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)

Return Completed Form & Fees To:
NYSDEC Region 8
6274 East Avon-Lima Road
Avon, NY 14414-8519
(585) 226-2466

PBS Number:
8-136190

Expiration Date: 03/24/2027

Section A - Facility/Property Owner/Contact Information

Transaction Type: 3

1) Initial/New Facility
2) Change of Ownership
3) Tank Installation, Closing, or Repair
4) Information Correction
5) Renewal

FACILITY

Facility Name: VICTOR INSULATORS, INC
Tax Map Borough/Section:
Facility Address (Physical Address, No P.O. Boxes): 280 MAPLE AVENUE
Block:
Facility Address (cont.):
Lot:
City: Victor
State: NY ZIP: 14564
County: Ontario
Township or City: Victor
Facility Phone Number: (585) 924-2127
Facility Operator: IRA O KNICKERBOCKER

TYPE OF PETROLEUM FACILITY (Check only one)

- [ ] 01=Storage Terminal/Petrol. Distributor
- [ ] 02=Retail Gasoline Sales
- [ ] 03=Other Retail Sales
- [x] 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.)
- [ ] 27=Hospital/Nursing Home/Health Care
- [ ] 52=Marina
- [ ] 53=Nuclear Power Plant
- [ ] 99=Other (Specify):

Emergency Contact Name: IRA O KNICKERBOCKER
Emergency Telephone Number: (703) 859-3298

NOTE:

Fill in Property Owner information here....>>>

Indicate Tank Owner in Section C.

OWNER

Facility (Property) Owner (from Deed): VICTOR INSULATORS INC
Facility Owner Address (Street and/or P.O. Boxes): 280 MAPLE AVENUE
City: VICTOR
State: NY
ZIP Code: 14564-1385
Owner Telephone Number: (585) 924-2127

Type of Owner (check only one):

- [ ] 1 Private Resident
- [ ] 2 State Government
- [ ] 3 Local Government
- [ ] 4 Federal Government
- [x] 5 Corporate/Commercial/Other

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.

Name of Property Owner or Authorized Representative: IRA KNICKERBOCKER
Amount Enclosed: $
Title: CEO
Signature: Ira O. Knickerbocker
Date: 9/22/2026

CORRESPONDENCE

(Please keep this information up to date.)

Facility Contact Person Name: ~~GARY LESHKIVICH~~ Colin Shankland
Contact Person Company Name: VICTOR INSULATORS, INC
Address: 280 MAPLE AVENUE
Address (cont.):
City/State/ZIP Code: VICTOR, NY 14564-1385
Tel. Number: (585) 924-2127
eMail Address: CShankland~~GLESHKIVICH~~@VICTORINSULATORS.COM

Official Use Only
Date Received: 09/22/26
Date Processed: 09/29/26
Amount Received: $ N/A
Reviewed By: MJG

Rev. 12/22/2022

PBS Number:
8-136190

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 ClosureDate (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)
	1	3	1	1/1/1991	275	0012	01	00	01	01	00	00	00	03	00	00	00	00	00	☐
3	2	2	X3	5/1/1999	12,000	0001	01	00	01	01	06	04	01	02	01	01	01	00	00	☐
				9-8-26																
3	3	2	X3	6/1/1997	190	0008	01	00	01	01	06	00	01	00	00	00	00	00	00	☐
				9-8-26																
3	4	3	X3	7/1/1998	300	2712 10	01	00	01	01	00	00	01	00	00	00	00	00	00	☐
				9-8-26																
3	5	2	X3	1/1/1999	190	0012	01	00	01	01	06	00	01	06	00	00	00	00	00	☐
				9-8-26																
3	6	3	X3	6/1/1990	275	0015	01	00	01	00	00	00	00	06	00	00	00	00	00	☐
				9-8-26																

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

PBS Number:
8-136190

Petroleum Bulk Storage Application

Section C - Tank Ownership Information (for PBS tanks listed in Section B)

Tank Owner Information		
Tank Owner Name (Company/Individual): VICTOR INSULATORS INC		
Contact Person: ~~CHRIS RISHEL~~ Colin Shankland		
Tank Owner Address: 280 MAPLE AVENUE		
City: VICTOR	State: NY	ZIP: 14564-1385
Contact Person Telephone Number: (585) 924-2127	Contact Person email: CShankland@VictorInsulators.com	

