



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF WATER • BUREAU OF SPILL PREVENTION AND RESPONSE

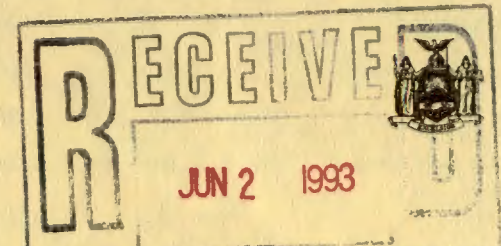
PETROLEUM BULK STORAGE APPLICATION

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

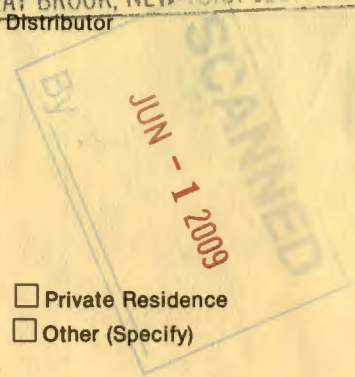
(Continued on Reverse Side—Please Be Sure to Complete Section B)

SECTION A—See Instructions on Cover Sheet



DEPT. OF ENVIRONMENTAL CONSERVATION
REGIONAL ENGINEER REGION 5
RAY BROOK, NEW YORK 12977

PBS NUMBER 5-600182 Indicate Other Existing DEC Numbers, if any, for this Facility: CBS Number: SPDES Number:	FACILITY	NAME Cumberland Motor Sales, Inc.		TYPE OF PETROLEUM FACILITY (Check all that apply)	
		LOCATION (Not P.O. Boxes) 320 CORNELIA ST.		A. <input type="checkbox"/> Storage Terminal/Petroleum Distributor	
		LOCATION (Continued) PLATTSBURGH NY 12901.		B. <input type="checkbox"/> Retail Gasoline Sales	
		CITY/TOWN/VILLAGE PLATTSBURGH STATE NY ZIP CODE 12901		C. <input checked="" type="checkbox"/> Other Retail Sales	
COUNTY Clinton TOWNSHIP OR CITY 		D. <input type="checkbox"/> Manufacturing		E. <input type="checkbox"/> Utility	
NAME OF OPERATOR AT FACILITY Tom Ayres FACILITY TELEPHONE NUMBER (518) 561 5030		F. <input type="checkbox"/> Trucking/Transportation		G. <input type="checkbox"/> Apartment Building	
EMERGENCY CONTACT NAME Tom Ayres EMERGENCY CONTACT PHONE NO. (518) 561 5030		H. <input type="checkbox"/> School		I. <input type="checkbox"/> Farm	
TRANSACTION TYPE (Check all that apply) NOTE: Transaction Types 1, 2 and 5 require a fee.		NAME Tom Ayres		J. <input type="checkbox"/> Private Residence	
1. <input checked="" type="checkbox"/> Initial/New Facility		ADDRESS (Street and/or P.O. Box) 320 CORNELIA ST		K. <input type="checkbox"/> Airline (Air Taxi)	
2. <input type="checkbox"/> Change of Ownership		CITY Plattsburgh STATE NY ZIP CODE 12901		L. <input type="checkbox"/> Other (Specify)	
3. <input checked="" type="checkbox"/> Substantial Tank Modification		FEDERAL TAX ID NO. 		NAME OF OWNER OR AUTHORIZED REPRESENTATIVE Tom Ayres	
4. <input type="checkbox"/> Information Correction		OWNER TELEPHONE NUMBER (518) 561-5030		AMOUNT ENCLOSED \$	
5. <input type="checkbox"/> Renewal		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		TITLE Owner	
Geographical Locator for this Facility: (if known) LATITUDE: _____ DEG MIN SEC		ATTENTION Cumberland Motor Sales		OFFICIAL USE ONLY Page _____ of _____ Date Received: _____ Date Processed: _____ Amount Received \$ _____ Reviewed By: _____	
LONGITUDE: _____ DEG MIN SEC		NAME OF COMPANY Cumberland Motor Sales			
		ADDRESS 320 CORNELIA ST			
		ADDRESS 			
		CITY/STATE/ZIP CODE Plattsburgh, NY 12901			
		TELEPHONE NUMBER (518) 561 5030			



