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: 8-432059

Return Completed Form & Fees To:

Expiration Date: 3/28/2028

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: LIVINGSTON COUNTY CENTRAL SERVICES
Tax Map Info:
Facility Address (Physical Address, No P.O. Boxes): 6 MURRAY HILL DRIVE
Block:
Facility Address (cont.):
Lot:
City: MOUNT MORRIS
State: NY
ZIP Code: 14150
County: Livingston
Township/City:
Facility Phone Number:
Facility Operator: JAMES R MONTESANO

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
- [x] 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:
Emergency Telephone Number:

NOTE:

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

Indicate Tank Owner in Section C.

OWNER

Facility (Property) Owner (from Deed): LIVINGSTON CO BOARD OF SUPERVISORS
Facility Owner Address (Street and/or P.O. Box): 6 COURT STREET - ROOM 302
City: . GENESEO
State: NY
ZIP Code: 14454-1043
Owner Telephone Number:

Type of Owner (check only one):
1 [ ] Private Resident
2 [ ] State Government
3 [x] Local Government
4 [ ] Federal Government
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 Owner or Authorized Representative: Livingston County Director of Central Services
Amount Enclosed: $
Title:
Signature: Dan Keenan
Date: 9-3-26

CORRESPONDENCE

(Please keep this information up to date.)
Facility Contact Person Name:
Contact Person Company Name:
Address:
Address (cont.):
City/State/ZIP Code:
Tel. Number:
eMail Address:

Official Use Only
Date Received: 09/05/26
Date Processed: 09/18/26
Amount Received: $ N/A
Reviewed By: MJG
Rev. 12/22/2022

PBS Number:
8-432059

Section B - Tank Information

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

Registration Expiration Date:
3/28/2028

(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)
3	50K	2	4	1/8/2025	50,000		01													☐
																				☐
2	3KGD-B6	3	1	12/5/2024	3,000	0008 2731	01	00	01	09	05 01	02 04	01	02	03	07	04	99	09	☐
2	50GDAY-B6	3	1	3/3/2025	50	0008	01	00	01	12	01	03	00	02	03	07	04	99	09	☐
																				☐
	U2K	3	1	21-1998	2000	2712-10	01	00	01	09	02	04	01	02	01	02	01	00	00	☐
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Note: If you need to add tanks to your registration, write them in using blank lines above. Attach additional sheets as needed.

Blank Se B is available at http:/www.dec.ny.gov/docs/remediation_hudson_r bsrenewal.pdf

CONTRACTING

3553 Crittenden Road
Alden, NY 14004
(716) 937- 6527
www.nwcontracting.com

To Whom it May Concern:

The undersigned herby certifies that the under-and/or above ground petroleum product storage tank(s) described below has/have been rendered unusable properly and thoroughly cleaned in accordance with all applicable State, Federal, and Local requirements.

Tanks(s) originated from the following location:

6 MURRAY MILL DRIVE
MOUNT MORRIS, NY 14510

Tank Description:

Tank #1: 50,000 GALLON AST [redacted], FUEL OIL

Tank #2: _____

Tank #3: _____

Tank #4: _____

Tank #5: _____

(Continue on additional sheet if necessary)

Tank cleaning operations at the above-named site were performed on

1/8, 2025.

I certify that the above statement is true and accurate.

Dated: 1/8/2025

Jack Turner

Signature

JACK TURNER, FUEL SYSTEM TECH

Print Name and Title

Scanned

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Waste Tracking Number
		1 716.937.6527	24-172

GENERATOR

5. Generator's Name and Mailing Address
County of Livingston
6 Court St
Geneseo NY 14454
Generator's Phone:

Generator's Site Address (if different than mailing address)
County of Livingston
6 Murray Hill Rd
Mt. Morris NY 14150
U.S. EPA ID Number

6. Transporter 1 Company Name: Nature's Way Environmental Consultants & Contractors, Inc. (DBA NW Contracting) — U.S. EPA ID Number: 9A-516

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

8. Designated Facility Name and Site Address
American Recyclers, Inc.
177 Wales Ave
Tonawanda, NY 14150
Facility's Phone: 716.695.6720
U.S. EPA ID Number: NYR000030809

	9. Waste Shipping Name and Description	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	
1.	Non RCRA Non DOT Regulated(Heating Oil Tank Bottoms)	8	DM	3,200	P	
2.						
3.						
4.						

