Department of Environmental Conservation

**PBS Number:** 

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:

**Expiration Date:** 



### Section A - Facility/Property Owner/Contact Information

Transaction		Facility Name: Atlantic Chestnut -	Lot 1		Tax Map Info Brooklyn		<b>TYPE OF PETROLEUM FACILITY</b> (Check only one) 01=Storage Terminal/Petrol. Distributor 02=Retail Gasoline Sales	
<b>Type:</b> 1/3	F	Facility Address (Physical Address	s, No P.O. Bo	xes):	Block: 4143		03=Other Retail Sales	
<ol> <li>Initial/New Facility</li> </ol>	Α	250 Euclid Avenue			BIOCK:		05=Utility 06=Trucking/Transportation/F	leet
2) Change of	С	Facility Address (cont.):			Lot		X     07=Apartment/Office Building     08=School       09=Farm     10=Private Residence	
Ownership 3) Tank	T	City: Brooklyn		Sta N			11=Airline/Air Taxi/Airport 12=Chemical Distributor	
Installation,	L	County:	Township/Ci	ity	Facility Phone	Number:		
Closing, or	1	Kings			646 388 8216		25=Auto Service/Repair (No Gasoline Sales) 28=Cemetery/Memorial 26=Religious (Church, Synagogue, Mosque, Temple, etc.)	
Repair 4) Information	Т	Facility Operator:					$\square$ 27=Hospital/Nursing Home/Health Care $\square$ 52=Marina	
Correction	Y	Atlantic Chestnut Affordable Ho					53=Nuclear Power Plant	
5) Renewal	Ċ.	Chestnut I Associates L.P., and Development Fund Corporation		inut i Housing			99=Other (Specify):	
		Attn: Michael Wadman					Emergency Contact Name Emergency Telephone Number:	
NOTE:		Facility (Property) Owner (from De	-	NEC			Michael Wadman 646 388 8216	
÷ .		Atlantic Chestnut Affordabl Facility Owner Address (Street and					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	
Fill in Property	0	902 Broadway, 13th Floor	I O DOX)				accordance with applicable state and federal law.	
Owner	w	City:	S	State:	ZIP Code: 10010		Name of Owner or Authorized Representative: Amount Enclosed: © 500	
information	N	NY		NY	10010		Name of Owner or Authorized Representative: Amount Enclosed: \$ 500	
here>>>	E	Owner Telephone Number: 646	388 8216				Title: Vice Presient	
Indicate Tank				_				
Owner in	R	Type of Owner (check only one):	3	Local Gov			Signature: Date: 8/31/2022	
Section C.		1 Private Resident	4	Federal Go			Signature: Date: 8/31/2022	
	0	2 State Government (Please keep this information up to	5	x Corporate/	Commercial/Other			
Official Use Only	C O			chael Wadma	n			
Date Received:	R R	Facility Contact Person Name:	( DL	11				
// Date Processed:	Е	Contact Person Company Name:	c/o Phipps	Houses				
	S P	Address: 902 B.	roadway, 13th	Floor				
Amount Received:	O N	Address (cont.);						
Served. Serviewed By:	D E	City/State/ZIP Code: NY, NY	10010					
Reviewed By.	N C E	646 388 8216 Tel, Number:				eMail A	I Address: mwadman@phippsny_org	

**PBS Number:** 

### Section B - Tank Information

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

### **Registration Expiration Date:**

(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 (If Ga: w/etha Biodiese addit	soline nol or l, list %	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	1	3	3	11/16/2016	10,000	0001		01	00	01	00	00	04	00	00	01	01	00	00	00	
3	2	5	3	12/17/2021	550	0009		01	00	00	00	00	00	00	00	00	00	00	00	00	
3	3	5	3	12/17/2021	150	0022		01	00	00	00	00	00	00	00	00	00	00	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 Section B is available at <u>http://www.dec.ny.gov/docs/remediation\_hudson\_pdf/pbsrenewal.pdf</u>

