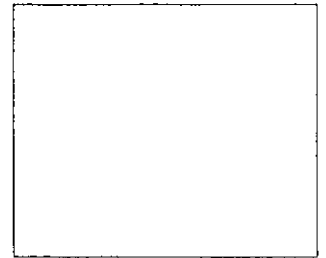
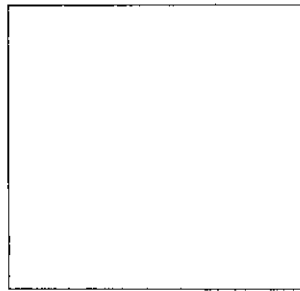
COMPLIANCE WITH REGULATORY REQUIREMENTS WAS ASSESSED VIA THE FOLLOWING METHODS:  
 FIELDS OBSERVATION, RECORDS REVIEW, AND/OR INTERVIEW WITH FACILITY REPRESENTATIVE

**PBS # 9-600126**  
**Valvo Transport Inc**  
**Routes 5 & 20**  
**Silver Creek, New York 14136**

**Inspection Notes:**

- Registration expired on May 20, 2003. Owner says all of the tanks have been removed except Tank # 1, 10,000 gallon diesel tank. This tank is empty and temporarily out of service. Piping leak detection needs to be changed to line leak detector, which will exclude the tank from being overdue for a tank tightness test.
- Interstitial monitoring is not being done on tank # 1
- Tank # 1 is missing a 614 tag
- Need a photo of submersible pump. Man hole was covered with stacks of railroad ties at the time of the inspection

**Site Diagram:**

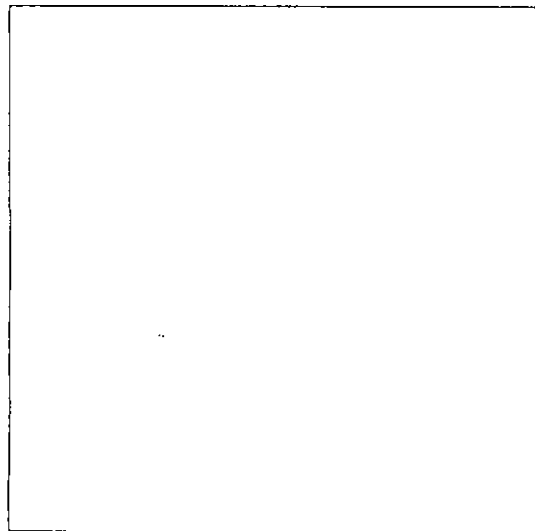


#1 IM



Routes  
5 & 20

Fence



**New York State Department of Environmental Conservation**

**Division of Environmental Remediation, Region 9**

270 Michigan Avenue, Buffalo, New York 14203-2915

Phone: (716) 851-7220 • Fax: (716) 851-7226

Website: [www.dec.ny.gov](http://www.dec.ny.gov)



Joe Martens  
Commissioner

March 27, 2012

Mr. Stephen Valvo  
Valvo Convenience & Gas, Inc.  
Routes 5 & 20  
P.O. Box 271  
Silver Creek, New York 14136

Dear Mr. Valvo:

Petroleum Bulk Storage (PBS) Program Facility  
Inspection - 6 NYCRR Parts 612-614  
PBS #9-600126  
Inspection #29341  
Valvo Transport, Inc.  
Routes 5 & 20  
Silver Creek, New York 14136

On March 21, 2012, I visited the above facility to determine compliance with New York State's Petroleum Bulk Storage regulations. The following violations were identified during that inspection and need immediate attention to bring this facility into compliance. Citations to the applicable regulations are noted in brackets and pertain to the tanks listed. A copy of the inspection checklist is enclosed for your reference.

The law requires that you comply fully with the PBS regulations. You must correct all of the violations noted below within the stated time frame and submit required documentation.

**Violations**

**PBS Registration Certificate - Accuracy**  
[Subdivision 612.2(e)]

The registration certificate posted at the facility is not current and valid. The following is required:

- Tanks #2, #3, #4, #5, #6, #7 and #8 which have been removed from the facility must be taken off the registration. Please change the status of these tanks in column 4 to code 3 (closed and removed). In column 5, list the dates the tanks were removed.

- If a submersible pump with a line leak detector is present at tank #1 (10,000-gallon diesel tank), update the piping leak detection (column 20) to code 07 (pressurized piping leak detector).
- Corrections must be made to the registration information to reflect current facility information. Since the registration expired on May 20, 2003, \$1000.00 in overdue registration fees is due at this time. Please be sure to sign and date the first page of the application or it cannot be processed.

Underground tank #1

**Labeling at New Underground Tanks**

[Subdivision 614.3(a)]

The above tank was installed after December 27, 1986 and does not have the appropriate labeling at the fill port. All new underground tanks installed after December 27, 1986 must bear a permanent label, stencil or plate which contains all of the information listed in Subparagraphs 614.3(a)(1)(i-vii). In addition, the label must contain the date of installation as per Paragraph 614.3(a)(2). The label must be readily visible to the carrier and may be imbedded in concrete, welded to the fill port, or otherwise permanently affixed.

Underground tank #1

**Interstitial Monitoring of Double Walled Tanks**

[Subdivision 614.5(b)]

The above tank is double walled and the interstitial space is not being monitored as required. If a double walled tank is used, the interstitial space must be monitored for tightness using pressure monitoring, vacuum monitoring, electronic monitoring or manual monitoring at least once per week.

**Federal Violations**

The following violations of EPA's Underground Storage Tank regulations (40 CFR Part 280) were identified during this inspection:

Underground tank #1

**Release Detection Records - No monitoring**

[Part 280.45]

No release detection is being performed for the above tank.

**Corrective Actions**

By **April 30, 2012**, you must submit the following documentation to this office:

1. A completed Petroleum Bulk Storage Application to make any necessary changes to the registration. A new certificate will be issued upon receipt of this application. The new certificate must be signed and posted at the facility.
2. Photographs showing that the appropriate label has been installed at the fill port for tank #1.

Mr. Stephen Valvo  
March 27, 2012  
Page 3

3. Copies of at least three weeks worth of records showing that the interstitial space for tank #1 has been monitored at least weekly.

Additional information required to complete the inspection:

1. A photograph showing that a submersible pump and line leak detector are present at tank #1. The manhole cover for the submersible pump was covered with railroad ties at the time of the inspection.

The above documents and photographs may be submitted via email to [tjwalker@gw.dec.state.ny.us](mailto:tjwalker@gw.dec.state.ny.us).

As a result of these violations, you are subject to enforcement by this Department. Pursuant to Environmental Conservation Law Section 71-1929, you may be liable for a civil penalty of up to \$37,500 per day for each of the above noted violations. The violations identified in this letter require immediate attention. Delays in correcting the violations noted above will affect the amount of penalties for which you will be liable. In addition, under Environmental Conservation Law Section 71-1933, a person may be held criminally liable if any of the foregoing violations was the result of intentional, knowing or criminally negligent conduct.

Note that the inspection may not have disclosed all violations that exist at this site. You are responsible for ensuring that the entire facility is in compliance with applicable requirements.

If you have any questions, please contact me at (716) 851-7220 or [tjwalker@gw.dec.state.ny.us](mailto:tjwalker@gw.dec.state.ny.us).

Sincerely,



Thomas J. Walker  
Environmental Technician I

TJW:sz

Enclosure



**NEW YORK STATE DEC PETROLEUM BULK STORAGE (PBS) REGULATIONS INSPECTION REPORT**

Date: 3/21/2012 | PBS# 9-600317 | Inspection # 29318

FACILITY Representative, Name & Title: Steve Valvo

NYSDEC Representative, Name & Title: Thomas Walker

Facility Name:	<u>VALVO CONVENIENCE and GAS INC</u>	Owner:	<u>VALVO CONVENIENCE and GAS INC</u>
Facility Address:	<u>RTE 5 and 20</u>	Owner Address:	<u>RTE 5 and 20</u>
City:	<u>SILVER CREEK</u>	City:	<u>SILVER CREEK</u>
Operator:	<u>STEPHEN VALVO</u>	Emergency Cont:	<u>STEPHEN VALVO</u>
Phone:	<u>(716) 934-2535</u>	Phone:	<u>(716) 934-2535</u>

**Facility-level information (indicate dispenser-specific)**

1. Is the registration certificate posted at the facility?				<u>Y</u>
2. Is the registration information current and correct?				<u>(N)</u>
3. Are monitoring/observation wells marked and secured? Y/N/X				Y
4. Have dispenser sumps been maintained? Y/N(accumulation product) / 1(accumulation of water/debris) / X (no sump)				X
5. For a motor fuel tank with pressurized piping, is a shear valve installed? Y/N(no shear valve) 1 (inoperative valve) / 2 (improperly installed) X (not pressurized piping)				X
Tank Registration Identification Number	C1	C2	C3	
Underground or Aboveground Tank	Underground	Underground	Underground	
Product Stored / Tank Volume if different from registered	0009 Gasoline	0009 Gasoline	0008 Diesel	
Date Installed				
6. Is the tank properly permanently closed?	X	X	X	
7. Is the tank properly temporarily closed?	Y	Y	Y	
8. Were any spills observed during the inspection (also include suspected releases from leak detection equipment and uninvestigated inventory discrepancies)? Y / N	N	N	N	
9. Have tank top sumps properlyly maintained? Y / N (accumulation of product) / 1 (accumulation of water/debris) / X (no sump)	<u>(1)</u>	<u>(1)</u>	X	
10. Have fill port catch basins (spill buckets) been properly maintained? Y / N (accumulation of product) / 1 (accumulation of water/debris) / X (catch basin)	<u>(1)</u>	Y	<u>(1)</u>	
11. Is the fillport color coded to identify the product in the tank? Y / N / 1 (incorrectly coded) / X (used oil tank or day tank) For products not explicitly listed in Part 613.3(b), is the tank properly marked?	Y	Y	Y	

**Underground Storage Tanks**

12. For UST systems installed after Dec. 27, 1986, does the tank system meet standards? Y / X (system installed prior to Dec. 27, 1986) If not, how is the tank system deficient? 1 (tank not corrosion resistant) / 2 (no tank secondary containment) / 3 (not tank leak monitoring) / 4 (no overfill prevention) / 5 (piping not corrosion resistant) / 6 (no piping leak monitoring) / 7 (more than one check valve in suction piping system) / 8 (no tank label) / 9 (no as-built plans or drawings)	<u>N</u>	<u>N</u>	<u>N</u>				
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 4
	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 5 <input type="checkbox"/> 6
	<input type="checkbox"/> 7 <input checked="" type="checkbox"/> 8	<input type="checkbox"/> 7 <input checked="" type="checkbox"/> 8	<input type="checkbox"/> 7 <input checked="" type="checkbox"/> 8	<input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 7 <input type="checkbox"/> 8
	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

**Underground Storage Tanks (continued)**

COMPLIANCE WITH REGULATORY REQUIREMENTS WAS ASSESSED VIA THE FOLLOWING METHODS:  
FIELDS OBSERVATION, RECORDS REVIEW, AND/OR INTERVIEW WITH FACILITY REPRESENTATIVE

13. Is leak monitoring being done? Y / N / 1 (inoperative system) / 2 ( weekly leak detection records not maintained ) / 3 (monthly operability records not maintained) / 4 (interstitial space on double-walled tanks and / or piping not monitored) / X (Category A or B tank system or exempt suction piping)	T	P	T	P	T	P	T	P	T	P
	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
	<input checked="" type="checkbox"/> N	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> N
	<input type="checkbox"/> X	<input checked="" type="checkbox"/> X	<input type="checkbox"/> X	<input checked="" type="checkbox"/> X	<input type="checkbox"/> X	<input checked="" type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X
	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	
14. Is cathodic protection for steel tank and piping systems monitored annually? Y / N (no monitoring on either) / 1 (no monitoring on tank) / 2 (no monitoring on line) / 3 (records not maintained) / 4 (minimum protection not provided) / 5 (inadequate monitoring, i.e., not enough readings) / X (Category A or B steel tank system or not steel tank system)	Y		Y		Y					
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 5
15. Does the facility have adequate inventory records for metered tanks? Y / X (unmetered tank) If not, which items are deficient? 1 (no records) / 2 (no tank bottom water measurements) / 3 (equipment not capable of 1/8" measurement) / 4 (meter not calibrated) / 5 (no reconciliation of records) / 6 (improper reconciliation) / 7 (no investigation of discrepancy)	X		X		X					
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	<input type="checkbox"/> 7		<input type="checkbox"/> 7		<input type="checkbox"/> 7		<input type="checkbox"/> 7		<input type="checkbox"/> 7	
16. Do unmetered tanks have annual standpipe analysis or tank test, or other acceptable leak detection method? Y / N / X (metered tank)	Y		Y		Y					
17. Has tightness testing been conducted on the tank and piping system within the last 5 years? Y / N (no test on either tank or line) / 1(no tank test)/ 2(no line test) / 3 (test report not submitted) / X (exempt from tightness testing)	X		X		X					

**Aboveground Storage Tanks**

18. For AST systems installed after Dec. 27, 1986, does the tank system meet standards? Y / X (tanksystem installed prior to Dec. 27, 1986) If not, which items are deficient? 1 (tank not welded steel) / 2 (no surface coating) / 3 (tank resting on soil; no cathodic protection) / 4 (tank on grade; no impermeable barrier) / 5 (no leak monitoring between tank and barrier)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	<input type="checkbox"/> 5		<input type="checkbox"/> 5		<input type="checkbox"/> 5		<input type="checkbox"/> 5		<input type="checkbox"/> 5	
19. Does the facility conduct monthly inspections for all ASTs? Y / N / 1 (records not maintained)										
20. Does the facility conduct ten-year inspections for ASTs? Y / N / 1 (records not maintained) / X (not required per Part 613.6(b))										
21. For ASTs >= 10,000 gallons (or for ASTs < 10k gal. where 2andary containment is req'd). Is the secondary containment adequately designed and in good condition? Y / N / 1 (secondary containment not maintained) / 2 (poor design)										
For ASTs < 10,000 gallons if using alternatives to secondary containment, Y / N / 1 (secondary containment not maintained)/ 2 (poor design) are SPOTS #17 issues addressed? Y / N / 3 (equipment not maintained) / X (not req'd)										
22. Are dike drain valves locked in a closed position? Y / N (unlocked) / 1 (no valve on discharge pipe) / X (no dike)										
23. Does the AST have a gauge, high level alarm or other equivalent device? Y / N / 1 (inoperative)										
24. Is the design / working capacity, and ID number marked on the tank and at the gauge? Y / N / 1 (tank not labeled) / 2 (not marked at gauge)										
25. Is a solenoid or equivalent valve in place for gravity-fed motor fuel dispensers? Y / N / 1 (inoperative) / X (not motor fuel/gravity-fed)										
26. Is a check valve in place for pump-filled tanks with remote fills? Y / N / 1 (inoperative) / X (not remote fill)										
27. Is an operative valve in place on every line with gravity head? Y / N / 1 (operative) / X (no gravity head on line)										

COMPLIANCE WITH REGULATORY REQUIREMENTS WAS ASSESSED VIA THE FOLLOWING METHODS:  
 FIELDS OBSERVATION, RECORDS REVIEW, AND/OR INTERVIEW WITH FACILITY REPRESENTATIVE



## Federal UST Questions - Release Prevention

	C1	C2	C3		
28. Is the spill prevention device (catch basin) present and functional? Y / N (not present) / 1 (not functional - holes or cracks present) / X (tank receives <25 gal. at one time)	Y	Y	Y		
29. Is the overfill prevention device (i.e., automatic shut-off, high-level alarm, ball float valve) present? Y / N / X (tank receives <25 gal. at one time)	Y	Y	Y		
30. Is the overfill prevention device operational? Y / X (tank receives <25 gal. at one time) If not operational: 1) Automatic shut-off is not operational (i.e., device tampered with or inoperable; gauging stick in drop tube). 2) High-level alarm is not operational. 3) Alarm is not audible or visible to the delivery driver. Ball float is not operational because: 4) Stage I vapor recovery is present. 5) Piping system is suction. 6) Drain valve on spill catch basin is broken or is impaired by debris, causing drain valve to act as an emergency vent.	Y	Y	N		
	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 4
	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 5 <input type="checkbox"/> 6
31. Were structurally repaired tanks and piping tightness tested within 30 days repair completion (not required w/ internal inspections after repair or if release detection equipment is in use)? Y / N / X (no structural repair)	X	X	X		
32. If cathodically protected tank or piping was structurally repaired, were CP systems tested/inspected within 6 months of repair? Y / N / X (no CP system/structural repair)	X	X	X		
33. Is buried metal tank and piping (including fittings, connections, etc.) protected from corrosion? Y / X (no buried metal components) If not: 1) Buried metal piping components (such as swing joints, flex-connectors, etc.) are not isolated from the ground or cathodically protected. For new USTs (tanks and piping installed after 12/22/1988): 2) Tank or piping does not meet new tank/piping standards for corrosion. For existing USTs (tanks and piping installed on or before 12/22/1988): 3) Steel tank is not internally lined OR retrofitted with cathodic protection. 4) Metal piping is not retrofitted with cathodic protection.	Y	Y	Y		
	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
34. Was corrosion protection system tested within required time frame and does it provide continuous protection? Y / X (no CP system) If system does not provide continuous protection: 1) CP system was not tested 2) CP system is not performing adequately based on results of testing. 3) Operator is not conducting or has not completed appropriate repair in response to test results.	Y	Y	N		
	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
35. If an impressed current system is in use, has system been operated continuously? Y / X (no impressed current system) If system has not been operated continuously: 1) Rectifier is not operational. 2) Rectifier does not have electrical power 24/7. 3) Clock shows that power has been turned off.	X	X	X		
	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
36. Is impressed current system inspected every 60 days? (Operator is only required to keep 6 months of readings; at least 2 of last 3 readings are required if system is operational at time of inspection.) Y / N / X (no impressed current system)	X	X	X		
37. Do reports indicate that lined tanks are inspected periodically (within 10 years of installation and every 5 years thereafter) and that lining is in compliance? Y / N (no report) / 1 (lining was inspected and failed) / 2 (inspection procedure not acceptable) / X (tank not lined)	X	X	X		

COMPLIANCE WITH REGULATORY REQUIREMENTS WAS ASSESSED VIA THE FOLLOWING METHODS:  
 FIELDS OBSERVATION, RECORDS REVIEW, AND/OR INTERVIEW WITH FACILITY REPRESENTATIVE

**Federal UST Questions - Release Detection (only complete applicable sections)**

	C1	C2	C3		
Specify method(s) of tank release detection used: (NOTE: Methods B&C and C&D can only be used for 10 years after a tank has been installed or upgraded) A. Automatic Tank Gauging (ATG) - answer questions 38-40, 56 B. Manual Tank Gauging (MTG) for tanks <=1000 gal. - answer questions 41-43, 56 E. Groundwater or Vapor Monitoring - answer questions 47-50, 56 F. Interstitial Monitoring - answer questions 51-52, 56 H. Statistical Inventory Reconciliation (SIR) - answer questions 55, 56	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A
	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B	<input type="checkbox"/> B
	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E
	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F
	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H
	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C
Specify second method of pressurized piping release detection used: (NOTE: "G. Automatic Line Leak Detector [ALLD]" is always required for pressurized piping) - answer questions 53-54, 56 C. Tightness Testing - answer questions 44-46, 56 E. Groundwater or Vapor Monitoring - answer questions 47-50, 56 F. Interstitial Monitoring - answer questions 51-52, 56 H. Statistical Inventory Reconciliation (SIR) - answer questions 55, 56	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C
	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E
	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F
	<input checked="" type="checkbox"/> G	<input checked="" type="checkbox"/> G	<input type="checkbox"/> G	<input type="checkbox"/> G	<input type="checkbox"/> G
	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H
	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C
Specify method of suction piping release detection used: (NOTE: safe [European] suction piping does not require RD - mark box "X") C. Tightness Testing - answer questions 44-46, 56 E. Groundwater or Vapor Monitoring - answer questions 47-50, 56 F. Interstitial Monitoring - answer questions 51-52, 56 H. Statistical Inventory Reconciliation (SIR) - answer questions 55, 56 X. Exempt Suction Piping, 56	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C
	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E
	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F	<input type="checkbox"/> F
	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H	<input type="checkbox"/> H
	<input type="checkbox"/> X	<input type="checkbox"/> X	<input checked="" type="checkbox"/> X	<input type="checkbox"/> X	<input type="checkbox"/> X
	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C	<input type="checkbox"/> C

**A. Automatic Tank Gauging (ATG)**

38. Is ATG on National Work Group on Leak Detection Evaluations (NWGLDE) list? Y / N					
39. Is ATG set up properly? Y / N / X (unable to confirm)					
40. Did ATG conduct test while tank contained routinely highest level of product? Y / N					

**B. Manual Tank Gauging (MTG)**

41. Is tank size appropriate for using MTG? (<= 1000 gal. only) Y / N					
42. Do records indicate that MTG method is being conducted correctly? Y/N					
43. Is MTG equipment capable of 1/8" measurement? Y / N					

**C. Tightness Testing**

	T	P	T	P	T	P	T	P	T	P
44. Is tightness testing method on National Work Group on Leak Detection Evaluations (NWGLDE) list? Y / N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
45. Is tightness testing conducted per manufacturer's instructions? (Compare test report with NWGLDE specifications for test method.) Y / N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
46. Is tightness testing conducted within the specified time frames for the following equipment? Y / 1 (tanks - not tested every 5 years) / 2 (pressurized piping - not tested annually) / 3 (non-exempt suction piping - not tested every 3 years)	<input type="checkbox"/> Y	<input type="checkbox"/> 1	<input type="checkbox"/> Y	<input type="checkbox"/> 1	<input type="checkbox"/> Y	<input type="checkbox"/> 1	<input type="checkbox"/> Y	<input type="checkbox"/> 1	<input type="checkbox"/> Y	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Federal UST Questions - Release Detection (continued)

C1 C2 C3

D. Inventory Control - not valid as release detection for EPA as of 12/22/2008										
E. Groundwater or Vapor Monitoring										
	T	P	T	P	T	P	T	P	T	P
47. Does owner have the site assessment report indicating location and number of vapor or groundwater monitoring wells? Y / N (answer '1' for questions 48-50)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
48. According to site assessment report, is groundwater always detectable in the monitoring well (i.e., never more than 20 feet from the ground surface)? Y / N / 1 (no report) / X (no groundwater monitoring wells)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X
49. Is vapor monitoring well not affected by high groundwater? Y / N / 1 (no report) / X (no vapor monitoring wells)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> X
50. Are wells properly designed and positioned? Y / N / 1 (no report)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1
F. Interstitial Monitoring										
51. Does secondary containment have integrity? Y / N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
52. Is the sensor properly positioned (piping only)? Y / N / X (manual monitoring)		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> X		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> X		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> X		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> X		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> X
G. Automatic Line Leak Detector (ALLD)										
53. Is automatic line leak detector (ALLD) present and operational? Y / N (not present) / 1 (not operational)										
54. Has annual functionality test of the ALLD been conducted, and are records available? Y / N (no test conducted) / 1 (no records)										
H. Statistical Inventory Reconciliation (SIR)										
55. Is SIR method on National Work Group on Leak Detection Evaluations (NWGLDE) list of release detection methods? Y / N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Federal UST Questions - Release Detection Monitoring										
56. Are tanks and piping monitored monthly for releases, and are records available (must have records for the two most recent consecutive months and for 8 of the last 12 months)? Y / N (no release detection present) / 1 (no monthly monitoring) / 2 (no records) / 3 (inadequate records) / X (exempt suction piping)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Federal UST Questions - Closure										
57. For tanks permanently closed within the last 3 years, was site assessment performed? Y / N / 1 (inadequate) / X (not applicable)	X		X		X					

COMMENTS (continue on separate paper if needed):

Regional notes or forms attached: 0 pages

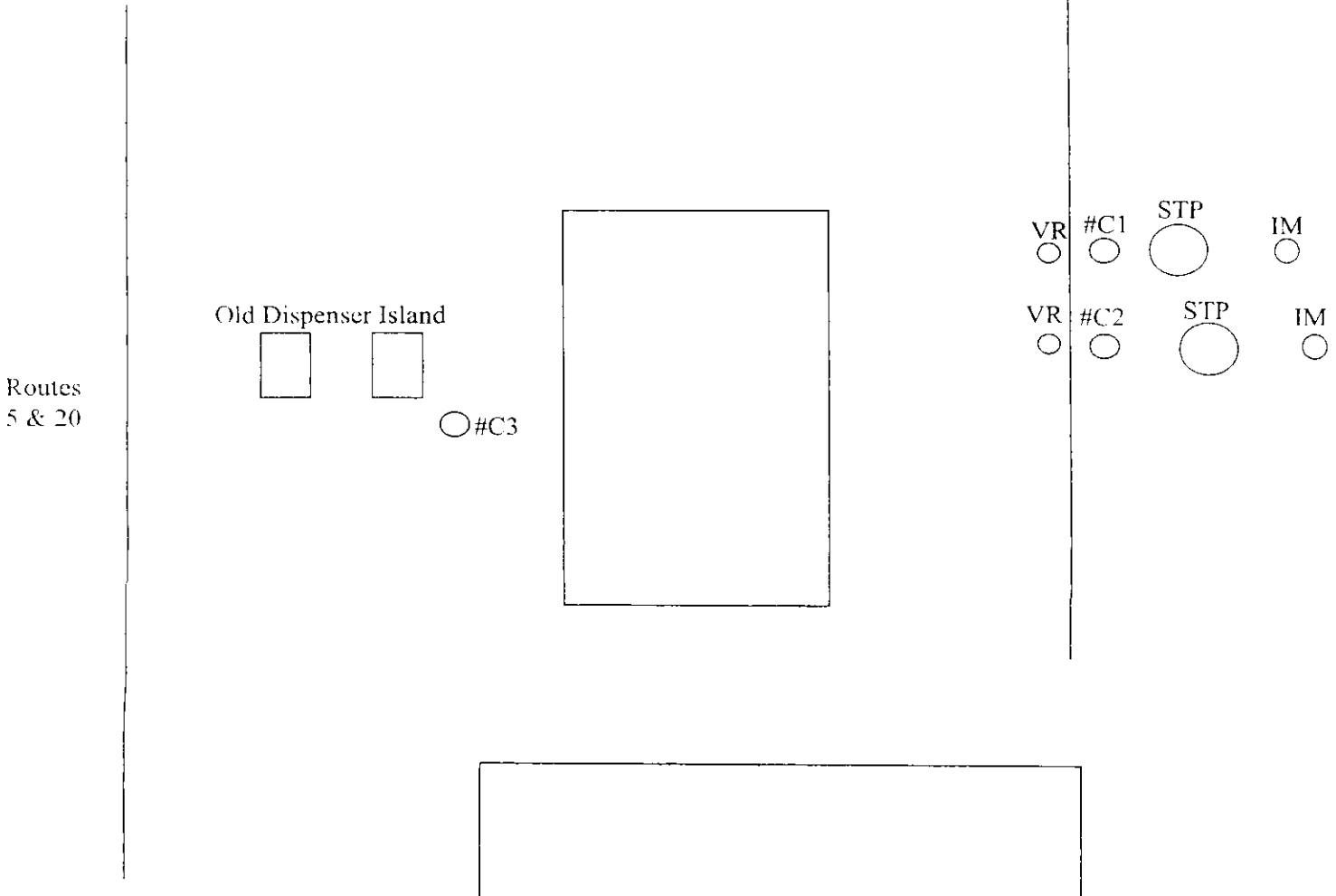
COMPLIANCE WITH REGULATORY REQUIREMENTS WAS ASSESSED VIA THE FOLLOWING METHODS:  
 FIELDS OBSERVATION, RECORDS REVIEW, AND/OR INTERVIEW WITH FACILITY REPRESENTATIVE

**PBS # 9-600317**  
**Valvo Convenience & Gas Inc**  
**Route 5 & 20**  
**Silver Creek, NY 14136**

**Inspection Notes:**

- All 3 tanks are temporarily out of service, have locks on the fills and are empty. All dispensers have been removed.
- Registration expired on April 18, 2012. Overdue registration fees are due. Piping leak detection needs to be listed on the application for tanks # C1, C2, and C3, which will exclude them from tank tightness testing
- Interstitial monitoring is not being done on any of the tanks
- Water in tanks # C1 and C2 tank top sumps
- Water in tanks # C1 and C3 fill port catch basins
- All 3 tanks need 614 tags
- Tank # C3 failed Cathodic protection testing on June 29, 2011. Anodes have yet to be replaced
- Tank # C3 has BFV with suction system. BFV needs to be replaced only if the tank is put back into service

**Site Diagram:**



**New York State Department of Environmental Conservation**

**Division of Environmental Remediation, Region 9**

270 Michigan Avenue, Buffalo, New York 14203-2915

Phone: (716) 851-7220 • Fax: (716) 851-7226

Website: [www.dec.ny.gov](http://www.dec.ny.gov)



Joe Martens  
Commissioner

March 27, 2012

Mr. Stephen Valvo  
Valvo Convenience & Gas, Inc.  
Routes 5 & 20  
P.O. Box 271  
Silver Creek, New York 14136

Dear Mr. Valvo:

Petroleum Bulk Storage (PBS) Program Facility  
Inspection - 6 NYCRR Parts 612-614  
PBS #9-425508  
Inspection #29315  
Valvo Convenience & Gas, Inc.  
351 Central Avenue  
Silver Creek, New York 14136

On March 21, 2012, I visited the above facility to determine compliance with New York State's Petroleum Bulk Storage regulations. The following violations were identified during that inspection and need immediate attention to bring this facility into compliance. Citations to the applicable regulations are noted in brackets and pertain to the tanks listed. A copy of the inspection checklist is enclosed for your reference.

The law requires that you comply fully with the PBS regulations. You must correct all of the violations noted below within the stated time frame and submit required documentation.

**Violations**

Dispensers #1/2 and #3/4  
**Shear valves** - Not anchored  
[Paragraph 613.3(c)(1)] and [NFPA No. 30A Section 4-3.6]

The shear valves at the above dispensers are not properly installed. Shear valves must be rigidly anchored to the island.

Underground tanks **#1 and #2**

**Maintenance of Spill Prevention Equipment** - tank top sumps  
[Subdivision 613.3(d)]

All equipment for spill prevention must be maintained in good working order. Tank top sumps must be kept clear of all liquids (water and product) and other debris. At the time of the inspection, there was a small amount of water in each of the sumps.

Underground tank **#3**

**Leak Monitoring for New Underground Tanks**  
[Section 614.5]

This tank was installed after December 27, 1986 and does not have a leak monitoring system. All new underground tanks installed after December 27, 1986 must have one of the following leak monitoring systems:

- (1) a double walled tank with monitoring of the interstitial (annular) space;
- (2) an in-tank monitoring system; or
- (3) an observation well or wells.

If the tank is double walled, only interstitial monitoring is acceptable. At the time of the inspection, interstitial monitoring was not being performed on this tank because the location of the interstitial port was not known.

Underground tanks **#1, #2 and #3**

**Labeling at New Underground Tanks**  
[Subdivision 614.3(a)]

The above tanks were installed after December 27, 1986 and do not have the appropriate labeling at the fill port. All new underground tanks installed after December 27, 1986 must bear a permanent label, stencil or plate which contains all of the information listed in Subparagraphs 614.3(a)(1)(i-vii). In addition, the label must contain the date of installation as per Paragraph 614.3(a)(2). The label must be readily visible to the carrier and may be imbedded in concrete, welded to the fill port, or otherwise permanently affixed.

Underground tanks **#1, #2 and #3**

**Interstitial Monitoring of Double Walled Tanks**  
[Subdivision 614.5(b)]

The above tanks are double walled and the interstitial space is not being monitored as required. If a double walled tank is used, the interstitial space must be monitored for tightness using pressure monitoring, vacuum monitoring, electronic monitoring or manual monitoring at least once per week. At the time of the inspection, interstitial monitoring records showed tanks #1 and #2 are being monitored monthly instead of weekly, and tank #3 is not being monitored at all.

Underground tanks #1, #2 and #3  
**Reconciliation of Inventory Records**  
[ECL 17-1007] and [Subdivision 613.4(d)]

Inventory records for the above tank have not been properly reconciled every ten (10) days. Every ten (10) days the cumulative losses or gains must be compared to 3/4 of 1% of the total ten day throughput, 3/4 of 1% of the total ten day deliveries or 3/4 of 1% of the total tank volume, whichever is largest. This is the allowable variance. The absolute value of the cumulative losses or gains should be less than the allowable variance calculated above.

**Federal Violations**

The following violations of EPA's Underground Storage Tank regulations (40 CFR Part 280) were identified during this inspection:

Underground tanks #1, #2 and #3  
**Cathodic Protection System Testing**  
[Part 280.31(b)(1)]

The cathodic protection systems for the above tanks have not been tested at least annually as required.

Pressurized piping associated with tanks #1 and #2  
**Pressurized Line Tightness Testing - Time period**  
[Part 280.41(b)(1)(ii)]

The pressurized piping associated with the above tanks has not been tightness tested annually as required.

Underground tanks #1 and #2  
**Automatic Line Leak Detector - Testing**  
[Part 280.44(a)]

The automatic line leak detectors at the above tanks have not been tested annually as required.

Underground tanks #3  
**Release Detection Records - No monitoring**  
[Part 280.45]

No release detection is being performed for the above tank.