13. Special Handling Instructions and Additional Information

ERG:	Approval #:	Handling Codes:	
1 -	B-B-25538L	1 -	24 Hour Emergency Contact:
2 -		2 -	INFOTRAC (Caller Must ID
3 -		3 -	ESG)
4 -		4 -	

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: NW CONTRACTING — Signature: Jack Turner — Month 10 Day 10 Year 25

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: JACK TURNER — Signature: Jack Turner — Month 10 Day 10 Year 25

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: Laura Miss — Signature — Month 11 Day 10 Year 25

DESIGNATED FACILITY TO GENERATOR

...OMPANY
...he countryside clean...
one drop at a time.
...th 25th Street
...on, PA 18042
Phone: 610-250-8747
Fax: 610-515-9918

PA 175452

USED OIL MANIFEST

Facility I.D. No. 301288
EPA ID No. PAD 980537666

Date of Service 12-16-24

EMERGENCY RESPONSE 1-800-424-9300-CHEMTREC

COMPANY LOCATION	BILLING ADDRESS
Livingston County Coun. Center	26968
6 Murray Hill Rd	
Mount Morris, NY	

Contact:_____ **Phone:**_____ **FAX:**_____

DESCRIPTION	START INCHES or LBS.	END INCHES or LBS.	NET VOLUME	UNIT PRICE	TOTAL 6400
☐ USED OIL (Not U.S. DOT/EPA Reg)					6400
☐ USED ANTI-FREEZE (Not U.S. DOT/EPA Reg)					
☐ OTHER					
☐ OTHER					

Recycle Oil Company assumes responsibility for the safe removal and disposal of waste fluids in accordance with all State and Federal laws. EPA ID No. PAD 980537666

Recycle Oil Company Receivables

Payment Received ☐Yes ☐No To be Billed? ☐Yes ☐No

Amount Received_____ P.O. #_____

Date Received_____ Remarks_____

Recycle Oil Company Payables

Amount Paid_____ Check to be forwarded from the office?

Check #_____ ☐Yes ☐No

GENERATOR CERTIFICATION (Must be signed prior to acceptance and delivery)

I hereby certify that all information submitted on this and all attached documents are true and accurate. The used oil has not been mixed with a listed hazardous waste; has not been derived from a hazardous waste; has not been mixed with waste that exhibits a hazardous characteristic other than ignitibility characteristics; the resulting mixture does not exhibit any hazardous waste characteristic and does not contain measurable quantities (>2PPM) of Polychlorinated Biphenyls (PCBs).

Signature_____ Title_____

Print Name JACK TURNER

Driver's Signature_____

COMPANY

...keep the countryside clean... one drop at a time.

...00 South 25th Street
Easton, PA 18042

Phone: 610-250-8747
Fax: 610-515-9918

PA [illegible]5463

USED OIL MANIFEST

Facility I.D. No. 301288
EPA ID No. PAD 980537666

Date of Service 12-12-25

EMERGENCY RESPONSE 1-800-424-9300-CHEMTREC

COMPANY LOCATION	BILLING ADDRESS
County Government center	26 841
6 Murray Hill Rd	
Mount Bethel Pa	

Contact:_____ Phone:_____ FAX:_____

DESCRIPTION	START INCHES or LBS.	END INCHES or LBS.	NET VOLUME	UNIT PRICE	TOTAL 61.055
☑ USED OIL (Not U.S. DOT/EPA Reg)					8800
☐ USED ANTI-FREEZE (Not U.S. DOT/EPA Reg)					
☐ OTHER					
☐ OTHER					

Recycle Oil Company assumes responsibility for the safe removal and disposal of waste fluids in accordance with all State and Federal laws. EPA ID No. PAD 980537666

Recycle Oil Company Receivables

Payment Received ☐Yes ☐No
To be Billed? ☐Yes ☐No
Amount Received_____
P.O. #_____
Date Received_____
Remarks_____

Recycle Oil Company Payables

Amount Paid_____
Check to be forwarded from the office?
Check #_____ ☐Yes ☐No

GENERATOR CERTIFICATION (Must be signed prior to acceptance and delivery)

I hereby certify that all information submitted on this and all attached documents are true and accurate. The used oil has not been mixed with a listed hazardous waste; has not been derived from a hazardous waste; has not been mixed with waste that exhibits a hazardous characteristic other than ignitibility characteristics; the resulting mixture does not exhibit any hazardous waste characteristic and does not contain measurable quantities (>2PPM) of Polychlorinated Biphenyls (PCBs).

Signature_____ Title_____
Print Name [illegible]
Driver's Signature [illegible]

OIL COMPANY

...to keep the countryside clean... one drop at a time.