**PBS Number:** 

### **Petroleum Bulk Storage Application**

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

Tank Ow           X Check box if same           If tank owner is different from p	as Facility	• • • • • •		ation below:		<b>Tank Ow</b> Check box if same If tank owner is different from p	as Fac	• • • • • •		ation below:
Tank Owner Name (Company/Individua Atlantic Chestnut I Housing Development	al): Fund Corp	poration			Tank O	wner Name (Company/Individua	al):			
Contact Person: Michael Wadman					Contact	t Person:				
Tank Owner Address: 902 Broadway	7, 13 Floo	Dr			Tank O	wner Address:				
City: NY	St	tate: NY	ZIP: 1	0010	City:			State:	ZIP:	
Contact Person Telephone Number: 646 388 8216		t Person emai mwadman@		y.org	Contact	Person Telephone Number:	Con	tact Person ema	il:	
Theck box if this owner The contract of the co	er owns al			Ι.		Check box if this owne If not, list tanks or	er owr			у.
Tank Number: Name of Class B (Daily On-Site) Operator:				Authorization No:	Tank N	umber: Class B (Daily On-Site) Operator:				Authorization No:
Name of Class B (Daily On-Site) Operator.				Authorization No.	Iname of	Class B (Daily On-Site) Operator.				Authorization No.
Name of Class A (Primary) Operator:				Authorization No:	Name of	Class A (Primary) Operator:				Authorization No:
			-							

### NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Environmental Remediation, Bureau of Technical Support

625 Broadway, 11th Floor, Albany, NY 12233-7020 P: (518) 402-9543 | F: (518) 402-9547 www.dec.ny.gov

September 12, 2022 Date

PBS No. 2 - 095923

The NYS Department of Environmental Conservation (DEC) is returning the Petroleum Bulk Storage Registration (PBS) Application and fee to you. The application is incomplete and cannot be processed for the reason(s) below.

- X Please provide a cover letter stating that the property is in the Brownfield Cleanup Program (BCP).
- X The tank information listed on the application does not match DEC's records. The enclosed pre-printed Section B Tank Information page from DEC's lists a 300-gallon tank labeled LO#1 that is not listed on your application.
  - The email address is missing in the Correspondence Section of the application.
- The property owner information in Section A does not match the deed or is not listed.
- Complete the tank owner information (Section C).
- X After a review of the application, it has been determined that there has been a Change of Ownership, and not an Initial Facility Registration. The above-noted PBS number is for the facility that is already registered with DEC located at 250 Euclid Avenue AKA 3301 Atlantic Avenue. Block: 4143. Lot: 1.
  - Provide documentation of tank capacity.
- The tank installation and out-of-service dates must be provided on the Section B Tank Information page (Section B, Column 5). If unknown, provide your best estimate.
- The product stored must be provided on the Section B Tank Information page (Section B, Column 7).
- Duplicate tank numbers are unacceptable. Renumber new tank whose tank number duplicates a previously registered tank.
- Miscellaneous: The enclosed deed from ACRIS indicates that there was a change of X ownership on June 25, 2021 to: ATLANTIC CHESTNUT I HOUSING DEVELOPMENT FUND

CORPORATION. The owner's name listed on the application must be corrected to match the owner that is listed on the enclosed deed. Enclosed a change of ownership application for your use, or you may modify the application that was submitted.

Documentation of proper tank removal, including a tank closure affidavit by the contractor, photos, invoices, job tickets, bills of lading, and/or disposal manifests (for product, sludge, and rinse water removed from tank), must be provided. If the property in the BCP, a Site Assessment Report is not required.

Incomplete applications are returned, please review the application, and the requested documentation for accuracy before mailing it to DEC.

Mail a complete application, the enclosed deed page, and the closure documentation without the registration fee to our Region 2 office for processing at the following address:

> NYS DEC–Region 2, PBS Unit 47-40 21st Street, 1st Floor Long Island City, New York 11101-5407



Environmental Conservation

In addition, the following issue(s) were observed, which appear to be violations and must be addressed. If not resolved, they may be subject to enforcement and penalties:

Underground storage tank(s) overdue for tightness testing. See attached. If the tank(s) have been tested within the past 12 months, send a copy of test report to the appropriate NYSDEC Regional office. Otherwise, the tank(s) should be tested as soon as practicable.

Aboveground tank is 10,000 gallons or more; no secondary containment indicated (Section B, column 11).

