



Department of Environmental Conservation

New York State Department of Environmental Conservation  
Division of Environmental Remediation

# Petroleum Bulk Storage Application

Pursuant to the Environmental Conservation Law: Article 17, Title 10; and Regulations 6 NYCRR Part 613 and 6 NYCRR Subpart 374-2

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

**PBS Number:**  
**8-006424**

**Return Completed Form & Fees To:**

NYSDEC Region 8  
6274 East Avon-Lima Road  
Avon, NY 14414-8519  
(585) 226-2466



## Section A - Facility/Property Owner/Contact Information

Expiration Date: 07/01/2026

<b>Transaction Type:</b> <b>3</b>  1) Initial/New Facility 2) Change of Ownership 3) Tank Installation, Closing, or Repair 4) Information Correction 5) Renewal	F A C I L I T Y	Facility Name: TOWN OF CHEMUNG HIGHWAY DEPT	Tax Map Borough/Section	<b>TYPE OF PETROLEUM FACILITY</b> (Check only one) <input type="checkbox"/> 01=Storage Terminal/Petrol. 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/Fleet <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 checked="" type="checkbox"/> 13=Municipality <input type="checkbox"/> 15=Railroad <input type="checkbox"/> 25=Auto Service/Repair (No Gasoline Sales) <input type="checkbox"/> 28=Cemetery/Memorial <input type="checkbox"/> 26=Religious (Church, Synagogue, Mosque, Temple, etc.) <input type="checkbox"/> 27=Hospital/Nursing Home/Health Care <input type="checkbox"/> 52=Marina <input type="checkbox"/> 53=Nuclear Power Plant <input type="checkbox"/> 99=Other (Specify):
		Facility Address (Physical Address, No P.O. Boxes): 48 ROTARY ROAD EXTENSION	Block:	
		Facility Address (cont.):	Lot:	
		City: CHEMUNG    State: NY    ZIP: 14825	Facility Phone Number: (607) 529- <del>3241</del> 3532	
		County: Chemung    Township or City: Chemung	Facility Operator: TOWN OF CHEMUNG HGWY DEPT	
<b>NOTE:</b>  <b>Fill in Property Owner information here....&gt;&gt;&gt;</b>  <b>Indicate Tank Owner in Section C.</b>	O W N E R	Facility (Property) Owner (from Deed): TOWN OF CHEMUNG	Emergency Contact Name: <del>CHRIS DOANE</del> Adam Skinkle	Emergency Telephone Number: (607) 738-6523-857-2855
		Facility Owner Address (Street and/or P.O. Boxes): 48 ROTARY ROAD EXTENSION	I hereby certify, under penalty of law, that all of the information provided on this form is true and correct. False statements made herein may be punishable as a criminal offense and/or a civil violation in accordance with applicable state and federal law.	
		City: CHEMUNG    State: NY    ZIP Code: 14825	Name of Property Owner or Authorized Representative: <del>CHRIS DOANE</del> ADAM SKINKLE	Amount Enclosed: \$ 300 <sup>00</sup>
		Owner Telephone Number: (607) 529-3532	Title: HIGHWAY SUPERINTENDENT	
		Type of Owner (check only one): 1 <input type="checkbox"/> Private Resident    4 <input type="checkbox"/> Federal Government 2 <input type="checkbox"/> State Government    5 <input type="checkbox"/> Corporate/Commercial/Other 3 <input checked="" type="checkbox"/> Local Government	Signature: <i>[Signature]</i>	Date: 3/19/26
<b>Official Use Only</b> Date Received: 3/31/26 Date Processed: 4/07/26 Amount Received: 8343 \$ 300 Reviewed By: MJB Rev. 12/22/2022	C O R R E S P O N D E N C E	(Please keep this information up to date.)	<div style="text-align: right; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="text-align: right; font-size: 1.5em; font-weight: bold;">MAR 31 2026</div> <div style="text-align: right; font-size: 0.8em; font-weight: bold;">DER/SPILLS REGION 8</div>	
		Facility Contact Person Name: HIGHWAY SUPERINTENDENT		
		Contact Person Company Name: TOWN OF CHEMUNG		
		Address: 48 ROTARY ROAD EXTENSION		
		Address (cont.): City/State/ZIP Code: CHEMUNG, NY 14825		
Tel. Number: (607) 529-3532	eMail Address:			