1600 South 25th Street
Easton, PA 18042

Phone: 610-250-8747
Fax: 610-515-9918

PA 074688

USED OIL MANIFEST

Facility I.D. No. 301288
EPA ID No. PAD 980537666

Date of Service 12/13/24

EMERGENCY RESPONSE 1-800-424-9300-CHEMTREC

COMPANY LOCATION	BILLING ADDRESS
Livingston county gouverment	
6 Murray Hill Rd	
Mt. Morris NY	

Contact:_____ Phone:_____ FAX:_____

DESCRIPTION	START INCHES or LBS.	END INCHES or LBS.	NET VOLUME	UNIT PRICE	TOTAL
☑ USED OIL (Not U.S. DOT/EPA Reg)					67.24
☐ USED ANTI-FREEZE (Not U.S. DOT/EPA Reg)					
☐ OTHER					
☐ OTHER					

Recycle Oil Company assumes responsibility for the safe removal and disposal of waste fluids in accordance with all State and Federal laws. EPA ID No. PAD 980537666

Recycle Oil Company Receivables

Payment Received ☐Yes ☐No
Amount Received_____
Date Received_____

To be Billed? ☐Yes ☐No
P.O. #_____
Remarks_____

Recycle Oil Company Payables

Amount Paid_____
Check #_____

Check to be forwarded from the office? ☐Yes ☐No

GENERATOR CERTIFICATION (Must be signed prior to acceptance and delivery)

I hereby certify that all information submitted on this and all attached documents are true and accurate. The used oil has not been mixed with a listed hazardous waste; has not been derived from a hazardous waste; has not been mixed with waste that exhibits a hazardous characteristic other than ignitibility characteristics; the resulting mixture does not exhibit any hazardous waste characteristic and does not contain measurable quantities (>2PPM) of Polychlorinated Biphenyls (PCBs).

Signature_____ Title_____
Print Name Jack Turner
Driver's Signature_____

Approved at 11:15 AM.
Finished at

Bolt 26753

...IL COMPANY
...o keep the countryside clean... one drop at a time.

...600 South 25th Street
Easton, PA 18042

Phone: 610-250-8747
Fax: 610-515-9918

PA [illegible]364

USED OIL MANIFEST

Facility I.D. No. 301288
EPA ID No. PAD 980537666

Date of Service 12-15-04

EMERGENCY RESPONSE 1-800-424-9300-CHEMTREC

COMPANY LOCATION	BILLING ADDRESS
County Government Center	2850
6 Murray Hill Rd	
Mount Morris NY	

Contact:_____ Phone:_____ FAX:_____

DESCRIPTION	START INCHES or LBS.	END INCHES or LBS.	NET VOLUME	UNIT PRICE	TOTAL Gross
☑ USED OIL (Not U.S. DOT/EPA Reg)					6800
☐ USED ANTI-FREEZE (Not U.S. DOT/EPA Reg)					
☐ OTHER					
☐ OTHER					

Recycle Oil Company assumes responsibility for the safe removal and disposal of waste fluids in accordance with all State and Federal laws. EPA ID No. PAD 980537666

Recycle Oil Company Receivables

Payment Received ☐Yes ☐No
To be Billed? ☐Yes ☐No
Amount Received_____
P.O. #_____
Date Received_____
Remarks_____

Recycle Oil Company Payables

Amount Paid_____
Check to be forwarded from the office?
Check #_____ ☐Yes ☐No

GENERATOR CERTIFICATION (Must be signed prior to acceptance and delivery)

I hereby certify that all information submitted on this and all attached documents are true and accurate. The used oil has not been mixed with a listed hazardous waste; has not been derived from a hazardous waste; has not been mixed with waste that exhibits a hazardous characteristic other than ignitibility characteristics; the resulting mixture does not exhibit any hazardous waste characteristic and does not contain measurable quantities (>2PPM) of Polychlorinated Biphenyls (PCBs).

Signature_____ Title_____
Print Name_____
Driver's Signature_____

BACK [illegible]

...IL COMPANY

...keep the countryside clean... one drop at a time.