This determination is based on the information listed on your application, the deed in ACRIS, and DEC's records. It is your responsibility to ensure the information listed on the application is correct, and to submit a complete application to DEC. If you have any questions, please call Central Office at (518) 402-9543, or you may contact the Region 2 office at 718-482-6455. Please have the PBS number available.

Sincerely, Registration and Permits Section

Enclosures

Recording Fee: Affidavit Fee:	\$ \$	<u> </u>	Canett Mill
		67.00	
TOTAL:	S	0.00	2021000272847
Additional MRT:	\$	0.00	City Register File No.(CRFN):
NYCTA:	\$	0.00	CITY OF NEW YORK Recorded/Filed 07-16-2021 15:15
TASF: MTA:	\$ \$	0.00	OF THE CITY REGISTER OF THE
Spec (Additional):		0.00	RECORDED OR FILED IN THE OFFICE
City (Additional):	\$	0.00	\$ 99,414.25
AXES: County (Basic):	S	0.00	NYS Real Estate Transfer Tax:
axable Mortgage Amount:	\$	0.00	NYC Real Property Transfer Tax: \$ 25,580.44
fortgage Amount:	S	0.00	\$ 250.00
Aortgage :	а Г ~		Filing Fee:
		FEES A	AND TAXES
VEW YORK, NY 10010	5		902 BROADWAY, 13TH FLOOR NEW YORK, NY 10010
GRANTOR/SELLER: ATLANTIC CHESTNUT AF 02 BROADWAY, 13TH FLC	FORDABLE H OOR	OUSING LLC	ATLANTIC CHESTNUT I HOUSING DEV FUND
		PAI	RTIES  GRANTEE/BUYER:
CRFN or Docum	entID		ERENCE DATA /ear Reel Page or File Number
BROOKLYN 4143 Property Type:	1 Entire L RESIDENTIA	L VACANT LA	
Borough Block		Unit A	Address
		DDODFD	RTY DATA
NEW YORK, NY 10017 212-880-1453 2TINYRECORDING@CTT.	СОМ		
CT21-00080-K (CES)		÷-	902 BROADWDAY, 13TH FLOOR NEW YORK, NY 10010
CHICAGO TITLE INSURAN		Y	HIRSCHEN SINGER & EPSTEIN LLP RUSSELL A. KIVLER, ESQ.
Document Page Count: 4 PRESENTER:			RETURN TO:
Document ID: 20210706015 Document Type: DEED	57001	Document	Date: 06-25-2021 Preparation Date: 07-06-2021
			DRSEMENT COVER PAGE         PAGE 1 OF 5           Date:         06-25-2021         Preparation Date: 07-06-2021
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Conservation	Department of Environmental

2-095923 **PBS Number:** 

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

**Return Completed Form & Fees To:** 

NYS Dept. of Environmental Conservation 625 Broadway 11th Floor



<b>2-095923</b> <b>Transaction</b> <b>Type:</b> 2 1) Initial/New Facility 2) Change of Ownership 3) Tank Installation, Closing, or Repair 4) Information Correction 5) Renewal	× H H F H C P F	(Please Type or Print Clearly and Complete All Items for Sections A, B & C)         Section A - Facility/Property Owner/Contact Information         Tex Map.         Facility Name:       Tax Map.         Facility Address (Physical Address, No P.O. Boxes):       Block:       O1=Storage Ter         250 EUCLID AVENUE       Lot       03=Other Retaility of City:       Block:       03=Other Retaility of City:         Facility Address (cont):       Township or City:       State:       ZIP       09=Farm         BROOKLYN       Township or City:       Facility Phone Number:       09=Farm       01=Storage Iter         Sings       New York City       Facility Phone Number:       25=Auto Service       26=Religious (         27=Hospital/Nu       27=Hospital/Nu       27=Hospital/Nu       27=Hospital/Nu       27=Hospital/Nu         Signity (Property) Owner (from Deed):       Emergency Contact Na       Emergency Contact Na       Emergency Contact Na
Installation, Closing, or Repair (1) Information Correction 5) Renewal	× H H F	County: Kings Facility Operator:
NOTE: Fill in Property	0	Facility (Property) Owner (from Deed): Facility Owner Address (Street and/or P.O. Boxes):
Owner information here>>>	e z ą	City: Owner Telephone Number:
Indicate Tank Owner in Section C.	R	Type of Owner (check only one): 1
Official Use Only Date Received:	n n n	(Please keep this information up to date.) Facility Contact Person Name:
Date Processed:	ыs	Contact Person Company Name: Address:
Amount Received: \$ Reviewed By:	z m u zo	Address (cont.): City/State/ZIP Code:
Rev. 6/26/2019	d C	