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**Section B - Tank Information**

*(Please use the key located on the last page to complete each item/column)*

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
Action	Tank Number	Tank Location	Status	Installation, out-of-service, or Permanent Closure Date (mm/dd/yyyy) Application will be returned if blank	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)
	003	3	1	10/21/1998	1,000	2712 10	01	00	01	09	02	04	01	06	00	00	00	00	00	<input type="checkbox"/>
	004	3	1	10/21/1998	2,000	0008	01	00	01	09	02	04	01	06	00	00	00	00	00	<input type="checkbox"/>
	005	3	1	1/1/1999	275	0015	01	00	01	00	00	04	00	02	01	99	00	00	00	<input type="checkbox"/>
3	<del>006</del>	<del>3</del>	<del>1</del>	<del>1/1/1999</del>	<del>275</del>	<del>0001</del> 3/19/26	<del>01</del>	<del>00</del>	<del>01</del>	<del>00</del>	<del>00</del>	<del>04</del>	<del>00</del>	<del>02</del>	<del>01</del>	<del>10</del>	<del>00</del>	<del>00</del>	<del>00</del>	<del><input type="checkbox"/></del>
3	<del>007</del>	<del>3</del>	<del>1</del>	<del>1/1/2010</del>	<del>275</del>	<del>0001</del> 3/19/26	<del>01</del>	<del>00</del>	<del>01</del>	<del>00</del>	<del>00</del>	<del>04</del>	<del>00</del>	<del>02</del>	<del>01</del>	<del>10</del>	<del>00</del>	<del>00</del>	<del>00</del>	<del><input type="checkbox"/></del>
	008	3	1	1/1/1998	500	0001	01	00	01	00	00	04	00	02	01	10	00	00	00	
	009	3	1	7/15/2015	194	0008	01	00	01	09	02	00	00	00	00	00	00	00	00	<input type="checkbox"/>
3	<del>10</del>	<del>3</del>	<del>1</del>	<del>2/1/2016</del>	<del>150</del>	<del>0010</del> 3/19/26	<del>01</del>	<del>00</del>	<del>01</del>	<del>00</del>	<del>00</del>	<del>00</del>	<del>00</del>	<del>00</del>	<del>00</del>	<del>00</del>	<del>00</del>	<del>00</del>	<del>00</del>	<del><input type="checkbox"/></del>

Note: If you need to add tanks to your registration, write them in using blank lines above. Attach additional sheets as needed. Blank Section B is available at [http://www.dec.ny.gov/docs/remediation\\_hudson\\_pdf/pbsrenewal.pdf](http://www.dec.ny.gov/docs/remediation_hudson_pdf/pbsrenewal.pdf)

Tank Owner Information			
Tank Owner Name (Company/Individual): TOWN OF CHEMUNG			
Contact Person: <del>CHRIS DOANE</del> ADAM SKINKLE			
Tank Owner Address: 48 ROTARY ROAD EXTENSION			
City: CHEMUNG		State: NY	ZIP: 14825
Contact Person Telephone Number: (607) 529-3532		Contact Person email: HIGHWAY@TOWNOFCHEMUNG.COM	
Specific Tanks Owned			
Tank Number:			
Name of Class B (Daily On-Site) Operator:		Authorization No:	
Name of Class A (Primary) Operator:		Authorization No:	

Tank Owner Information			
<input type="checkbox"/> Check box if same as Facility (Property) Owner. If tank owner is different from property owner, fill out information below:			
Tank Owner Name (Company/Individual):			
Contact Person:			
Tank Owner Address:			
City:		State:	ZIP:
Contact Person Telephone Number:		Contact Person email:	
Specific Tanks Owned			
<input type="checkbox"/> Check box if this owner owns all tanks at this facility. If not, list tanks owned by this owner below:			
Tank Number:			
Name of Class B (Daily On-Site) Operator:		Authorization No:	
Name of Class A (Primary) Operator:		Authorization No:	

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003	004	005	<del>006</del>	<del>007</del>
008	<del>10</del> 009			


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DER/SPILLS  
REGION 8