### Corrective Actions

By **April 30, 2012**, you must submit the following documentation to this office:

1. Photographs showing that the shear valves at dispensers **#1/2 and #3/4** have been properly anchored.
2. Photographs showing that the tank top sumps for tanks **#1 and #2** have been cleaned out.
3. A work plan which includes a schedule for the installation of a leak monitoring system for tank **#3** or a schedule for the removal of this tank.
4. Photographs showing that the appropriate labels have been installed at the fill ports for tanks **#1, #2 and #3**.
5. Copies of at least three weeks worth of records showing that the interstitial spaces for tanks **#1, #2 and #3** have been monitored at least weekly.
6. Copies of at least thirty (30) days worth of properly reconciled inventory records for tanks **#1, #2 and #3**.
7. The results of cathodic protection monitoring performed on tanks **#1, #2 and #3** within the last twelve (12) months.
8. Results of pressurized line tightness testing performed on the piping for tanks **#1 and #2** within the last year.
9. A copy of line leak detector test results for tanks **#1 and #2** performed within the last twelve (12) months.
10. Documentation that an acceptable method of release detection has been performed on tank **#3** at least weekly for the period starting **April 2, 2012**.

The above documents and photographs may be submitted via email to [tjwalker@gw.dec.state.ny.us](mailto:tjwalker@gw.dec.state.ny.us).

As a result of these violations, you are subject to enforcement by this Department. Pursuant to Environmental Conservation Law Section 71-1929, you may be liable for a civil penalty of up to \$37,500 per day for each of the above noted violations. The violations identified *in this letter* require immediate attention. Delays in correcting the violations noted above will affect the amount of penalties for which you will be liable. In addition, under Environmental Conservation Law Section 71-1933, a person may be held criminally liable if any of the foregoing violations was the result of intentional, knowing or criminally negligent conduct.

Note that the inspection may not have disclosed all violations that exist at this site. You are responsible for ensuring that the entire facility is in compliance with applicable requirements.



Mr. Stephen Valvo  
March 27, 2012  
Page 5

If you have any questions, please contact me at (716) 851-7220 or email me at [tjwalker@gw.dec.state.ny.us](mailto:tjwalker@gw.dec.state.ny.us).

Sincerely,



Thomas J. Walker  
Environmental Technician I

TJW:sz

Enclosure



1. The first part of the document is a list of names and addresses.

**2. The second part of the document is a list of names and addresses.**

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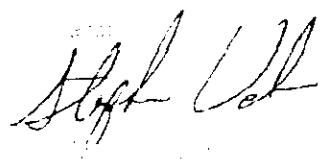
18. The eighteenth part of the document is a list of names and addresses.

19. The nineteenth part of the document is a list of names and addresses.

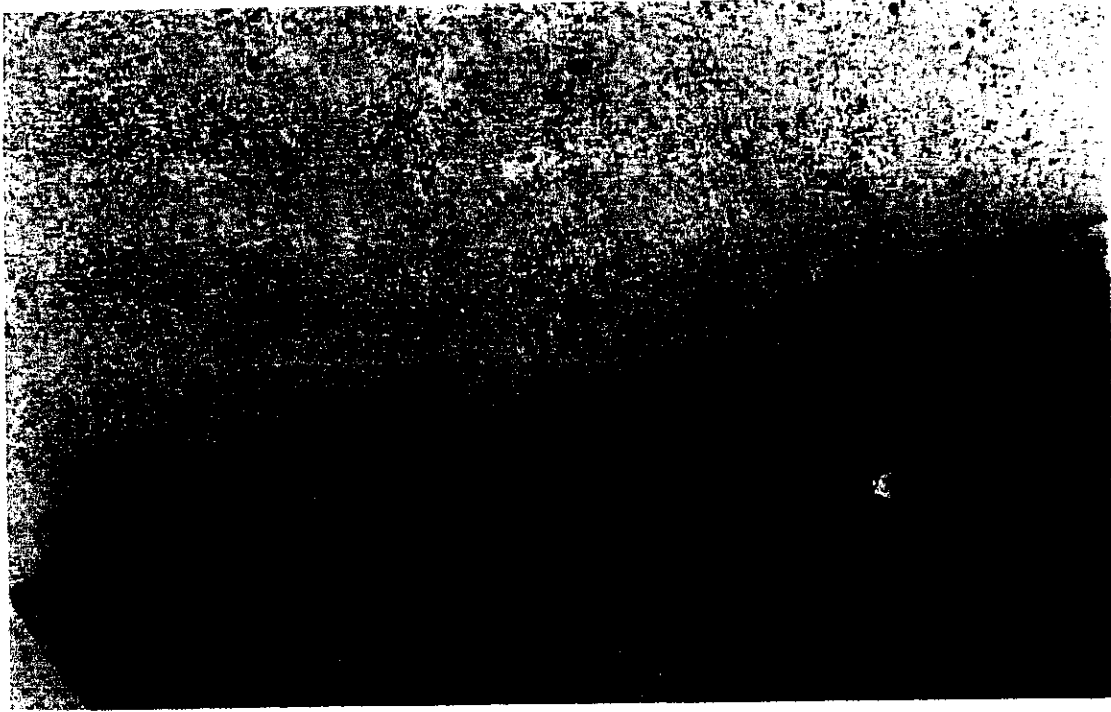
20. The twentieth part of the document is a list of names and addresses.

21. The twenty-first part of the document is a list of names and addresses.

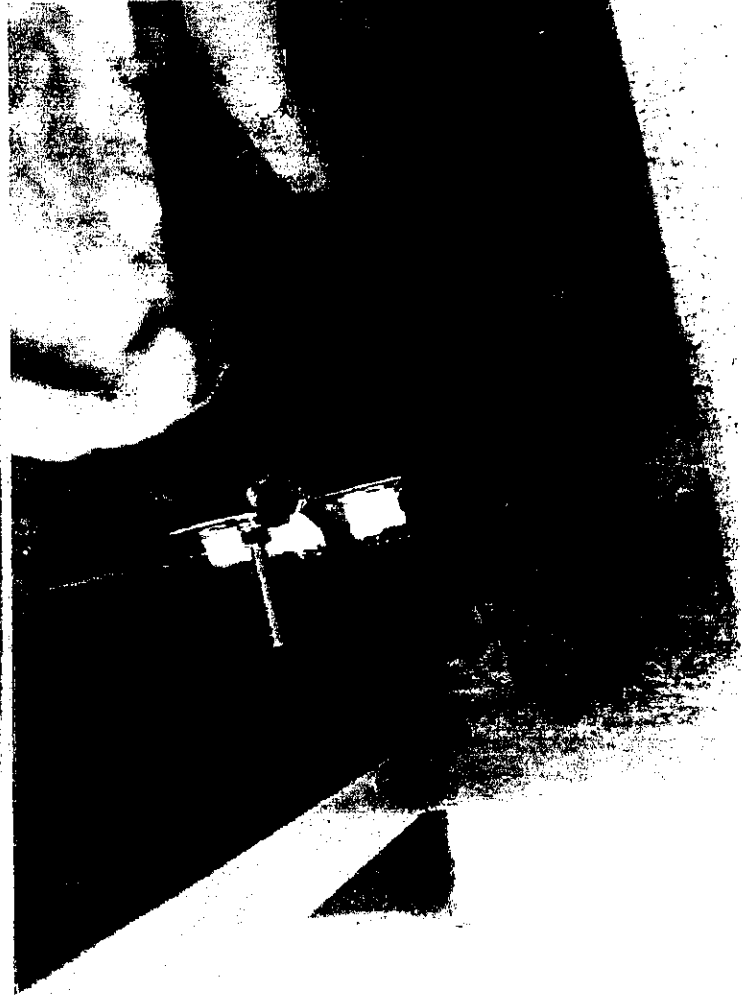
22. The twenty-second part of the document is a list of names and addresses.



Program # 141  
PBSD 9-12-5-08



William C. Brown # 1

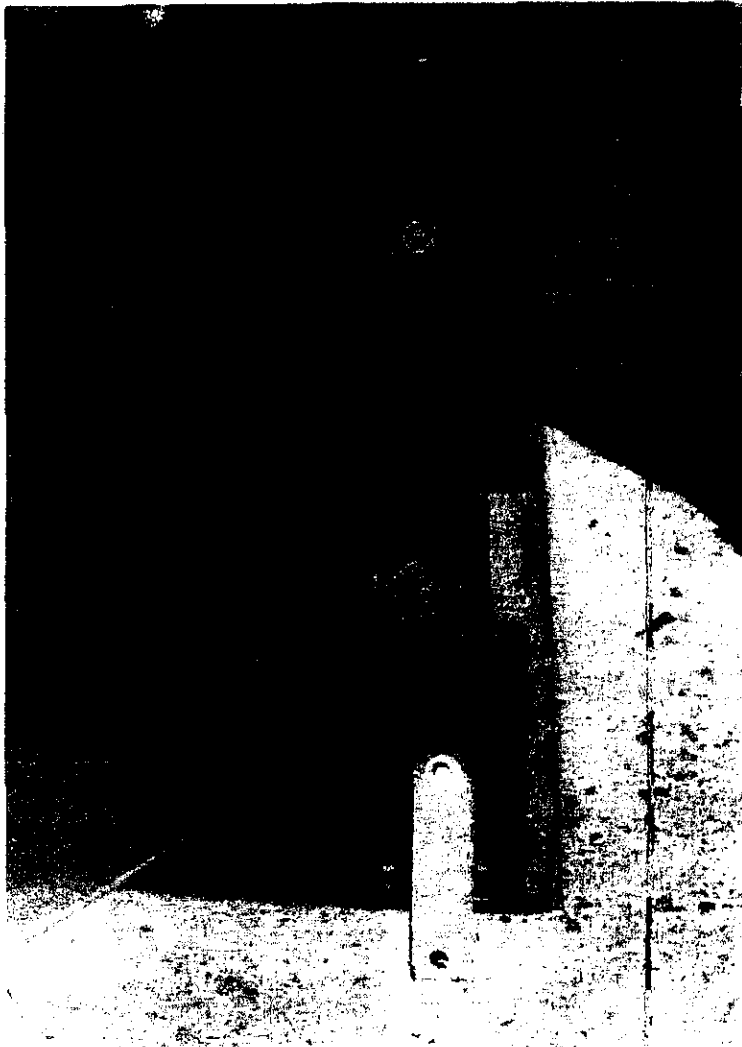


Plots #1 - 425, 108  
35. 10/10/10  
Sullivan Creek, N.Y.

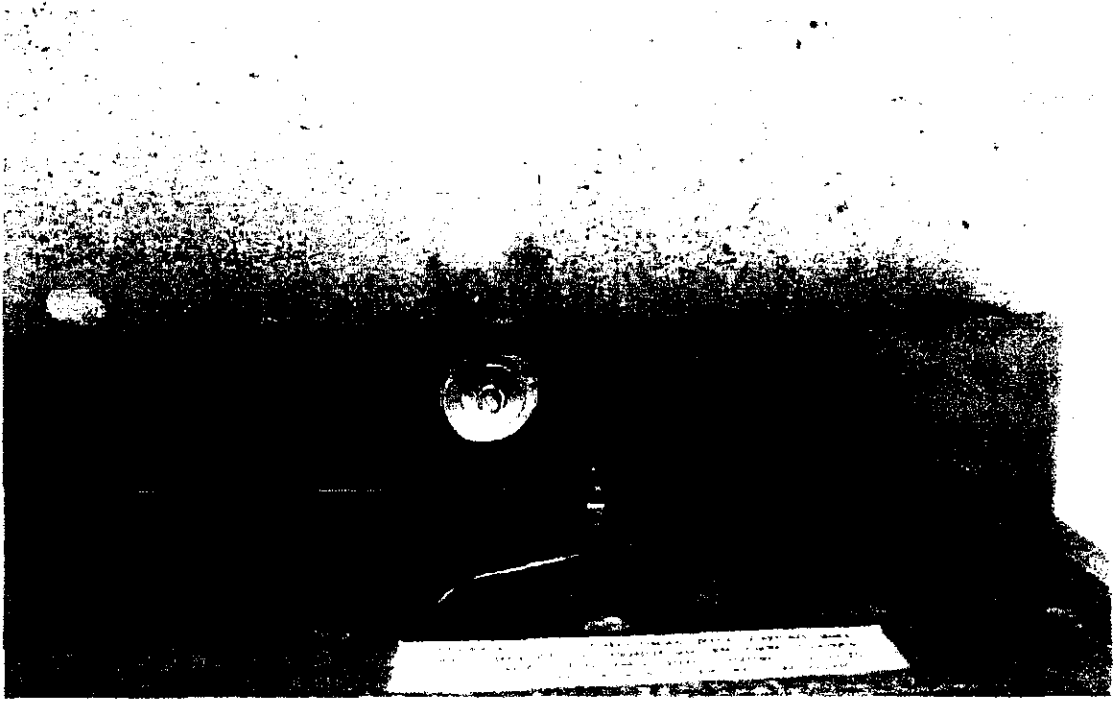
Plot #3



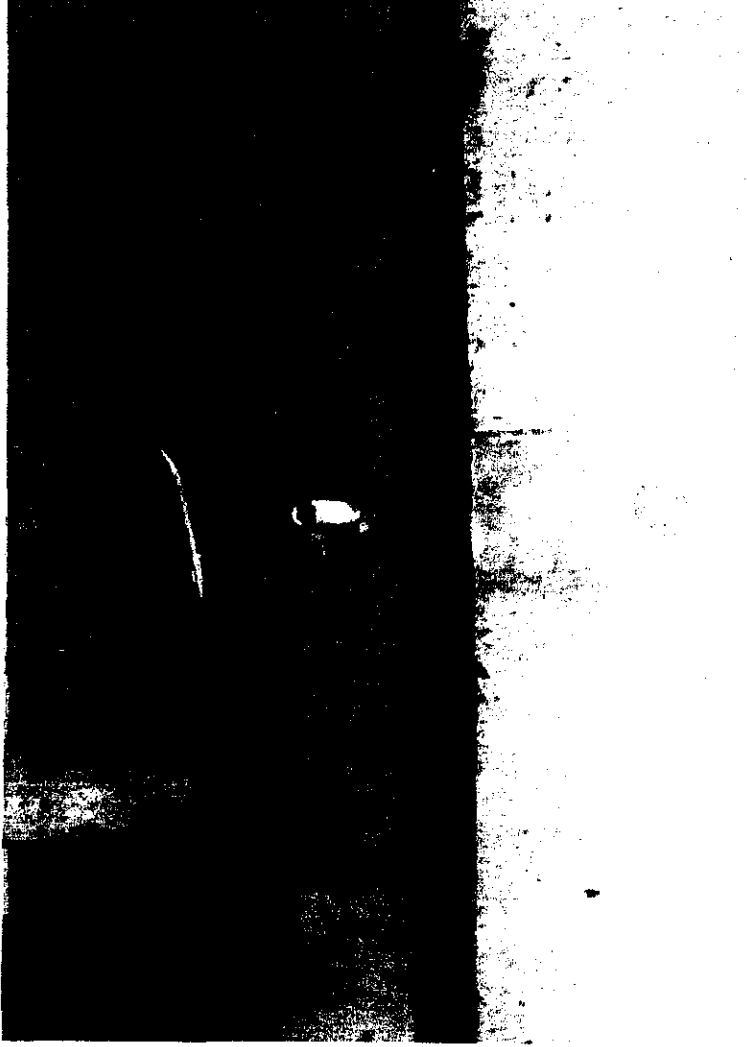
Plot #3



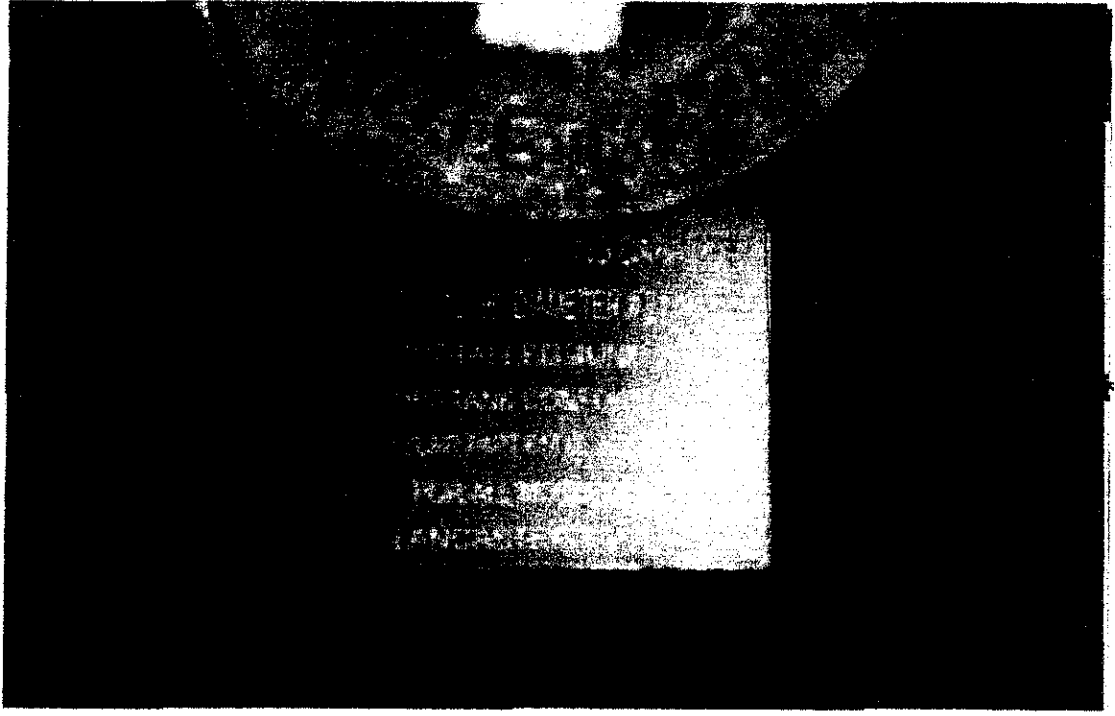
Discharge # 307  
PBS # 9. 425.08



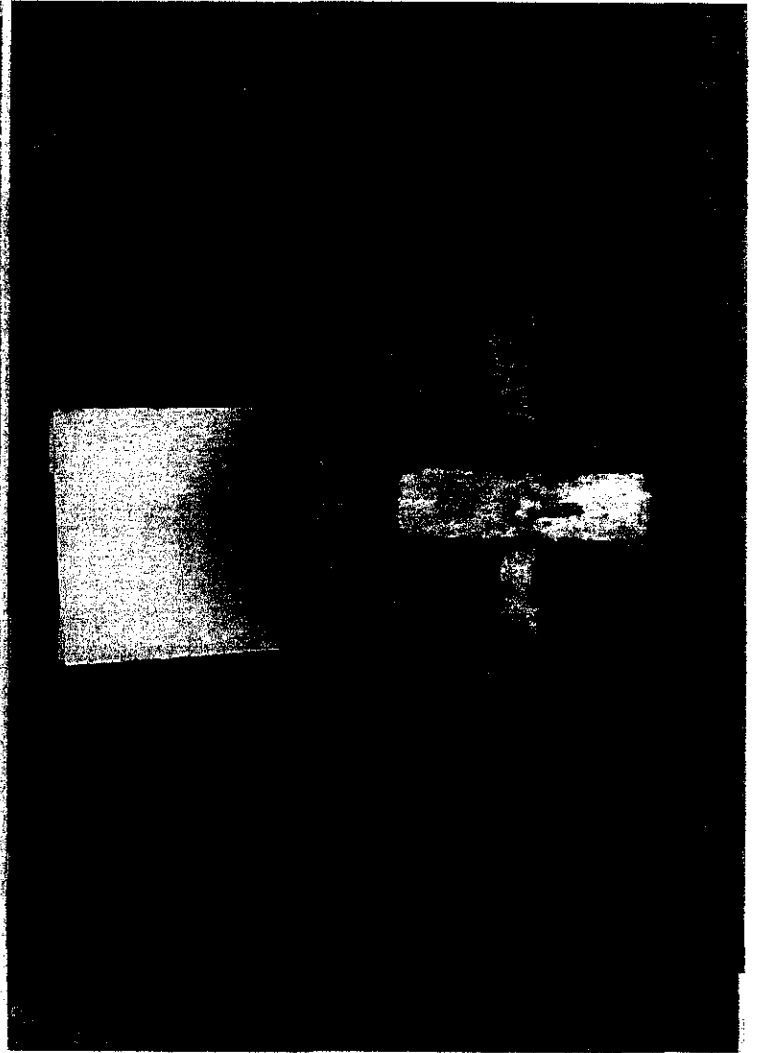
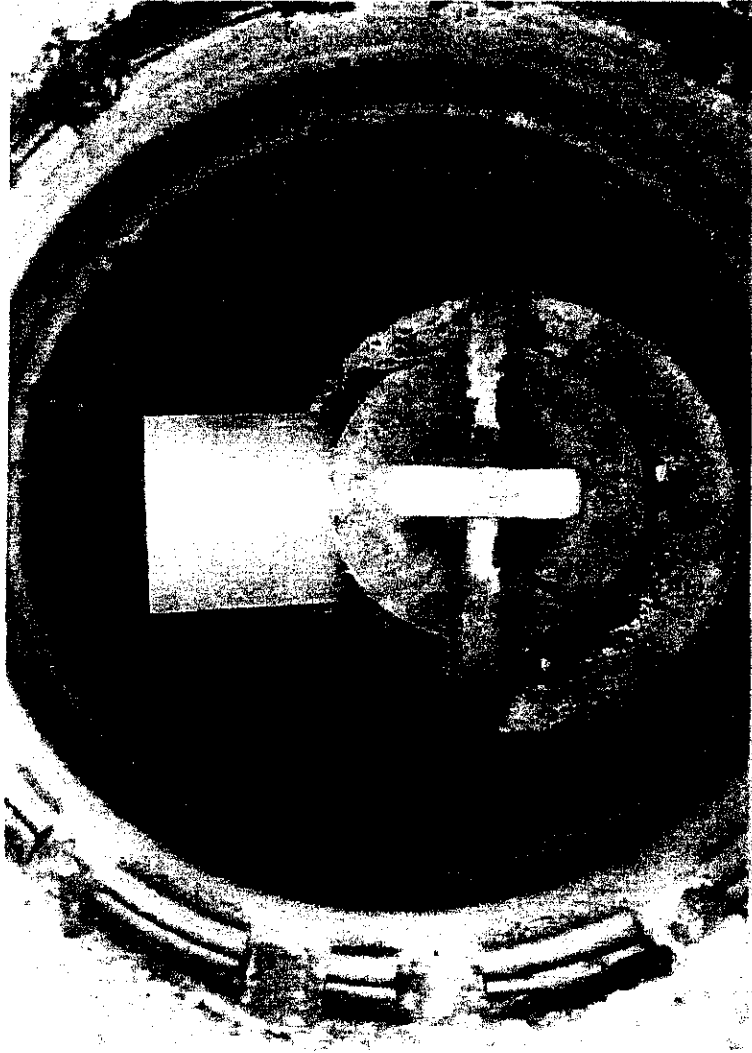
Discharge # 307  
#



Premium 1000  
257 Central Ave. Silver Spring, Md. 20910  
BB5 # 900425508



Case # 1000-1000



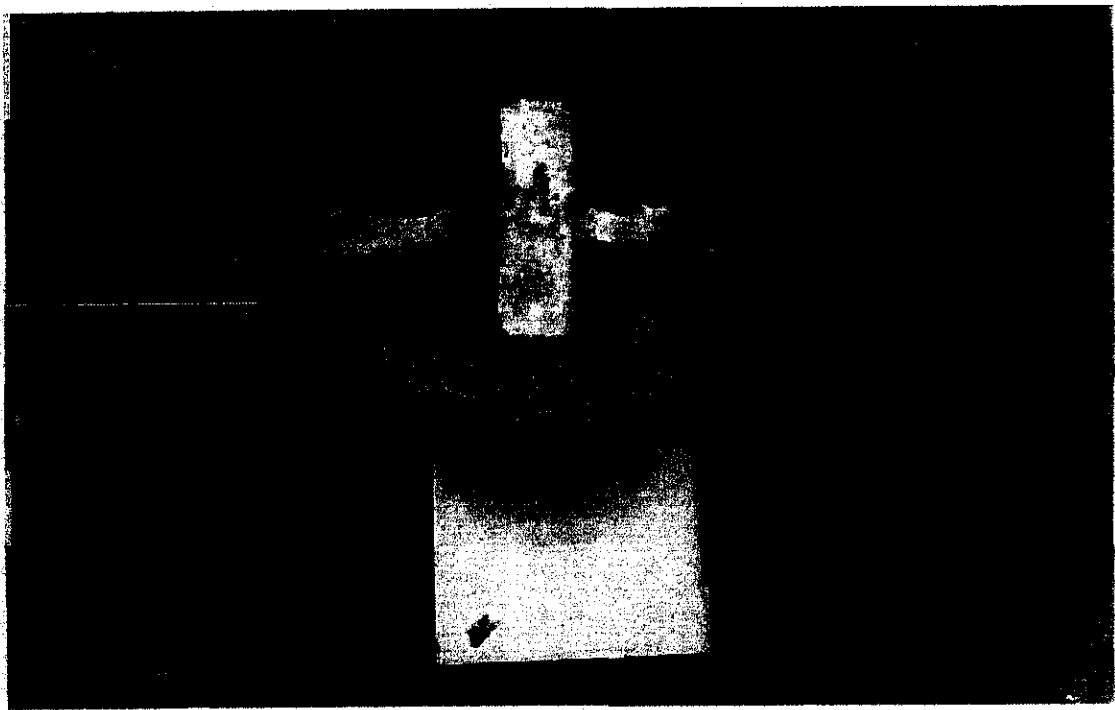
Premium Unloaded

351 Central Ave

Silver Creek, NY 14136

PBS # 9-425508

corrective action # 4

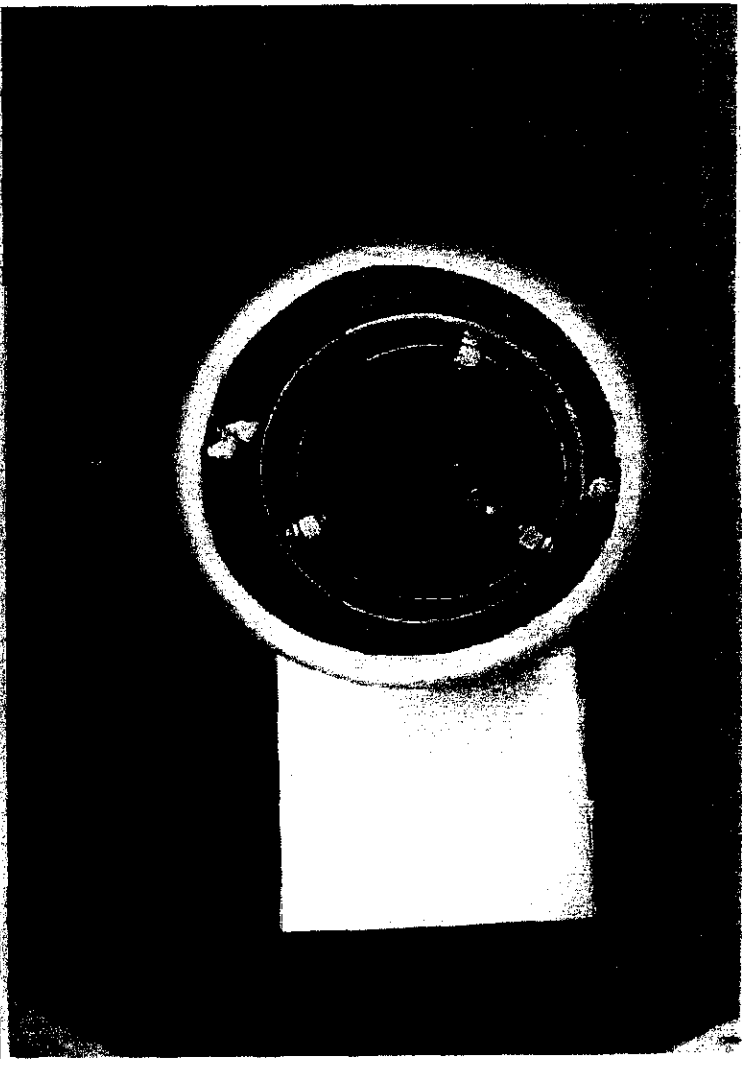
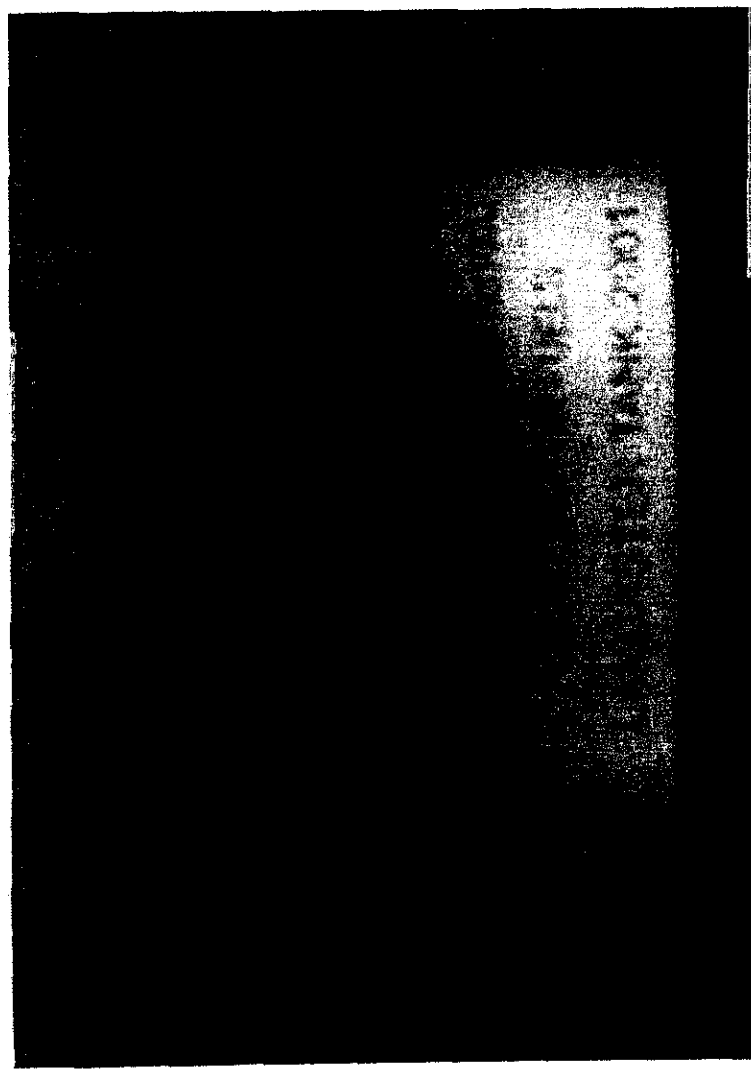




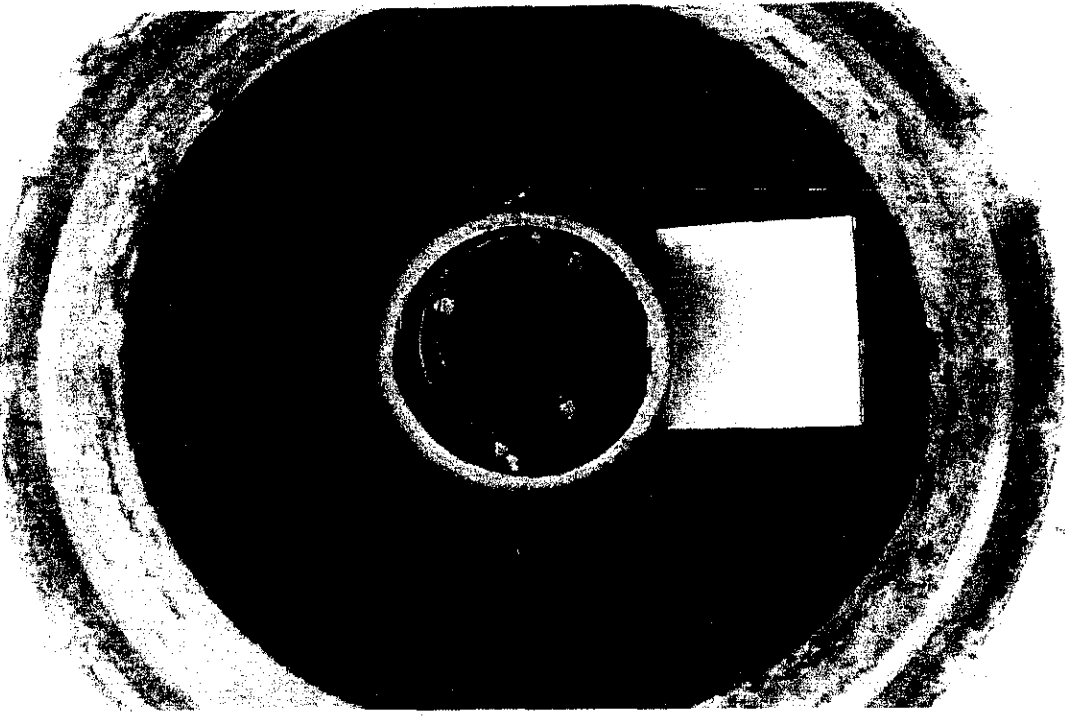
Unlabeled 351 Corning  
Rubber Chem. Co. NY  
14186  
PBS # 4255 ON



described in 14



Quart PB  
425-118



Quart section #4

1st section  
2nd section #11, 147

ready



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Journal of Neurological Rehabilitation, 1990

1990, 3(1): 1-10  
 ISSN 1078-3443  
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 Taylor & Francis Ltd.

