

Petroleum Bulk Storage (PBS) Update and Renewal Application

version 3.39

(Submission #: HQP-1JN5-1CJ5R, version 1)

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Details

PBS Number 8-601276 Macedon (Wayne) (5930)

Submission ID HQP-1JN5-1CJ5R

Form Input

Overview

Your Registration expires on the date below. Please note that renewals are only available to facilities which are within 1 year of expiring.

05/11/2027

Are you looking to renew your facility at this time?

No

PBS Number

8-601276

Facility Name

WAL-MART SUPERCENTER #3842

Town and County

Macedon (Wayne) (5930)

Type of Facility

Other Wholesale/Retail Sales

Facility

Would you like to modify any Facility information on this page?

No

PBS Number

8-601276

Facility Name

WAL-MART SUPERCENTER #3842

Facility's Address

425 ROUTE 31

Macedon, NY 14502

Town and County

Macedon (Wayne) (5930)

Facility Location - Please enter your facility's address in order to calculate its Latitude and Longitude. Alternatively, find your facility on the map to automatically generate the Latitude and Longitude.

43.066473778,-77.357834739

Facility's Phone Number

(315) 986-1584

Facility Type

Other Wholesale/Retail Sales

Some information is "read-only". If you want to make any updates to "read-only" information, please reach out to your NYSDEC regional office*, bulk storage program. Contact information for each region can be found below:

- Central office: dec.sm.e-regbspregion0@dec.ny.gov
- Region 1: dec.sm.e-regbspregion1@dec.ny.gov
- Region 2: dec.sm.e-regbspregion0@dec.ny.gov
- Region 3: dec.sm.e-regbspregion3@dec.ny.gov
- Region 4: dec.sm.e-regbspregion4@dec.ny.gov
- Region 5: dec.sm.e-regbspregion5@dec.ny.gov
- Region 6: dec.sm.e-regbspregion6@dec.ny.gov
- Region 7: dec.sm.e-regbspregion7@dec.ny.gov
- Region 8: dec.sm.e-regbspregion8@dec.ny.gov
- Region 9: dec.sm.e-regbspregion9@dec.ny.gov

Property Owner**Would you like to modify any Property Owner information on this page?**

Yes

Owner Type

Corporate/Commercial/Other

Are all tanks at this facility owned by this property owner?

Yes

Property Owner Name (Legal Entity)

WAL-MART STORES EAST LP

Property Owner Contact Information (facility/property owner on the deed)

Phone Type	Number	Extension
Business	(877) 829-5505	
Email		
WALMARTEPMSUPPORT@APTIM.COM		
<u>Property Owner's Address</u>		
1 Customer Drive		
BENTONVILLE, AR 72716-0500		

This section contains information pertaining to the property owner. Some information is "read-only". If you want to make any updates to "read-only" information, please reach out to your NYSDEC regional office*, bulk storage program. Contact information for each region can be found here:

- Central office: dec.sm.e-regbspregion0@dec.ny.gov
- Region 1: dec.sm.e-regbspregion1@dec.ny.gov
- Region 2: dec.sm.e-regbspregion0@dec.ny.gov
- Region 3: dec.sm.e-regbspregion3@dec.ny.gov
- Region 4: dec.sm.e-regbspregion4@dec.ny.gov
- Region 5: dec.sm.e-regbspregion5@dec.ny.gov
- Region 6: dec.sm.e-regbspregion6@dec.ny.gov
- Region 7: dec.sm.e-regbspregion7@dec.ny.gov
- Region 8: dec.sm.e-regbspregion8@dec.ny.gov
- Region 9: dec.sm.e-regbspregion9@dec.ny.gov

*Please note that applicants within Region 2 (i.e., New York City) must instead contact the central office in Albany if their application includes a fee (i.e., renewal, new facility, or transfer of ownership).

Contacts

Facility Operator

Please enter the facility operator information.

Would you like to modify the Facility Operator information?

No

Operator Information

Operator Name (Legal Entity)

ATTN: LICENSING SUPPORT

Phone Type Number Extension

Business (877) 829-5505

Email

WALMARTEPMSUPPORT@APTIM.COM

Address

8725 ROSEHILL RD

STE 450

LENEXA, KS 66215-4611

Facility Correspondence Contact

Please enter the contact information for the individual that we should contact for questions regarding this facility's PBS registration.

Would you like to modify Mail (Correspondence) Contact information?

No

Correspondence Name (First and Last)

MARIE BROUHARD

Correspondence Title

NONE PROVIDED

Facility Correspondence

Correspondence Company Name

ATTN: LICENSING SUPPORT

Phone Type Number Extension

Business (877) 829-5505 *NONE PROVIDED*

Email

WALMARTEPMSUPPORT@APTIM.COM

Address

8725 ROSEHILL ROAD, SUITE 450

LENEXA, KS 66215

Emergency Contact Information

Please enter the contact information for the individual that we should contact in the event of an emergency at the PBS facility.

Would you like to modify the Emergency Contact information?

No

Emergency Contact Name

ENVIRONMENTAL SERVICES TEAM

Emergency Contact Phone Number

(479) 277-1001

Tanks (1 of 7)

Tank Number: 001

Modification Type

No change needed

Warning: If "No change needed" is selected, information for this tank will not be updated.

Name of Tank

001

Tank storage capacity (gallons)

800

Is this tank aboveground or underground?

Aboveground on saddles, legs, stilts, rack or cradle

Type of petroleum stored

waste oil/used oil

Tank installation date

03/01/2007

Tank status

In Service

Tank design/construction material

Steel/Carbon Steel/Iron

Tanks (2 of 7)

Tank Number: 002

Modification Type

No change needed

Warning: If "No change needed" is selected, information for this tank will not be updated.