PBS Number: 2-095923

### **Section B - Tank Information**

# (Please use the key located on the last page to complete

1       1		C7/C/0_7			_					ଷା	ach iten	each item/column)	7								
Image: Secondary secondar	Ξ	(2)	_	3)		(9)	(J)	(8)	(6)	(10)	(11)	(12)	(13)	_	(15)		(17)	(18)	(61)	(20)	(11)
01     00     01     00     01     01       ATION WILL     BE:RET URNED*     01     01     01       1     1     1     1     1       1     1     1     1     1       1     1     1     1     1       1     1     1     1     1       1     1     1     1     1       1     1     1     1     1       1     1     1     1     1	пойрА					Capacity (Gallons)	Product Stored (If Gasoline w/ethanol or Biodiesel, list % additive)	Tank Type	Тапк Іпtегпаl Ргоtесноп	Талк Ехtегnal Protection			Тапк Оvегпіі Ртечепйоп	Tank Spill Prevention			əqvT gniqi <sup>¶</sup>	Рірілд Ехtеглаl Ргоtестіол	Piping Secondary		Under Dispenser Containment (UDC) (Check box if present)
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Blank Section B is available at http://www.dec.ny.gov/docs/remediation\_hudson\_pdf/pbsrenewal.pdf

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Page 1 of 1

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PBS Number: 2-095923 Sec	Petroleum Bulk Storage App Section C - Tank Ownership Information (for PBS	oleum Bulk S nership Informa	Petroleum Bulk Storage Application hk Ownership Information (for PBS tanks listed in Section B)	Section B)	
	*				
Tank Owner Information         Check box if same as Facility (Property) Owner.         If tank owner is different from property owner, fill out information below:	<b>Tank Owner Information</b> Check box if same as Facility (Property) Owner. er is different from property owner, fill out inform	er. rmation below:	Tank Owner Information         Check box if same as Facility (Property) Owner.         If tank owner is different from property owner, fill out information below:	<b>Tank Owner Information</b> Check box if same as Facility (Property) Owner. r is different from property owner, fill out inform	r. mation below:
Tank Owner Name (Company/Individual):	J);		Tank Owner Name (Company/Individual):	u]):	
Contact Person:			Contact Person:	3	
Tank Owner Address:			Tank Owner Address:	ic I	
City:	State: ZIP:		City:	State: ZIP:	
Contact Person Telephone Number:	Contact Person email:		Contact Person Telephone Number:	Contact Person email:	
Specific Check box if this owner If not, list tanks ow	<b>Specific Tanks Owned</b> Check box if this owner owns all tanks at this facility. If not, list tanks owned by this owner below:	lity.	Specific Check box if this owned If not, list tanks o	<b>Specific Tanks Owned</b> Check box if this owner owns all tanks at this facility. If not, list tanks owned by this owner below:	lity.
Tank Number:			Tank Number:		
Name of Class B (Daily On-Site) Operator:		Authorization No:	Name of Class B (Daily On-Site) Operator:		Authorization No:
Name of Class A (Primary) Operator:		Authorization No:	Name of Class A (Primary) Operator:		Authorization No:
Page 1 of 1 PBS No:2-095923	5923				
L0#1					
	-				