Volume 3, Number 1

Editor  
 Dr. Robert G. Swainston  
 1000 University Ave.  
 Toronto, Ontario M5S 1A5

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 Dr. Robert G. Swainston  
 1000 University Ave.  
 Toronto, Ontario M5S 1A5

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99	Robert G. Swainston	Editorial
100	Robert G. Swainston	Editorial

United States Ordnance Requirements, Inc.

1000 Main Street  
 Silver Creek, N.Y. 13150

Order No. 100-1000

United States Ordnance, Inc.  
 1000 Main Street  
 Silver Creek, N.Y. 13150

Order Convenience & Gas. P.O.  
 681 Central Avenue  
 Silver Creek, N.Y. 13150

QTY	PRICE	DESCRIPTION	PRICE	UNIT	DISC %	EXTENDED
		40 W/10: Unified down dial gauge w/ manual cover and self pad. Starter & reset feature. Fine & regular threaded wump. Round & flat fixings. Fine. Need to excavate and refer from outline of arm.				
1		21 x 22" x .25" steel plate	\$3.00			\$3.00
1		21 x 22" x .25" steel plate	\$0.75			\$0.75
1		21 x 22" x .25" steel plate	\$2.00			\$2.00
1		21 x 22" x .25" steel plate	\$0.75			\$0.75
1		21 x 22" x .25" steel plate	\$0.00			\$0.00
1		hour - certified	\$80.00			\$80.00
1		hour - noncert	\$65.00			\$65.00
1		hour - certified	\$0.65			\$0.65
					SALES TAX FREIGHT SALES TAX TOTAL PRE TOTAL	
					BALANCE DUE	

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OFFICE OF THE ATTORNEY GENERAL  
STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

4000  
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1000  
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1000

STATE OF NEW YORK DEPARTMENT OF TAXATION  
INDIVIDUAL INCOME TAX

NAME JOHN J. RICHTER TAXPAYER'S SOCIAL SECURITY NUMBER 277 87 5400  
RESIDENCE ADDRESS 1436

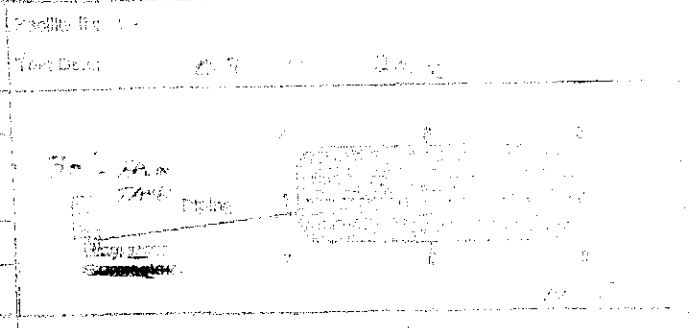
INCOME	ADJUSTMENTS	TOTAL INCOME	TAX
<u>1000</u>	<u>- 000</u>	<u>1000</u>	<u>0</u>

NAME JOHN J. RICHTER TAXPAYER'S SOCIAL SECURITY NUMBER 277 87 5400  
RESIDENCE ADDRESS 1436

NAME JOHN J. RICHTER TAXPAYER'S SOCIAL SECURITY NUMBER 277 87 5400  
RESIDENCE ADDRESS 1436

Computerized Leakage Test (CLT)

Name: James L. ...  
 Address: ...  
 Telephone: ...  
 Location: ...  
 Date: ...  
 Inspector: ...



Test Location	Test Size					Product	Rate	CFD	Distance
	1	2	3	4	5				
...						...	...	...	...
...						...	...	...	...

Test Location	Test Size					Product	Rate	CFD	Distance
	1	2	3	4	5				
...						...	...	...	...
...						...	...	...	...

Test Location	Test Size					Product	Rate	CFD	Distance
	1	2	3	4	5				
...						...	...	...	...
...						...	...	...	...

This report and form are for the use of the purchaser and manufacturer of all common types of techniques used to prevent corrosion of piping and tanks and are not to be used for the purpose of an electrical test as applied to buried piping and tank systems.

Name of Tester: ... NACE Certification: ...  
 Date: ...



STATE OF CALIFORNIA  
 DEPARTMENT OF WATER RESOURCES  
 DIVISION OF WATER CONTROL

ENVIRONMENTAL TEST CENTER  
 357 Central Ave.  
 Long Beach, CA

NAME: Blue Bay

ADDRESS: 10000 Blue Bay Dr  
Long Beach, CA 90804  
Long Beach, CA

TEST TYPE: Water Sampling  
 NUMBER: 357 Central Ave  
Long Beach, CA

TEST DATE: 10/10/88 TEST TIME: 11:30 AM

TYPE OF LOG DESCRIPTION TABLE

DEPTH (FEET)	LOG TYPE	DESCRIPTION	REMARKS	WATER SAMPLE	DEPTH (FEET)	WASS
0	Surface	Surface	Surface	Surface	0	Surface
1	Surface	Surface	Surface	Surface	1	Surface
2	Surface	Surface	Surface	Surface	2	Surface
3	Surface	Surface	Surface	Surface	3	Surface
4	Surface	Surface	Surface	Surface	4	Surface
5	Surface	Surface	Surface	Surface	5	Surface
6	Surface	Surface	Surface	Surface	6	Surface
7	Surface	Surface	Surface	Surface	7	Surface
8	Surface	Surface	Surface	Surface	8	Surface
9	Surface	Surface	Surface	Surface	9	Surface
10	Surface	Surface	Surface	Surface	10	Surface
11	Surface	Surface	Surface	Surface	11	Surface
12	Surface	Surface	Surface	Surface	12	Surface
13	Surface	Surface	Surface	Surface	13	Surface
14	Surface	Surface	Surface	Surface	14	Surface
15	Surface	Surface	Surface	Surface	15	Surface
16	Surface	Surface	Surface	Surface	16	Surface
17	Surface	Surface	Surface	Surface	17	Surface
18	Surface	Surface	Surface	Surface	18	Surface
19	Surface	Surface	Surface	Surface	19	Surface
20	Surface	Surface	Surface	Surface	20	Surface
21	Surface	Surface	Surface	Surface	21	Surface
22	Surface	Surface	Surface	Surface	22	Surface
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25	Surface	Surface	Surface	Surface	25	Surface
26	Surface	Surface	Surface	Surface	26	Surface
27	Surface	Surface	Surface	Surface	27	Surface
28	Surface	Surface	Surface	Surface	28	Surface
29	Surface	Surface	Surface	Surface	29	Surface
30	Surface	Surface	Surface	Surface	30	Surface
31	Surface	Surface	Surface	Surface	31	Surface
32	Surface	Surface	Surface	Surface	32	Surface
33	Surface	Surface	Surface	Surface	33	Surface
34	Surface	Surface	Surface	Surface	34	Surface
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37	Surface	Surface	Surface	Surface	37	Surface
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49	Surface	Surface	Surface	Surface	49	Surface
50	Surface	Surface	Surface	Surface	50	Surface

DEPARTMENT OF  
 TRANSPORTATION  
 WASHINGTON, D. C.

TRIP DATE 4-12-1952  
 Starting Point WASH DC

Service SEMPAC Peppermint Beach, Md.  
 Operator 887 Peppermint Beach  
 Date Apr 12 1952  
 Time 11:40 AM

Name W. H. ...  
 Address ...  
 Phone ...  
 City ...  
 State ...

Driver ...  
 Rate ...  
 Notes ...

TIME	STOP	FROM	TO	CLASS
11:40	WASH DC	...	...	...
12:45	...	...	...	...
1:00	...	...	...	...

TIME	STOP	FROM	TO	CLASS
...	...	...	...	...
...	...	...	...	...

TIME	STOP	FROM	TO	CLASS
...	...	...	...	...
...	...	...	...	...

TIME	STOP	FROM	TO	CLASS
...	...	...	...	...
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TIME	STOP	FROM	TO	CLASS
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TIME	STOP	FROM	TO	CLASS
...	...	...	...	...
...	...	...	...	...



1. The following table shows the results of a survey of 1000 people in a large city.

2. The table shows the results of a survey of 1000 people in a large city.

3. The table shows the results of a survey of 1000 people in a large city.

Age Group	Male	Female	Total
18-24	150	130	280
25-34	200	180	380
35-44	180	160	340
45-54	120	100	220
55-64	80	70	150
65+	50	40	90
<b>Total</b>	<b>780</b>	<b>720</b>	<b>1500</b>

4. The table shows the results of a survey of 1000 people in a large city.

Age Group	Male	Female	Total
18-24	100	90	190
25-34	150	140	290
35-44	120	110	230
45-54	80	70	150
55-64	50	40	90
65+	30	20	50
<b>Total</b>	<b>530</b>	<b>470</b>	<b>1000</b>

5. The table shows the results of a survey of 1000 people in a large city.

Age Group	Male	Female	Total
18-24	120	110	230
25-34	180	170	350
35-44	150	140	290
45-54	100	90	190
55-64	60	50	110
65+	40	30	70
<b>Total</b>	<b>550</b>	<b>550</b>	<b>1100</b>

6. The table shows the results of a survey of 1000 people in a large city.

Age Group	Male	Female	Total
18-24	130	120	250
25-34	190	180	370
35-44	160	150	310
45-54	110	100	210
55-64	70	60	130
65+	50	40	90
<b>Total</b>	<b>610</b>	<b>690</b>	<b>1300</b>

Station

4-1-12

Henry Cavendish Bldg #6

Time	From	To	Apr	Apr
77 1/2	420411	2176	420411	421551
15 00	670110	8312	657671	657671
30 1/2	555233	2016	166392	167512
31 1/2	640100	3212	640100	642545
30 1/2	3156631	3012	3156631	319123
658		658		658
① 0	③ 15.59	⑤ 0	① 10.88	③ 21.50
② 9.66	④ 14.36		② 0	④ 55.09

Time	From	To	Apr	Apr
77 1/2	420411	2176	420411	421551
15 00	670110	8312	657671	657671
30 1/2	555233	2016	166392	167512
31 1/2	640100	3212	640100	642545
30 1/2	3156631	3012	3156631	319123
658		658		658
① 0	③ 15.59	⑤ 0	① 10.88	③ 21.50
② 9.66	④ 14.36		② 0	④ 55.09



4-2-12

17, 10, 103

27	4319.57	27	1851.17	27	4221.10
1560	1876.71	1851.17	1851.17	850	6891.31
30	1125.59	1876.71	1876.71	27	871.22
3216	4426.54	27	2775	40	64460.70
3076	3194.55	658	658	658	31912.83
658					

27 19.01 10.40 10.01

27 12 10.72

27	1851.17	1876.71	27	4221.10
1851.17	1876.71	27	850	6891.31
1876.71	27	871.22	40	64460.70
27	2775	40	658	31912.83
658				

27 19.01 10.40 10.01

27 12 10.72

27	1851.17	1876.71	27	4221.10
1851.17	1876.71	27	850	6891.31
1876.71	27	871.22	40	64460.70
27	2775	40	658	31912.83
658				

27 19.01 10.40 10.01

27 12 10.72









UNITED STATES DEPARTMENT OF COMMERCE  
BUREAU OF ECONOMIC ANALYSIS  
WASHINGTON, D. C. 20540

FORM NO. 101 (REV. 1-65)  
SCHEDULE A (REV. 1-65)  
ROLL OVER

UNITED STATES DEPARTMENT OF COMMERCE  
BUREAU OF ECONOMIC ANALYSIS  
WASHINGTON, D. C. 20540

FORM NO. 101 (REV. 1-65)  
SCHEDULE A (REV. 1-65)  
ROLL OVER

UNITED STATES DEPARTMENT OF COMMERCE  
BUREAU OF ECONOMIC ANALYSIS  
WASHINGTON, D. C. 20540

UNITED STATES DEPARTMENT OF COMMERCE  
BUREAU OF ECONOMIC ANALYSIS  
WASHINGTON, D. C. 20540

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WASHINGTON, D. C. 20540

UNITED STATES DEPARTMENT OF COMMERCE  
BUREAU OF ECONOMIC ANALYSIS  
WASHINGTON, D. C. 20540











36706  
11/11/11

2201

DATE	DESCRIPTION	AMOUNT	DATE	DESCRIPTION	AMOUNT	TOTAL
2/3		1477	11/16		1477	1477
4/1		3216.38	12/13		3216.38	4693.38
4/9/12		65494.67	1/5/11		65494.67	132273.83
19/2						
368						368

1/2 15 25 3 31 57 5 ✓

2 3 15 4 23 73

11/11/11

64431.00

744.20

6984.65

3216.38

65494.67

32273.83

21.32

15.43

2

20

DATE	DESCRIPTION	AMOUNT	DATE	DESCRIPTION	AMOUNT

DATE	DESCRIPTION	AMOUNT	DATE	DESCRIPTION	AMOUNT

4-12-72  
 Mendenhall  
 4-12-72  
 Mendenhall

LINE	DATE	AMOUNT	DESCRIPTION	DEBIT	CREDIT	BALANCE
23	4473188	2217.44				2217.44
41	6164165	1987.69				4205.13
	3370.38		Out of Service			
	49676549167	17.35				4222.48
	9123222383	368.00				4590.48

LINE	DATE	AMOUNT	DESCRIPTION	DEBIT	CREDIT	BALANCE
1	1-12-63	311.00				311.00
2	2-16-61	4.00				315.00

LINE	DATE	AMOUNT	DESCRIPTION	DEBIT	CREDIT	BALANCE
1						
2						
3						
4						
5						

LINE	DATE	AMOUNT	DESCRIPTION	DEBIT	CREDIT	BALANCE
1						
2						
3						
4						
5						

19110507

DATE	DESCRIPTION	AMOUNT	DATE	DESCRIPTION	AMOUNT	DATE	DESCRIPTION	AMOUNT
11/20/11	1069.91	2013	14496.45	1718.4	12/12/11	19474.12		
11/21/11	7006.38	1288	7636.01	1288	12/16/11	1016.99		
11/23/11	3310.38	14	3218.74	3973	12/16/11	3816.49		
11/24/11	5499.07	1508	6553.81	4905	12/16/11	6368.77		
11/25/11	5295.07	14	32306.10	19	12/16/11	32306.15		
11/26/11	366	300		365	12/16/11	368		
12/12/11	641	856	1030		12/16/11	9755	120	
12/13/11	2960	93814			12/16/11	9790		
TOTAL								

DATE	DESCRIPTION	AMOUNT	DATE	DESCRIPTION	AMOUNT
12/12/11			12/12/11		
12/13/11			12/13/11		
12/14/11			12/14/11		
12/15/11			12/15/11		
12/16/11			12/16/11		
12/17/11			12/17/11		
12/18/11			12/18/11		
12/19/11			12/19/11		
12/20/11			12/20/11		
12/21/11			12/21/11		
12/22/11			12/22/11		
12/23/11			12/23/11		
12/24/11			12/24/11		
12/25/11			12/25/11		
12/26/11			12/26/11		
12/27/11			12/27/11		
12/28/11			12/28/11		
12/29/11			12/29/11		
12/30/11			12/30/11		
12/31/11			12/31/11		
TOTAL			TOTAL		

SCOTT 6.2

4/10/12

1108

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
10/17	4019.12	10/17	4030.32	10/17	4483.75	10/17	4483.75
3912	1046.75	10/17	7196.48	10/17	1581	10/17	1033.14
4888	3816.45	10/17	3240.52	10/17	28	10/17	3419.43
19	5210.51	10/17	4522.65	10/17	4033	10/17	58105.22
3658	3202.14	10/17	32306.14	10/17	19	10/17	31300.18
		10/17	368	10/17	368	10/17	
		10/17	444.01	10/17	243	10/17	58.71
		10/17	59.47	10/17		10/17	

10/17 1.90 10/17 444.01 10/17 243 10/17 58.71 (9) 45  
 10/17 368 10/17 59.47 10/17 368 10/17 41537

Page 1  
11/08/12

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT

Page 2  
11/08/12

Page 3  
11/08/12

4/15/11

1000

DATE	DESCRIPTION	AMOUNT	BALANCE	DATE	DESCRIPTION	AMOUNT	BALANCE
12/12	4433.16	22,270.74	7483.76	2/27	4483.15	4483.15	4483.15
1/28	7071.89	1387.85	7071.89	3/21	1046.99	1046.99	1046.99
2/8	3911.41	37.5	3911.41	3/1	101.24	101.24	101.24
4/30	1570.56	423.4	6512.50	3/17	2276	2276	2276
1/9	26305.6	18	32532.67	18	2323.85	2323.85	2323.85
3/28	378	378	378	3/2	302	302	302

① 0 (4) 37.74 (5) 16.87 (6) 80 (7) 826.00 (8) 1  
 ② 1 (4) 146.41 (5) 1306.2

DATE	DESCRIPTION	AMOUNT	BALANCE
1/22	1587	1587	1587
2/12	5172	5172	5172
3/19	18	18	18
3/27	342	342	342

DATE	DESCRIPTION	AMOUNT	BALANCE
1/22	1587	1587	1587
2/12	5172	5172	5172
3/19	18	18	18
3/27	342	342	342

7/11/16

Siott

Available

DATE	DESCRIPTION	AMOUNT	BALANCE	DATE	DESCRIPTION	AMOUNT	BALANCE
7-12	4000	4000	4000	7-24	4483.27	8483.27	8483.27
7-27	7006.59	1197	7006.59	7-27	2046.99	4959.60	4959.60
7-27	257.25	36	257.25	7-27	3766.08	1182.52	1182.52
7-27	1333.00	1333	1333.00	7-27	6554.34	4428.02	4428.02
7-27	332.00	1666	332.00	7-27	3286.70	1141.32	1141.32
7-27	342	291	342			291	291
7-27	359	138.99	359	7-27	106.30	194.69	194.69
7-27	4-12.91	16.66	4-12.91	7-27	98.36	95.83	95.83

DATE	DESCRIPTION	AMOUNT	BALANCE
7-27	4000	4000	4000
7-27	7006.59	1197	7006.59
7-27	257.25	36	257.25
7-27	1333.00	1333	1333.00
7-27	332.00	1666	332.00
7-27	342	291	342
7-27	359	138.99	359
7-27	4-12.91	16.66	4-12.91

Sum  
 Finish  
 75-000000

DATE	DESCRIPTION	AMOUNT	BALANCE
7-27	4000	4000	4000
7-27	7006.59	1197	7006.59
7-27	257.25	36	257.25
7-27	1333.00	1333	1333.00
7-27	332.00	1666	332.00
7-27	342	291	342
7-27	359	138.99	359
7-27	4-12.91	16.66	4-12.91

Sum  
 Finish  
 75-000000







21-1-12

2: Name

Volume?

Time Called	Time Called	Time Called	Time Called	Time Called	Time Called	Time Called
Employee	Employee	Employee	Employee	Employee	Employee	Employee
4597.70	4597.70	4597.70	4597.70	4597.70	4597.70	4597.70
17160.57	17160.57	17160.57	17160.57	17160.57	17160.57	17160.57
4302.14	4302.14	4302.14	4302.14	4302.14	4302.14	4302.14
620390.97	620390.97	620390.97	620390.97	620390.97	620390.97	620390.97
23526.14	23526.14	23526.14	23526.14	23526.14	23526.14	23526.14

4.80 91.48 26.93 5.94 71.80 33.73

118.82 9.47 73.52

Time Called	Time Called	Time Called	Time Called	Time Called	Time Called	Time Called
Employee	Employee	Employee	Employee	Employee	Employee	Employee
3.00	3.00	3.00	3.00	3.00	3.00	3.00
13.00	13.00	13.00	13.00	13.00	13.00	13.00
1.00	1.00	1.00	1.00	1.00	1.00	1.00

Time Called 2:00 2:00 2:00 2:00 2:00 2:00

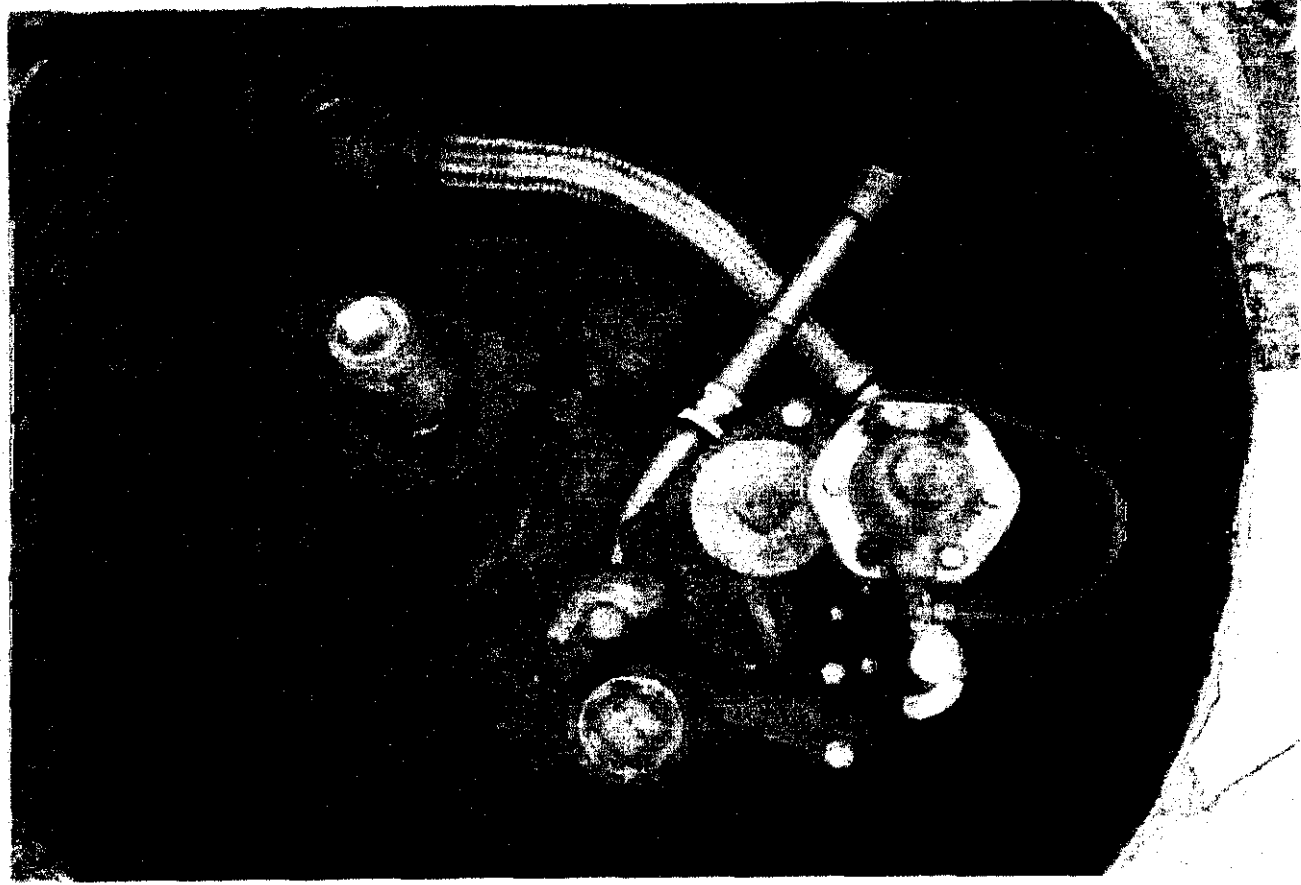
Time Called	Time Called	Time Called	Time Called	Time Called	Time Called	Time Called
Employee	Employee	Employee	Employee	Employee	Employee	Employee
3.00	3.00	3.00	3.00	3.00	3.00	3.00
13.00	13.00	13.00	13.00	13.00	13.00	13.00
1.00	1.00	1.00	1.00	1.00	1.00	1.00

Time Called 2:00 2:00 2:00 2:00 2:00 2:00

27 56 11

9-28-53 # 9-4255-3A

351. Caribbean  
S. L. Caribbean 1976



Unfinished Soap



Finished Unfinished Soap

**PAUL A. CHIARAVALLOTI, ESQ.**

---

1967 WEHRLE DRIVE, SUITE 1  
WILLIAMSVILLE, NEW YORK 14221

July 13, 2012

Paul Sacker, Inspector  
U.S. Environmental Protection Agency  
290 Broadway, 20<sup>th</sup> Floor  
New York, NY 10007-1866

**Re: Valvo Case**

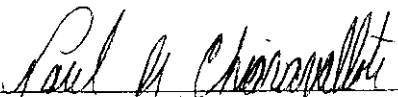
U.S. ENVIRONMENTAL  
PROTECTION AGENCY  
2012 JUL 16 PM 3:44  
DECA-RCB-UST

Dear Mr. Sacker:

Per the request of Beverly Kolenberg, Esq., enclosed herewith are photos and written documentation regarding recent work performed on the Valvo property.

Your attention to this matter is appreciated.

Very truly yours,

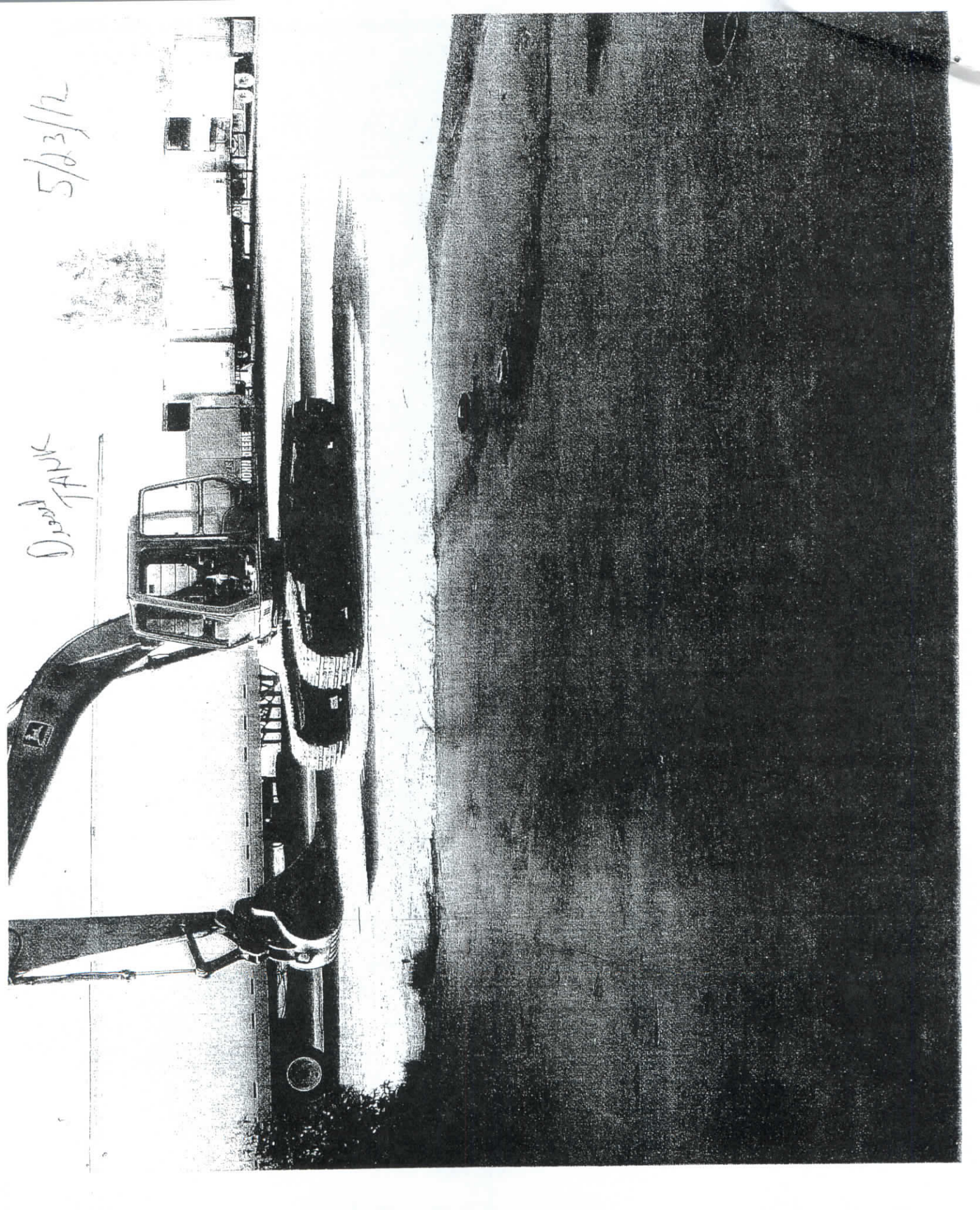
  
\_\_\_\_\_  
Paul A. Chiaravalloti, Esq.