Name of Tank

002

Tank storage capacity (gallons)

400

Is this tank aboveground or underground?

Aboveground on saddles, legs, stilts, rack or cradle

Type of petroleum stored

lube oil

Tank installation date

03/01/2007

Tank status

In Service

Tank design/construction material
Steel/Carbon Steel/Iron

Tanks (3 of 7)

Tank Number: 003

Modification Type
No change needed

Warning: If "No change needed" is selected, information for this tank will not be updated.

Name of Tank
003

Tank storage capacity (gallons)
400

Is this tank aboveground or underground?
Aboveground on saddles, legs, stilts, rack or cradle

Type of petroleum stored
lube oil

Tank installation date
03/01/2007

Tank status
In Service

Tank design/construction material
Steel/Carbon Steel/Iron

Tanks (4 of 7)

Tank Number: 005

Modification Type
No change needed

Warning: If "No change needed" is selected, information for this tank will not be updated.

Name of Tank
005

Tank storage capacity (gallons)
25

Is this tank aboveground or underground?
Aboveground on saddles, legs, stilts, rack or cradle

Type of petroleum stored
waste oil/used oil

Tank installation date
03/01/2007

Tank status

In Service

Tank design/construction material

Steel/Carbon Steel/Iron

Tanks (5 of 7)

Tank Number: 006

Modification Type

Tank closure

Name of Tank

006

Tank storage capacity (gallons)

240

Is this tank aboveground or underground?

Aboveground on saddles, legs, stilts, rack or cradle

Type of petroleum stored

waste oil/used oil

Tank installation date

07/25/2008

How was this tank closed?

Closed - Removed

Tank Closure Date

12/10/2025

Tank design/construction material

Steel/Carbon Steel/Iron

Tanks (6 of 7)

Tank Number: 007

Modification Type

No change needed

Warning: If "No change needed" is selected, information for this tank will not be updated.

Name of Tank

007

Tank storage capacity (gallons)

105

Is this tank aboveground or underground?

Aboveground on saddles, legs, stilts, rack or cradle

Type of petroleum stored

waste oil/used oil

Tank installation date
07/02/2025

Tank status
In Service

Tank design/construction material
Steel/Carbon Steel/Iron

Tanks (7 of 7)

Tank Number: 008

Modification Type
No change needed

Warning: If "No change needed" is selected, information for this tank will not be updated.

Name of Tank
008

Tank storage capacity (gallons)
2540

Is this tank aboveground or underground?
Aboveground - in contact with impervious barrier

Type of petroleum stored
Diesel (E-Gen)

Tank installation date
09/30/2025

Tank status
In Service

Tank design/construction material
Steel/Carbon Steel/Iron

Tank Closure Documentation

Tank Closure Certification/Documentation

[03842 - AST - Waste Manifest - 06032026.pdf - 06/03/2026 01:30 PM](#)

Comment

NONE PROVIDED

BURNUM, LLC
Grease Elimination Service
351 Thornton Road, Suite 123
Lithia Springs, GA 30122
770-489-0056

Manifest No.

99280

Multi Manifest No.

B-

Commercial Waste Manifest

ORIGINATOR INFORMATION

Originator Name	<u>WM 3842 Macedon NY</u>	Contact Name:			
Address	<u>425 State Route 31</u>	Phone:			
City, State	<u>Macedon, NY</u>	Zip:	<u>14502</u>	County:	<u>Wayne</u>
Customer Number:					
Type of Trap:	<input type="checkbox"/> Grease Interceptor	<input type="checkbox"/> Oil/Water Separator	<input type="checkbox"/> Grit/Sand Trap	<input type="checkbox"/> Outside	<input type="checkbox"/> Inside
	<input type="checkbox"/> Other:	Trap Condition: _____			
Location #4					
Tank #1:	<u>200</u> gallons	Tank #2:	_____ gallons	Service Frequency:	_____ Weeks
Tank #3:	_____ gallons	Tank #4:	_____ gallons		
Generator Certification: I hereby certify that the wastes listed under this consignment are not hazardous, as defined in regulations promulgated by the State of Georgia, Dept. of Natural Resources, and that the type wastes and quantity indicated are fully accurate.					
Originator Name Printed:	Signature:	Date:	Time:		

Transporter Information

Company:	<u>Burnum, LLC</u>	Driver Name:	<u>Randy Burnum</u>		
Address:	<u>351 Thornton Road, Suite 123</u>	Phone:	<u>(770) 489-0056</u>		
City, State	<u>Lithia Springs, GA</u>	Zip:	<u>30122</u>		
	FOG Permit #:	Permit #	<u>FOG-002-008</u>		
Transporter Certification: I hereby acknowledge receipt of the above listed waste and will transport and dispose of it in accordance with all applicable laws.					
Driver Name Printed:	Signature:	Date:	Time:		
<u>Randy Burnum</u>	<u>Randall P. Burnum</u>	<u>12/10/2025</u>			

RECEIVER/DISPOSAL INFORMATION

Disposal Name:	<u>Wind River Environmental, LLC</u>	Contact Name:	<u>Mitchell Billy</u>		
Address:	<u>300 Thompson Rd.</u>	Phone:	<u>(770) 439-1448</u>		
City, State	<u>Hiram, GA</u>	Zip:	<u>30141</u>	County:	<u>Paulding</u>
EDP Approval/Permit #	<u>GAP050269</u>	NPDES #	_____	LAS #	_____
Solid Waste Handling #	_____	Industrial Pretreatment Permit #	_____		
Total Gallons Received:	_____				
Certification of Receipt: The above waste was received by this facility within the authorized property boundaries and will be processed, disposed of, or recycled in accordance with all applicable laws.					
Disposal Name Printed:	Signature:	Date:	Time:		