<b>EUM BULK STORAGE A</b>	EUM BULK STORAGE APPLICATION - SECTION B - TANK INFORMATION - CODE KEY	<b>TANK INFORMATION - CO</b>	DE KEY
0008. Diesel	09. Concrete	06. Impervious Barrier/Concrete	
2710. Biodiesel	10. Urethane Clad Steel	Pad (AST Only)	06. Fiberglass Reinforced Plastic
0011. Jet Fuel	99. Other-Please list:*	07. Statistical Inventory	(FKP) 07 Blassia
1044. Jet Fuel (Biofuel)		Reconciliation (SIR)	о/, глазце 08. Equivalent Technolopy
		US. Weep holes in vaults with no	09. Concrete
<b>Emergency Generator Fuels</b>	<u>Internal Protection (9)</u>	access for inspection 99. Other-Please list: *	10. Copper
0001. #2 Fuel Oil	00. None		11. Flexible Piping
2730. Biodiesel (E-Gen)	01 Epoxy Liner	<u>Overimi rrouecuon (13)</u>	99. Other-Please list:*
2731. Diesel (E-Gen)	02. Rubber Liner	UU, None	
	03. Fiberglass Liner (FRP)	UI. Float Vent Valve	
	04. Glass Liner		<b>Piping Secondary Containment</b>
Lubricating/Cutting Oils	99. Other-Please list:*	U3. Automatic Shut-Off	(19)
0013. Lube Oil	External Protection (10/18)	U4. Froduct Level Gauge	
0015. Motor Oil	00 None		00. None
1045. Gear/Spindle Oil	01 Deinted/Amholt Contine		01. Diking (Aboveground Only)
0010. Hydraulic Oil	07. Original Sacrificial Anode	79. Other-Flease fist; *	02. Vault (w/access)
	03 Original Immessed Current		04. Double-Walled (Underground Only )
0021. Transmission Fluid	0. Eihereitesseu Cuitent	<b>Spill Prevention (14)</b>	06. Remote Impounding Area
1836. Turbine Oil	07. Industass	00. None	07. Trench Liner
0308. Petroleum Grease		01. Catch Basin	12. Double-Walled (Aboveground Only)
Oile Heed as Building Materials	00. Wrapped (Fiping) 07 Detection Security A 4-	99. Other-Please list:*	99. Other-Please list: *
2016 Astronomic Participal	00 Detertined Saci IIIcial Anode		13
-2020. Aspnaltic Emuisions	00. It-4		<b>Pipe Leak Detection (20)</b>
0/48. Form Oil		rumping/Dispensing	00. None
Petroleum Spirits	99. Other-Please list:*	<u>Method (15)</u>	01. Interstitial Electronic
0014. White/Mineral Spirits	<b>Tank Secondary Containment</b>	00 None	Monitorine
1731. Nantha	(11)		02. Insterstitial Manual Monitorino
	00 None	01. Presurized Dispenser	03 Vanor Well
Mineral/Insulating Oils	01 Dilring (ACT Only)	02. Suction Dispenser	04 Groundwater Well
0020. Insulating Oil (e.g.,		U3. Gravity	07 Dressurized Dising I ash
Transformer, Cable Oil)		04. On-Site Heating System	V. I I VOSULIZAL I IPHIE LOAD
2630. Mineral Oil	02. Value (w/0 access)	(Suction)	00 Evenut Suction Dising
Waste/Used/Other Oils		05. On-Site Heating System	10 Centicition Layoutons
		(Supply/Return)	Deconciliation (CID)
0022 Waster Oscu Oli 0000 Other Disces liste	00. Kemole impounding Area	06. Tank-Mounted Dispenser	00 Other Disarce list.
7777, Older-F 16486 1181.	01. Excavation Liner 00 Modified Double Weiling	07. Loading Rack/Transfer Pump	77. OHM-1 10480 HSL
Crude Oil			<b>Under Dispenser Containment</b>
0006. Chide Oil	10 Immerrious Underlaument	<b>Piping Location (16)</b>	
0701. Crude Oil Fractions	(AST Only)**		
	11. Double Bottom (AST Only)**	00. No Piping	Check Box if Present
<u>Tank Type (8)</u>	12. Double-Walled (AST Only)	02 Iladarmonid/On moning	
01. Steel/Carbon Steel/Iron	99. Other - Please list*	02. Onutriground On-ground 03. A horrowith of A formation	
02. Galvanized Steel Alloy		03. Abuveground Onderground	* 12
03. Stainless Steel Alloy	Tank Leak Detection (12)		
04. Fiberglass Coated Steel	00. None	Piping Type (17)	separate sneet including tank
05. Steel Tank in Concrete	01. Interstitial Electronic		
06. Fiberglass Reinforced Plastic	Monitoring	00. None	
(FRP)	02. Interstitial Manual Monitoring	01. Steel/Carbon Steel/Iron	** Fach of these codes must he
07. Plastic	03. Vapor Well	02. Galvanized Steel 03. Stoirdess Steel Allow	combined with code 01 or 06
08. Equivalent Technology	04. Groundwater Well	03. Statutess Steet Alloy 04. Fiberglass Coated Steel	to meet compliance
	05. In-Tank System (Auto Tank	05. Steel Encased in Concrete	requirements.
	v		