PAC/mls  
enclosure  
cc: Stephen M. Valvo



5/23/12

Diesel TANK



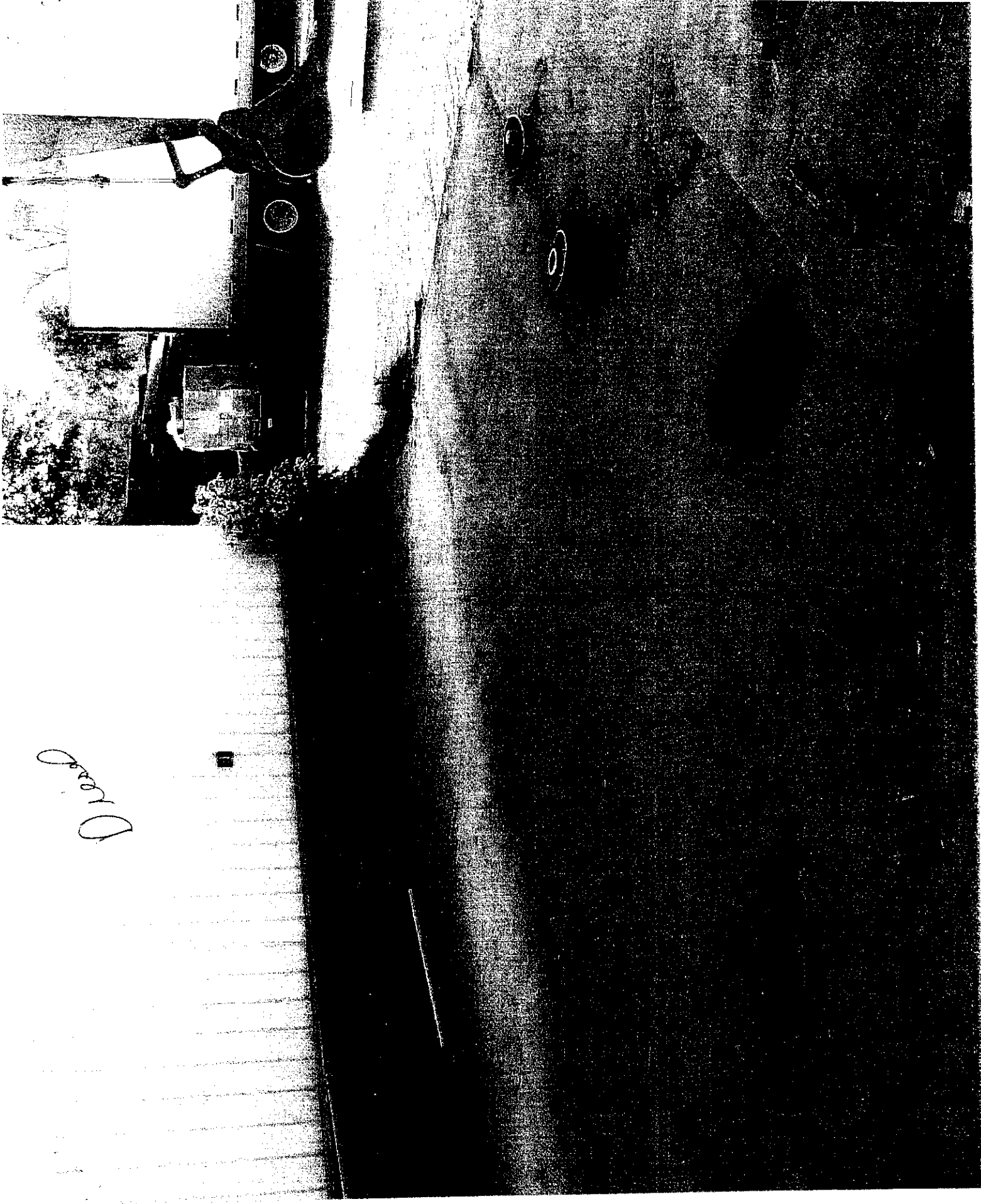




Diesel

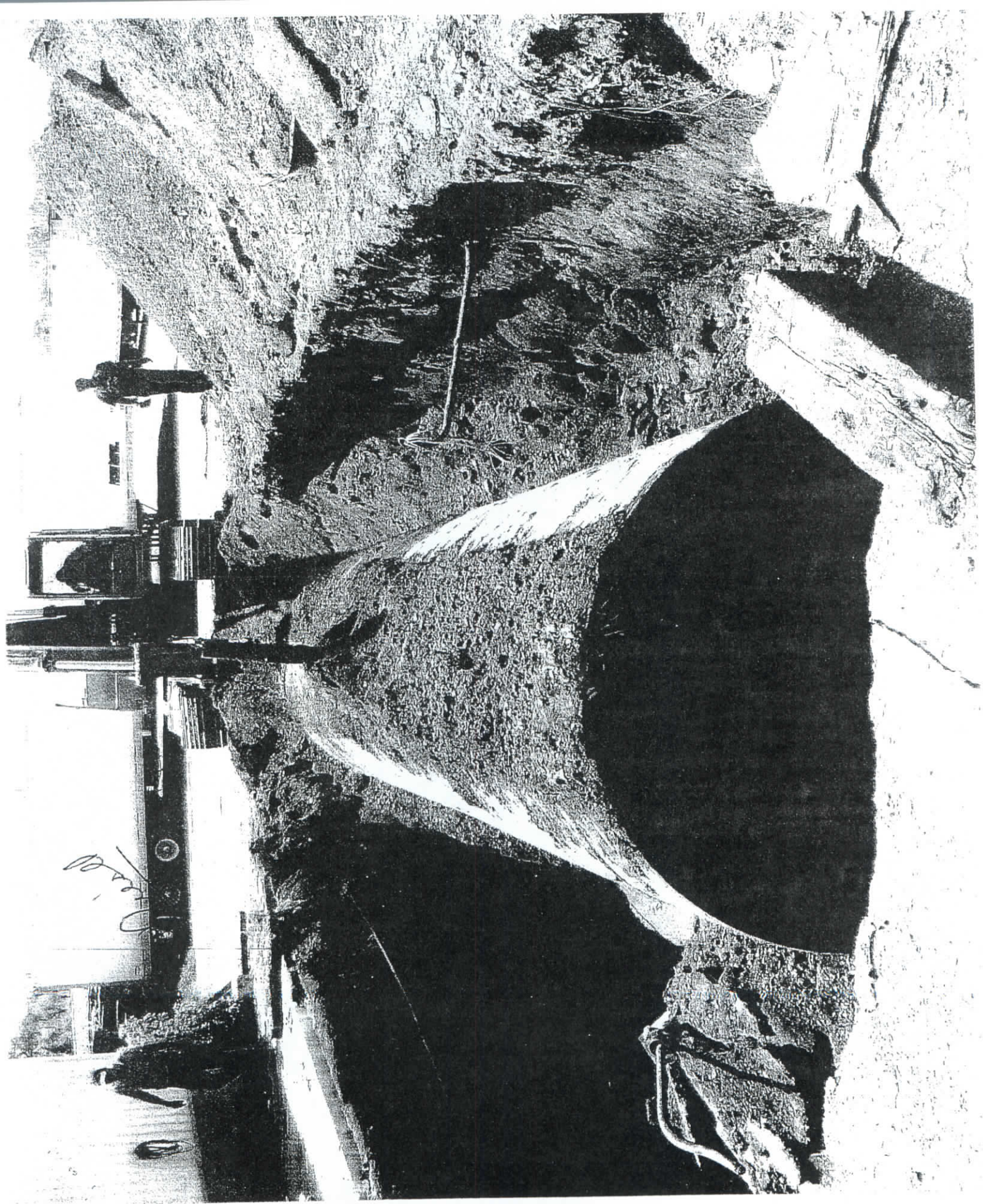






*David*

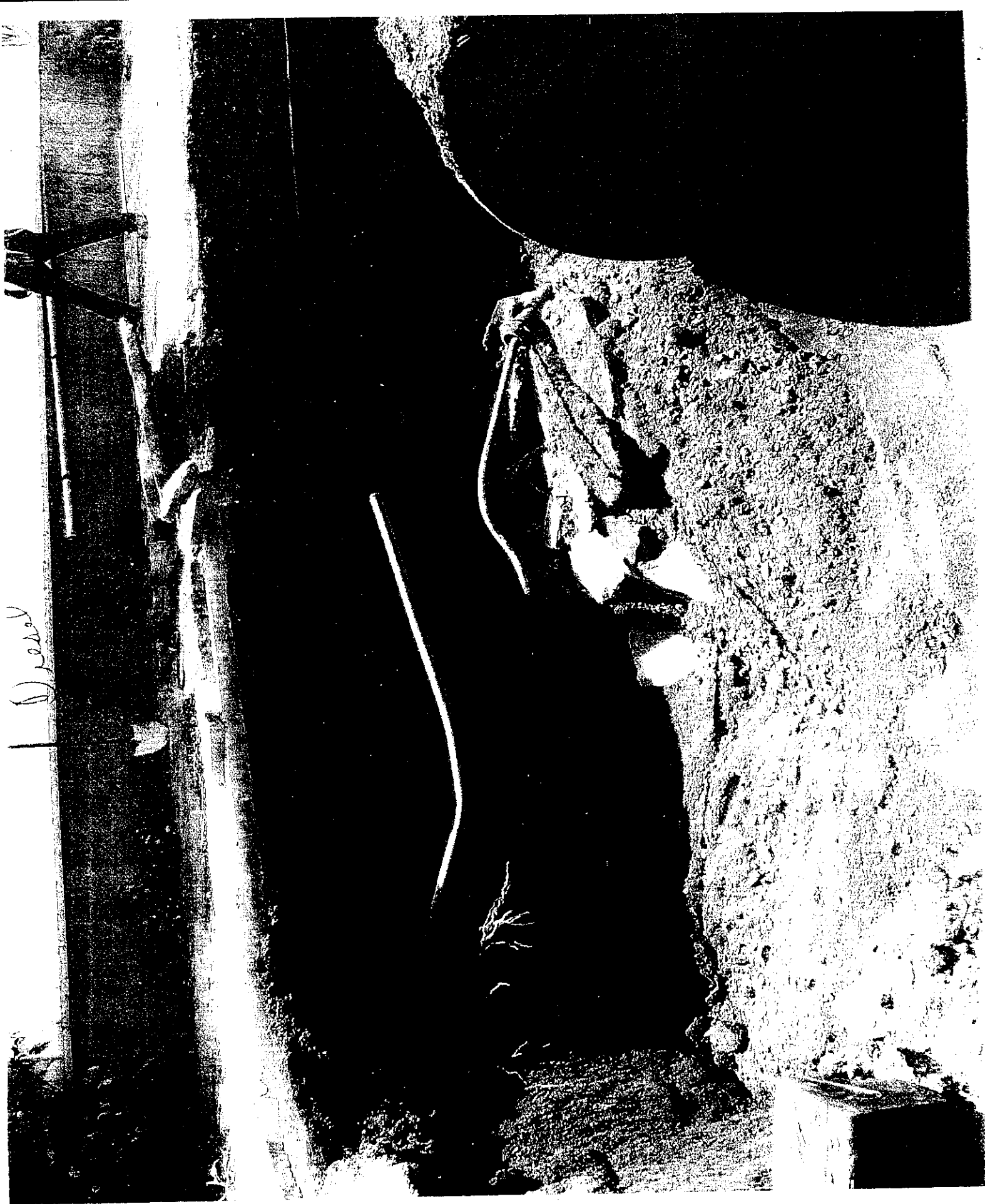




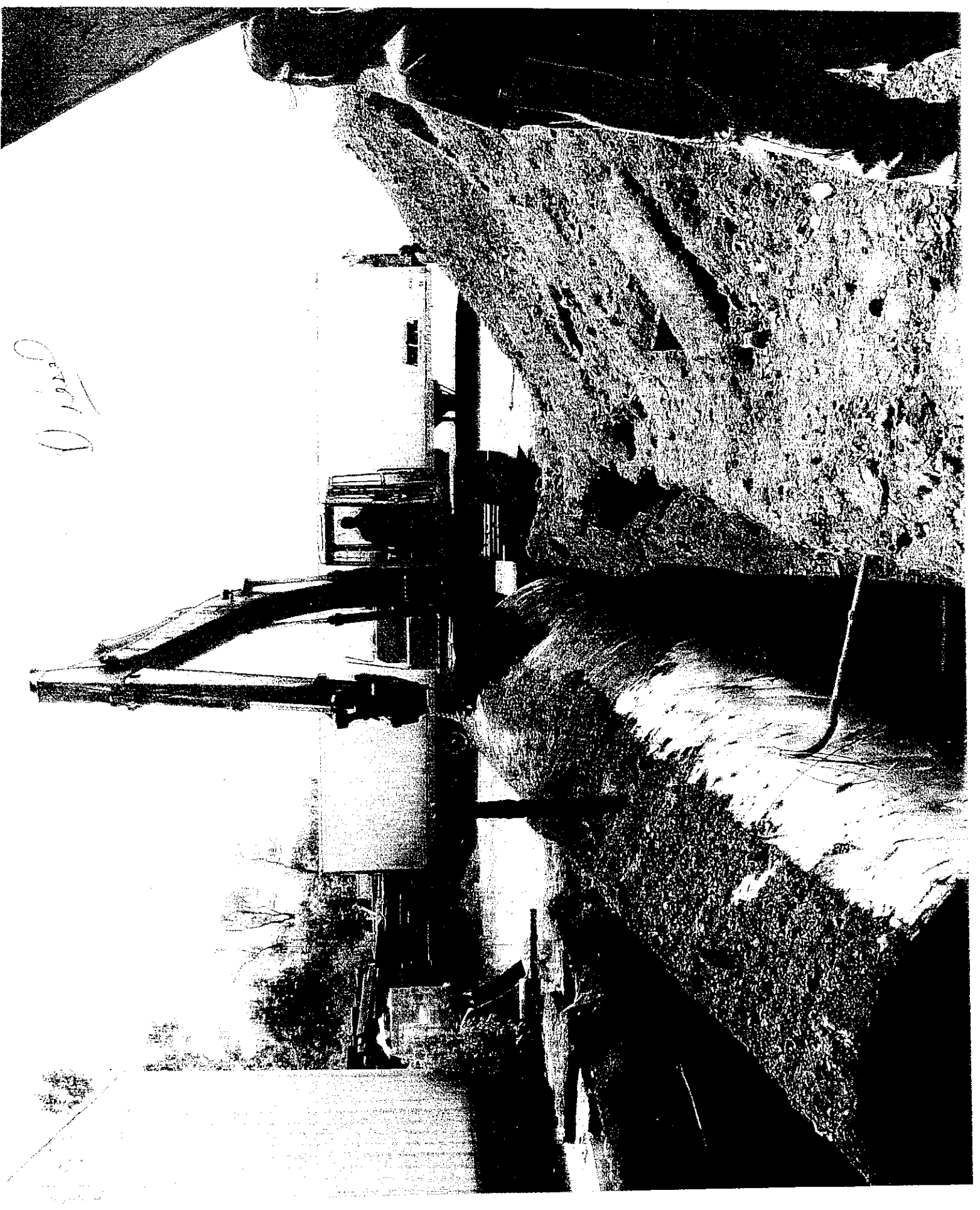




*Dressed*



Depth



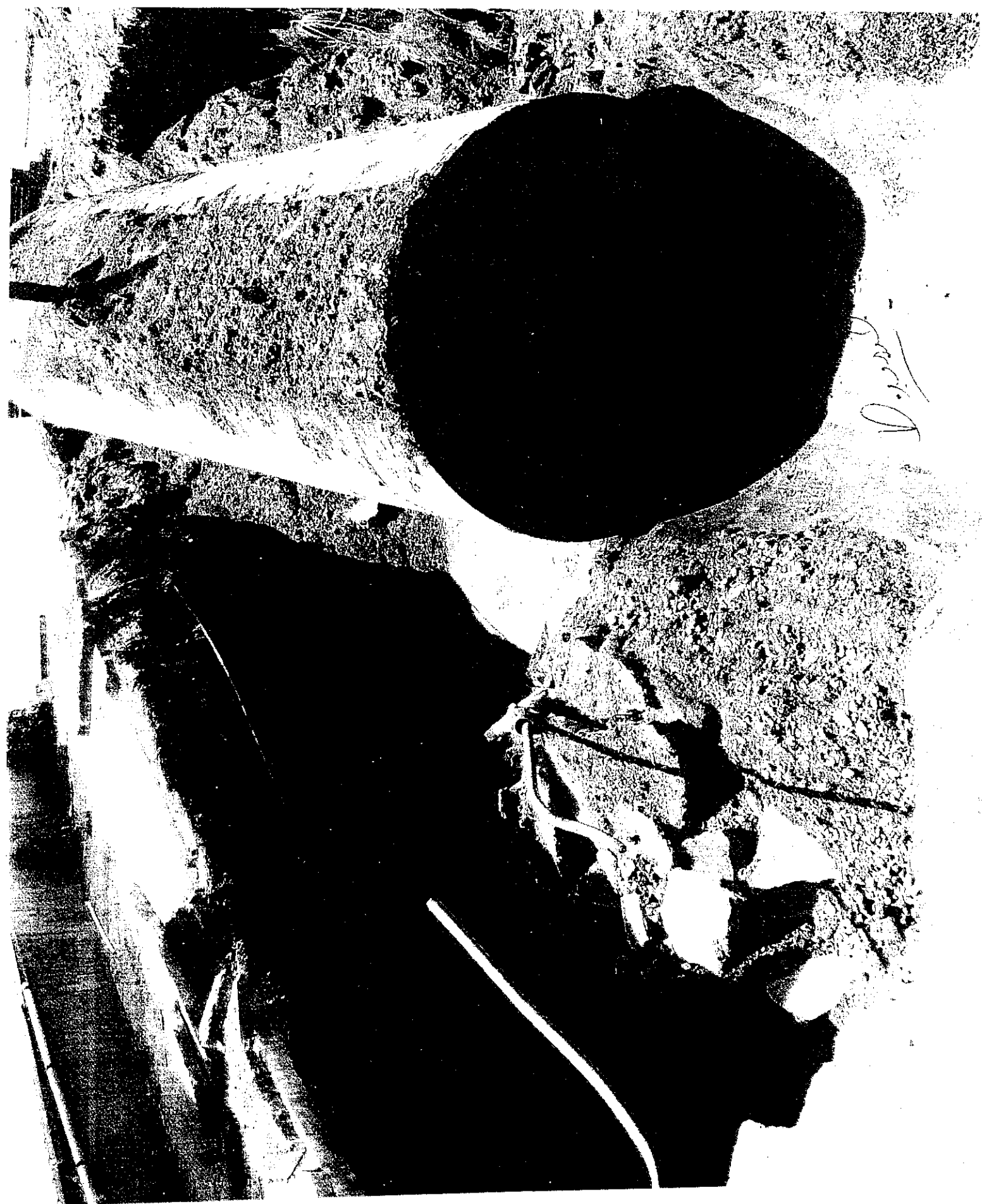
*D. J. ...*



*Drum*







*D. J. ...*

*Dred*

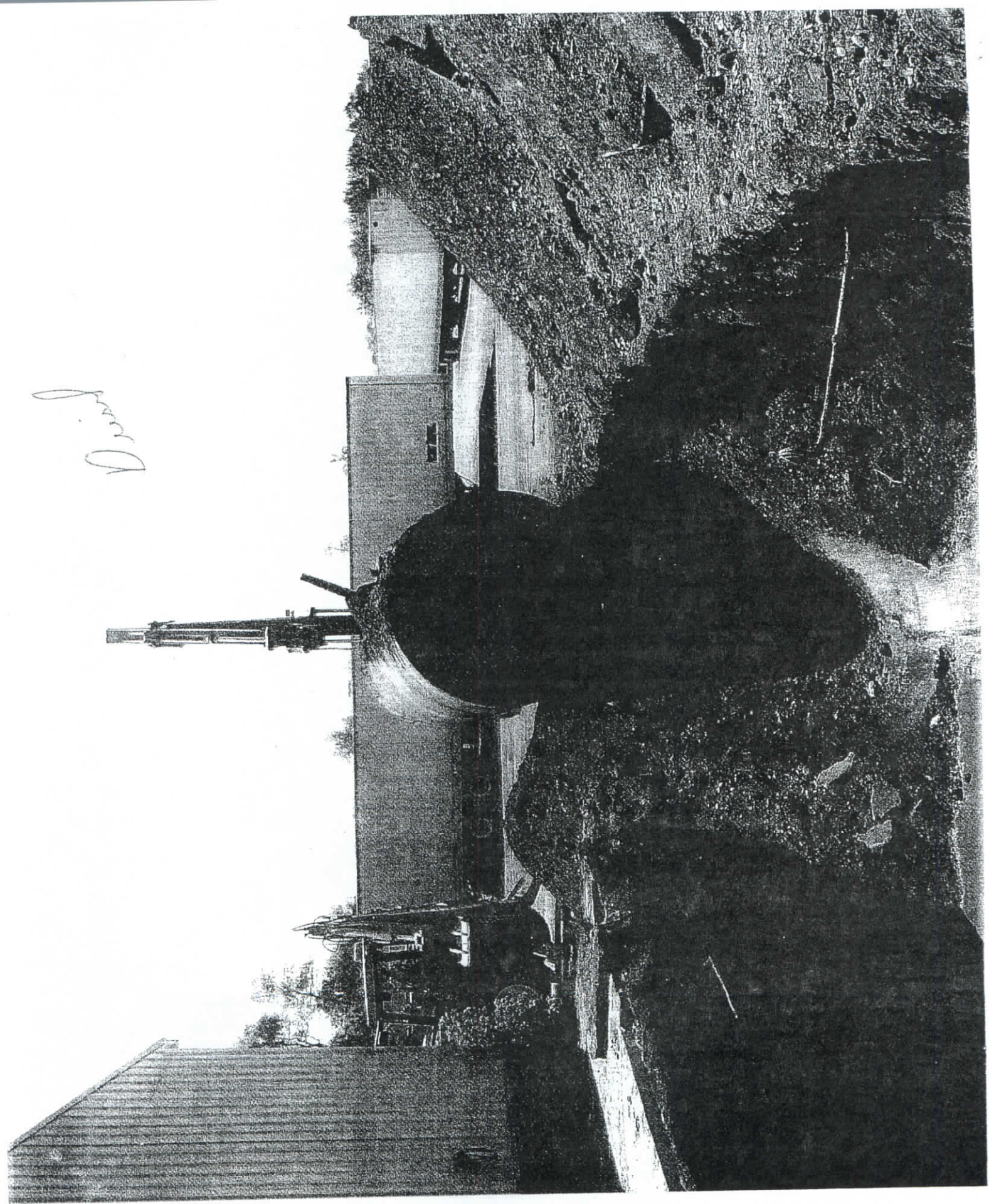




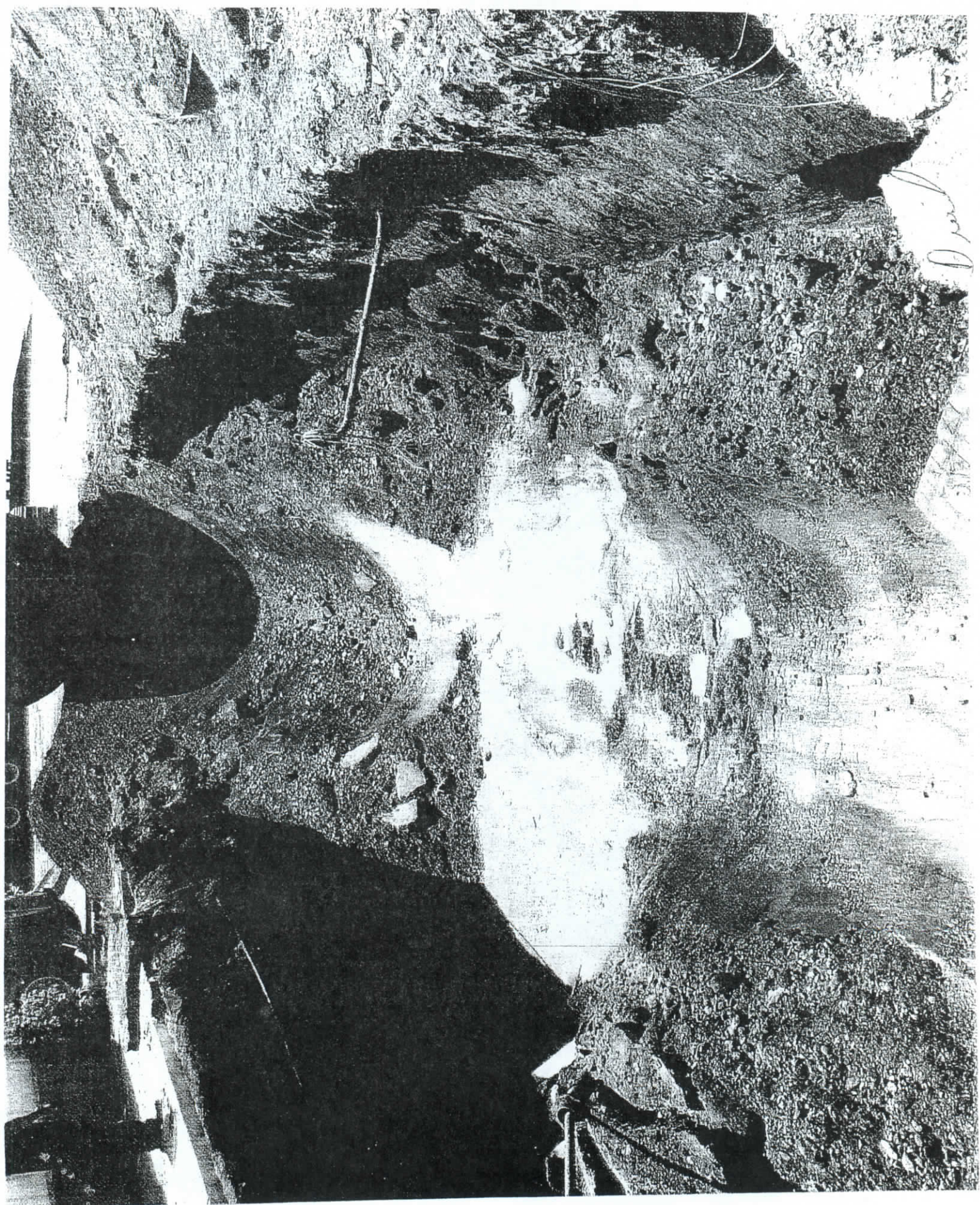
*D. 10/1*



*Driv*







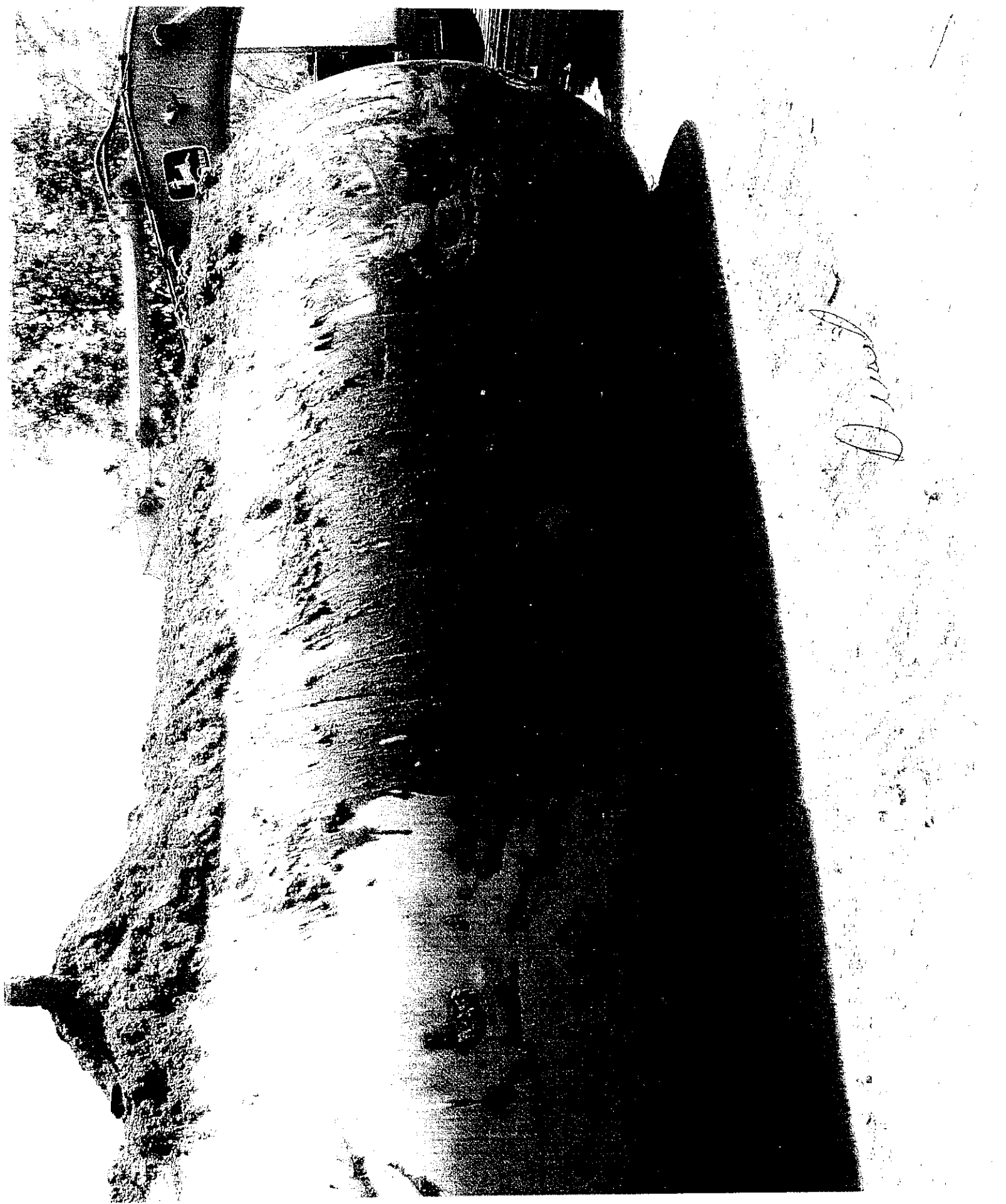






*Opard*





*D. J. ...*





2 Coe's Tank  
5/23/12



*Coastal*

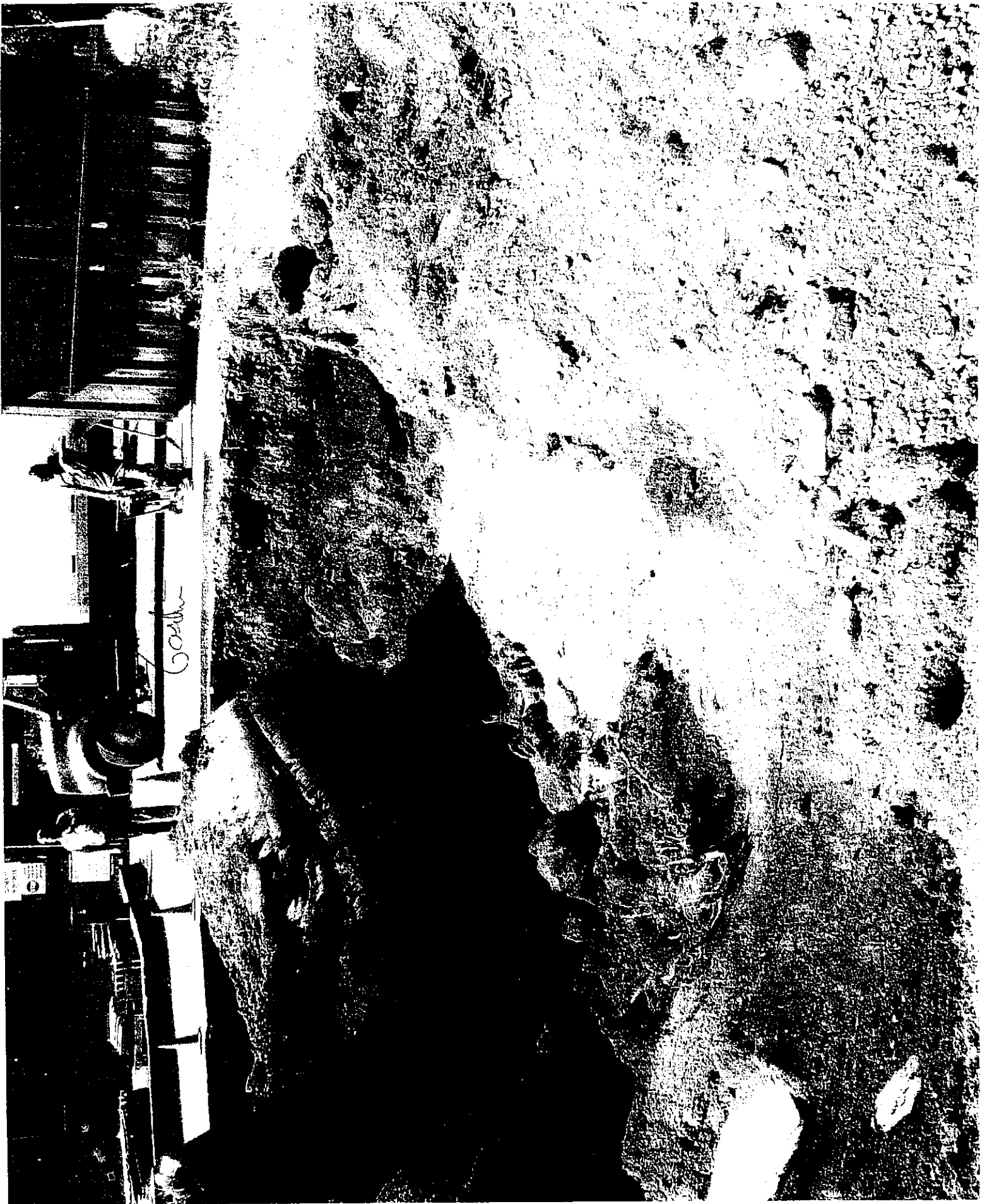


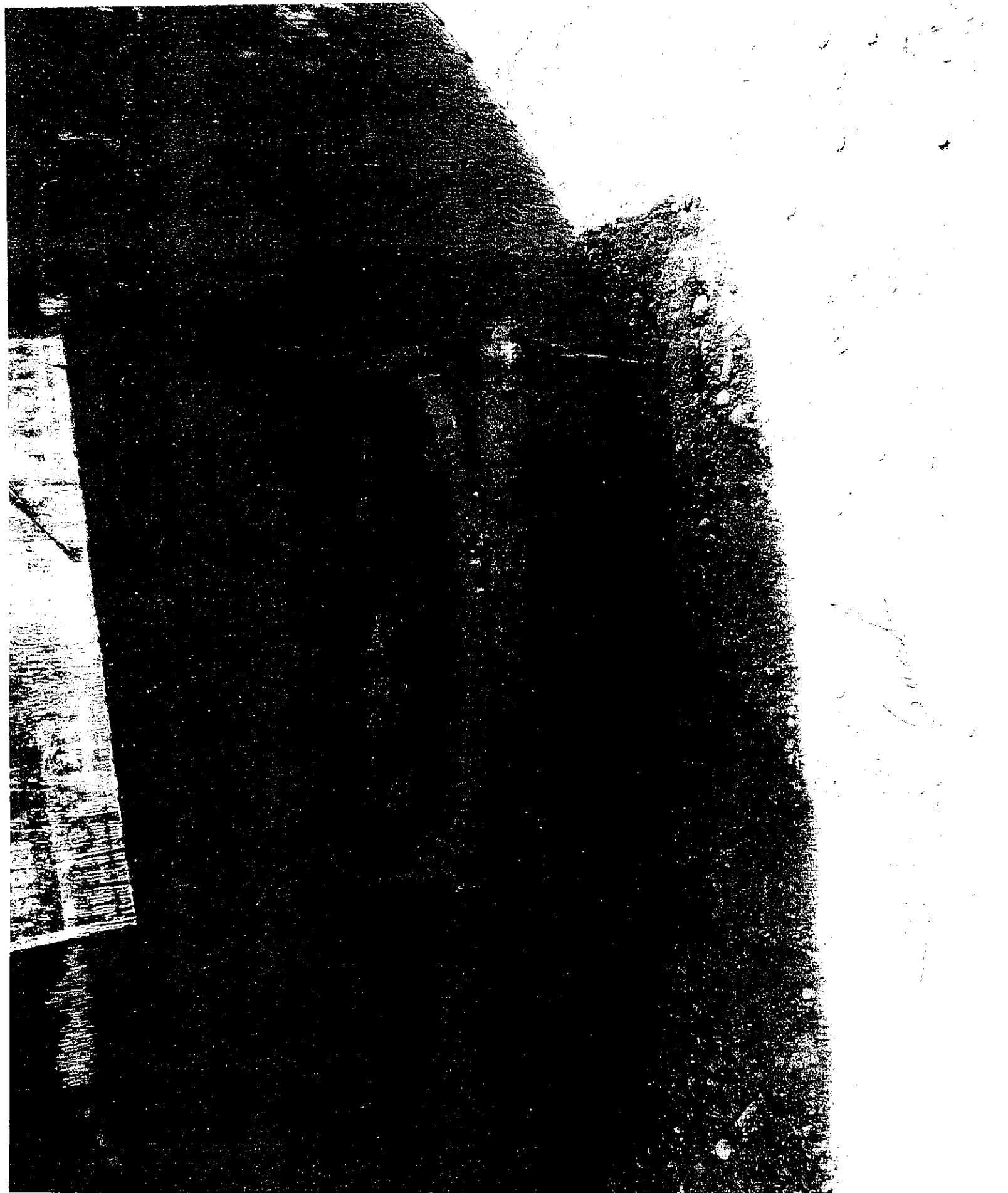
Cassidy



Compton



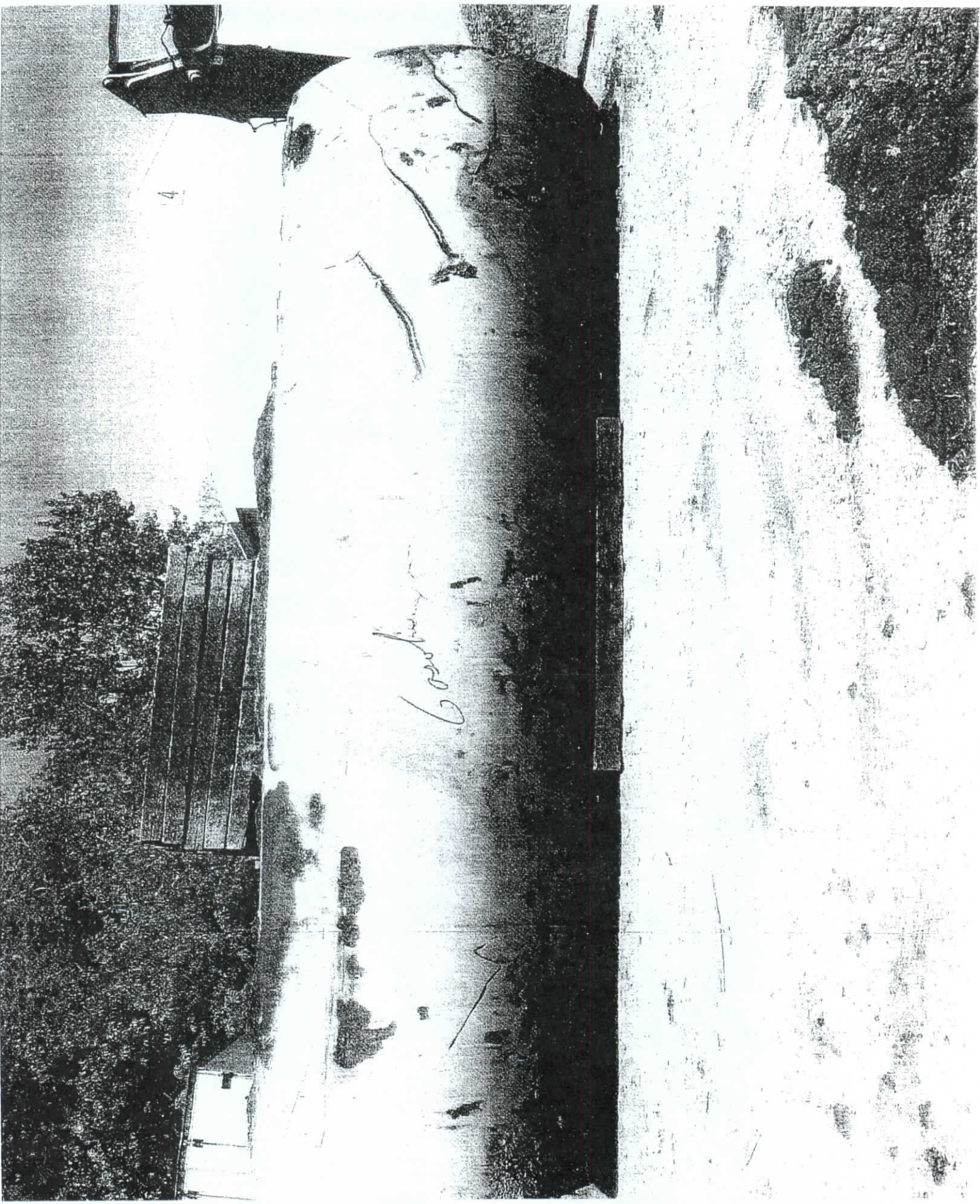






4

Goodman







600











FAX TRANSMITTAL

DATE: JUNE 20, 2012

NUMBER OF PAGES TO FOLLOW: 13

CORPORATE/  
BUFFALO OFFICE  
5167 South Park Avenue  
Hamburg, NY 14075  
Phone: (716) 649-8170  
Fax: (716) 649-8051

TO: STEVE V.