Dept. of Environmental Conservation
RECEIVED
AUG - 8 2000
Regional Engineer - Region 5
Bay Brook, NY 12577



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)

Please Type or Print Clearly
and Complete All Items

SECTION A—See Instructions on Cover Sheet

PBS NUMBER Indicate other existing DEC Numbers, if any, for this facility: CBS Number SPDES Number	FACILITY	FACILITY NAME Cumberland Motor Sales Inc.		TYPE OF PETROLEUM FACILITY: (Check all that apply)	
		LOCATION (Not P.O. Boxes) 320 CORNELIA ST		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 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)	
		LOCATION (Continued)		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.	
TRANSACTION TYPE (Check all that apply) NOTE: Transaction Types 1, 2 and 5 may require a fee.	OWNER	CITY/TOWN/VILLAGE PLATTSBURGH		STATE NY	
		COUNTY CLINTON		ZIP CODE 12901	
		TOWNSHIP OR CITY		FACILITY TELEPHONE NUMBER (518) 5615030	
1 <input type="checkbox"/> 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	OWNER	NAME OF OPERATOR AT FACILITY Tim Ayres		EMERGENCY CONTACT NAME Tim Ayres	
		OWNER NAME Tim Ayres		EMERGENCY TELEPHONE NO. (518) 5630896	
		ADDRESS (Street and/or PO Box) 320 CORNELIA ST		FEDERAL TAX ID NUMBER 140592840	
Geographical Locator for this Facility: (If known) LATITUDE: DEG MIN SEC LONGITUDE: DEG MIN SEC	CORRESPONDENCE	CITY PLATTSBURGH		STATE NY	
		ZIP CODE 12901		OWNER TELEPHONE NUMBER (518) 5615030	
		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		NAME OF OWNER OR AUTHORIZED REPRESENTATIVE Tim Ayres	
ATTENTION Tim Ayres		NAME OF COMPANY Cumberland Motor Sales Inc.		TITLE Tim Ayres	
ADDRESS 320 CORNELIA ST		ADDRESS PLATTSBURGH		SIGNATURE [Signature]	
CITY/STATE/ZIP CODE PLATTSBURGH, NY		TELEPHONE NUMBER (518) 5615030		DATE 8/8/2000	
OFFICIAL USE ONLY					
Page _____ of _____					
Date Received: 8/8/00					
Date Processed: 8/8/00					
Amount Received \$ N/A					
Reviewed By: [Signature]					

PBS NUMBER:

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		Capacity (Gallons)	Product Stored	Tank Type	Tank Internal Protection	Tank External Protection	Piping Location			Piping External Protection	Secondary Containment	Leak Detection	Spill/Overfill Prevention	Dispenser	Last Test Date (Underground Tanks)		
				(MO)	(YR)															(MO)	(YR)
2	1001	2	1	0	1	85	275	C	2	0	1	0	0	0	0	8	09	14	2		
2	930	2	1	0	1	85	275	C	2	0	1	0	0	0	0	8	09	14	2		

visual

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
- Lube Oil (fuel)
- Used 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*

PIPING LOCATION

- None
- Aboveground
- Underground
- Aboveground/Underground Combination

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 w/channels
- Double Bottom
- Other*

SPILL/OVERFILL PREVENTION

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

DISPENSER

- Submersible
- Suction
- Gravity

* 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 360-14

Section A

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

Return Completed Form & Fees To:
NYSDEC - PBS Unit
Region 5
Route 86
P.O. Box 296
Ray Brook, NY 12977-0296
(518) 897-1243