...000 South 25th Street
Easton, PA 18042

Phone: 610-250-8747
Fax: 610-515-9918

PA ...3455

USED OIL MANIFEST

Facility I.D. No. 301288
EPA ID No. PAD 980537666

Date of Service 4-7-25

EMERGENCY RESPONSE 1-800-424-9300-CHEMTREC

COMPANY LOCATION	BILLING ADDRESS
Lehigh County Garbage Center	2685
6 Heavy Haul Rd	
Mount Bethel PA	

Contact:_____ Phone:_____ FAX:_____

DESCRIPTION	START INCHES or LBS.	END INCHES or LBS.	NET VOLUME	UNIT PRICE	TOTAL
☑ USED OIL (Not U.S. DOT/EPA Reg)					4900
☐ USED ANTI-FREEZE (Not U.S. DOT/EPA Reg)					
☐ OTHER					
☐ OTHER					

Recycle Oil Company assumes responsibility for the safe removal and disposal of waste fluids in accordance with all State and Federal laws. EPA ID No. PAD 980537666

Recycle Oil Company Receivables

Payment Received ☐Yes ☐No
Amount Received_____
Date Received_____

To be Billed? ☐Yes ☐No
P.O. #_____
Remarks_____

Recycle Oil Company Payables

Amount Paid_____
Check #_____

Check to be forwarded from the office?
☐Yes ☐No

GENERATOR CERTIFICATION (Must be signed prior to acceptance and delivery)

I hereby certify that all information submitted on this and all attached documents are true and accurate. The used oil has not been mixed with a listed hazardous waste; has not been derived from a hazardous waste; has not been mixed with waste that exhibits a hazardous characteristic other than ignitibility characteristics; the resulting mixture does not exhibit any hazardous waste characteristic and does not contain measurable quantities (>2PPM) of Polychlorinated Biphenyls (PCBs).

Signature_____ Title_____
Print Name_____
Driver's Signature_____

New York State Department of Environmental Conservation Pre-work Notification for Bulk Storage (PBS and CBS) Tank Installation and Closure

This form provides notice to the Department of an upcoming tank installation and/or closure per 6 NYCRR 613-1.10(c)(6) and (7), 613-2.6(b)(1), 613-3.5(b)(1), and 613-4.5(b)(1) of the Petroleum Bulk Storage (PBS) Regulations and 6 NYCRR 598-1.14(a)(6) and (8), 598-2.6(b), and 598-3.6(b) of the Chemical Bulk Storage (CBS) Regulations.

Submit the completed form to the DEC regional office at least 30 days* prior to the scheduled start of work for tank installations** and permanent closures***. **If the schedule for work changes, you must notify the Department's Regional Office before work begins. Once the work is complete, the facility owner (property owner) is responsible for submitting a PBS or CBS application to the Department to add or remove the tank(s) from the registration.** Additionally, the Owner is responsible for ensuring all work is completed in compliance with the applicable PBS or CBS regulations (i.e., Parts 613 or 598). For questions, call the Regional Office in which the facility is located. Information on the PBS and CBS Programs can be found at: https://dec.ny.gov/environmental-protection/hazardous-substance-bulk-storage

* unless immediate action is required per 598-1.14(a)(8) ** not required for temporary tank systems *** unless in response to corrective action

Check applicable program: ☒ **PBS** ☐ **CBS** **Facility PBS or CBS Registration Number:** 8-432059 **OR** ☐ **Unregistered**

Site Name: LIVINGSTON COUNTY CENTRAL SERVICES	**Contractor:** NW Contracting
Site Address: 6 MURRAY HILL DRIVE	**Contractor Address:** 3553 Crittenden Rd
Site Address (cont.): MOUNT MORRIS NY 14510	**Contractor Address (cont.):** Alden NY 14004
Site Contact: Dan Keenan	**Contractor Contact:** Dan Wik
Site Phone: (585) 243-7508 **Cell:**	**Contractor Phone:** 716-572-3669 **Cell:**
Site Email: dkeenan@co.livingston.ny.us	**Contractor Email:** danw@nwcontracting.com

Tank Number	Type of Action (Close & Remove, Close in Place, Install)	Proposed Date**** (mm/dd/yy)	Tank Type (AST/ UST, Single-wall/ Double-wall)	Product Stored	Capacity (gallons)	Spill Number (if applicable)	Reason for Action
50K	Close in Place		Steel/Carbon Steel Iron	#2 fuel oil	50,000		Close in Place
Comments							

**** Please notify the DEC regional office at least 3 days prior to the work beginning or if the proposed date changes

I hereby certify under penalty of law 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.

Name of Owner or Authorized Representative (print): Lisa Daigler **Title:** Project Specialist

Signature: Lisa Daigler Digitally signed by Lisa Daigler Date: 2024.12.27 12:14:40 -05'00' **Date:** 12/27/2024

Revised 4/25/2024