FIRM: \_\_\_\_\_

FAX: 934-3531

ALBANY OFFICE  
PO Box 2199  
Ballston Spa, NY 12020

FAX FROM:  
DAVE S.

5 Knabner Road  
Mechanicville, NY 12118  
Phone: (518) 899-7491  
(518) 899-7496

NOTES: -REPORT-

CORTLAND OFFICE  
50 Miller Street  
Cortland, NY 13045  
Phone: (607) 758-7182  
Fax: (607) 758-7188

ROCHESTER OFFICE  
535 Summit Point Drive  
Henrietta, NY 14467  
Phone: (585) 359-2730  
Fax: (585) 359-9668

ORIGINAL WILL FOLLOW  - EMAIL

ORIGINAL WILL NOT FOLLOW

If you do not receive all pages -or- if the quality is not suitable, please call  
(716) 649-8110.



## Onsite Observations

The dimensions of the diesel UST excavation were approximately 20 feet by 36 feet. The dimensions of the gasoline UST excavation were approximately 28 feet by 32 feet. The UST removal excavations contained water in the bottom that did not have a petroleum sheen or odor. The soils on the sides and floor of the excavation, as well as the excavated soils, did not have petroleum staining or odor and PID readings were at background levels.

All three USTs were found to be in good condition with no indications of holes or leakage, as indicated in the attached photos. Each of the three USTs were double-wall construction with interstitial monitoring.

## Soil Sampling and Analysis

The Empire geologist collected two composite verification soil samples from each of the two UST removal excavations for laboratory testing. One soil sample was collected as a composite of the four sidewalls and the second was collected as a composite of the excavation floor. The soil samples from the diesel UST excavation were analyzed for New York State Department of Environmental Conservation (NYSDEC) Spill Technology and Remediation Series (STARS) listed volatile organic compounds (VOCs; EPA Method 8260) and semi-volatile organic compounds (SVOCs; EPA Method 8270). The soil samples from the gasoline UST excavation were analyzed for NYSDEC STARS listed VOCs. The soil samples were analyzed by Paradigm Environmental Services, Inc. (Paradigm) of Rochester, New York. Paradigm's lab is certified by the New York State Department of Health (NYSDOH).

## Laboratory Results

The attached lab report indicates that no NYSDEC STARS listed VOCs or SVOCs were detected in any of the soil samples.

## Closing

This report has been prepared for the use of Valvo Convenience for the specific application to the subject site in accordance with generally accepted environmental practices. If you have any questions or if we can provide further assistance, please contact our office at (716) 649-8110.

Respectfully Submitted,  
**EMPIRE GEOSERVICES, INC.**



David R. Steiner  
Senior Engineering Geologist  
Project Manager

Attachments:            Photographs

Soil Lab Report from Paradigm Environmental Services, Inc.

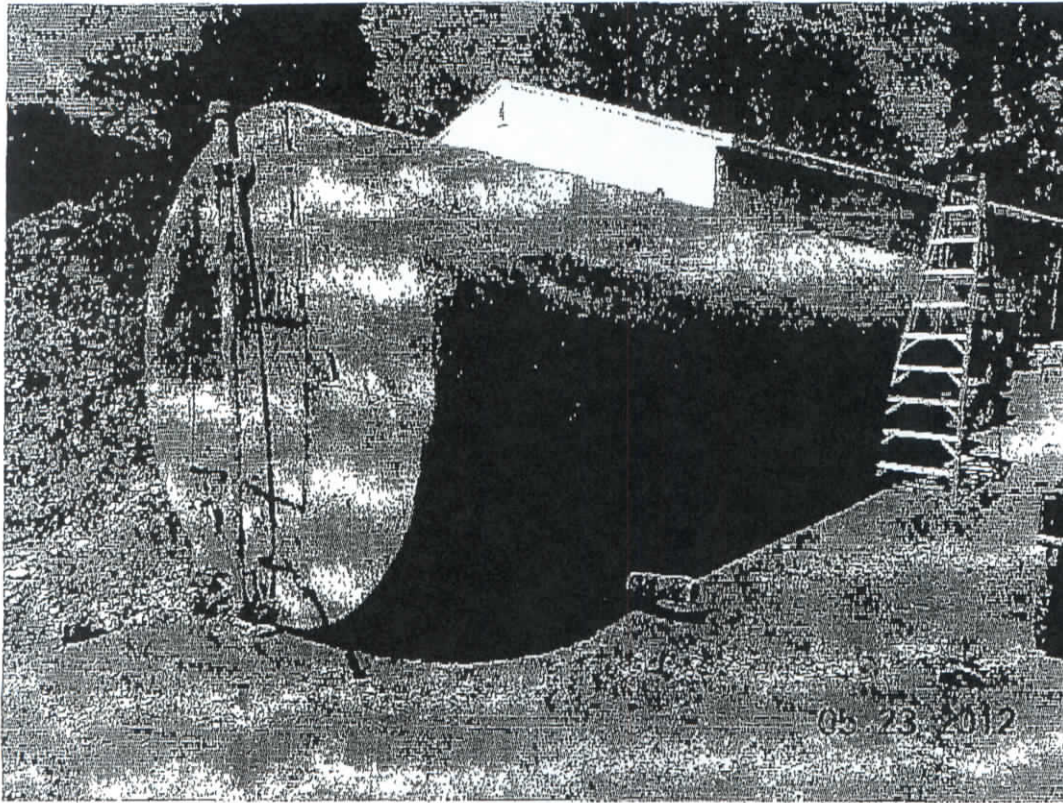


Photo 1 – First side of diesel UST; interstitial monitoring pipe on one end.



Photo 2 – Second side of diesel UST.



Photo 4 - Second gasoline UST.

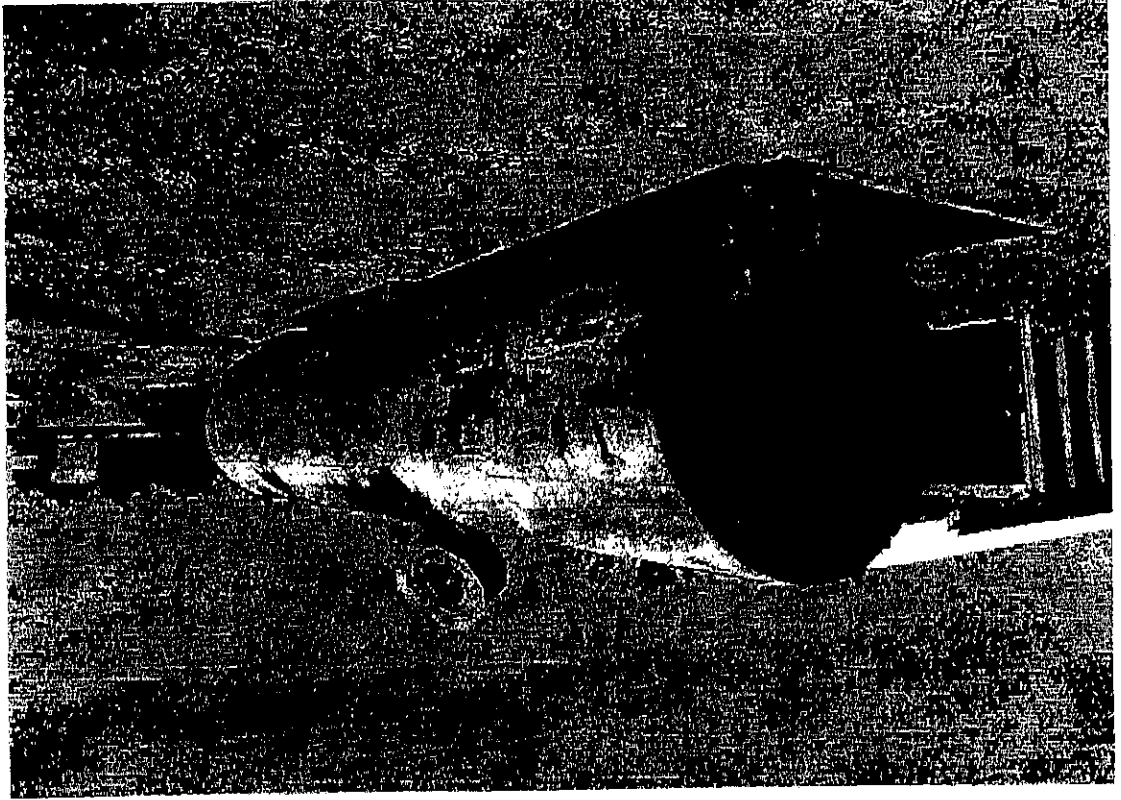
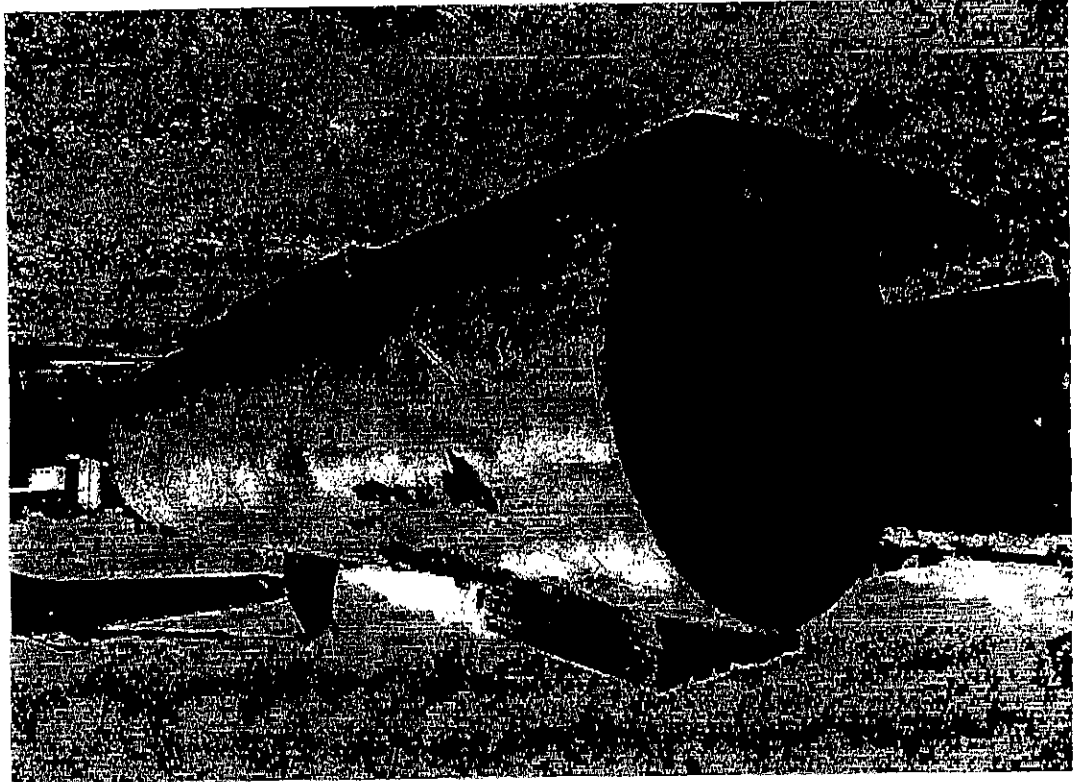


Photo 3 - First gasoline UST.



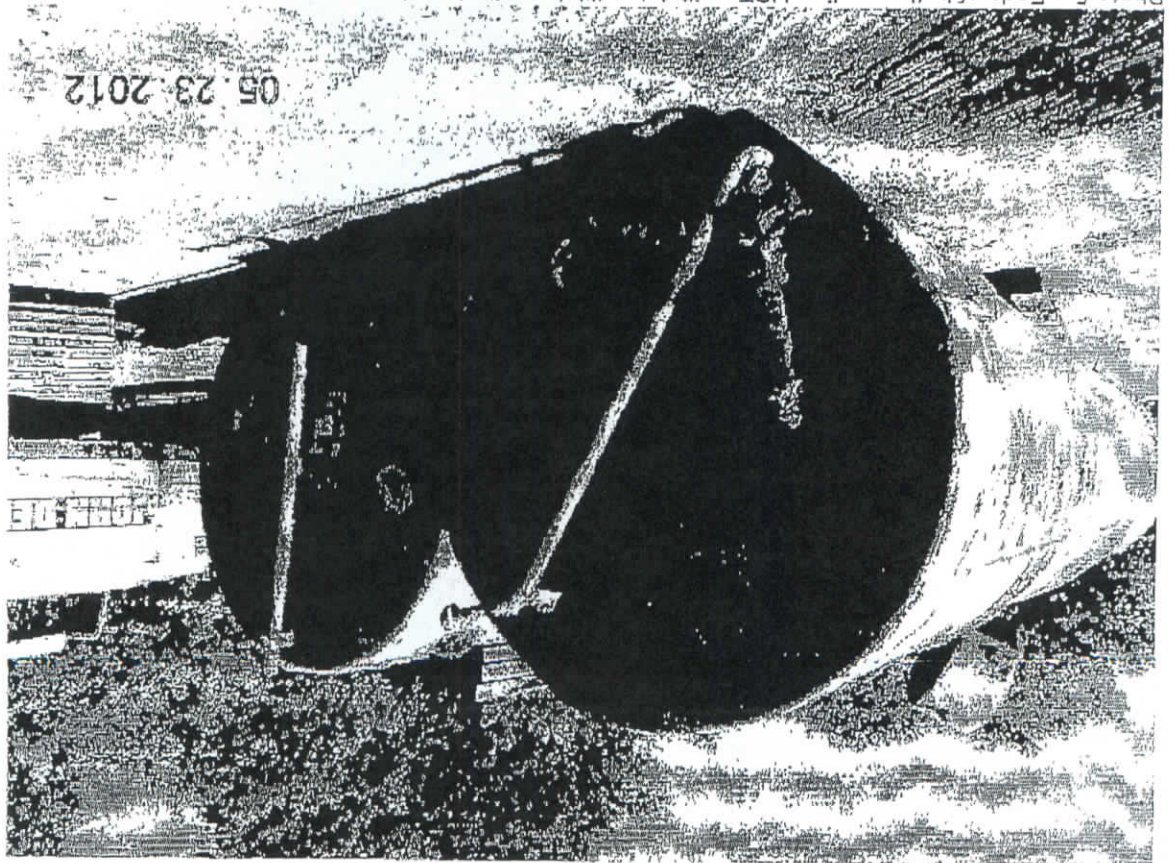


Photo 5 - Ends of both gasoline USTs with interstitial monitoring pipes.

05.23.2012

END: NISOR





## Analytical Report Cover Page

*Empire Geo Services, Inc.*

For Lab Project # 12:2236

Issued June 1, 2012

This report contains a total of 8 pages

The reported results relate only to the samples as they have been received by the laboratory.

Any noncompliant QC parameters having impact on the data are flagged or documented on the final report.

All soil/slug samples have been reported on a dry weight basis, unless qualified "reported as received". Other solids are reported as received.

Each page of this document is part of a multipage report. This document may not be reproduced except in its entirety, without the prior consent of Paradigm Environmental Services, Inc.

The Chain of Custody provides additional information, including compliance with sample condition requirements upon receipt. Sample condition requirements are defined under the 2003 NELAP Standard, sections 5.5.8.3.1 and 5.5.8.3.2. Aliquots separated for certain tests, such as TCLP, are indicated on the Chain of Custody and final reports with an "A" suffix.

NYSDOH ELAP does not certify for all parameters. Paradigm Environmental Services or the indicated subcontracted laboratory does hold certification for all analytes where certification is offered by ELAP unless otherwise specified.

Data qualifiers are used, when necessary, to provide additional information about the data. This information may be communicated as a flag or as text at the bottom of the report. Please refer to the following list of frequently used data flags and their meaning:

"Q" = analyzed for but not detected at or above the reporting limit.

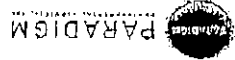
"E" = Result has been estimated, calibration limit exceeded.

"Z" = See case narrative.

"D" = Duplicate results outside QC limits. May indicate a non-homogeneous matrix.

"M" = Matrix spike recovers outside QC limits. Matrix bias indicated.

"B" = Method blank contained trace levels of analyte. Refer to included method blank report.



179 Lake Avenue Rochester, New York 14608 (585) 647-2530 FAX (585) 647-3311

Semi-Volatile STARS Analysis Report for Soils/Solids/Sludges

Client: Empire Geo Services, Inc.

Client Job Site:	Valvo UST Excavations	Lab Project Number:	12:2236
Client Job Number:	BEV-12-006	Lab Sample Number:	12:2236-01
Field Location:	Diesel UST - Sidewall Comp	Date Sampled:	05/23/2012
Field ID Number:	N/A	Date Received:	05/24/2012
Sample Type:	Soil	Date Analyzed:	05/31/2012

Base / Neutrals		Results in ug / Kg
Acenaphthene	< 354	
Acenaphthylene	< 354	
Anthracene	< 354	
Benzo (a) anthracene	< 354	
Benzo (a) pyrene	< 354	
Benzo (b) fluoranthene	< 354	
Benzo (g,h,i) perylene	< 354	
Benzo (k) fluoranthene	< 354	
Chrysene	< 354	
Dibenz (a,h) anthracene	< 354	
Fluoranthene	< 354	
Fluorene	< 354	
Indeno (1,2,3-cd) pyrene	< 354	
Naphthalene	< 354	
Phenanthrene	< 354	
Pyrene	< 354	

ELAP Number 10959 Analytical Method: EPA 8270C Date File: 863333.D  
Prep Method: EPA 3550C

Comments: ug / Kg = microgram per kilogram

Signature:

Bruce Hoogesteger Technical Director

This report is part of a multiple document and should only be evaluated in its entirety. Chain of Custody provides additional information, including compliance with sample condition requirements upon receipt.

12223671.XLS

MAY 25, 2012 11:24AM

SUB EMPIRE BUFFALO

This report is part of a multiple document and should only be evaluated in its entirety. Chain of Custody provides additional information, including compliance with sample condition requirements upon receipt.

Bruce Hoogsteeger, Technical Director

Signature:

*[Handwritten Signature]*

Comments: ug / Kg = microgram per kilogram  
Surrogate outliers indicate probable matrix interference

Base / Neutrale	Results in ug / Kg
Acenaphthylene	< 315
Acenaphthylene	< 315
Anthracene	< 315
Benzo (a) anthracene	< 315
Benzo (a) pyrene	< 315
Benzo (b) fluoranthene	< 315
Benzo (g,h,i) perylene	< 315
Benzo (k) fluoranthene	< 315
Chrysene	< 315
Dibenz (a,h) anthracene	< 315
Fluoranthene	< 315
Fluorane	< 315
Indeno (1,2,3-cd) pyrene	< 315
Naphthalene	< 315
Phenanthrene	< 315
Pyrene	< 315

ELAP Number 10958 Analytical Method: EPA 8270C Date File: S63334.D  
Prep Method: EPA 3550C

Client Job Site: Valve UST Excavations  
 Client Job Number: BEV-12-006  
 Field Location: Diesel UST - Bottom Comp  
 Field ID Number: N/A  
 Sample Type: Soil  
 Date Analyzed: 05/31/2012  
 Date Received: 05/24/2012  
 Date Sampled: 05/23/2012  
 Lab Project Number: 12:2236  
 Lab Sample Number: 12:2236-02

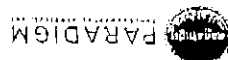
Client: Empire Geo Services, Inc.

Semi-Volatile STARS Analysis Report for Soils/Sludges

179 Lake Avenue Rochester, New York 14608 (585) 647-2530 FAX (585) 647-3311

PARADIGM





179 Lake Avenue Rochester, New York 14608 (565) 647-2530 FAX (565) 647-3311

**Volatile STARS Analysis Report for Soils/Solids/Sludges**

Client: Empire Geo Services, Inc.

Client Job Site:	Valvo UST Excavations
Client Job Number:	BEV-12-006
Field Location:	Diesel UST - Sidewall Comp
Field ID Number:	N/A
Sample Type:	Soil
Date Analyzed:	06/01/2012
Date Received:	05/24/2012
Date Sampled:	05/23/2012
Lab Sample Number:	12:2236-01
Lab Project Number:	12:2236

Aromatics	
Results in ug / Kg	
Benzene	< 8.02
n-Butylbenzene	< 8.02
sec-Butylbenzene	< 8.02
tert-Butylbenzene	< 8.02
Ethylbenzene	< 8.02
n-Propylbenzene	< 8.02
Isopropylbenzene	< 8.02
p-Isopropyltoluene	< 8.02
Naphthalene	< 20.1
Toluene	< 8.02
1,2,4-Trimethylbenzene	< 8.02
1,3,5-Trimethylbenzene	< 8.02
m,p-Xylene	< 8.02
o-Xylene	< 8.02
Miscellaneous	
Methyl tert-butyl Ether	< 8.02

ELAP Number 10958

Method: EPA 8260B

Data File: V87576.D

Comments: ug / Kg = microgram per kilogram

Signature:

Bruce Hoogesteger, Technical Director

This report is part of a multiple document and should only be analyzed in its entirety. Chain of Custody provides additional information, including compliance with sample collection requirements upon receipt.

122236V1.XLS

JUN 26 2012 11:24AM

SUB EMT ONE BUFFALO

0100 0M

**Volatile STARS Analysis Report for Soils/Solids/Sludges**

Client: Empire Geo Services, Inc.

Client Job Site: Valvo UST Excavations  
 Client Job Number: BEV-12-006  
 Field Location: Diesel UST - Bottom Comp  
 Field ID Number: N/A  
 Sample Type: Soil  
 Lab Project Number: 12-2236  
 Lab Sample Number: 12-2236-02  
 Date Analyzed: 06/01/2012  
 Date Received: 06/24/2012  
 Date Sampled: 05/23/2012

Aromatics	
Results in ug / Kg	
Benzene	< 8.86
n-Butylbenzene	< 8.86
sec-Butylbenzene	< 8.86
tert-Butylbenzene	< 8.86
Ethylbenzene	< 8.86
n-Propylbenzene	< 8.86
isopropylbenzene	< 8.86
p-isopropyltoluene	< 8.86
Naphthalene	< 22.1
Toluene	< 8.86
1,2,4-Trimethylbenzene	< 8.86
1,3,5-Trimethylbenzene	< 8.86
m,p-Xylene	< 8.86
o-Xylene	< 8.86
Miscellaneous	
Methyl tert-butyl Ether	< 8.86

ELAP Number 10958 Method: EPA 8260B Data File: V87577.D

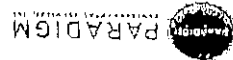
Comments: ug / Kg = microgram per kilogram

*[Signature]*

Bruce Hoogesteger, Technical Director

Signature:

This report is part of a multiple document and should only be evaluated in its entirety. Chain of Custody provides additional information, including compliance with sample condition requirements upon receipt. 12236V2.XLS



179 Lake Avenue Rochester, New York 14608 (585) 647-2630 FAX (585) 647-3311

**Volatiles STARS Analysis Report for Soils/Solids/Sludges**

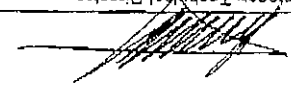
Client: Empire Geo Services, Inc.

Client Job Site: Valvo UST Excavations  
 Client Job Number: BEV-12-006  
 Field Location: Gasoline UST - Bottom Comp  
 Field ID Number: N/A  
 Sample Type: Soil  
 Lab Project Number: 12:2236  
 Lab Sample Number: 12:2236-03  
 Date Sampled: 05/23/2012  
 Date Received: 05/24/2012  
 Date Analyzed: 06/01/2012

Aromatics	
Results in ug / kg	
Benzene	< 8.82
n-Butylbenzene	< 8.82
sec-Butylbenzene	< 8.82
ter-Butylbenzene	< 8.82
Ethylbenzene	< 8.82
n-Propylbenzene	< 8.82
isopropylbenzene	< 8.82
p-isopropyltoluene	< 8.82
Naphthalene	< 22.1
Toluene	< 8.82
1,2,4-Trimethylbenzene	< 8.82
1,3,5-Trimethylbenzene	< 8.82
m,p-Xylene	< 8.82
o-Xylene	< 8.82
Miscellaneous	
Methyl tert-butyl Ether	< 8.82

ELAP Number 10958 Method: EPA 8260B Data File: V97578.D

Comments: ug / Kg = microgram per Kilogram

Signature:   
 Bruce Hoogesteger, Technical Director

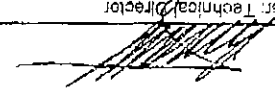
This report is part of a multiple document and should only be reviewed in its entirety. Chain of Custody provides additional information, including compliance with sample condition requirements upon receipt.

422236V3.XLS

006 011106 007ALV

05/23/2012 11:25AM

12239V4.XLS  
The report is part of a multiple document and should only be evaluated in its entirety. Chain of Custody provides additional information, including compliance with sample condition requirements upon receipt.

Signature:   
Bruce Hodges, Technical Director

Comment: ug / Kg = microgram per Kilogram

ELAP Number 10958 Method: EPA 8260B Date File: V97570.D

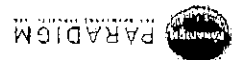
Aromatics	
Results in ug / Kg	
Benzene	< 8.22
n-Butylbenzene	< 8.22
sec-Butylbenzene	< 8.22
tert-Butylbenzene	< 8.22
Ethylbenzene	< 8.22
n-Propylbenzene	< 8.22
Isopropylbenzene	< 8.22
p-Isopropyltoluene	< 8.22
Naphthalene	< 20.6
Toluene	< 8.22
1,2,4-Trimethylbenzene	< 8.22
1,3,5-Trimethylbenzene	< 8.22
m,p-Xylene	< 8.22
o-Xylene	< 8.22
Miscellaneous	
Methyl tert-butyl Ether	< 8.22

Client Job Site: Valvo UST Excavations  
 Client Job Number: BEV-12-006  
 Field Location: Gasoline UST - Sidewall Comp  
 Field ID Number: N/A  
 Sample Type: Soil  
 Date Analyzed: 06/01/2012  
 Date Received: 05/24/2012  
 Date Sampled: 05/23/2012  
 Lab Project Number: 12:2236  
 Lab Sample Number: 12:2236-04

Client: Empire Geo Services, Inc.

Volatile STARS Analysis Report for Soils/Solids/Sludges

179 Lake Avenue Rochester, New York 14608 (585) 647-2530 FAX (585) 647-3311



**PARADIGM ENVIRONMENTAL SERVICES, INC.**

179 Lake Avenue  
Rochester, NY 14608  
(585) 647-2530 • (800) 724-1957  
FAX: (585) 647-3311

**CHAIN OF CUSTODY**

REPORT TO: **EMPIRE GEO**      INVOICE TO: **EMPIRE**

COMPANY: **EMPIRE GEO**      CLIENT PROJECT #: **18-2236 BEV-12-006**

ADDRESS: \_\_\_\_\_      TURNAROUND TIME (WORKING DAYS): **3**

CITY: \_\_\_\_\_      STATE: \_\_\_\_\_      ZIP: \_\_\_\_\_      STD:  5

PHONE: \_\_\_\_\_      FAX: \_\_\_\_\_      OTHER: \_\_\_\_\_

ATTN: **DAVE STEINER**      QUOTE #: **STD, PRICING**

COMMENTS: **PLEASE EMAIL**

PROJECT NAME/SITE NAME: **VALVO UST EXCAVATIONS**

DATE	TIME	COMPOSITE	GRA B	SAMPLE LOCATION/FIELD ID	MATRIX	CONTAINER NUMBERS	REQUESTED ANALYSIS	REMARKS	PARADIGM LAB SAMPLE NUMBER
15-23-12	1540	X		<del>DIESEL UST - FACET</del> SOIL	SOIL	1			01
2	1550	X		DIESEL UST - BOTTOM COMP					02
3	1610	X		GASOLINE UST - BOTTOM COMP					03
4	1620	X		GASOLINE UST - SIDEWALL COMP					04
5									
6									
7									
8									
9									
10									

**\*\*LAB USE ONLY BELOW THIS LINE\*\***

Sample Condition: Per NELAC/ELAP 210/241/242/243/244

Receipt Parameter: \_\_\_\_\_      NELAC Compliance:  Y  N

Container Type: \_\_\_\_\_      Preservation:  Y  N

Holdup Time: \_\_\_\_\_      Temperature: **4°C iced temp btl**

Comments: \_\_\_\_\_

Completed By: *Dave Steiner*      Date/Time: **May 23 2012 / 1620**

Relinquished By: *Dave Steiner*      Date/Time: **5/24/12 850AM**

Received By: *Jane J. O'Brien*      Date/Time: **5/24/12 1447**

Received @ Lab By: \_\_\_\_\_      Date/Time: \_\_\_\_\_

Total Cost: \_\_\_\_\_



Complainant's Exhibit 77

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 2  
290 BROADWAY  
NEW YORK, NY 10007-1866

JUL 23 2012



**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**  
Article Number: 7005 3110 0000 5951 1947 - 7005 3110 0000 5951 1930

Mr. Stephen Valvo  
1271 Routes 5 and 20  
Silver Creek, N.Y. 14136  
Valvo Convenience & Gas, Inc.  
1271 Routes 5 and 20  
Silver Creek, N.Y. 14136

**Re:** Request for Additional Information Pursuant to Section 9005 of the Solid Waste Disposal Act, as amended  
RCRA-UST-IR-2010-24

Valvo Convenience Gas, Inc. (Former Hanover Convenience)  
351 Central Ave.  
Silver Creek, NY 14136  
NYSDEC PBS# 9-425508

Dear Mr. Valvo:

The U.S. Environmental Protection Agency (EPA) is charged with the protection of human health and the environment under the Solid Waste Disposal Act, as amended (often referred to as the Resource Conservation and Recovery Act (RCRA), 42 U.S.C. §§ 6901 et seq.). Previously, EPA conducted several inspections of the above referenced facility in accordance with Section 9005(a) of RCRA, 42 U.S.C. §6991d(a), and 40 C.F.R. §280.34. These inspections revealed continuing potential violations of the federal underground storage tank (UST) regulations.

