



United Refining Company of Pennsylvania

Box 780 • Warren, Pennsylvania 16365

802753



THIS DOCUMENT HAS SEVERAL COUNTERFEIT DETERRENTS - SEE BACK SIDE FOR LISTING.



CHECK DATE
MO. DAY YR.
08-08-11

CHECK NO.
802753

PRESENT THROUGH
CHASE MANHATTAN BANK, N.A.
SYRACUSE, N.Y.
50-937/213

\$7,000 DOLLARS AND 00 CENTS

\$7,000.00

PAY TO
THE
ORDER
OF

NYS DEPT. OF ENVIRONMENTAL
CONSERVATION
615 ERIE BLVD
BYRACUSE NY 13204

VOID AFTER 6 MONTHS
UNITED REFINING COMPANY
OF PENNSYLVANIA
AUTHORIZED SIGNATURE

Registered & Over \$10,000
James E. Murphy



PLEASE DETACH REMITTANCE STATEMENT BEFORE DEPOSITING CHECK

United Refining Company of Pennsylvania

Box 780 • Warren, Pennsylvania 16365

802753

VENDOR	DATE	VENDOR INVOICE	OUR. REF.	INVOICE AMOUNT	DISCOUNT	NET AMOUNT
10211	091911					7,000.00

SOUTHERN TIER GRAPHICS, INC. (716) 484-9105

6/20/11

TANK REGISTRATIONS DUE 9/2011

STATION #	CITY	STATE	Facility No.	DUE DATE	AMOUNT
A0004	AUBURN	NY	7-023701	9/19/11	\$500.00
A0005	AUBURN	NY	7-023698	9/19/11	\$500.00
A0009	BINGHAMTON	NY	7-023671	9/19/11	\$500.00
A0011	BINGHAMTON	NY	7-023663	9/19/11	\$500.00
A0027	ENDWELL	NY	7-023655	9/19/11	\$500.00
A0033	ITHACA	NY	7-023647	9/19/11	\$500.00
A0034	JOHNSON CITY	NY	7-023639	9/19/11	\$500.00
A0049	OWEGO	NY	7-023620	9/19/11	\$500.00
A0062	SYRACUSE	NY	7-023612	9/19/11	\$500.00
A0063	SYRACUSE	NY	7-023604	9/19/11	\$500.00
A0066	EAST SYRACUSE	NY	7-023582	9/19/11	\$500.00
A0067	EAST SYRACUSE	NY	7-023574	9/19/11	\$500.00
A0073	VESTAL	NY	7-023566	9/19/11	\$500.00
M0121	WEEDSPORT	NY	7-023531	9/19/11	\$500.00

\$7,000.00

Payable to: NYSDEC Region 7 - PBS Unit
615 Erie Boulevard West
Syracuse, NY 13204-2400

CK# 802753



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:
7-023701

Return Completed Form & Fees To:

NYSDEC Region 7

615 Erie Boulevard West
Syracuse, NY 13204-2400
(315) 426-7519

RECEIVED
NYS DEC

AUG 11 2011

SPILL PREVENTION & RESPONSE
REGION 7 - SYRACUSE
Expiration Date: 09/19/2015



Section A - Facility/Owner/Contact Information

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: KWIK-FILL #A0004 012	TYPE OF PETROLEUM FACILITY (Check only one)				
		Location (Not P.O. Boxes) 334 GRANT AVE	<input type="checkbox"/> 01=Storage Terminal/Petroleum Distributor	<input checked="" type="checkbox"/> 02=Retail Gasoline Sales			
		Location (cont.):	<input type="checkbox"/> 03=Other Retail Sales	<input type="checkbox"/> 04=Manufacturing	<input type="checkbox"/> 05=Utility		
		City: AUBURN	State: NY	Zip Code: 13021	<input type="checkbox"/> 06=Trucking/Transportation	<input type="checkbox"/> 07=Apartment/Office Building	<input type="checkbox"/> 08=School
		County: Cayuga	Township or City: Sennett	Name of Daily On-Site Operator: STATION MANAGER	Facility Phone Number: (315) 252-3981	<input type="checkbox"/> 09=Farm	<input type="checkbox"/> 10=Private Residence
Name of Primary Operator: STATION MANAGER	Primary Operator Phone Number: (315) 252-3981	Name of Daily On-Site Operator: STATION MANAGER	Facility Phone Number: (315) 252-3981	<input type="checkbox"/> 12=Chemical Distributor	<input type="checkbox"/> 13=Municipality	<input type="checkbox"/> 15=Railroad	
Name of Primary Operator: STATION MANAGER	Primary Operator Phone Number: (315) 252-3981	Name of Primary Operator: STATION MANAGER	Primary Operator Phone Number: (315) 252-3981	<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):	<input type="checkbox"/> 99=Other (Specify):	Owner Name: UNITED REFINING CO. OF PA.	Emergency Contact Name: TIM RUTH	Emergency Telephone Number: (814) 723-1500			
NOTE: A change of ownership and/or federal tax ID submission must include the first page of the deed.	O W N E R	Address (Street and/or P.O.): P.O. BOX 688	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: WARREN	State: PA	Zip Code: 16365	Name of Owner or Authorized Representative: BART A. JENSEN	Amount Enclosed: \$ 500-	
		Federal Tax ID Number: [REDACTED]	Owner Telephone Number: (814) 723-1500	Title: MANAGER UST COMPLIANCE	Signature: <i>Bart A. Jensen</i>	Date: 8/8/11	
		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 type="checkbox"/> 4 Federal Government <input checked="" type="checkbox"/> 5 Corporate/Commercial			
		***The Application will be returned if these items are blank					
***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)	OFFICIAL USE ONLY				
		Attention: BART A. JENSEN	Date Received: 8/12/11				
		Name of Company: UNITED REFINING CO. OF PA.	Date Processed: 8/12/11				
		Address: P.O. BOX 688	Amount Received: \$ 500				
		City/State/Zip Code: WARREN, PA 16365	Reviewed by: [Signature]				
Telephone Number: (814) 723-1500	E-Mail Address:	(pbsapplication2009.rpt)					

PBS Number:

7-023701

Section B - Tank Information

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

Registration Expiration Date:

9/19/2011

(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)
	004	5	1	3/1/2006	15,000	2712 10	06	00	04	04	01 05	01	01	01	02	11	00 05	04	04 07	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	005	5	1	3/1/2006	10,000	2712 10	06	00	04	04	01 05	01	01	01	02	11	00 05	04	04 07	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	006	5	1	3/1/2006	10,000	0008	06	00	04	04	01 05	01	01	01	02	11	00 05	04	04 07	<input checked="" 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)		
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