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

1. Initial Listing Action (1)

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/

3. Aboveground on saddles, legs, impervious barrier

4. Partially buried tank (tank with stilts, rack or cradle

10% or more below ground)

5. Underground including vaulted with no access for inspection

Vault w/access for inspections 6. Aboveground in Subterranean

### Status (4)

2. Out-of-service 1. In-service

3. Closed-Removed 4. Closed- In Place 5. Tank converted to Non-

Products Stored (7) Regulated use

Heating Oils: On-Site Consumption

Heating Oils: Resale/ 2711. Biodiesel (Heating) 2642. Used Oil (Heating) 2719. #4 Fuel Oil 2720. #5 Fuel Oil 0591. Clarified Oil 2721. #6 Fuel Oil 2718. #2 Fuel Oil 0003. #6 Fuel Oil Redistribution 0001. #2 Fuel Oil 0002. #4 Fuel Oil 0259. #5 Fuel Oil 0012. Kerosene

2723. Clarified Oil 2722. Kerosene

2724. Biodiesel (Heating) 2712. Gasoline/Ethanol Motor Fuels 0009. Gasoline

C         C         646 388 8216           Rev. 6/26/19 c         E         Tcl Number:         646 388 8216	Reviewed By: N N Reviewed By: N	Amount O Address (cont ):	Date Processed: S Address: 902 Broadway, 13th Floor		C (Please keep this information up to date.) O Facility Contact Person Name:	Indicate Tank       R       Type of Owner (check only onc):       3       1         Owner in       I       Private Resident       4       1         Section C.       2       State Government       5       x	here>>> E Owner Telephone Number: 646 388 8216	ion	NOTE:     Atlantic Chestnut Alfordable Housing HDFC       Fill in     Facility Owner Address (Street and/or P O Box):       Promerty     902 Broadway, 13th Floor	Facility (Property) Owner (from Deed):	5) Renewal Development Fund Corporation Attn: Michael Wadman	¥	A) Information T Facility Operator:	Closing, or I County: Kings	Brooklyn	C	A Fa	1) Initia/New 750 Evolution Avenue 750 Evolution Av	action Facility Name: Atlantic Chestnut - Lot 1	Bur Of Tech. Sugection A - Facil	Pursuant to the E PBS Number: 2-095 923 SEP - 6 2022 (Please Type or Print C	New York
eMail Address: mwaumane			bor	USes	Michael Wadman	Local Government Federal Government Corporate/Commercial/Other	Title: Vice Presient	NY ZIP Code: 10010	I hereby certify, under False statements made accordance with applic	Michael wadman	Emergency Contact Name	t Housing 99=Other (Specify):			11208	State: ZIP Code: 09=Farm	-	Block: 4143 03=Other Retail Sales	Tax Map Info Brooklyn 01=Storage Termi	Facility/Property Owner/Contact Information	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]	New York State Department of Environmental Conservation Division of Environmental Remediation Petroleum Bulk Storage Application
m wadmin i մննի ու ինչում, ու թ	An history and					1 Ward Date: 8/31/2022		Mame of Owner or Authorized Representative: Amount Enclosed: \$ 500 Michael Wadman	lation	the first the source of the so	ame Emergency Telephone Number. 646 388 8216	lant	27=Hospital/Nursing Home/Health Care 52=Marina	25=Auto Service/Repair (No Gasoline Sales) 28=Cemetery/Memorial		-Taxi/Airnort   12=Chemical Distributor	07=Apartment/Office Building		al/Petrol. Distributor	Expiration Date:		Return Completed Form & Fees To: Division of Environmental Remediation

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10 a 10 a 10 Africa Andrew An