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 Tank Number:	
Name of Class B (Daily On-Site) Operator:	Authorization No:
Name of Class A (Primary) Operator:	Authorization No:

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:

1	2	6			

Tank Owner Information

Tank Owner Name (Company/Individual):
~~SUPERIOR PLUS~~

Contact Person:
~~NO CONTACT~~

Tank Owner Address:
~~2672 CALEDONIE LEROY ROAD~~

City: ~~GALEDONIA~~	State: ~~NY~~	ZIP: ~~14423~~

Contact Person Telephone Number: ~~(315) 597-5191~~	Contact Person email: ~~NOEMAIL@AOL.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:

PBS No:8-136190

3	4	5

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

Action (1)

1. Initial Listing
2. Add Tank
3. Close/Remove Tank
4. Information Correction
5. 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. Partially buried tank (tank with 10% or more below ground)
5. Underground including vaulted with no access for inspection
6. Aboveground in Subterranean Vault w/access for inspections

Status (4)

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

Products Stored (7)

Heating Oils: On-Site Consumption

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

Heating Oils: Resale/ Redistribution

2718. #2 Fuel Oil
2719. #4 Fuel Oil
2720. #5 Fuel Oil
2721. #6 Fuel Oil
2722. Kerosene
2723. Clarified Oil
2724. Biofuel Oil

Motor Fuels

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

Emergency Generator Fuels

0001. #2 Fuel Oil
2730. Biodiesel (E-Gen)
2731. Diesel (E-Gen)

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. Naptha

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:*

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:*

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:*

Tank Secondary Containment (11)

00. None
01. Diking (AST Only)
02. Vault (w/access)
03. Vault (w/o access)
04. Double-Walled (UST Only)
05. Synthetic Liner
06. Remote Impounding Area
07. Excavation Liner
09. Modified Double-Walled (AST Only)
10. Impervious Underlayment (AST Only)**
11. Double Bottom (AST Only)**
12. Double-Walled (AST Only)
99. Other - Please list*

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
06. Impervious Barrier/Concrete Pad (AST Only)
07. Statistical Inventory Reconciliation (SIR)
08. Weep holes in vaults with no access for inspection
99. Other-Please list: *

Overfill Protection (13)

00. None
01. Float Vent Valve
02. High Level Alarm
03. Automatic Shut-Off
04. Product Level Gauge (AST Only)
05. Vent Whistle
99. Other-Please list:*

Spill Prevention (14)

00. None
01. Catch Basin
99. Other-Please list:*

Pumping/Dispensing Method (15)

00. None
01. Presurized Dispenser
02. Suction Dispenser
03. Gravity
04. On-Site Heating System (Suction)
05. On-Site Heating System (Supply/Return)
06. Tank-Mounted Dispenser
07. Loading Rack/Transfer Pump

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:*

Piping Secondary Containment (19)

00. None
01. Diking (Aboveground Only)
02. Vault (w/access)
04. Double-Walled (Underground Only)
06. Remote Impounding Area
07. Trench Liner
12. Double-Walled (Aboveground Only)
99. Other-Please list: *

Pipe Leak Detection (20)

00. None
01. Interstitial Electronic Monitoring
02. Insterstitial Manual Monitoring
03. Vapor Well
04. Groundwater Well
07. Pressurized Piping Leak Detector
09. Exempt Suction Piping
10. Statistical Inventory Reconciliation (SIR)
99. Other-Please list:*

Under Dispenser Containment (UDC) (21)

Check Box if Present

* If other, please list on a separate sheet including tank number,

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

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number

GENERATOR

5. Generator's Name and Mailing Address

Generator's Site Address (if different than mailing address)

Generator's Phone:

6. Transporter 1 Company Name — U.S. EPA ID Number

7. Transporter 2 Company Name — U.S. EPA ID Number

8. Designated Facility Name and Site Address — U.S. EPA ID Number

Facility's Phone:

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	
1.						
2.						
3.						
4.						