Expiration Date: 08/08/2005

Please Type or Print Clearly
and Complete All Items

PBS Number 5-600182 DEC CBS Number: (If applicable) DEC SPDES Number: (If applicable) Transaction Type (Check all that apply) NOTE: Transaction Types 1, 2 and 5 may require a fee <input type="checkbox"/> 1)Initial/ New Facility <input checked="" type="checkbox"/> 2)Change of Ownership <input type="checkbox"/> 3)Substantial Tank Modification <input type="checkbox"/> 4)Information Correction <input checked="" type="checkbox"/> 5) Renewal	F A C I L I T Y O W N E R	Facility Name: CUMBERLAND MOTOR SALES, INC.	TYPE OF PETROLEUM FACILITY (Check only one)			
		Location (Not P.O. Boxes) 320 CORNELIA ST.	<input type="checkbox"/> 01=Storage Terminal/Petroleum Distributor <input type="checkbox"/> 02=Retail Gasoline Sales <input checked="" 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): _____			
		Location (cont.):	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.			
		City: State: Zip Code: PLATTSBURGH NY 12901	Name of Owner or Authorized Representative: <u>Timothy Ayres</u> Amount Enclosed: \$ <u>60.00</u>			
		County: Township or City: Clinton Plattsburgh (c)	Title: <u>Pres</u>			
		Name of Operator at Facility: TIM AYRES Facility Telephone Number: (518) 561-5030	Signature: <u>Timothy Ayres</u> Date: _____			
		Emergency Contact Name: TIM AYRES Emergency Telephone Number: (518) 563-0896	(Please keep up to date - this information is used for mailing and contact puposes)			
		Owner Name: TIM AYRES	OFFICIAL USE ONLY Page ____ of ____ Date Received ____/____/____ Date Processed ____/____/____ Amount Received \$ _____ Reviewed by _____			
		Address (Street and/or P.O.): 320 CORNELIA ST.	Attention: TIM AYRES			
		City: State: Zip Code: PLATTSBURGH NY 12901	Name of Company: CUMBERLAND MOTOR SALES INC.			
Federal Tax ID Number: 14-0592840 Owner Telephone Number: (518) 561-5030	Address: 320 CORNELIA ST.					
Type of Owner: 2 <input type="checkbox"/> State Government 4 <input type="checkbox"/> Federal Government 1 <input type="checkbox"/> Private Resident 3 <input type="checkbox"/> Local Government 5 <input checked="" type="checkbox"/> Corporate/Commercial	Address: _____					
City/State/Zip Code: PLATTSBURGH NY 12901	City/State/Zip Code: PLATTSBURGH NY 12901					
Telephone Number: (518) 561-5030	Telephone Number: (518) 561-5030					

Section B - Tank Information

PBS Number:

5-600182

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

Registration Expiration Date:
8/8/2005

(1) Action	(2) IMPORTANT: Tank number is required. If tank and piping models are entered then the shaded columns DO NOT have to be supplied. Tank and piping model codes are on the PBS instruction sheet provided.		(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) Tank 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)	
	Tank Model	Piping Model																			Tank Number	Last Test
		1001	3	1	1/1/1985	275	0022	01	00	01	01	99	04		02	00	00	00		09		
		930	3	1	1/1/1985	275	0022	01	00	01	01	99	04		02	00	00	00		09		

Action (1)

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

Status (4)

- In-service
- Temporarily out-of-service
- Closed-Removed
- Closed- In Place
- Tank converted to Non-Regulated use

Tank Type (8)

- Steel/Carbon Steel/Iron
- Galvanized Steel Alloy
- Stainless Steel Alloy
- Fiberglass Coated Steel
- Steel Tank in Concrete
- Fiberglass Reinforced Plastic (FRP)
- Plastic
- Equivalent Technology
- Concrete
- Urethane Clad Steel
- Other-please list:*

Internal Protection (9)

- None
- Epoxy Liner
- Rubber Liner
- Fiberglass Liner (FRP)
- Glass Liner
- Other-please list:*

Product Stored (7)