Note: If you need to add tanks to your registration, write them in using blank lines above. Attach add Blank Section B is available at <a href="http://www.dec.ny.gov/docs/remediation-hudson-pdf/pbsrenewal.pdf">http://www.dec.ny.gov/docs/remediation-hudson-pdf/pbsrenewal.pdf</a>

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																						ديا	2		-	(2) Tank Number	à
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																						12/17/2021	12/1//2021	12/17/2021	11/16/2016	Installation, out-of-service, or Permanent ClosureDate (mm/dd/yyyy) Application will be returned if blank	(5)
																						150	UCC.	550	10,000	Capacity (Gallons)	(6)
		* 1	4.	(5 m	-	-	6.											ž				0022	VU07	2000	1000	Product Stored (If Gasoline w/ethanol or Biodiesel, list % additive)	(7)
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1 X X		- 10	*)*)*)	1.1		-	*17.5			+ 1					120				1.6.9	14.70		8	3	8	01	Tank External Protection	(10)
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4.1	-		-	-	-				-	-										-			00	00	Ę		(20)
F																								E		Under Dispenser Containment (UDC) (Check box if present)	(21)

PBS Number: 2-095923

> Section B - Tank Information (Please use the key located on the last page to complete

each item/column)

Page 2 of 3

**Registration Expiration Date:** 

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Authorization No:		Name of Class A (Primary) Operator:	Authorization No:		Name of Class A (Primary) Operator:
Authorization No:		Name of Class B (Daily On-Site) Operator:	Authorization No:		Name of Class B (Daily On-Site) Operator:
		Tank Number:			Tank Number:
y.	<b>Specific Tanks Owned</b> k box if this owner owns all tanks at this facility. If not, list tanks owned by this owner below:	Specifi Check box if this owr If not, list tanks (	<i>ч</i> .	Specific Tanks Owned X Check box if this owner owns all tanks at this facility. If not, list tanks owned by this owner below:	Specific X Check box if this owne If not, list tanks ov
			ny.org	mwadman@pnippsny.org	646 388 8210
	Contact Person email:	Contact Person Telephone Number:		Contact Person email:	Contact Person Telephone Number:
	State: ZIF:	City:	10010	State: NY ZIP:	City: NY
		Tank Owner Address:		13 Floor	Tank Owner Address: 902 Broadway, 13 Floor
		Contact Person:			Contact Person: Michael Wadman
	al):	Tank Owner Name (Company/Individual):		(): und Corporation	Tank Owner Name (Company/Individual): Atlantic Chestnut I Housing Development Fund Corporation
ition below:	Tank Owner Information $\mathbf{X}$ Check box if same as Facility (Property) Owner.           vner is different from property owner, fill out information	<b>Tank Owner Information</b> X         Check box if same as Facility (Property) Owner.           If tank owner is different from property owner, fill out information below:	ation below:	Tank Owner Information $\overline{x}$ Check box if same as Facility (Property) Owner.           vner is different from property owner, fill out inform	Tank Owner Information         X       Check box if same as Facility (Property) Owner.         If tank owner is different from property owner, fill out information below:

**Petroleum Bulk Storage Application** 

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

PBS Number: Z-095<sup>-</sup>923



22 DCEAN AVENUE COPIAGUE, NEW YORK 11726 PHONE: 631-608-8810 FAX: 631.608.8811

February 18, 2022

FDNY, Bureau of Fire Prevention Bulk Fuel Safety Unit, Room 3E-102 9 Metro Tech Center Brooklyn, NY 11201-3857

> Re: 250 Euclid Avenue Brooklyn, NY 11208

### **AFFIDAVIT**

Brian Gaudreault, being duly sworn says that on December 16<sup>th</sup> and 17<sup>th</sup> 2021, Brookside Environmental completed the cleaning and removal of one 550 gallon gasoline UST and one 150 gallon waste oil UST in accordance with the provisions of the New York City Fire Code, Chapter 34, Section FC3404.2.13 and FC3404.2.14.

During the removal of the tanks, Brookside:

- Removed 230 gallons of petroleum/water for disposal.
- Inerted and cleaned each tank.
- Cleaned and removed all piping.
- Removed and recycled tanks and piping as scrap metal.

This affidavit is issued to attest to the proper tank removal procedures by a FDNY Licensed Underground Storage Tank Installer/Remover. An environmental assessment has been performed in accordance with the requirements of federal or state law/regulations.