We have also been informed that the New York State Department of Environmental Conservation (NYS DEC) conducted a inspection of the facility on or about March 21, 2012. This inspection also found potential violations of the UST regulations.

Specifically, EPA needs to know the current compliance status of USTs at this facility and requires the specific data requested in Enclosure I.

You are hereby required, pursuant to Section 9005(a) of RCRA, 42 U.S.C. § 6991d(a), and 40 C.F.R. § 280.34 to submit all the information requested in the enclosed Request for Information (Enclosure I). Please provide a complete and detailed response to the Request for Information no later than **fifteen (15) calendar days** from the date of receipt of this letter. A request for additional time to respond must be justified, and must be requested in writing within ten (10) calendar days of your receipt of this letter. Violation of federal UST regulations may result in a formal enforcement action which may including penalties for each UST for each day of violation.

The response or request for additional time must be submitted to the following addressee:

Dennis McChesney, Ph.D., MBA, Team Leader  
U.S.T Team  
U.S. Environmental Protection Agency, Region 2  
290 Broadway, 20th Floor  
New York, NY 10007-1866  
Attn: Paul Sacker

An officer of the company or an agent who is authorized to respond on behalf of the facilities must complete and sign the enclosed Certification of Answers to Request for Information (Enclosure II), and return the Certification along with the response to this Request for Information.

Subject to 40 C.F.R. Part 2, you may assert a business confidentiality claim covering all or part of the information requested herein. The claim may be asserted by placing on (or attaching to) the information at the time it is submitted, a cover sheet, stamped or typed legend, or other suitable form of notice employing language such as "trade secret," "proprietary," or "company confidential." The claim should set forth the information requested in 40 C.F.R. § 2.204(e)(4). Information covered by such a claim will be disclosed by EPA only to the extent permitted by, and by means of procedures set forth in, 40 C.F.R. Part 2. EPA may, at its discretion, evaluate the confidentiality claim pursuant to procedures set forth at 40 C.F.R. Part 2. If no such claim accompanies the information when it is received by EPA, it may be made available to the public by EPA without further notice to you.

This Information Request Letter is not subject to the requirements of the Paperwork Reduction Act (PRA), as amended, 44 U.S.C. §§3501 et seq.

Failure to respond to this letter truthfully and accurately within the time provided may subject you to sanctions authorized by federal law. Please also note that all information submitted by you may be used in an administrative, civil judicial, or criminal action. In addition, making a knowing submission of materially false information to the U.S. Government may be a criminal offense.

If you have any questions concerning the information requested please contact Paul Sacker, of my staff, at (212) 637-4237 or by e-mail at [sacker.paul@epa.gov](mailto:sacker.paul@epa.gov).

I urge your prompt attention to this matter.

Sincerely yours,

George C. Meyer, Chief  
RCRA Compliance Branch  
Division of Enforcement and Compliance Assistance

Enclosures

cc: Abby M. Snyder

Regional Director  
DEC Region 9  
270 Michigan Avenue, Buffalo 14203

Paul Chiaravallotti (by Certified Mail/Return Receipt) Article #: 70053110 0000 5451 5891  
1967 Wehrle Drive, Suite 1  
Williamsville, NY 14221

Stephen Valvo  
P.O. Box 271  
Route 5 & 20  
Silver Creek, NY 14136



ENCLOSURE I

REQUEST FOR INFORMATION

1. What is the current operational status of each of the three tanks at this facility? If any of the tanks have been placed into a state of temporary closure in the last twelve months, please state so, and provide the date of the closure and the length of time it continued.
2. If any tanks were placed into temporary closure, please provide evidence of continuing release detection for the period or evidence that the tanks were emptied to no more than one inch of product during the closure period. If the tanks were closed for more than three months, please also provide evidence that the tanks and dispensers have been capped and secured in accordance with 40 C.F.R. § 280.70(b).
3. If an interstitial monitoring port has been discovered or installed on the 1,000-gallon diesel tank, please provide photographic evidence of the port and provide any invoice or receipt for its repair/installation, if applicable.
4. The March 21, 2012 NYS DEC inspection revealed that Tank 1 (8,000 gallon gasoline tank) and Tank 3, (1,000 gallon diesel tank) both failed their most recent cathodic protection tests, dated March 11, 2012. Therefore, please provide EPA with specific information about the steps you have taken to address these failures. If the corrosion systems were repaired, please provide evidence that repairs were conducted in accordance with 40 C.F.R. § 280.33 and that the corrosion system was retested within six months of the repairs.
5. Please provide all line tightness tests for the two pressurized lines of the gasoline tanks since March 30, 2010. If no line tightness tests can be provided, please state that fact and explain why such tests cannot be provided. Alternatively, you may provide evidence of monthly release detection monitoring for the pressurized lines for the requested period.
6. Please provide all annual automatic line leak detector tests for the two pressurized lines of the gasoline tanks at the facility since March 30, 2010. If no automatic line leak detector tests can be provided for the period specified, please state that fact and explain why such tests cannot be provided.



I certify under penalty of law that I have personally examined and am familiar with the information submitted in response to EPA's Request for Information, and all documents submitted herewith; that the submitted information is true, accurate, and complete; and that all documents submitted herewith are complete and authentic, unless otherwise indicated. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

**CERTIFICATION OF ANSWERS TO REQUEST FOR INFORMATION**

**ENCLOSURE II**

NAME (PRINT OR TYPE)

SIGNATURE

TITLE

COMPANY

DATE





Complainant's Exhibit 78

PAUL A. CHIARAVALLOTI, ESQ.

1967 WEHRLE DRIVE, SUITE 1  
WILLIAMSVILLE, NEW YORK 14221

August 3, 2012

George C. Meyer  
RCRA Compliance Branch  
Division of Enforcement and Compliance Assistance  
United States Environmental Protection Agency  
290 Broadway  
New York, NY 10007-1866

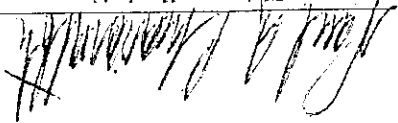
Re: Valvo's Convenience & Gas, Inc.  
RCRA-UST-IR-2010-24

Dear Mr. Meyer:

This will respond to your request for information dated July 23, 2012 and received at my office on July 25, 2012.

Please feel free to contact the undersigned if you have any questions regarding the enclosed responses.

Very truly yours,

  
Paul A. Chiaravalloti, Esq.

PAC/mls

enc.

Beverly Kolenberg, Esq.

Stephen M. Valvo

(716) 250-2764

Fax: (716) 250-2765



In Re:

Valvo's Convenience & Gas, Inc.  
RCRA-UST-IR-2010-24

REQUEST FOR INFORMATION DATED JULY 23, 2012

- 1/ All three (3) USTs at 351 Central Avenue, Silver Creek, New York 14136 are operational.
2. None of the aforesaid tanks are in temporary closure.
3. Photographic evidence has already been transmitted to Paul Sacker.
4. See enclosures.
5. See enclosures.
6. See enclosures.



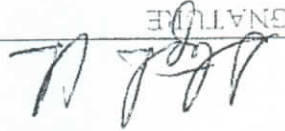
CERTIFICATION OF ANSWERS TO REQUEST FOR INFORMATION

ENCLOSURE II

I certify under penalty of law that I have personally examined and am familiar with the information submitted in response to EPA's Request for Information, and all documents submitted herewith; that the submitted information is true, accurate, and complete; and that all documents submitted herewith are complete and authentic, unless otherwise indicated. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Stephen M. Valvo  
NAME (PRINT OR TYPE)

SIGNATURE



President  
TITLE

Valvo's Convenience & Gas, Inc.  
COMPANY

DATE

8-2-2012



**EZY 3 LOCATOR PLUS**

DATE: 6-29-12 1 PMS

PBS# (NEW YORK): 9-425508

TANK #: 1

LOCATION: VARIOUS CONVENIENCE STORES

351 CENTRAL AVE

SILVER CREEK NY 1413

TOTAL TANK VOL: 12.000

PRODUCT VOL: 4289

7111

REGULAR

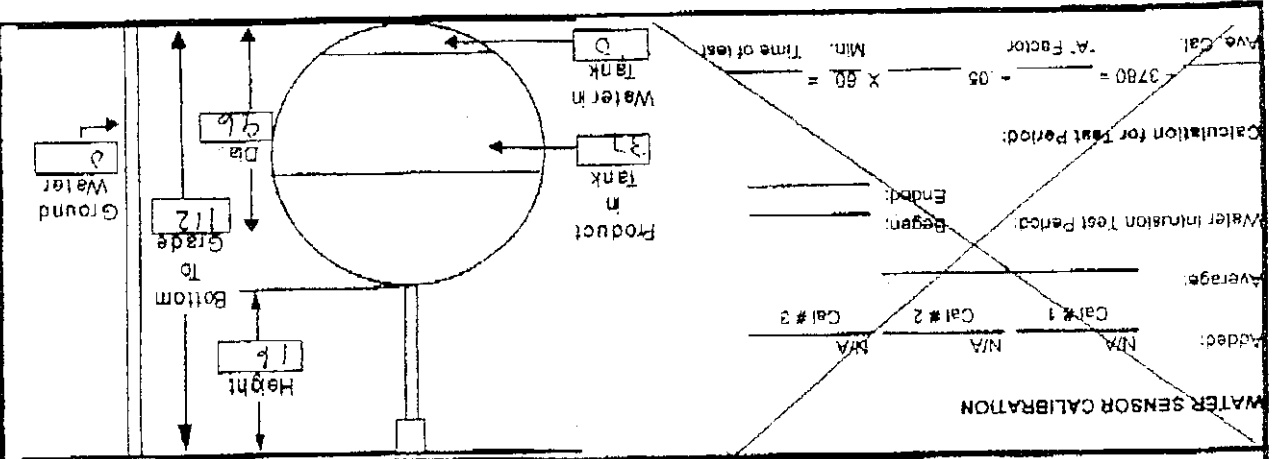
PRODUCT TYPE: REGULAR

**PRESSURE SENSOR CALCULATION**

INCHES of PRODUCT	WEIGHT of PRODUCT	INCHES of WATER in TANK	Line 1 + Line 2 = Total Positive Head Pressure in Tank	INCHES of WATER OUTSIDE TANK	Total Head Pressure Minus Outside Water Pressure	Always add .5 PSI	NOTE: If Line 6 is Less than .5 PSI, Line 7 shall be .5 PSI	TEST PRESSURE
37	0.026	0.00	0.04	0	0.04	0	0	0.5 +/- PSI (7)
X	X	X	=	=	=	=	=	
0.00	0.04	0	0.04	0	0.04	0	0	0.00 PSI (2)
INCHES of WATER in TANK								0.00 PSI (3)
Line 1 + Line 2 = Total Positive Head Pressure in Tank								0.00 PSI (4)
INCHES of WATER OUTSIDE TANK								0.00 +/- PSI (5)
Total Head Pressure Minus Outside Water Pressure								1.42
Always add .5 PSI								0.00 PSI (6)
NOTE: If Line 6 is Less than .5 PSI, Line 7 shall be .5 PSI								1.5
TEST PRESSURE								0.5 +/- PSI (7)

**TIME PRESSURE**

Blower Started:	Test Pressure Reached:	Blower Turned Off:	Test Began:	Test Ended:
9:45 AM	9:58 AM	9:58 AM	10:00 AM	10:03 AM
	16.0	16.0	15.0	15.0
	0.5	0.5	0.5	0.5
	By: IN-TEST			
	Depth of Groundwater Determined:			







**EZY 3 LOCATOR PLUS**  
 MANUFACTURED BY: ESTABROOK'S INC. (877) 368-7215  
**FINAL REPORT**

DATE	6-29-12	PBS# (NEW YORK)	9/425508
TOTAL TANK VOL.	12000	TANK #	1
PRODUCT VOL.	4289	LOCATION	Water Converter Room
ULLAGE VOL.	7711		351 Central Ave
PRODUCT TYPE	Return		Silver Circle ny 1/13/

**THE ACOUSTIC CHARACTERISTIC OF A LEAK REVEALS:**

**TIGHT TANK**  
 This underground storage tank **PASSES** the criteria set forth by the U.S. E.P.A.

**ULLAGE (DRY) PORTION LEAK**  
 This underground storage tank **FAILS** the criteria set forth by the U.S. E.P.A.

**BELOW PRODUCT LEVEL (WET) PORTION LEAK**  
 This underground storage tank **FAILS** the criteria set forth by the U.S. E.P.A.

**WATER SENSOR INDICATES:**  
 (CHECK ONLY ONE)

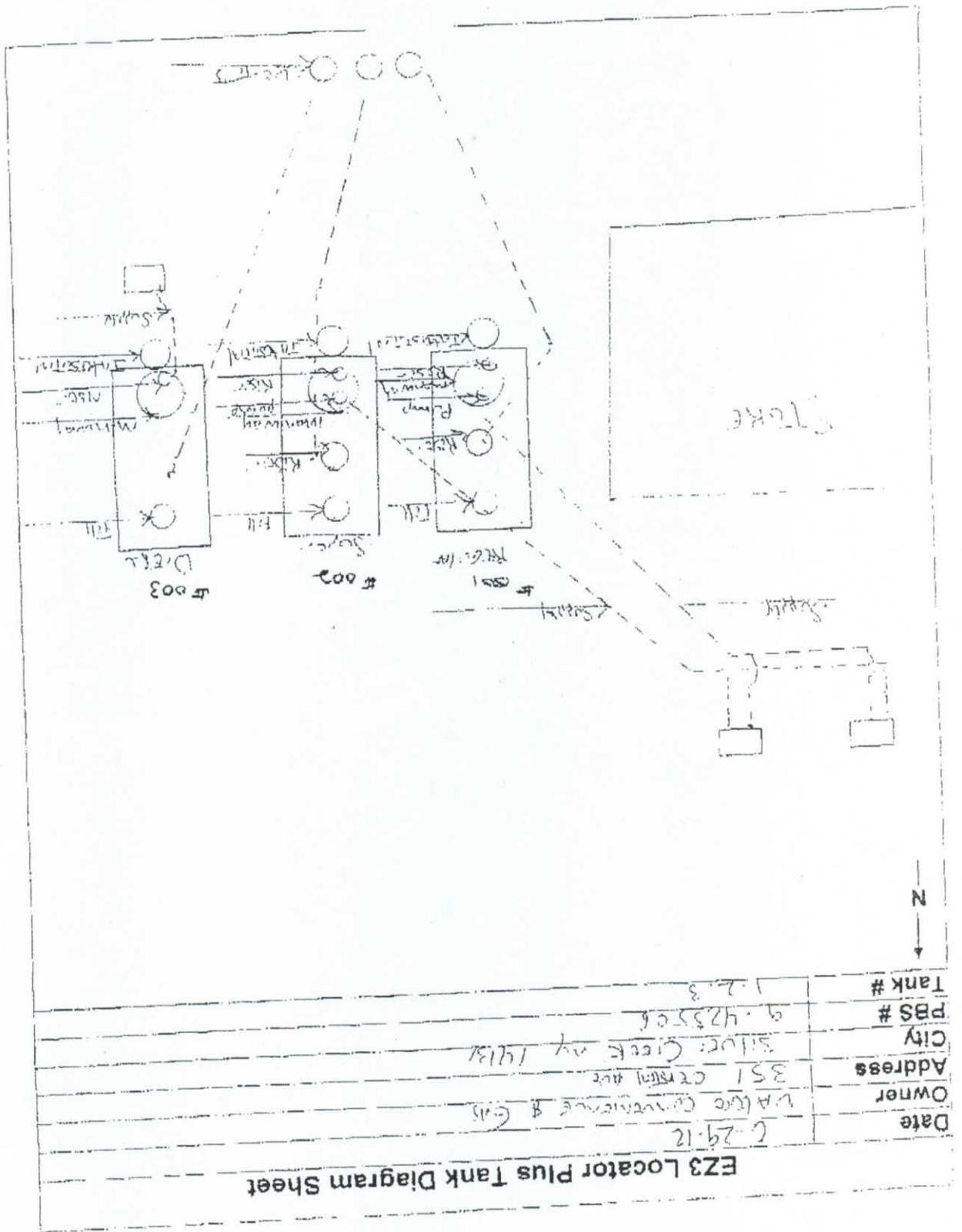
NO WATER INTRUSION: \_\_\_\_\_  
 WATER INTRUSION: \_\_\_\_\_  
 NOT APPLICABLE: \_\_\_\_\_

**OPERATOR INFORMATION:**  
 I hereby certify that this test complies with the criteria for a tightness test in paragraph 613.5 (a) (6) of the NYSDEC regulatory code. I am trained and qualified to perform this test.

PRINT NAME: John S. Gramz  
 SIGN NAME: *[Signature]*  
 TESTING FIRM: PrimeTime Services Inc.  
 TELEPHONE # (609) 303-2771  
 ADDRESS: 760 Curran Rd. Shortsville, NY 14548

NEW YORK STATE REQUIREMENT: A DIAGRAM OF THE TANK SYSTEM MUST BE SUBMITTED TO







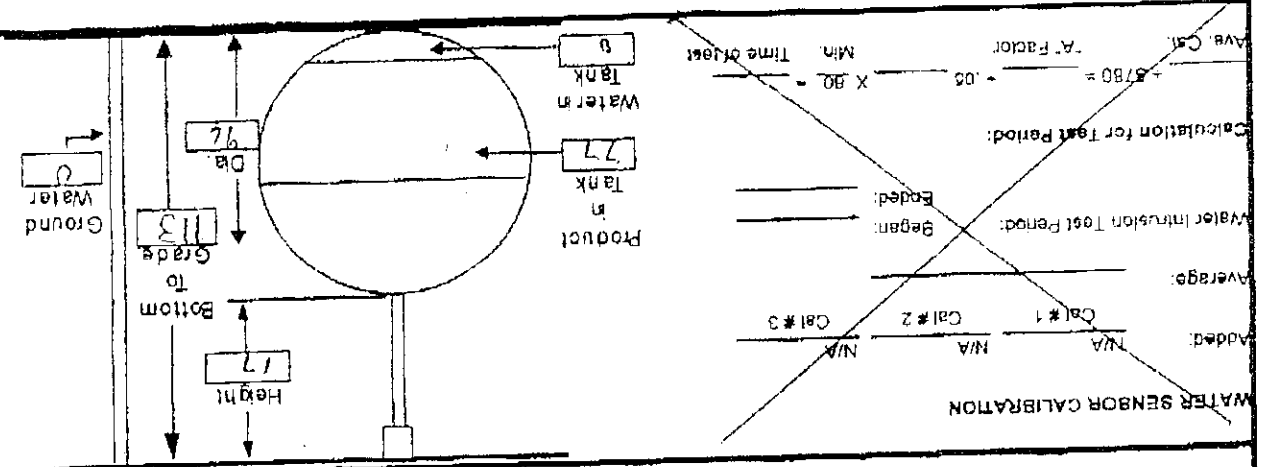
**EZY 3 LOCATOR PLUS**  
 PRESSURE SENSOR CALIBRATION & WATER SENSOR CALIBRATION

DATE: 6-29-12 11:58 AM  
 TANK # 2  
 PBS# (NEW YORK) 9-425508  
 LOCATION Valve Connections & Gas  
 351 Central Ave  
 Silver Creek NY 14130  
 PRODUCT VOL. 1849  
 ALLIAGE VOL. 6151  
 PRODUCT TYPE Super

**PRESSURE SENSOR CALCULATION**

INCHES of PRODUCT	WEIGHT of PRODUCT	INCHES of WATER in TANK	Line 1 + Line 2 = Total Positive Head Pressure in Tank	INCHES of WATER OUTSIDE TANK	Total Head Pressure Minus Outside Water Pressure	Always add .5 PSI	NOTE: If Line 6 is Less than .5 PSI, Line 7 shall be .5 PSI	TEST PRESSURE
27	0.026	0.00	0.04	0	0.04	0.00 PSI (2)		
X		X				0.00 PSI (3)		
						0.00 PSI (4)		
						0.00 +/- PSI (5)		
						1202		
						0.00 PSI (6)		
						1.2		
						0.5 +/- PSI (7)		

Blower Started: 8:57 AM  
 Test Pressure Reached: 9:07 AM 13.05  
 Blower Turned Off: 9:07 AM 13.05 BY: *INTERVAL IS DRY*  
 Test Began: 9:08 AM 12.05  
 Test Ended: 9:11 AM 12.05





<b>EZY 3 LOCATOR PLUS</b>		MANUFACTURED BY: ESTABROOK'S INC. (877) 368-7215	
FINAL REPORT		DATE	
PBS# (NEW YORK) 9425508		6-29-12	
TANK # 2		TOTAL TANK VOL. 8000	
LOCATION Valero convenience store		PRODUCT VOL. 1849	
351 Central Ave		ULLAGE VOL. 6151	
Silver Greenway HBS		PRODUCT TYPE Super	
<b>THE ACOUSTIC CHARACTERISTIC OF A LEAK REVEALS:</b>			
TIGHT TANK		This underground storage tank <b>PASSES</b> the criteria set forth by the U.S. E.P.A.	
ULLAGE (DRY) PORTION LEAK		This underground storage tank <b>FAILS</b> the criteria set forth by the U.S. E.P.A.	
BELOW PRODUCT LEVEL (WET) PORTION LEAK		This underground storage tank <b>FAILS</b> the criteria set forth by the U.S. E.P.A.	
<b>WATER SENSOR INDICATES:</b>			
(CHECK ONLY ONE)			
NO WATER INTRUSION:		WATER INTRUSION:	
<input checked="" type="checkbox"/>		<input type="checkbox"/>	
NOT APPLICABLE		X	
<b>OPERATOR INFORMATION:</b>			
I hereby certify that this test complies with the criteria for a tightness test in paragraph 613.6 (a) (6) of the NYSDEC regulatory code. I am trained and qualified to perform this test.			
PRINT NAME: John S. Garamz		SIGNATURE: <i>John S. Garamz</i>	
CERTIFICATION # 52-6418		EXPIRATION DATE: 10/16/2012	
TESTING FIRM: PrimeTime Services Inc.		TELEPHONE # (585) 303-2771	
ADDRESS: 780 Curran Rd. Shortsville, NY 14548			

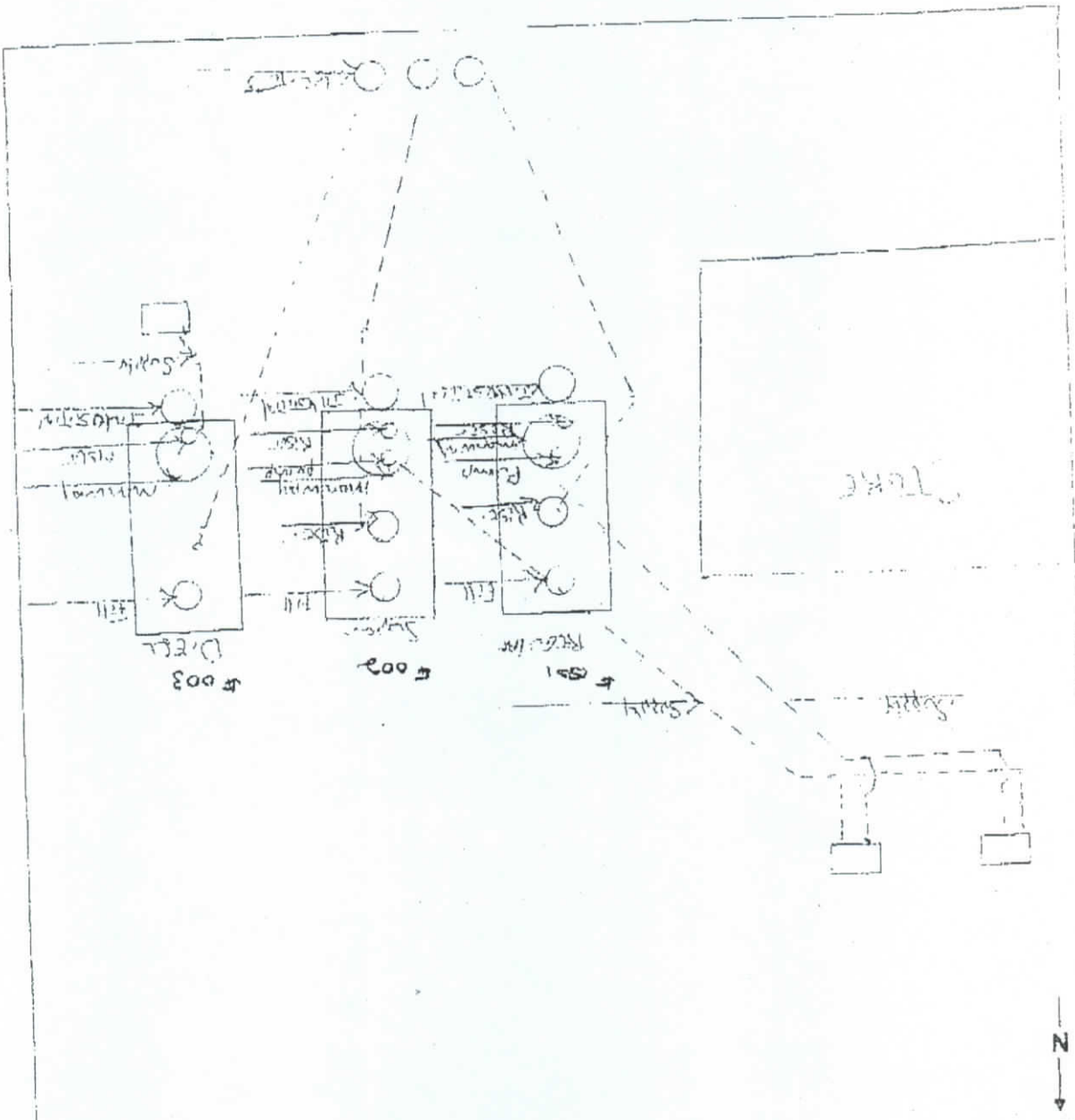
NEW YORK STATE REQUIREMENT: A DIAGRAM OF THE TANK SYSTEM MUST BE SUBMITTED TO





### EZ3 Locator Plus Tank Diagram Sheet

Date	6-29-12
Owner	VALCO COVENANCE # 643
Address	351 Central Ave
City	Silver Creek, NY 14154
PBS #	9-425508
Tank #	1-2-3









**EZY 3 LOCATOR PLUS**  
 MANUFACTURED BY: ESTABROOK'S INC. (877) 368-7215

DATE	6.29.12
TOTAL TANK VOL.	10.00
PRODUCT VOL.	6.59
ULLAGE VOL.	3.41
PRODUCT TYPE	Diesel

PBS# (NEW YORK) 9-425508  
 TANK # 3  
 LOCATION Valero Convenience and Gas  
 351 Central Ave  
 Silver Creek NY 14131

**FINAL REPORT**

**THE ACOUSTIC CHARACTERISTIC OF A LEAK REVEALS:**

**TIGHT TANK**  
 This underground storage tank **PASSES** the criteria set forth by the U.S. E.P.A.

**ULLAGE (DRY) PORTION LEAK**  
 This underground storage tank **FAILS** the criteria set forth by the U.S. E.P.A.

**BELOW PRODUCT LEVEL (WET) PORTION LEAK**  
 This underground storage tank **FAILS** the criteria set forth by the U.S. E.P.A.

**WATER SENSOR INDICATES:**  
 (CHECK ONLY ONE)  
 **NO WATER INTRUSION:**  
 **WATER INTRUSION:** NOT APPLICABLE

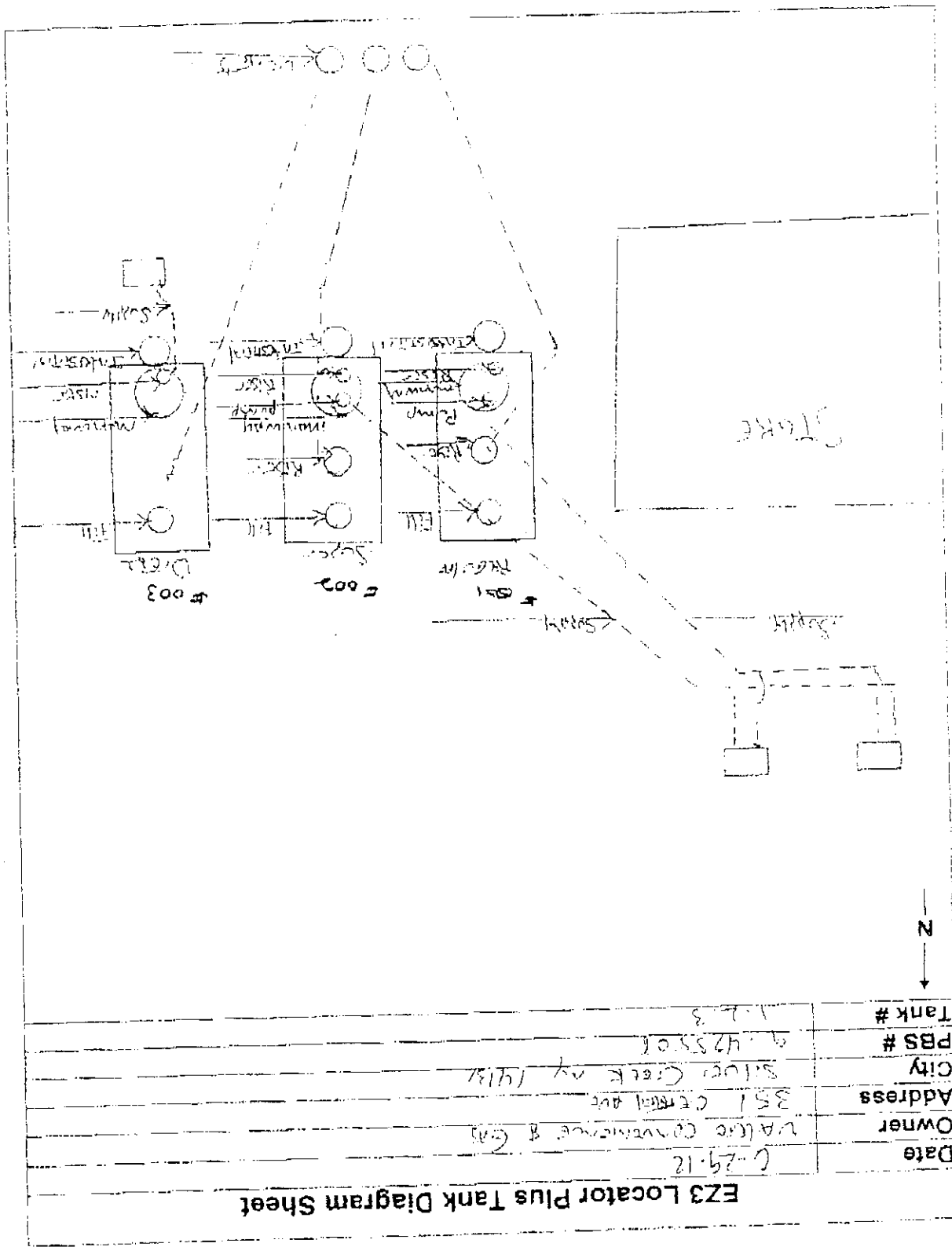
**OPERATOR INFORMATION:**  
 I hereby certify that this test complies with the criteria for a tightness test in paragraph 613.5 (a) (6) of the NYSDEC regulatory code. I am trained and qualified to perform this test.

PRINT NAME: John S. Garmz  
 SIGN NAME: *[Signature]*  
 TESTING FIRM: PrimeTime Services Inc.  
 ADDRESS: 780 Curran Rd. Shortsville, NY 14548

CERTIFICATION # 52-6418  
 EXPIRATION DATE: 10/16/2012  
 TELEPHONE # (585) 303-2771

NEW YORK STATE REQUIREMENT: A DIAGRAM OF THE TANK SYSTEM MUST BE SUBMITTED TO









Tank tightness testing for one 1,000 gallon underground storage tank.  
\$450.00 + tx.

Comments:

To: Valvo's Convenience & Gas, Inc.  
Attn: Bridget  
Fax #: 716-934-3531  
From: Dana

Date: 20 Dec '11

Page 1 of 1

Fax # (814) 899-6880  
Ph # (814) 899-7575  
(800) 995-3656

COPY



4895 EAST LAKE RD.  
ERIE, PA 16511

**JEMKO**

**FAX**



### Underground Storage Tank (UST)

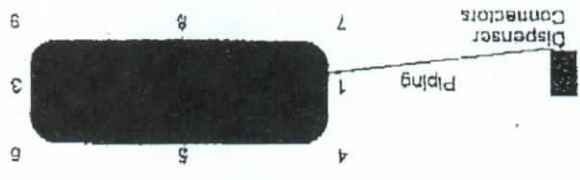
Facility Name: *Union Tank* Address: *12712 27th St NW, Edmonds, WA 98149* Telephone #: *(206) 851-8522*

Testing Company Name: *STC* Address: *4055 E. 1st Ave, Everett, WA 98201* Telephone #: *(814) 896-2575*

Equipment used to test: *PS Tester*

(Circle One) Sacrificial OR Impressed System

NOTE: Minimum test locations are 1, 2, and 3



Test for Tank #: *Building 4 Tank 1*

Test Locations	1	2	3	4	5	6	7	8	9	Product:
Reading (-Volt)										
Native Voltage										
Instant Off										
Polarization (Mv)										
Corrosion Protection Results (circle one) TANK: (Pass) (Fail) (N/A)										
Corrosion Protection Results (circle one) PIPING: (Pass) (Fail) (N/A)										

Comments/ Recommendations:

Test for Tank #: *2*

Test Locations	1	2	3	4	5	6	7	8	9	Product:
Reading (-Volt)										
Native Voltage										
Instant Off										
Polarization (Mv)										
Corrosion Protection Results (circle one) TANK: (Pass) (Fail) (N/A)										
Corrosion Protection Results (circle one) PIPING: (Pass) (Fail) (N/A)										

Comments/ Recommendations:

Test for Tank #: *3*

Test Locations	1	2	3	4	5	6	7	8	9	Product:
Reading (-Volt)										
Native Voltage										
Instant Off										
Polarization (Mv)										
Corrosion Protection Results (circle one) TANK: (Pass) (Fail) (N/A)										
Corrosion Protection Results (circle one) PIPING: (Pass) (Fail) (N/A)										

Comments/ Recommendations:

I hereby certify that I have an understanding of the principles and measurements of all common types of techniques used to prevent corrosion of a metal surface by making that surface the cathode of an electrochemical cell as applied to buried piping and tank systems.

