

# Petroleum Bulk Storage (PBS) Update and Renewal Application

version 3.37

(Submission #: HQM-C1J7-2WM4R, version 1)

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## Details

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**PBS Number** 8-601803 Avoca (Steuben) (5122)

**Submission ID** HQM-C1J7-2WM4R

## Form Input

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### Overview

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

03/16/2028

**PBS Number**

8-601803

**Facility Name**

TENNESEE GAS PIPELINE, LLC

**Town and County**

Avoca (Steuben) (5122)

**Type of Facility**

Utility (Other than Municipal)

### Facility

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

Yes

**PBS Number**

8-601803

**Facility Name**

TENNESEE GAS PIPELINE, LLC

**Facility's Address**

4505 MACKEY ROAD

AVOCA, NY 14809

**Town and County**

Avoca (Steuben) (5122)

**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.**

42.414225,-77.458126

**Facility's Phone Number**

(585) 245-1325

## Facility Type

Utility (Other than Municipal)

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?

No

### Owner Type

Corporate/Commercial/Other

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

Yes

### Property Owner Name (Legal Entity)

TENNESSEE GAS PIPELINE, LLC

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

Phone Type	Number	Extension
Business	(713) 420-2131	NONE PROVIDED

**Email**  
NONE PROVIDED

**Property Owner's Address**  
1001 LOUISIANA STREET / PO BOX 2511  
HOUSTON, TX 77002

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

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Please enter the facility operator information.

**Would you like to modify the Facility Operator information?**

Yes

**Operator Information**

**Operator Name (Legal Entity)**

TENNESSEE GAS PIPELINE, LLC

**Phone Type    Number            Extension**

Business        (585) 245-1325

**Email**

christopher\_creamer@kindermorgan.com

**Address**

2001 Archer Road

Clifton Springs, NY 14432

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**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?**

Yes

**Correspondence Name (First and Last)**

Chris Stek

**Correspondence Title**

Specialist-Permitting Compliance

**Facility Correspondence**

**Correspondence Company Name**

TENNESSEE GAS PIPELINE, LLC

**Phone Type    Number            Extension**

Business        (860) 810-4035

**Email**

chris\_stek@kindermorgan.com

**Address**

8 Angina Drive

Enfield, CT 06082

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**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?**

Yes

**Emergency Contact Name**

Chris Creamer

**Emergency Contact Phone Number**

(585) 245-1325

**Tanks (1 of 1)**

**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**

03/07/2018

**Tank status**

In Service

**Tank design/construction material**

Steel/Carbon Steel/Iron