NEW YORK STATE | 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:
8-232335

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

Expiration Date: 06/05/2027

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: VAN WORMER'S ARCO
Tax Map Borough/Section:
Facility Address (Physical Address, No P.O. Boxes): 2 SOUTH MAIN STREET
Block:
Facility Address (cont.):
Lot:
City: Cohocton
State: NY
ZIP: 14826
County: Steuben
Township or City: Cohocton
Facility Phone Number: (585) 384-5466
Facility Operator: James Van Wormer

TYPE OF PETROLEUM FACILITY (Check only one)

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

Emergency Contact Name: JAMES B VAN WORMER
Emergency Telephone Number: (607) 566-8339

NOTE:
Fill in Property Owner information here....>>>
Indicate Tank Owner in Section C.

OWNER

Facility (Property) Owner (from Deed): JAMES B VAN WORMER
Facility Owner Address (Street and/or P.O. Boxes): 2 SOUTH MAIN STREET
City: COHOCTON
State: NY
ZIP Code: 14826
Owner Telephone Number: (607) 384-5466

Type of Owner (check only one):
- 1 [ ] Private Resident
- 2 [ ] State Government
- 3 [ ] Local Government
- 4 [ ] Federal Government
- 5 [x] 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: JAMES VANWORMER
Amount Enclosed: $
Title: OWNER
Signature: James VanWorm
Date: 7/22/2026

CORRESPONDENCE

(Please keep this information up to date.)
Facility Contact Person Name: JAMES B VANWORMER
Contact Person Company Name: James Van Wormer
Address: 2 SOUTH MAIN STREET
Address (cont.):
City/State/ZIP Code: COHOCTON, NY 14826
Tel. Number: (607) 384-5466
eMail Address: vanwormerjim@yahoo.com

Official Use Only
Date Received: 07/22/26
Date Processed: 07/23/26
Amount Received: $N/A
Reviewed By: MJG
Rev. 12/22/2022

PBS Number:
8-232335

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)
	~~008A~~	~~3~~	~~1~~	~~8/1/1988~~	~~5,000~~	~~2712 10~~	~~01~~	~~00~~	~~02~~	~~04~~	~~02~~	~~03~~	~~01~~	~~01~~	~~02~~	~~06~~	~~04~~	~~00~~	~~07~~	☐
3			3	7/1/26																
	~~008B~~	~~3~~	~~1~~	~~8/1/1988~~	~~1,000~~	~~2712 10~~	~~01~~	~~00~~	~~02~~	~~04~~	~~02~~	~~03~~	~~01~~	~~01~~	~~02~~	~~06~~	~~04~~	~~00~~	~~07~~	☐
3			3	7/1/2026																
	009	3	1	4/1/1986	500	0022	01	00	01	00	00	04	01	00	00	00	00	00	00	☐
	011	3	1	9/1/1993	500	2722	01	00	01	01	00	04	01	02	01	01	00	00	00	☐
	012	3	1	8/2/2007	2,000	0008	01	00	01	01	00	04	01	02	01	01	00	00	00	☐

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):
JAMES B VAN WORMER

Contact Person:
JAMES VANWORMER

Tank Owner Address:
2 SOUTH MAIN STREET

City: COHOCTON	State: NY	ZIP: 14826

Contact Person Telephone Number: (607) 384-5466	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:

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:

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Tank Owner Information

Tank Owner Name (Company/Individual):
JAMES B VAN WORMER

Contact Person:
JAMES VANWORMER

Tank Owner Address:
2 SOUTH MAIN STREET

City: COHOCTON	State: NY	ZIP: 14826

Contact Person Telephone Number: (607) 384-5466	Contact Person email:

Specific Tanks Owned

Tank Number:

Name of Class B (Daily On-Site) Operator: JAMES VAN WORMER	Authorization No: BW9-L9L
Name of Class A (Primary) Operator: JAMES VAN WORMER	Authorization No: BW9-L9L

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:

008B

Tank Owner Information

Tank Owner Name (Company/Individual):
SUPERIOR PLUS ENERGY INC

Contact Person:
JEFF LANTZ

Tank Owner Address:
1870 SOUTH WINTON, SUITE 200

City: ROCHESTER	State: NY	ZIP: 14618

Contact Person Telephone Number: (000) 000-0000	Contact Person email: VANWORMERJIM@YAHOO.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:8-232335

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Tank Owner Information

Tank Owner Name (Company/Individual):
SUPERIOR PLUS ENERGY INC

Contact Person:
JEFF LANTZ

Tank Owner Address:
1870 SOUTH WINTON, SUITE 200

City: ROCHESTER	State: NY	ZIP: 14618

Contact Person Telephone Number: (000) 000-0000	Contact Person email: VANWORMERJIM@YAHOO.COM

Specific Tanks Owned

Tank Number:

Name of Class B (Daily On-Site) Operator: JAMES VAN WORMER	Authorization No: BW9-L9L
Name of Class A (Primary) Operator: JAMES VAN WORMER	Authorization No: BW9-L9L

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:8-232335

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