Name of Tester (Print): *Mark A. ...*

Signature: *[Signature]*

Date: *06-25-11*

NACE Certification #:



Underground Storage Tank (UST)

Facility Name: *W. L. ...*  
 Address: *2111 ...*  
 Telephone #: *916 951-9132*  
 Testing Company Name: *...*  
 Address: *4015 ...*  
 Telephone #: *(817) 533-7575*  
 Equipment used to test: *P3 meter*  
 (Circle One)  Sacrificial  OR  Impressed System

NOTE: Minimum test locations are 1, 2, and 3

Facility ID: 9 -  
 Test Date: *06/18/96 12:01*

Test for Tank #: *4* Tank Size: *5000 Gallons* Product: *...*

Test Locations	1	2	3	4	5	6	7	8	9	STP Connectors	Dispenser Connectors
Reading (-Volt)											
Native Voltage											
Instant Off											
Polarization (Mv)											

TANK: (Pass) (Fail) (N/A)  
 Corrosion Protection Results (circle one)  
 PIPING: (Pass) (Fail) (N/A)  
 Corrosion Protection Results (circle one)

Test for Tank #: *...* Tank Size: *...* Product: *...*

Test Locations	1	2	3	4	5	6	7	8	9	STP Connectors	Dispenser Connectors
Reading (-Volt)											
Native Voltage											
Instant Off											
Polarization (Mv)											

TANK: (Pass) (Fail) (N/A)  
 Corrosion Protection Results (circle one)  
 PIPING: (Pass) (Fail) (N/A)  
 Corrosion Protection Results (circle one)

Test for Tank #: *...* Tank Size: *...* Product: *...*

Test Locations	1	2	3	4	5	6	7	8	9	STP Connectors	Dispenser Connectors
Reading (-Volt)											
Native Voltage											
Instant Off											
Polarization (Mv)											

TANK: (Pass) (Fail) (N/A)  
 Corrosion Protection Results (circle one)  
 PIPING: (Pass) (Fail) (N/A)  
 Corrosion Protection Results (circle one)

I hereby certify that I have an understanding of the principles and measurements of all common types of techniques used to prevent corrosion of a metal surface by making that surface the cathode of an electrochemical cell as applied to buried piping and tank systems.

Name of Tester (Print): *...*  
 Signature: *...*  
 Date: *06-23-96*  
 NACE Certification #: *...*





**Work Order #:** 356

Date: May 06, 2011

Operator: Dana  
 Called in By: Bridget

Customer PO:

Bill To: Valvo's Convenience & Gas, Inc.  
 351 Central Ave.  
 Silver Creek NY 14136  
 Steve Valvo (716) 951-8132

Job Site: Valvo's Convenience & Gas, Inc.  
 351 Central Ave  
 Silver Creek NY 14136  
 Steve Valvo (716) 951-8132  
 Round Trip: 118 Miles 2 Hours

Problem: They want the corrosion protection tested on four tanks at their main office, 1277 Rt. 5 & Rt. 20  
 Schedule for Thursday or Friday

Work Performed:

- Job On Hold:
- Job On Hold:
- Job Complete:

**Parts Used**

Part #/Description Qty.

Amount P.P.U.

Please Note: Invoiced labor includes on-site time and travel time.

**Parts/Labor**

Part #/Description Qty. Amount P.P.U.

Name H/W Mileage

Amount P.P.U.

Customer Signature:

Technician Signature:









172

619  
~~585~~

125

1000

1000



I hereby certify that I have an understanding of the principles and measurements of all common types of techniques used to prevent corrosion of a metal surface by making that surface the cathode of an electrochemical cell as applied to buried piping and tank systems.

Name of Tester (Print): *Mark Mills*  
 Signature: *[Signature]*  
 Date: *06-29-11*  
 NACE Certification #:

Comments/ Recommendations: TANK: (Pass) (N/A) (Fall)

Test Locations	1	2	3	4	6	6	7	8	9	Piping	STP Connectors	Dispenser Connectors
Reading (-Vol)				981	999	956						
Native Voltage												
Instant Off												
Polarization (Mv)												

Test for Tank #: *3* Tank Size: *5000* Product: *5000*

Comments/ Recommendations: TANK: (Pass) (N/A) (Fall)

Test Locations	1	2	3	4	5	6	7	8	9	Piping	STP Connectors	Dispenser Connectors
Reading (-Vol)							972	1018	1010			
Native Voltage												
Instant Off												
Polarization (Mv)												

Test for Tank #: *2* Tank Size: *5000* Product: *5000*

Comments/ Recommendations: TANK: (Pass) (N/A) (Fall)

Test Locations	1	2	3	4	5	6	7	8	9	Piping	STP Connectors	Dispenser Connectors
Reading (-Vol)								1400	1373	1378		
Native Voltage												
Instant Off												
Polarization (Mv)												

Test for Tank #: *Building 4 Tank 1* Tank Size: *5000* Product: *5000*

Facility Name: *V-105* Address: *277127 Rd and 20* Phone: *716 1551-8132*

Telephone #: *716 1551-8132*

Telling Company Name: *Santa* Address: *4055 Gate Road* Phone: *716 1551-8132*

Equipment used to test: *P3 tester*

Telephone #: *(716) 899-2575*

NOTE: Minimum test locations are 1, 2, and 3

Facility ID: *9-* Test Date: *06-29-11*

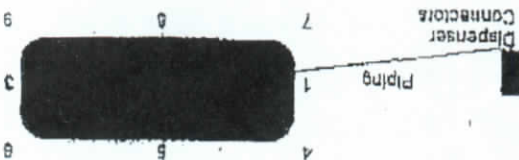
Underground Storage Tank (UST)





Underground Storage Tank (UST)

Facility Name: V/005  
 Address: 2117/217 - 20  
 Telephone #: (916) 951-8132  
 Testing Company Name: Jemko  
 Address: 4815 E. Lake Blvd  
 Telephone #: (916) 451-1511  
 Equipment used to test: P3 Ref. 1  
 Telephone #: (916) 451-7575  
 Facility ID: 9 -  
 Test Date: 06/29/2011



NOTE: Minimum test locations are 1, 2, and 3

Test for Tank #:	4	Front of Storage					Tank Size:	Product:	
Test Locations	1	2	3	4	5	6	7	8	9
Reading (-Volt)							0.527	0.685	0.712
Native Voltage									
Instant Off									
Polarization (MV)									
Corrosion Protection Results (circle one)	TANK: (Pass) (N/A)								
Comments/Recommendations:	Corrosion Protection Results (circle one) PIPING: (Pass) (Fail) (N/A)								

Test for Tank #:	1	2	3	4	5	6	7	8	9
Test Locations	1	2	3	4	5	6	7	8	9
Reading (-Volt)									
Native Voltage									
Instant Off									
Polarization (MV)									
Corrosion Protection Results (circle one)	TANK: (Pass) (Fail) (N/A)								
Comments/Recommendations:	Corrosion Protection Results (circle one) PIPING: (Pass) (Fail) (N/A)								

Test for Tank #:	1	2	3	4	5	6	7	8	9
Test Locations	1	2	3	4	5	6	7	8	9
Reading (-Volt)									
Native Voltage									
Instant Off									
Polarization (MV)									
Corrosion Protection Results (circle one)	TANK: (Pass) (Fail) (N/A)								
Comments/Recommendations:	Corrosion Protection Results (circle one) PIPING: (Pass) (Fail) (N/A)								

I hereby certify that I have an understanding of the principles and measurements of all common types of tank systems. I have used the method of an electrochemical cell as applied to buried piping and tank systems.

Name of Tester (Print): *[Signature]*  
 Signature: *[Signature]*  
 Date: 06-29-11  
 NACE Certification #: \_\_\_\_\_





Jun. 29, 2011 3:19PM  
 IWK-20-1958 20:22

Jemko Petroleum Equipment

No. 5654

P. 02/02

Underground Storage Tank (UST)

Facility Name: V-103  
 Address: 1277 127th St and 20th Ave  
 Larchmont, NY 10486  
 Telephone #: (914) 951-8132  
 Testing Company Name: Servo  
 Address: 4955 E. 15th Road  
 GAITHERSBURG, MD  
 Telephone #: (814) 899-2575  
 Equipment used to test: P3 tester

(Circle One) Sacrificial OR Impressed System

NOTE: Minimum test locations are 1, 2, and 3

Corrosion Protection Results (circle one)	TANK: (Pass)								
Polarization (mV)									
Instant Off									
Native Voltage									
Reading (-Volt)				1.400	1.393	1.378			
Test Locations	1	2	3	4	5	6	7	8	9
Product:	Piping								
STP Connectors	Connectors								
Dispenser Connectors	Connectors								

Facility ID: 9 -  
 Test Date: 06/29/2011

Test for Tank #: 2  
 Tank Size: Fuel Tank  
 Product:

Corrosion Protection Results (circle one)	TANK: (Pass)								
Polarization (mV)									
Instant Off									
Native Voltage									
Reading (-Volt)				0.972	1.018	1.010			
Test Locations	1	2	3	4	5	6	7	8	9
Product:	Piping								
STP Connectors	Connectors								
Dispenser Connectors	Connectors								

Test for Tank #: 3  
 Tank Size: Fuel Tank  
 Product:

Corrosion Protection Results (circle one)	TANK: (Pass)								
Polarization (mV)									
Instant Off									
Native Voltage									
Reading (-Volt)				0.981	0.999	0.956			
Test Locations	1	2	3	4	5	6	7	8	9
Product:	Piping								
STP Connectors	Connectors								
Dispenser Connectors	Connectors								

I hereby certify that I have an understanding of the principles and measurements of all common types of techniques used to prevent corrosion of a metal surface by making that surface the anode of an electrochemical cell as applied to buried piping and tank systems.

Name of Tester (Print): *Mark Mills*  
 Signature: *Mark Mills*  
 Date: 06-29-11  
 NACE Certification #:



Jan. 29, 2011 3:20 PM

Jank Petroleum Equipment

No. 5654 P. 02/02

Underground Storage Tank (UST)

Facility Name: *11777* Address: *2717 17th St* *St. Louis, MO 63114*

Telephone #: *(916) 951-5132*

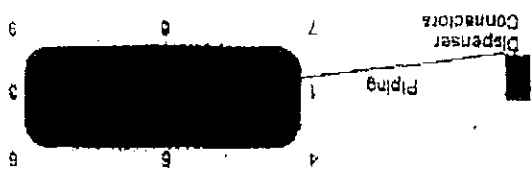
Testing Company Name: *2nd* Address: *9855 E. 10th St* *Overland Park, KS 66214*

Telephone #: *(816) 951-7575*

Equipment used to test: *P3 Tester*

(Circle One) Sacrificial OR Impressed System

NOTE: Minimum test locations are 1, 2, and 3



Test for Tank #: *4* Tank Size: *5000 gal* Product: *Gasoline*

Test Locations	Reading (-Vol)	Native Voltage	Instant Off	Polarization (mV)	Corrosion Protection Results (circle one)
1					
2					
3					
4					
5					
6					
7					
8					
9					

TANK: (Pass) (Fail) (N/A)

Corrosion Protection Results (circle one)

PIPING: (Pass) (Fail) (N/A)

Dispenser Connectors

Test for Tank #: \_\_\_\_\_ Tank Size: \_\_\_\_\_ Product: \_\_\_\_\_

Test Locations	Reading (-Vol)	Native Voltage	Instant Off	Polarization (mV)	Corrosion Protection Results (circle one)
1					
2					
3					
4					
5					
6					
7					
8					
9					

TANK: (Pass) (Fail) (N/A)

Corrosion Protection Results (circle one)

PIPING: (Pass) (Fail) (N/A)

Dispenser Connectors

Test for Tank #: \_\_\_\_\_ Tank Size: \_\_\_\_\_ Product: \_\_\_\_\_

Test Locations	Reading (-Vol)	Native Voltage	Instant Off	Polarization (mV)	Corrosion Protection Results (circle one)
1					
2					
3					
4					
5					
6					
7					
8					
9					

TANK: (Pass) (Fail) (N/A)

Corrosion Protection Results (circle one)

PIPING: (Pass) (Fail) (N/A)

Dispenser Connectors

I hereby certify that I have an understanding of the principles and measurements of all common types of techniques used to prevent corrosion of a metal surface by making that surface the cathode of an electrochemical cell as applied to buried piping and tank systems.

Name of Tester (Print): *Eric J. ...*

NACE Certification #: \_\_\_\_\_

Date: *06-29-11*

Signature: *[Signature]*

TOTR, P. 02



COPY



4895 EAST LAKE ROAD  
ERIE, PENNSYLVANIA 16511  
TELEPHONE (814) 899-7575  
FAX (814) 899-6880

## GALVANIC CATHODIC PROTECTION SYSTEM MONITORING REPORT

FACILITY: VALLEY CROBY

1277 RT. 5+20  
SILVER CREEK NY 14136

FACILITY ID #: \_\_\_\_\_

TANK #: \_\_\_\_\_

OVER TANK LOCATION:  
END READING MIDDLE READING

END READING

DIESEL

-606

-682

-602

TECHNICIAN: MATT RICHTER

SIGNATURE: Matt Richter

PA DEP CERTIFICATION #: 335

COMPANY CERTIFICATION #: 52

DATE: 4-11-78

COMMENTS:





Underground Storage Tank (UST)

Facility Name: VALVE'S COMPANY PUMP & GAS  
 Address: 351 GARDEN AVE  
 Silver Creek, PA 19136

Telephone #: (716) 951-8132

Testing Company Name: JUMKO Petroleum Equipment  
 Address: 4215 EAST LAKE RD.  
 ERIE, PA 16511

Telephone #: (214) 299-7575

Equipment used to test: Copper sulfate Reference C-11

NOTE: Minimum test locations are 1, 2, and 3

Facility ID: 9 - Test Date: 04/11/2012

30' - Tank  
 Dispenser  
 Piping  
 Connectors

Test for Tank #: 2

Test Locations	1	2	3	4	5	6	7	8	9
Reading (-Volt)	-1.101	-2.967							-0.948
Native Voltage									
Instant Off									
Polarization (Mv)									
Corrosion Protection Results (circle one) TANK: (Pass) (Fail) (N/A) PIPING: (Pass) (Fail) (N/A)									

Tank Size: Product: *Steel*

Test for Tank #: 3

Test Locations	1	2	3	4	5	6	7	8	9
Reading (-Volt)	-0.634								-0.519
Native Voltage									
Instant Off									
Polarization (Mv)									
Corrosion Protection Results (circle one) TANK: (Pass) (Fail) (N/A) PIPING: (Pass) (Fail) (N/A)									

Tank Size: Product: *Steel*

I hereby certify that I have an understanding of the principles and measurements of all common types of techniques used to prevent corrosion of a metal surface by making the cathode of an electrochemical cell as applied to buried piping and tank systems.

Name of Tester (Print): *MATT RICHARD*

Signature: *[Signature]*

Date: *04/11/2012*

NACE Certification #:





EZY CHECK SYSTEMS  
PRODUCT LINE TESTER

DATA SHEET

Test Location Information	
Name	Valley Equipment & Gas
Address	301 Central Ave.
City	5100 Creek Rd 14130
Phone	716-941-8132
Contact	STEVE VALLEY
Facility ID#	

Testing Company Information	
TEST DATE	04/12/2012
Name	JEMKO Petroleum Equipment, Inc.
Address	4895 East Lake Road
City	Erie, PA 16511
Phone	814-899-7575
Technician Information	
Name	Matt Ralston
Cert #	335
Piping Fiberglass	
Applied Pressure	50 PSI

Product Type: <i>From Valve</i>	
TIME	12.45
DATA	7.1
RES	0
GPH	0.0037
TIME	1:00
DATA	7.4
RES	0
GPH	0.0037
TIME	1:15
DATA	7.3
RES	0
GPH	0.0037
TIME	1:30
DATA	7.2
RES	0
GPH	0.0037
TIME	1:45
DATA	7.1
RES	0
GPH	0.0037
TIME	2:00
DATA	7.0
RES	0
GPH	0.0037
TIME	2:15
DATA	6.9
RES	0
GPH	0.0037
TIME	2:30
DATA	6.8
RES	0
GPH	0.0037
TIME	2:45
DATA	6.7
RES	0
GPH	0.0037
TIME	3:00
DATA	6.6
RES	0
GPH	0.0037
TIME	3:15
DATA	6.5
RES	0
GPH	0.0037
TIME	3:30
DATA	6.4
RES	0
GPH	0.0037
TIME	3:45
DATA	6.3
RES	0
GPH	0.0037
TIME	4:00
DATA	6.2
RES	0
GPH	0.0037
TIME	4:15
DATA	6.1
RES	0
GPH	0.0037
TIME	4:30
DATA	6.0
RES	0
GPH	0.0037
TIME	4:45
DATA	5.9
RES	0
GPH	0.0037
TIME	5:00
DATA	5.8
RES	0
GPH	0.0037
TIME	5:15
DATA	5.7
RES	0
GPH	0.0037
TIME	5:30
DATA	5.6
RES	0
GPH	0.0037
TIME	5:45
DATA	5.5
RES	0
GPH	0.0037
TIME	6:00
DATA	5.4
RES	0
GPH	0.0037
TIME	6:15
DATA	5.3
RES	0
GPH	0.0037
TIME	6:30
DATA	5.2
RES	0
GPH	0.0037
TIME	6:45
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RES	0
GPH	0.0037
TIME	7:00
DATA	5.0
RES	0
GPH	0.0037
TIME	7:15
DATA	4.9
RES	0
GPH	0.0037
TIME	7:30
DATA	4.8
RES	0
GPH	0.0037
TIME	7:45
DATA	4.7
RES	0
GPH	0.0037
TIME	8:00
DATA	4.6
RES	0
GPH	0.0037
TIME	8:15
DATA	4.5
RES	0
GPH	0.0037
TIME	8:30
DATA	4.4
RES	0
GPH	0.0037
TIME	8:45
DATA	4.3
RES	0
GPH	0.0037
TIME	9:00
DATA	4.2
RES	0
GPH	0.0037
TIME	9:15
DATA	4.1
RES	0
GPH	0.0037
TIME	9:30
DATA	4.0
RES	0
GPH	0.0037
TIME	9:45
DATA	3.9
RES	0
GPH	0.0037
TIME	10:00
DATA	3.8
RES	0
GPH	0.0037
TIME	10:15
DATA	3.7
RES	0
GPH	0.0037
TIME	10:30
DATA	3.6
RES	0
GPH	0.0037
TIME	10:45
DATA	3.5
RES	0
GPH	0.0037
TIME	11:00
DATA	3.4
RES	0
GPH	0.0037
TIME	11:15
DATA	3.3
RES	0
GPH	0.0037
TIME	11:30
DATA	3.2
RES	0
GPH	0.0037
TIME	11:45
DATA	3.1
RES	0
GPH	0.0037
TIME	12:00
DATA	3.0
RES	0
GPH	0.0037
TIME	12:15
DATA	2.9
RES	0
GPH	0.0037
TIME	12:30
DATA	2.8
RES	0
GPH	0.0037
TIME	12:45
DATA	2.7
RES	0
GPH	0.0037
TIME	13:00
DATA	2.6
RES	0
GPH	0.0037
TIME	13:15
DATA	2.5
RES	0
GPH	0.0037
TIME	13:30
DATA	2.4
RES	0
GPH	0.0037
TIME	13:45
DATA	2.3
RES	0
GPH	0.0037
TIME	14:00
DATA	2.2
RES	0
GPH	0.0037
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DATA	2.1
RES	0
GPH	0.0037
TIME	14:30
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RES	0
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TIME	16:00
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GPH	0.0037
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TIME	16:45
DATA	1.1
RES	0
GPH	0.0037
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DATA	1.0
RES	0
GPH	0.0037
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RES	0
GPH	0.0037
TIME	17:30
DATA	0.8
RES	0
GPH	0.0037
TIME	17:45
DATA	0.7
RES	0
GPH	0.0037
TIME	18:00
DATA	0.6
RES	0
GPH	0.0037
TIME	18:15
DATA	0.5
RES	0
GPH	0.0037
TIME	18:30
DATA	0.4
RES	0
GPH	0.0037
TIME	18:45
DATA	0.3
RES	0
GPH	0.0037
TIME	19:00
DATA	0.2
RES	0
GPH	0.0037
TIME	19:15
DATA	0.1
RES	0
GPH	0.0037
TIME	19:30
DATA	0.0
RES	0
GPH	0.0037
TIME	19:45
DATA	0.0
RES	0
GPH	0.0037
TIME	20:00
DATA	0.0
RES	0
GPH	0.0037
TIME	20:15
DATA	0.0
RES	0
GPH	0.0037
TIME	20:30
DATA	0.0
RES	0
GPH	0.0037
TIME	20:45
DATA	0.0
RES	0
GPH	0.0037
TIME	21:00
DATA	0.0
RES	0
GPH	0.0037
TIME	21:15
DATA	0.0
RES	0
GPH	0.0037
TIME	21:30
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RES	0
GPH	0.0037
TIME	21:45
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RES	0
GPH	0.0037
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RES	0
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TIME	22:30
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RES	0
GPH	0.0037
TIME	22:45
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RES	0
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RES	0
GPH	0.0037
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RES	0
GPH	0.0037
TIME	23:30
DATA	0.0
RES	0
GPH	0.0037
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RES	0
GPH	0.0037
TIME	24:00
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RES	0
GPH	0.0037
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DATA	0.0
RES	0
GPH	0.0037
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RES	0
GPH	0.0037
TIME	24:45
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RES	0
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TIME	27:30
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RES	0
GPH	0.0037
TIME	27:45
DATA	0.0
RES	0
GPH	0.0037
TIME	28:00
DATA	0.0
RES	0
GPH	0.0037
TIME	28:15
DATA	0.0
RES	0
GPH	0.0037
TIME	28:30
DATA	0.0
RES	0
GPH	0.0037
TIME	28:45
DATA	0.0
RES	0
GPH	0.0037
TIME	29:00
DATA	0.0
RES	0
GPH	0.0037
TIME	29:15
DATA	0.0
RES	0
GPH	0.0037
TIME	29:30
DATA	0.0
RES	0
GPH	0.0037
TIME	29:45
DATA	0.0
RES	0
GPH	0.0037
TIME	30:00
DATA	0.0
RES	0
GPH	0.0037
TIME	30:15
DATA	0.0
RES	0
GPH	0.0037
TIME	30:30
DATA	0.0
RES	0
GPH	0.0037
TIME	30:45
DATA	0.0
RES	0
GPH	0.0037
TIME	31:00
DATA	0.0
RES	0
GPH	0.0037
TIME	31:15
DATA	0.0
RES	0
GPH	0.0037
TIME</	



**ESTABROOK'S EZY CHEK  
LEAK DETECTOR  
TEST RESULTS**

**JEMKO**  
PETROLEUM EQUIPMENT, INC.

DATE: 04/12/2019  
 TESTING CO: JEMKO Petroleum Equipment Inc.  
 ADDRESS: 4895 East Lake Road  
 Erie, Pa 16511  
 PHONE: 814-899-7575

TEST SITE: Valco's Greenhouse & Gas  
 ADDRESS: 351 Central Ave  
5 Lugo Circle, PA  
 FACILITY ID #: \_\_\_\_\_

TECH NAME & CERT #: MATT Richter P# 335

**TEST REPORT INDICATES**

TYPE OF LEAK DETECTOR TESTED

PUMP #  
1  
2  
3  
4  
5  
6  
7  
8

MAKE

Red Jacket

MODEL

FXIV

SERIAL #

31102 7678

PUMP #	PRODUCT TYPE	METERING PRESSURE	FUNCTIONAL ELEMENT HOLDING PSI	RESILIENCY	TEST LEAK RATE ML/MIN	OPENING TIME	PASS FAIL
1	<u>GAS</u>	<u>28</u>	<u>12</u>	<u>W/L</u>	<u>189 ml</u>	<u>15cc</u>	<u>PASS</u>
2					<u>189 ml</u>		
3					<u>189 ml</u>		
4					<u>189 ml</u>		
5					<u>189 ml</u>		
6					<u>189 ml</u>		
7					<u>189 ml</u>		
8					<u>189 ml</u>		



Issue Date: November 22, 1995  
 Revision Date: September 2, 2008

**Estabrook EZY CHEK Systems**  
 (originally listed as Horner EZY CHEK)

**EZY-Chek Manual Line Leak Detector (for Rigid Pipelines)**

**LINE TIGHTNESS TEST METHOD**

**Certification** Leak rate of 0.1 gph with PD = 98.0% and PFA = 1%.  
**Leak Threshold** 0.05 gph.  
 A pipeline system should not be declared tight if the test result indicates a loss that equals or exceeds this threshold.

**Applicability** Gasoline, diesel, aviation fuel, fuel oil #4.  
 Other liquids may be tested after consultation with the manufacturer.

**Specification** System tests fiberglass and steel pipelines.  
 Tests are conducted at 150% operating pressure.  
 Mechanical line leak detector must be removed or manually isolated from pipeline for duration of test, or if testing is to be conducted with mechanical line leak detector in place, check valve in pump must be manually closed.

**Pipeline Capacity** Maximum of 426 gallons.

**Waiting Time** None between delivery and testing. None between dispensing and testing.

**Test Period** Under ideal conditions, 30 minutes; actual test time will depend on line size and temperature conditions at the site.  
 Data are collected every 15 minutes.  
 Three consecutive consistent readings are required for a valid test, with the first reading taken at zero time.  
 Test data are acquired and recorded manually.  
 Manual calculations performed by the operator on site.

**Calibration** No temperature sensors used.  
 No calibration required.  
 System must be checked annually in accordance with manufacturer's instructions.  
 Technicians must be certified by the manufacturer prior to using this equipment and recertified every two years.

Estabrook EZY CHEK Systems

1505 Woodside Ave.

Essexville, MI 48732

Tel: (989) 891-9868

E-mail: sales@ezychek.com

URL: www.ezychek.com

Evaluator: Ken Wilcox Associates

Tel: (816) 443-2494

Dates of Evaluations: 07/09/92, 05/21/08



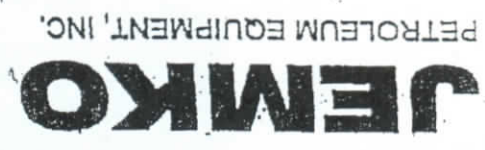








**ESTABROOK'S EZY CHEK  
LEAK DETECTOR  
TEST RESULTS**



DATE: 4-19-2010  
 TESTING CO: JEMKO Petroleum Equipment Inc.  
 ADDRESS: 4895 East Lake Road  
 Erie, Pa 16611  
 PHONE: 814-899-7575

TEST SITE: Valero's Convenience & GAS  
 ADDRESS: 351 Central Ave  
 5 Lane Circle  
 FACILITY ID #: \_\_\_\_\_

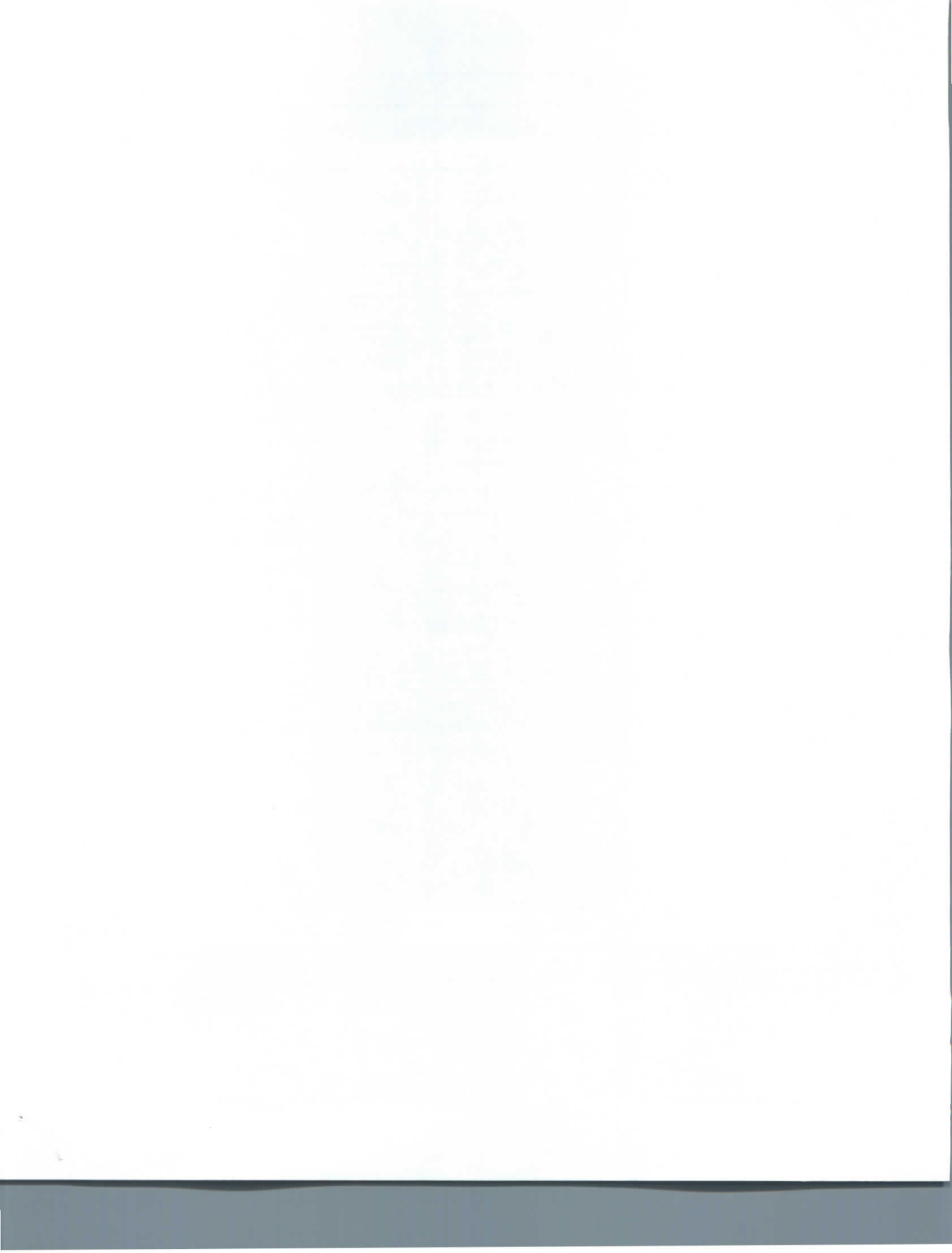
TECH NAME & CERT #: MATT RICKFORD 335

**TEST REPORT INDICATES**

TYPE OF LEAK DETECTOR TESTED

PUMP #	MAKE	MODEL	SERIAL #
1	Red Jacket	FXIII	140510 2241
2			
3			
4			
5			
6			
7			
8			

PUMP #	PRODUCT TYPE	METERING PRESSURE	FUNCTIONAL ELEMENT HOLDING PSI	RESILIENCY	TEST LEAK RATE ML/MIN	OPENING TIME	PASS FAIL
1	6145	25	14	n/a	189 ml	9.570	Pass
2					189 ml		
3					189 ml		
4					189 ml		
5					189 ml		
6					189 ml		
7					189 ml		
8					189 ml		



Valvo Convenience & Gas, Inc.  
 Summary of Violations  
 Violations Cited

Pendulines (see worksheets for specific information)

# of Components Start End

Facility	Count #1	Count #2	Count #3	Count #4	Count #5	Count #6	Count #7	Proposed Penalty	Facility	Count #1	Count #2	Count #3	Count #4	Count #5	Count #6	Count #7	Proposed Penalty	Facility	Count #1	Count #2	Count #3	Count #4	Count #5	Count #6	Count #7	Proposed Penalty	# of Components	Start	End
Facility 1: P85# 9-600137: Valvo Convenience & Gas, Inc. Routes 5 & 20, Silver Creek, NY																													
	Count #1																												
	Proposed Penalty																												
Facility 2: P85# 9-600126: Valvo Transportation, Routes 5 & 20, Silver Creek, NY																													
	Count #1																												
	Proposed Penalty																												
Facility 3: P85# 9-425508: HANOVER CONVENIENCE, 351 CENTRAL AVE, SILVER GREEK, NY																													
	Count #1																												
	Proposed Penalty																												

TOTAL PENALTY \$ 59,366.00

Gravily \$ 58,300.00 Eco Ben. \$ 1,066.00

Complainant's Exhibit 79



Valvo Convenience & Gas Inc, RTE 5 & 20, Silver Creek, NY (Count 1)  
 §280.70(c) - Permanently close after 12 months

Days of noncompliance: 1-Aug-09 31-Mar-11  
 Number of facilities, tanks or pipes: 3  
 Total number of days: 608

Part 2 - Economic Benefit Component (See BEN computer model v.4.3):

1	One Time Capital & Time Costs:	\$	8,445.00
5	Delay Capital & Avoided Costs:	\$	7,962.00
3	Avoided Annually Recurring Costs:	\$	-
7	Initial Economic Benefit (4-5+6):	\$	483.00
8	Final Economic Benefit at Penalty Payment Date:	\$	552.00

Part 3 - Matrix Value For The Gravity-Based Component:

9. Matrix Value (MV): 1,500

Inflation Adjustment Rules:

Value	Start Date	End Date	Inflation	Value+Inflation Round To	Matrix	Total
1,500	8/1/2009	3/31/2011	1.4163	\$ 2,124.45	\$2,120.00	\$ 6,360.00

Note: Inflation adjustments are defined as:  
 a. 9.83% increase effective Jan 13,2009

Potential for Harm: Major  
 Extent of Deviation: Major

Justifications for Potential for Harm and Extent of Deviation: See OSWER Directive 9610.12, Appendix A.