13. Special Handling Instructions and Additional Information

14. **GENERATOR'S/OFFEROR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offeror's Printed/Typed Name — Signature — Month — Day — Year

INT'L

15. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:

Transporter Signature (for exports only): Date leaving U.S.:

TRANSPORTER

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name — Signature — Month — Day — Year

Transporter 2 Printed/Typed Name — Signature — Month — Day — Year

DESIGNATED FACILITY

17. Discrepancy

17a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator) — U.S. EPA ID Number

Facility's Phone:

17c. Signature of Alternate Facility (or Generator) — Month — Day — Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name — Signature — Month — Day — Year

GENERATOR'S/SHIPPER'S INITIAL COPY

EDWARD ARNOLD SCRAP PROCESSORS INC.
Ferrous and Non-Ferrous Scrap
2216 Angling Road, Corfu, NY 14036
Phone: (585) 762-9080 FAX (585) 762-8181
7002762 NYS DMV

INVOICE NO.
251433

DATE: 9-8-26 PHONE: _____

CUSTOMER NAME: Sun Environmental @ Victor Incubators

ADDRESS: _____
Victor NY

DRIVER'S NAME: [illegible]

CONTAINERS DROPPED OFF:

CONTAINER NUMBER	EMPTY	FULL	MATERIAL DESCRIPTION
105	X		

CONTAINERS PICKED UP:

CONTAINER NUMBER	EMPTY	FULL	MATERIAL DESCRIPTION
105		X	1 Tank

ADDITIONAL COMMENTS: _____

CUSTOMER SIGNATURE _____

ATTENTION SHIPPERS! FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT.

☐ 5

STRAIGHT BILL OF LADING

ORIGINAL — NOT NEGOTIABLE

Shipper No. _____

Page 1 of 1

Sun Environmental Corp.
(Name of carrier) (SCAC)

Carrier No. FA-709

Date 9/8/26

On Collect on Delivery shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec.1.

TO:
Consignee Ben Weistman of Rochester
Street 80 Steel Street
City Rochester State NY Zip Code 14606

FROM:
Shipper Victor Insulators Inc.
Street 280 Maple Ave.
City Victor State NY Zip Code 14564
24 hr. Emergency Contact Tel. No. 800 807-7455

Route

Vehicle Number

No. of Units & Container Type	HM	BASIC DESCRIPTION UN or NA Number, Proper Shipping Name, Hazard Class, Packing Group	TOTAL QUANTITY (Weight, Volume, Gallons, etc.)	WEIGHT (Subject to Correction)	RATE	CHARGES (For Carrier Use Only)
01 CM		Triple rinsed 275 gal tank	200 est	P	—	—
01 CM		Triple rinsed 300 gal tank	250 est.	P	—	—
02 CM		Triple rinsed 190 gal tank(s)	300 est.	P	—	—

PLACARDS TENDERED: YES ☐ NO ☑

Note — (1) Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property, as follows: "The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____."
(2) Where the applicable tariff provisions specify a limitation of the carrier's liability absent a release or a value declaration by the shipper and the shipper does not release the carrier's liability or declare a value, the carrier's liability shall be limited to the extent provided by such provisions. See NMFC Item 172.
(3) Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation. See Section 2(e) of Item 360, Bills of Lading, Freight Bills and Statements of Charges and Section 1(a) of the Contract Terms and Conditions for a list of such articles.

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Signature

REMIT C.O.D. TO:
ADDRESS

COD Amt: $

C.O.D. FEE
PREPAID ☐
COLLECT ☐ $

TOTAL CHARGES $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collect

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIPPER Victor Insulators Inc.
PER Actagent for

CARRIER Sun Environmental
PER
DATE 9/8/26

1

Permanent post-office address of shipper.

STYLE F370-3 © 2012 LABELMASTER® (800) 621-5808 www.labelmaster.com

SUN ENVIRONMENTAL CORP.

September 14, 2026

RE: Tank(s) Cleaning Certificate

To whom it may concern:

This letter serves to verify that the following tank(s) from the location below has been cleaned by Sun Environmental Corp. pursuant to New York State Department of Environmental Conservation and United States Environmental Protection Agency Regulations.

Site:
Victor Insulators Inc.
280 Maple Ave.
Victor, NY 14564

Job #J007958

Tank(s):

- DEC #1 275 gal AST Lube Oil Tank
- DEC #2 12K AST Fuel Oil Tank
- DEC #3 190 gal AST Diesel Fuel Tank
- DEC #4 300 gal AST Gasoline Tank
- DEC #5 190 gal AST Kerosene Tank

Method of cleaning:

- Triple Rinse and Cut & Closed

Should you have any questions or require additional information please contact Sun Environmental Corp. at (585) 436-5660

Sincerely,

Eric Frankenberg
Operations Manager