- 0000. Empty
- 0001. #2 Fuel Oil
- 0002. #4 Fuel Oil
- 0003. #6 Fuel Oil
- 0011. Jet Fuel
- 0008. Diesel
- 0009. Gasoline
- 0012. Kerosene
- 0013. Lube Oil
- 0022. Waste/Used Oil
- 0259. #5 Fuel Oil
- 2642. Used Oil (Fuel)
- 9999. Other -please list :*

Tank Location (3)

- Aboveground-contact w/soil
- Aboveground-contact w/ impervious barrier
- Aboveground on saddles, legs, stits, rack, or cradle
- Aboveground with 10% or more below ground
- Underground
- Underground, vaulted, with access

External Protection (10/18)

- None
- Painted/Asphalt Coating
- Original Sacrificial Anode
- Original Impressed Current
- Fiberglass
- Jacketed
- Wrapped (Piping)
- Retrofitted Sacrificial Anode
- Retrofitted Impressed Current
- Urethane
- Other-please list:*

Tank Leak Detection (12)

- None
- Interstitial Electronic Monitoring
- Interstitial Manual Monitoring
- Vapor Well
- Groundwater Well
- In-Tank System (ATG)
- Impervious Barrier/Concrete Pad (A/G)
- Other-please list:*

Piping Type (17)

- None
- Steel/Carbon Steel/Iron
- Galvanized Steel
- Stainless Steel Alloy
- Fiberglass Coated Steel
- Steel Encased in Concrete
- Fiberglass Reinforced Plastic (FRP)
- Plastic
- Equivalent Technology
- Concrete
- Copper
- Flexible Piping
- Other-please list:*

Overfill Prevention(13)

- None
- Float Vent Valve
- High Level Alarm
- Automatic Shut-off
- Product Level Gauge(A/G)
- Vent Whistle
- Other-please list:*

Secondary Containment (11/19)

- None
- Diking (A/G)
- Vault (w/access)
- Vault (w/o access)
- Double-Walled (U/G)
- Synthetic Liner
- Remote Impounding Area
- Excavation/Trench Liner System
- Flexible Internal Liner (Bladder)
- Modified Double-Walled (A/G)
- Impervious Underlayment
- Double Bottom (A/G)
- Other-please list:*

Spill Prevention (14)

- None
- Catch Basin
- Transfer Station Containment
- Other - Please list*

Piping Location (16)

- No Piping
- Aboveground
- Underground/On-ground
- Aboveground/Underground Combination

Pipe Leak Detection (20)

- None
- Interstitial Electronic Monitoring
- Interstitial Manual Monitoring
- Vapor Well
- Groundwater Well
- Pressurized Piping Leak Detector
- Tank Top Sump (Piping)
- Exempt Suction Piping
- Other-please list:*

Dispenser (15)

- None
- Submersible
- Suction
- Gravity

*** If other, please list on a 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

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

Section A - Facility/Owner/Contact Information

Return Completed Form & Fees To:

NYSDEC Region 5

Route 86
P.O. Box 296
Ray Brook, NY 12977-0296
(518) 897-1243

RECEIVED

AUG 09 2010

NYSDEC REGION 5
ENVIRONMENTAL QUALITY

Expiration Date: 08/08/2011



PBS Number:
5-600182

Transaction Type: 5 1) Initial/New Facility 2) Change of Ownership 3) Tank Installation, Closing, Repair or Reconditioning 4) Information Correction 5) Renewal	F A C I L I T Y	Facility Name: <u>Plattsburgh Ford Inc</u> CUMBERLAND MOTOR SALES, INC.		TYPE OF PETROLEUM FACILITY (Check only one)		
		Location (Not P.O. Boxes) 320 CORNELIA ST		<input type="checkbox"/> 01=Storage Terminal/Petroleum Distributor <input type="checkbox"/> 02=Retail Gasoline Sales		
		Location (cont.):		<input checked="" type="checkbox"/> 03=Other Retail Sales <input type="checkbox"/> 04=Manufacturing <input type="checkbox"/> 05=Utility		
		City: PLATTSBURGH	State: NY	Zip Code: 12901	<input type="checkbox"/> 06=Trucking/Transportation <input type="checkbox"/> 07=Apartment/Office Building <input type="checkbox"/> 08=School	
		County: Clinton	Township or City: Plattsburgh (c)	<input type="checkbox"/> 09=Farm <input type="checkbox"/> 10=Private Residence <input type="checkbox"/> 11=Airline/Air Taxi/Airport		
Name of Daily On-Site Operator: TIM AYRES William F Price		Training: Reserved for future use	Facility Phone Number: (518) 561-5030		<input type="checkbox"/> 12=Chemical Distributor <input type="checkbox"/> 13=Municipality <input type="checkbox"/> 15=Railroad	
Name of Primary Operator: William F Price		Training: Reserved for future use	Primary Operator Phone Number: 518-570-5867		<input type="checkbox"/> 25=Auto Service/Repair (No Gasoline Sales)	
NOTE: A change of ownership and/or federal tax ID submission must include the first page of the deed.	X O W N E R	Owner Name: TIM AYRES		Emergency Contact Name: TIM AYRES		
		Address (Street and/or P.O.): 320 CORNELIA ST.		Emergency Telephone Number: (518) 563-0896		
		City: PLATTSBURGH	State: NY	Zip Code: 12901	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.	
		Federal Tax ID Number: 14-0592840		Owner Telephone Number: (518) 561-5030		Name of Owner or Authorized Representative: TINOTHY AYRES
		Check If Multiple Tank Owners:	Type of Owner: (check only one)	<input type="checkbox"/> Local Government <input type="checkbox"/> Federal Government <input checked="" type="checkbox"/> Corporate/Commercial		Amount Enclosed: \$ <u>100</u>
***The Application will be returned if these items are blank	C O R R E S P O N D E N C E	(Please keep up to date - this information is used for mailing and contact purposes)				
		Attention: TIM AYRES Bill William F Price		Signature: <u>Timothy Ayres</u> *** Date: <u>8/6/10</u>		
		Name of Company: CUMBERLAND MOTOR SALES INC. <u>Plattsburgh Ford Inc</u>		Title: PRESIDENT		
		Address: 320 CORNELIA ST.		Signature: <u>William F Price</u> *** Date: <u>8/6/10</u>		
		City/State/Zip Code: PLATTSBURGH, NY 12901		Signature: <u>William F Price</u> *** Date: <u>8/6/10</u>		
Telephone Number: (518) 561-5030		E-Mail Address: <u>wprice@plattsburghford.com</u>		OFFICIAL USE ONLY Date Received: <u>8/9/10</u> Date Processed: <u>9/3/10</u> Amount Received: \$ <u>100</u> Reviewed by: <u>Remina</u> (pbsapplication2009.rpt)		

SCANNED
DEC 07 2010

e-mailed
cost
& fee

PBS Number:
5-600182

Section B - Tank Information

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

Registration Expiration Date:
8/8/2010

(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) %	(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)	
u	1001	3	1	1/1/1985	275	0022	01	00	01	01	99	04	00	02	00	00	00	00	00	09	<input type="checkbox"/>	<input type="checkbox"/>
u	930	3	1	1/1/1985	275	0022	01	00	01	01	99	04	00	02	00	00	00	00	00	09	<input type="checkbox"/>	<input type="checkbox"/>

X

X

Additional Tanks:

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
2	931	3	1	1/1/2010	275	0015	01	00	01	02	00	04	01	02	01	11	00	02	00	<input type="checkbox"/>	<input type="checkbox"/>
2	932	3	1	1/1/2010	500	0015	01	00	01	02	00	04	01	02	01	11	00	02	00	<input type="checkbox"/>	<input type="checkbox"/>
																				<input type="checkbox"/>	<input type="checkbox"/>
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