Part 4 - Violator-Specific Adjustments To Matrix Value:

% Change

11a. Degree of cooperation or noncooperation:	0%	\$6,360.00	-
12a. Degree of willfulness or negligence:	0%	\$6,360.00	-
13a. History of noncompliance:	0%	\$6,360.00	-
14a. Unique factors:	0%	\$6,360.00	-

15a. Adjusted Matrix Value, (line 10a + Dollar Adjustments in lines 11.a to 14a)  
 \$6,360.00

Justification for Degree of Cooperation/ Noncooperation:  
 Justification for Degree of Willfulness or Negligence:  
 Justification for History of Noncompliance:  
 Justification for Unique Factors:  
 No adjustment was made.  
 No adjustment was made.  
 No adjustment was made.  
 No adjustment was made.



Calculations for Gravity Based Components (GBC) with Inflation Adjustments:

Environmental Sensitivity: Low

Environmental Sensitivity Multiplier (ESM): 1

Days of Noncompliance Multiplier (DNM): 3.5

Start 8/1/2009

End 3/31/2011

Days 608

3.5

DNM

3.5

Calculations for Gravity Based Components:

Start 8/1/2009

End 3/31/2011

(AMV) \$6,360.00

(ESM) 1

(DNM) 3.5

TOTAL

\$ 22,260.00

Total Gravity-Based Component =

Economic Benefit Component (from line 8):

Gravity-Based Component (from line 20):

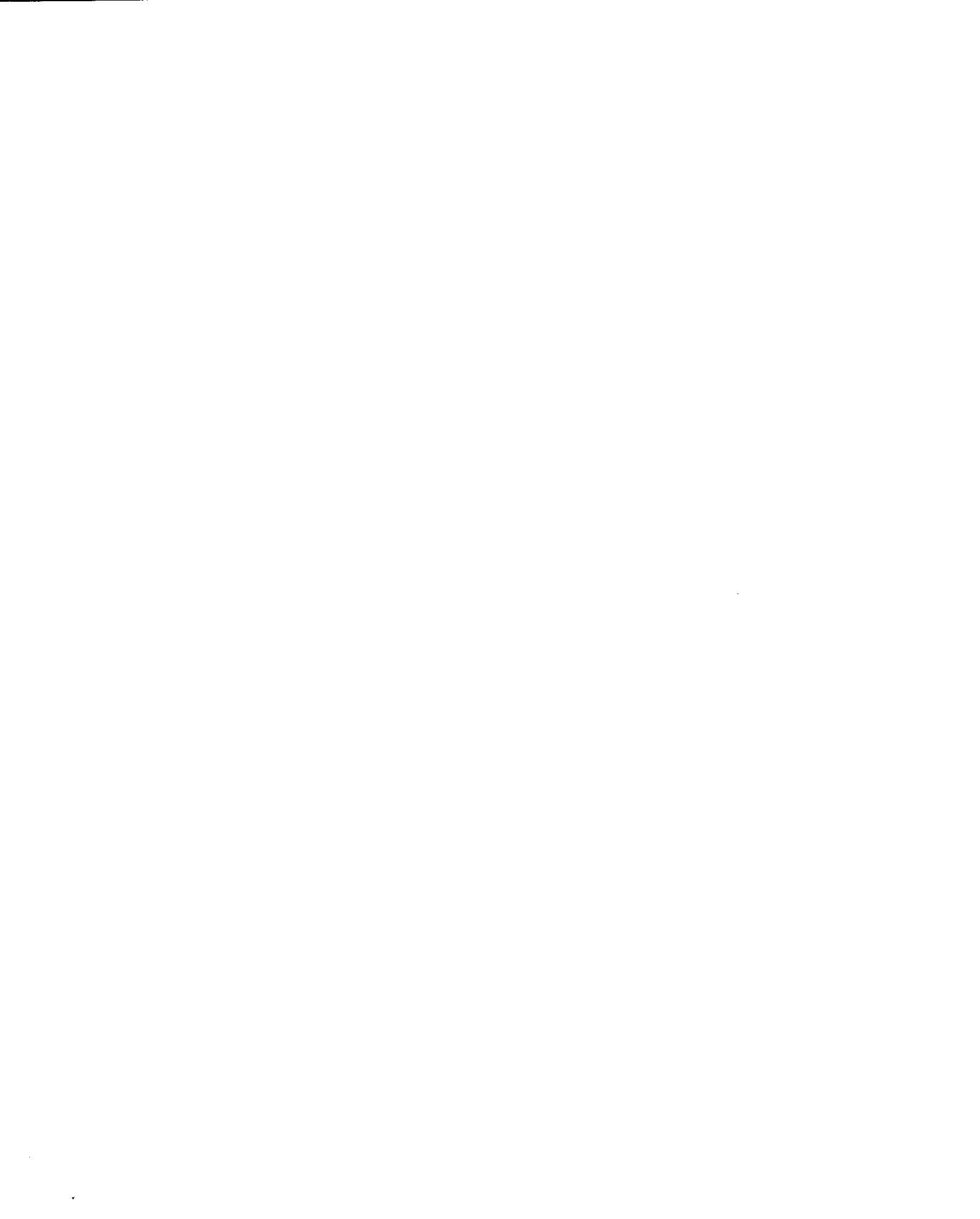
Initial Penalty Target Figure: (line 21 plus line 22):

\$ 22,812.00

\$ 552.00

\$ 22,260.00

\$ 22,260.00





Valvo Transport Inc., Routes 5 & 20 PO Box 271, Silver Creek, NY (Count 2a)  
 Location: §280.70(c) - Permanently close after 12 months (diesel tank)

Days of noncompliance: 1-Aug-09 31-Mar-11  
 Number of facilities, tanks or pipes: 1  
 Total number of days: 608

Part 2 - Economic Benefit Component (See BEN computer model v. 4.3):

\$ 2,815.00	One Time Capital & Time Costs:
\$ 2,654.00	Delay Capital & Avoided Costs:
\$ -	Avoided Annually Recurring Costs:
\$ 161.00	Initial Economic Benefit (4-5+6):
\$ 184.00	Final Economic Benefit at Penalty Payment Date:

Part 3 - Matrix Value For The Gravity-Based Component:  
 Matrix Value (MV): 1,500

*Inflation Adjustment Rules:*

Value	Start Date	End Date	Inflation	Value+Inflation Round To
1,500	8/1/2009	3/31/2011	1.4163	\$ 2,124.45
10				\$ 2,120.00
				Total

Note: Inflation adjustments are defined as:  
 a. 9.83% increase effective Jan 13, 2009

Potential for Harm: Major  
 Extent of Deviation: Major

Justifications for Potential for Harm and Extent of Deviation: See OSWER Directive 9610.12, Appendix A.

Part 4 - Violator-Specific Adjustments To Matrix Value:

Matrix Value	% Change	Total Dollar Adjustment
\$2,120.00	0%	-
\$2,120.00	0%	-
\$2,120.00	0%	-
\$2,120.00	0%	-
\$2,120.00	0%	-
\$2,120.00	0%	-
\$2,120.00	0%	-

15a. Adjusted Matrix Value, (line 10a + Dollar Adjustments in lines 11a to 14a) \$2,120.00

Justification for Degree of Cooperation/ Noncooperation:  
 Justification for Degree of Willfulness or Negligence:  
 Justification for History of Noncompliance:  
 Justification for Unique Factors:  
 No adjustment was made.  
 No adjustment was made.  
 No adjustment was made.  
 No adjustment was made.



Calculations for Gravity Based Components (GBC) with Inflation Adjustments:

Environmental Sensitivity: Low

Environmental Sensitivity Multiplier (ESM): 1

Adjustment for Environmental Sensitivity Multiplier:

Days of Noncompliance Multiplier (DNM): 3.5

Start 8/1/2009

End 3/31/2011

Days 608

DNM 3.5

Calculations for Gravity Based Components:

Start 8/1/2009

End 3/31/2011

(AMV) \$2,120.00

(ESM) 1

(DNM) 3.5

TOTAL

\$ 7,420.00

Total Gravity-Based Component =

\$ 7,420.00

Economic Benefit Component (from line 8):

\$ 184.00

Gravity-Based Component (from line 20):

\$ 7,420.00

Initial Penalty Target Figure: (line 21 plus line 22):

\$ 7,604.00



Valvo Transport Inc., Routes 5 & 20 PO Box 271, Silver Creek, NY (Count 2b)  
 \$280,70(c) - Permanently close after 12 months (waste oil) violation

Days of noncompliance: 15-Mar-10 31-Mar-11  
 Number of facilities, tanks or pipes: 1  
 Total number of days: 382

**Part 2 - Economic Benefit Component (See BEN computer model v.4.3):**

1. One Time Capital & Time Costs:	\$	2,856.00
2. Delay Capital & Avoided Costs:	\$	2,771.00
3. Avoided Annually Recurring Costs:	\$	85.00
4. Initial Economic Benefit (4-5+6):	\$	85.00
5. Final Economic Benefit at Penalty Payment Date:	\$	94.00

**Part 3 - Matrix Value For The Gravity-Based Component:**

9. Matrix Value (MV): 1,500

**Inflation Adjustment Rules:**

10a. Value	Start Date	End Date	Inflation	Value+Inflation Round To	Matrix	Total
1,500	3/15/2010	3/31/2011	1.4163	\$ 2,124.45	10	\$ 2,120.00

Note: Inflation adjustments are defined as:  
 a. 9.83% increase effective Jan 13,2009

Potential for Harm: Major  
 Extent of Deviation: Major

Justifications for Potential for Harm and Extent of Deviation: See OSWER Directive 9610.12, Appendix A.

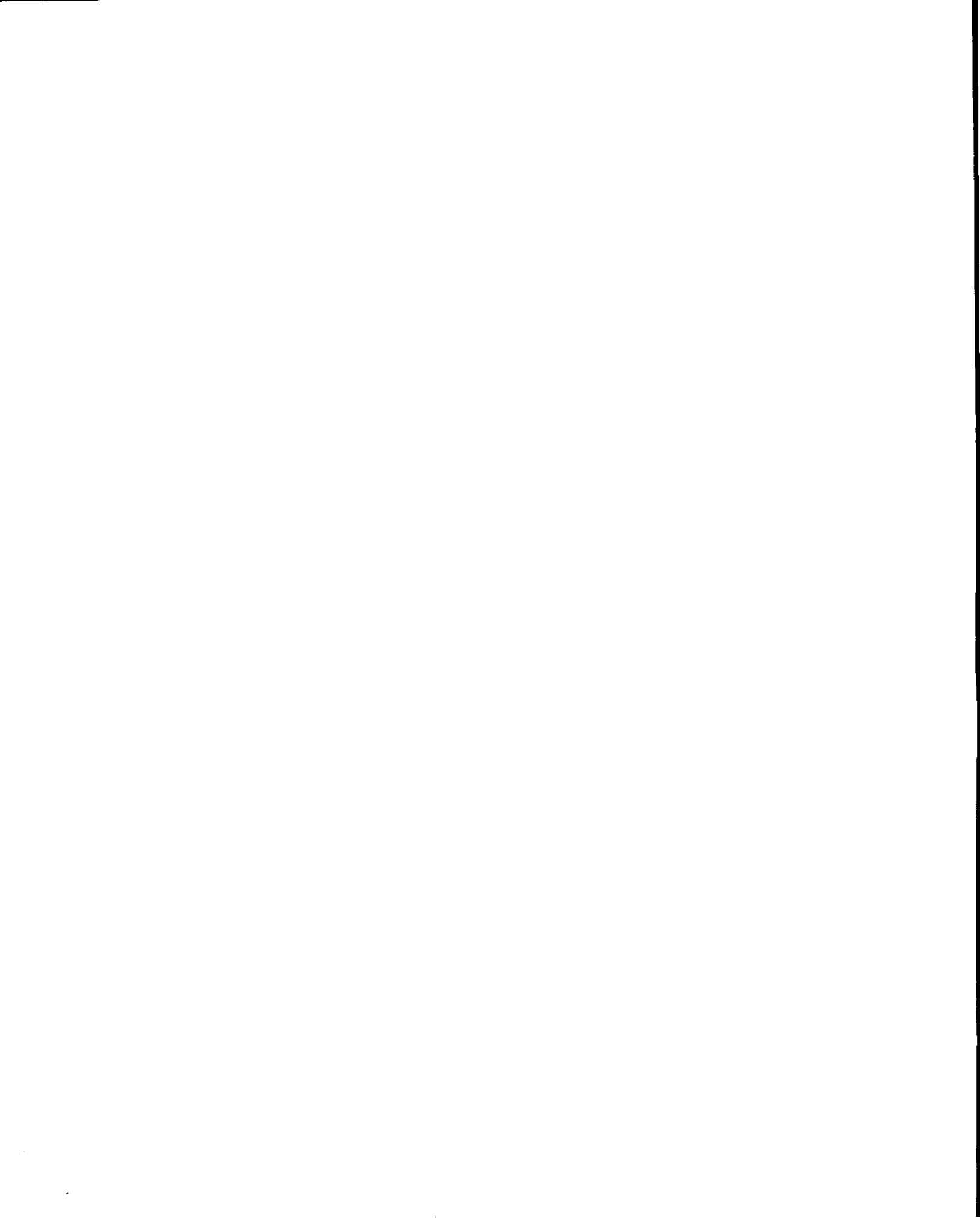
**Part 4 - Violator-Specific Adjustments To Matrix Value:**

% Change

11a. Degree of cooperation or noncooperation:	0%	\$2,120.00	-
12a. Degree of willfulness or negligence:	0%	\$2,120.00	-
13a. History of noncompliance:	0%	\$2,120.00	-
14a. Unique factors:	0%	\$2,120.00	-

15a. Adjusted Matrix Value. (line 10a + Dollar Adjustments in lines 11.a to 14a)  
 \$2,120.00

Justification for Degree of Cooperation/ Noncooperation:  
 Justification for Degree of Willfulness or Negligence:  
 No adjustment was made.  
 No adjustment was made.



ication for History of Noncompliance.

ication for Unique Factors.

ations for Gravity Based Components (GBC) with Inflation Adjustments:

No adjustment was made.  
No adjustment was made.

Environmental Sensitivity:  
Environmental Sensitivity Multiplier (ESM):

Low

1

ification for Environmental Sensitivity Multiplier:

Days of Noncompliance Multiplier (DNM):

3

Days

DNM

Start  
End  
3/15/2010 3/31/2011

Calculations for Gravity Based Components:

Start  
End

3/15/2010 3/31/2011

(AMV) \$2,120.00

(ESM)

1

(DNM)

3

TOTAL \$ 6,360.00

\$ 6,360.00

\$ 94.00

\$ 6,360.00

\$ 6,454.00

Total Gravity-Based Component =

Economic Benefit Component (from line 8):

Gravity-Based Component (from line 20):

Initial Penalty Target Figure: (line 21 plus line 22):





Valvo Transport Inc., Routes 5 & 20 PO Box 271, Silver Creek, NY (Count 3)  
 Violation: §280.31(b) - Failure to Maintain Corrosion Protection for a Tank

Days of noncompliance: 15-Mar-10 to 1-Aug-09  
 Number of facilities, tanks or pipes: 1  
 Total number of days: 227

Part 2 - Economic Benefit Component (See BEN computer model v. 4.3):

1. One Time Capital & Time Costs:	\$	-
2. Delay Capital & Avoided Costs:	\$	-
3. Avoided Annually Recurring Costs:	\$	42.00
4. Initial Economic Benefit (4-5+6):	\$	42.00
5. Final Economic Benefit at Penalty Payment Date:	\$	47.00

Part 3 - Matrix Value For The Gravity-Based Component:  
 750 Matrix Value (MV):

Inflation Adjustment Rules:

Value	Start Date	End Date	Inflation
750	8/1/2009	3/15/2010	1.4163

Note: Inflation adjustments are defined as:  
 a. 9.83% increase effective Jan 13, 2009

Potential for Harm: Moderate  
 Extent of Deviation: Major

Justifications for Potential for Harm and Extent of Deviation: See OSWER Directive 9610.12, Appendix A.

Part 4 - Violator-Specific Adjustments To Matrix Value:

Adjustment	Matrix Value	% Change
11a. Degree of cooperation or noncooperation:	\$1,060.00	0%
12a. Degree of willfulness or negligence:	\$1,060.00	0%
13a. History of noncompliance:	\$1,060.00	0%
14a. Unique factors:	\$1,060.00	0%
<b>Total Dollar Adjustment</b>	<b>\$1,060.00</b>	

15a. Adjusted Matrix Value, (line 10a + Dollar Adjustments in lines 11a to 14a): \$1,060.00

Justification for Degree of Cooperation/ Noncooperation: No adjustment was made.  
 Justification for Degree of Willfulness or Negligence: No adjustment was made.  
 Justification for History of Noncompliance: No adjustment was made.  
 Justification for Unique Factors: No adjustment was made.



Calculations for Gravity Based Components (GBC) with Inflation Adjustments:

Low

Environmental Sensitivity:  
Environmental Sensitivity Multiplier (ESM):

Inflation for Environmental Sensitivity Multiplier:

Days of Noncompliance Multiplier (DNM):  
Start End  
8/1/2009 3/15/2010  
Days 227  
DNM 2

Calculations for Gravity Based Components:

Start End  
8/1/2009 3/15/2010

(AMV) \$1,060.00

(ESM) 1

(DNM) 2

TOTAL \$ 2,120.00

Total Gravity-Based Component =

Economic Benefit Component (from line 8):

Gravity-Based Component (from line 20):

Initial Penalty Target Figure: (line 21 plus line 22):

\$ 2,120.00  
\$ 47.00  
\$ 2,120.00  
\$ 2,167.00



Valvo Transport Inc., Routes 5 & 20 PO Box 271, Silver Creek, NY (Count 4)  
 §280.41(a) - Failure to Conduct Release Detection For a Tank

Days of noncompliance: 1-Aug-09 15-Mar-10  
 Number of facilities, tanks or pipes: 1  
 Total number of days: 227

Part 2 - Economic Benefit Component (See BEN computer model v. 4.3):

One Time Capital & Time Costs: \$  
 Delay Capital & Avoided Costs: \$  
 Avoided Annually Recurring Costs: \$ 35.00  
 Initial Economic Benefit (4-5+6): \$ 35.00  
 Final Economic Benefit at Penalty Payment Date: \$ 40.00

Part 3 - Matrix Value For The Gravity-Based Component: 1,500  
 Matrix Value (MV):

Inflation Adjustment Rules:

Value	Start Date	End Date	Inflation
1,500	8/1/2009	3/15/2010	1.4163
Value+Inflation Round To			\$ 2,124.45
Matrix	10	\$2,120.00	\$
Total			2,120.00

Note: Inflation adjustments are defined as:  
 a. 9.83% increase effective Jan 13, 2009

Potential for Harm: Major  
 Extent of Deviation: Major

Justifications for Potential for Harm and Extent of Deviation: See OSWER Directive 9610.12, Appendix A.

Part 4 - Violator-Specific Adjustments To Matrix Value:

Matrix Value	% Change	Total Dollar Adjustment
\$2,120.00	0%	-
\$2,120.00	0%	-
\$2,120.00	0%	-
\$2,120.00	0%	-
\$2,120.00	0%	-
\$2,120.00	0%	-
\$2,120.00	0%	-

15a. Adjusted Matrix Value, (line 10a + Dollar Adjustments in lines 11.a to 14a) \$2,120.00

Justification for Degree of Cooperation/ Noncooperation:  
 Justification for Degree of Willfulness or Negligence:  
 Justification for History of Noncompliance:  
 Justification for Unique Factors:  
 No adjustment was made.  
 No adjustment was made.  
 No adjustment was made.  
 No adjustment was made.



Calculations for Gravity Based Components (GBC) with Inflation Adjustments:

Low

Environmental Sensitivity Multiplier (ESM): 1

Location for Environmental Sensitivity Multiplier:

Days of Noncompliance Multiplier (DNM): 2

Start 8/1/2009 End 3/15/2010  
Days 227

DNM 2

Calculations for Gravity Based Components:

Start 8/1/2009 End 3/15/2010

(AMV) \$2,120.00

(ESM) 1

(DNM) 2

TOTAL \$ 4,240.00

Total Gravity-Based Component =

Economic Benefit Component (from line 8):

Gravity-Based Component (from line 20):

Initial Penalty Target Figure: (line 21 plus line 22):

\$ 4,240.00  
\$ 40.00  
\$ 4,280.00





Site: Hanover Convenience, 351 Central Ave., Silver Creek, NY (Count 5)  
 Violation: §280.31(b)(1) - CP tested every 3 years

1: Days of noncompliance: 8-Mar-10 30-Mar-10  
 2: Number of facilities, tanks or pipes: 3  
 3: Total number of days: 23

Part 2 - Economic Benefit Component (See BEN computer model v. 4.3):

4. One Time Capital & Time Costs: \$ -  
 5. Delay Capital & Avoided Costs: \$ -  
 6. Avoided Annually Recurring Costs: \$ 11.00  
 7. Initial Economic Benefit (4-5+6): \$ 11.00  
 8. Final Economic Benefit at Penalty Payment Date: \$ 12.00

Part 3 - Matrix Value For The Gravity-Based Component:  
 9. Matrix Value (MV): 750

*Inflation Adjustment Rules:*

10a. Value Start Date End Date Inflation Value+Inflation Round To  
 750 3/8/2010 3/30/2010 1.4163 \$ 1,062.23  
 10 \$ 1,060.00  
 Total 3,180.00

Note: Inflation adjustments are defined as:  
 a. 9.83% increase effective Jan 13,2009

Potential for Harm: Moderate Extent of Deviation: Major

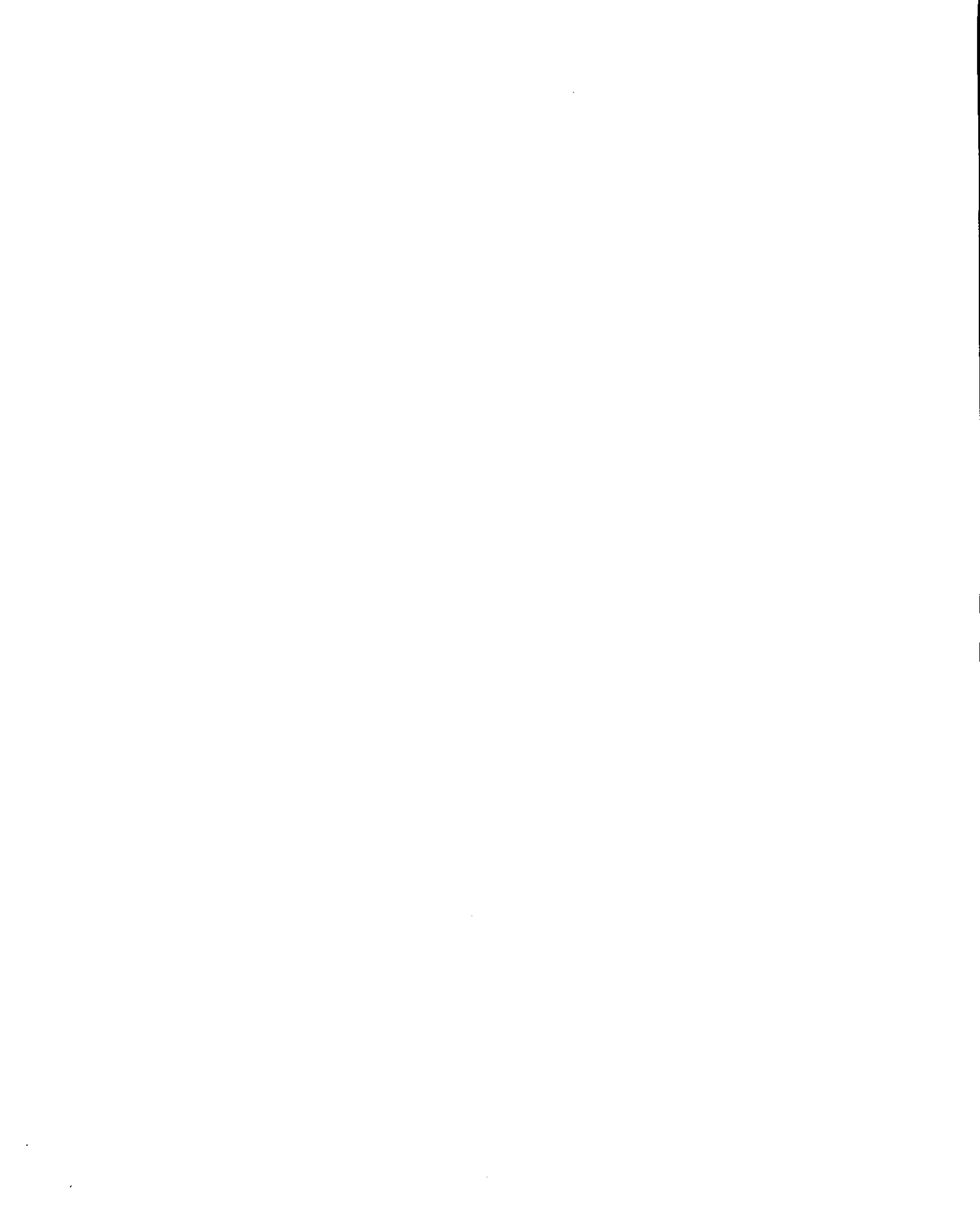
Justifications for Potential for Harm and Extent of Deviation: See OSWER Directive 9610.12, Appendix A.

Part 4 - Violator-Specific Adjustments To Matrix Value:

% Change

11a. Degree of cooperation or noncooperation: 0% \$3,180.00  
 12a. Degree of willfulness or negligence: 0% \$3,180.00  
 13a. History of noncompliance: 0% \$3,180.00  
 14a. Unique factors: 0% \$3,180.00  
 15a. Adjusted Matrix Value, (line 10a + Dollar Adjustments in lines 11.a to 14a) \$3,180.00

Justification for Degree of Cooperation/ Noncooperation: No adjustment was made.  
 Justification for Degree of Willfulness or Negligence: No adjustment was made.  
 Justification for History of Noncompliance: No adjustment was made.



No adjustment was made.

Calculations for Gravity Based Components (GBC) with Inflation Adjustments:

Low

Environmental Sensitivity: Environmental Sensitivity Multiplier (ESM): 1

Inflation for Environmental Sensitivity Multiplier:

Days of Noncompliance Multiplier (DNM): 1

Start End Days  
3/8/2010 3/30/2010 23

DNM 1

Calculations for Gravity Based Components:

Start End

3/8/2010 3/30/2010

(AMV) \$3,180.00

(ESM) 1

(DNM) 1

TOTAL \$ 3,180.00

Total Gravity-Based Component =

Economic Benefit Component (from line 8):

Gravity-Based Component (from line 20):

Initial Penalty Target Figure: (line 21 plus line 22):

\$ 3,180.00  
\$ 12.00  
\$ 3,180.00  
\$ 3,192.00



te: Hanover Convenience, 351 Central Ave., Silver Creek, NY (Count 6)  
 §280.41(a) - Monitor tanks every 30 days

Days of noncompliance: 1-Aug-09 11-Apr-10  
 Number of facilities, tanks or pipes: 1  
 Total number of days: 254

Part 2 - Economic Benefit Component (See BEN computer model v. 4.3):

1. One Time Capital & Time Costs:	\$ -
2. Delay Capital & Avoided Costs:	\$ 46.00
3. Avoided Annually Recurring Costs:	\$ 46.00
7. Initial Economic Benefit (4-5+6):	\$ 46.00
3. Final Economic Benefit at Penalty Payment Date:	\$ 53.00

Part 3 - Matrix Value For The Gravity-Based Component: 1,500

9. Matrix Value (MV):

Inflation Adjustment Rules:

Value	Start Date	End Date	Inflation	Value+Inflation	Round To	Matrix	Total
1,500	8/1/2009	4/11/2010	1.4163	\$ 2,124.45	10	\$ 2,120.00	2,120.00

Note: Inflation adjustments are defined as:  
 a. 9.83% increase effective Jan 13, 2009

Potential for Harm: Major  
 Extent of Deviation: Major

Justifications for Potential for Harm and Extent of Deviation: See OSWER Directive 9610.12, Appendix A.

Part 4 - Violator-Specific Adjustments To Matrix Value:

% Change

Matrix Value	0%	\$2,120.00
Total Dollar Adjustment	0%	\$2,120.00
	0%	\$2,120.00
	0%	\$2,120.00
	0%	\$2,120.00
	0%	\$2,120.00

15a. Adjusted Matrix Value, (line 10a + Dollar Adjustments in lines 11.a to 14a) \$2,120.00

Justification for Degree of Cooperation/ Noncooperation: No adjustment was made.  
 Justification for Degree of Willfulness or Negligence: No adjustment was made.



ication for History of Noncompliance

ication for Unique Factors

No adjustment was made.  
No adjustment was made.

ications for Gravity Based Components (GBC) with Inflation Adjustments:

Low

Environmental Sensitivity:  
Environmental Sensitivity Multiplier (ESM):

ification for Environmental Sensitivity Multiplier:

Days of Noncompliance Multiplier (DNM):

Start 8/1/2009 4/11/2010  
End  
Days 254  
2

DNM 2

Calculations for Gravity Based Components:

Start 8/1/2009 4/11/2010  
End

(AMV) \$2,120.00

(ESM) 1

(DNM) 2

TOTAL \$ 4,240.00

Total Gravity-Based Component =

Economic Benefit Component (from line 8):

Gravity-Based Component (from line 20):

Initial Penalty Target Figure: (line 21 plus line 22):

\$ 4,240.00  
\$ 53.00  
\$ 4,240.00  
\$ 4,293.00





Hanover Convenience, 351 Central Ave., Silver Creek, NY (Count 7)  
 \$280.41(b)(1)(iii) - TT or monitoring on piping  
 1-Aug-09 30-Mar-10  
 2  
 242

Days of noncompliance: 1-Aug-09 30-Mar-10  
 Number of facilities, tanks or pipes: 2  
 Total number of days: 242

**Part 2 - Economic Benefit Component (See BEN computer model v. 4.3):**

One Time Capital & Time Costs:	\$	-
Delay Capital & Avoided Costs:	\$	74.00
Avoided Annually Recurring Costs:	\$	74.00
Initial Economic Benefit (4-5+6):	\$	84.00
Final Economic Benefit at Penalty Payment Date:	\$	84.00

**Part 3 - Matrix Value For The Gravity-Based Component:**

9. Matrix Value (MV):	1,500
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**Inflation Adjustment Rules:**

Value	Start Date	End Date	Inflation
1,500	8/1/2009	3/30/2010	1.4163
2,124.45			
Value+Inflation Round To			
10	\$2,120.00		
Matrix			
Total	\$	4,240.00	

Note: Inflation adjustments are defined as:  
 a. 9.83% increase effective Jan 13, 2009

Potential for Harm:  
 Extent of Deviation:

Justifications for Potential for Harm and Extent of Deviation: See OSWER Directive 9610.12, Appendix A.

**Part 4 - Violator-Specific Adjustments To Matrix Value:**

% Change	Matrix Value	Total Dollar Adjustment
0%	\$4,240.00	-
0%	\$4,240.00	-
0%	\$4,240.00	-
0%	\$4,240.00	-
0%	\$4,240.00	-
0%	\$4,240.00	-
		\$4,240.00

15a. Adjusted Matrix Value, (line 10a + Dollar Adjustments in lines 11a to 14a)  
 \$4,240.00

Justification for Degree of Cooperation/ Noncooperation:  
 Justification for Degree of Willfulness or Negligence:  
 Justification for History of Noncompliance:  
 Justification for Unique Factors:  
 No adjustment was made.  
 No adjustment was made.  
 No adjustment was made.  
 No adjustment was made.



Adjustments for Gravity Based Components (GBC) with Inflation Adjustments:

Environmental Sensitivity  
 Environmental Sensitivity Multiplier (ESM)

Multiplier for Environmental Sensitivity

Days of Noncompliance Multiplier (DNM)

Start 8/1/2009  
 End 3/30/2010

Days 242

DNM 2

Adjustments for Gravity Based Components

Start 8/1/2009  
 End 3/30/2010

(AMV) \$4,240.00

(ESM) 1

(DNM) 2

TOTAL \$ 8,480.00

Total Gravity-Based Component =

Economic Benefit Component (from line 8):

Gravity-Based Component (from line 20):

Initial Penalty Target Figure: (line 21 plus line 22):

\$ 8,480.00  
 \$ 84.00  
 \$ 8,480.00  
 \$ 8,564.00

