



Department of
Environmental
Conservation

New York State Department of Environmental Conservation
Division of Environmental Remediation

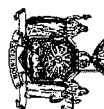
Petroleum Bulk Storage Application

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:
8-126543

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: 03/24/2027

Transaction Type: 3	Facility Name: MY-T ACRES INC	Tax Map: Borough/Section
1) Initial/New Facility	Facility Address (Physical Address, No P.O. Boxes): 8127 LEWISTON ROAD	Block:
2) Change of Ownership	Facility Address (cont.):	Lot
3) Tank Installation, Closing, or Repair	City: Batavia	State: NY ZIP 14020
4) Information Correction	County: Genesee	Township or City: Batavia
5) Renewal	Facility Operator: NATHAN CALL	Facility Phone Number: (585) 343-1026
NOTE:	TYPE OF PETROLEUM FACILITY (Check only one) ☐ 01=Storage Terminal/Petrol. Distributor ☐ 02=Retail Gasoline Sales ☐ 03=Other Retail Sales ☐ 04=Manufacturing ☐ 05=Utility ☐ 06=Trucking/Transportation/Fleet ☐ 07=Apartment/Office Building ☐ 08=School ☒ 09=Farm ☐ 10=Private Residence ☐ 11=Airline/Air Taxi/Airport ☐ 12=Chemical Distributor ☐ 13=Municipality ☐ 15=Railroad ☐ 25=Auto Service/Repair (No Gasoline Sales) ☐ 28=Cemetery/Memorial ☐ 26=Religious (Church, Synagogue, Mosque, Temple, etc.) ☐ 52=Marina ☐ 27=Hospital/Nursing Home/Health Care ☐ 53=Nuclear Power Plant ☐ 99=Other (Specify):	
Fill in Property Owner information here...>>>	Emergency Contact Name: PHIL CALL Emergency Telephone Number: (716) 474-0397	
Facility Owner Address (Street and/or P.O. Boxes): 8127 LEWISTON ROAD	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: BATAVIA	State: NY	ZIP Code: 14020
Owner Telephone Number: (585) 343-1026	Name of Property Owner or Authorized Representative: NATHAN CALL	
Type of Owner (check only one): ☐ 1 Private Resident ☐ 2 State Government	Title: VICE PRESIDENT	
Indicate Tank Owner in Section C.	Signature: <i>Nathan F. Call</i> Date: 8/3/24	
Official Use Only	Amount Enclosed: \$	
Date Received: 08/03/26	Facility Contact Person Name: NATHAN F CALL	
Date Processed: 08/03/26	Contact Person Company Name: MY-T ACRES INC	
Amount Received: \$ N/A	Address: 8127 LEWISTON RD	
Reviewed By: <i>WJC</i>	Address (cont.):	
Rev. 12/22/2022	City/State/ZIP Code: BATAVIA, NY 14020	
	Tel. Number: (585) 343-1026 eMail Address: MYTACRES@HOTMAIL.COM admin@mytadres.com	

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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)	
	BA6	5	1	8/1/1994	10,000	0008	01	00	01	02	04	02	03	01	02	02	01	02	00	09	☐
	BA7	5	1	8/1/1994	10,000	0008	01	00	01	02	04	02	03	01	02	02	01	02	00	09	☐
	BA8	3	1	1/1/1993	500	2642	01	00	01	00	00	00	00	04	01	99	00	00	00	☐	
	BA9	3	1	12/1/2004	1,000	0009	01	00	01	01	00	00	00	06	00	00	00	00	00	☐	
2	BA10	2	1	7/30/2026	12,000	0008	01	00	01	12	02	04	02	01	01	01	01	00	02	None	
2	BA11	2	1	7/30/2026	12,000	0008	01	00	01	12	02	04	02	01	01	01	01	00	02	None	

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

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Petroleum Bulk Storage Application
Section C - Tank Ownership Information (for PBS tanks listed in Section B)

Tank Owner Information			
Tank Owner Name (Company/Individual): MY-T ACRES INC			
Contact Person: NATHAN CALL			
Tank Owner Address: 8127 LEWISTON ROAD			
City: BATAVIA	State: NY	ZIP: 14020	
Contact Person Telephone Number: (585) 343-1026	Contact Person email: MYTACRES@HOTMAIL.COM	ADVIN@MYTACRES.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			
☒ 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			
☒ 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:	

BA8	BA9
BA10	BA11

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Tank Owner Information				Tank Owner Information			
Tank Owner Name (Company/Individual): MY-TACRES INC				☒ Check box if same as Facility (Property) Owner. If tank owner is different from property owner, fill out information below:			
Contact Person: NATHAN CALL				Tank Owner Name (Company/Individual):			
Tank Owner Address: 8127 LEWISTON ROAD				Contact Person:			
City: BATAVIA		State: NY		ZIP: 14020		Tank Owner Address:	
Contact Person Telephone Number: (585) 343-1026		Contact Person email: MYTACRES@HOTMAIL.COM		Contact Person Telephone Number:		Contact Person email:	
Specific Tanks Owned				Specific Tanks Owned			
Tank Number:				☒ Check box if this owner owns all tanks at this facility. If not, list tanks owned by this owner below:			
Name of Class B (Daily On-Site) Operator: NATHAN CALL		Authorization No: MBL-NEF		Name of Class B (Daily On-Site) Operator:		Authorization No:	
Name of Class A (Primary) Operator: NATHAN CALL		Authorization No: MBL-NEF		Name of Class A (Primary) Operator:		Authorization No:	
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BA6		BA7					