Brian Gaudreadlt

C.O.F. Type W-16 FDNY License # 81350266 Expires: 6/07/2023

State of New York County of Suffolk Sworn before this May of KhuaM 2022 Seal Notary Public DAWN M SIEGEL NOTARY PUBLIC-STATE OF NEW YORK

NOTARY PUBLIC-STATE OF NEW YOR No. 015/5082958 Qualified in Suffolk County My Commission Expires 08-04-2025 PHONE: 631.608.8810 FAX: 631.608.8811

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Transporter Permit #1A-644 EPA ID #NYR000081661 BIC # 2935

1	NON-HAZARDOUS MANIFEST	DNO. equired					2. Page 1 of					
	3. Generator Site Address and Mailing Address		A. Document Number									
	3. Generator Site Address and Mailing Address Address MO Address MO Address MO Address MO Address MO Address MO Address MO Address MO Address Address MO Address Addr	or NG Root	B. State ID									
	5. Transporter 1 Company Name	6. US EPA ID Number	<u></u>		C. State Trans	porter's ID	1A-	644				
	Brookside Environmental, Inc.	NYR000081661			D. Transporter	s Phone	(631)6	08-8810				
	7. Transporter 2 Company Name	8. US EPA ID Number			E. State Transp	porter's ID						
						F. Transporter						
	9. Designated Facility Name and Site Address		10. US EPA ID Number			G. State Facilit	y's ID					
	Clean Water of New York		NYD000968545									
	3249 Richmond Terrace Staten Island, NY 10303				H. Facility's Ph (718)	981-4	600					
	11. US DOT Description (Including Proper Shipping Name		12.	Container								
				N	o. T	То	3. tal ntity	14. Unit Wt/Vol	L. Waste No.			
GENE	a. Non-hazardous waste solid, nos Non-RCRA/Non-DOT Hazardous			2	L D	M 60	70	Р				
RATOR	b. Non-hazardous waste liquid, no Non-RCRA/Non-DOT Hazardous	1.0		D	м		G					
	с.		-									
	d.	I.			~	1						
	J. Additional Descriptions for Materials Listed Above TAWA Bo Ho Mo Olg Dataing				K.	Handling Code	s for Wastes	s Listed Abo	ove			
	15. Special Handling Instructions and Additional Information a) App# 237-028 b) App# 237-029											
	16. GENERATOR'S CERTIFICATION: I hereby declare that the labeled, and are in all respects in proper condition for the second se	contents of this consign	cording to applicable internatio	described abov	e by prop	er shipping nam	e and are c	lassified, pa		nd		
¥	Iabeled, and are in all respects in proper condition for transport by highway according to applicable international and national government of the second						Month Day Year					
TR	17. Transporter 1 Acknowledgement of Receipt of Materials	5		2		1			DATE			
AN	Printed / Type Name		Signature	uy	he	25			Month Day	Year		
SPO	18. Transporter 2 Acknowledgement of Receipt of Materials		W/-		100	UЪ		and and	12140	$\times$		
TRANSPORTER	Printed / Type Name		Signature				1		Month Day	Year		
н	and the second se											
FA												
C I L	19. Facility Owner or Operator: Certification of receipt of w	aste materials covered b	y this manifest except as noted	1.					81			
I T								I	DATE			
Ŷ	Printed / Typed Name	eg	E.	$\langle \rangle$					Month Day	Year		
		and the second second								1		

BEBROOKSIDE ENVIRONMENTAL

www.brooksideweb.com

		NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number		4	3. Emergency Respon 631-608-8810			Tracking f				
Harris H	North Statements	5. Generator's Name and Mailing	g Address + C			Generator's Site Addre	ss (if differe	nt than mailing add	26	75-1	izik		
		5. Generator's Name and Mailing Address A HAW FIC CHREST WIT AFFORDAble Housing address (if different than mailing address) 250 EUCIICL AUE Generator's Phone: Brook Klyw, My. 11208   ASSOC. CP.											
		Generator's Phone: Brice	oKIYN, My	11208	1	1 Asso	00.0	$\leq P$ .					
The second		0. Hansponer i Company Name		U.S. EPA ID Number									
Children of the		Brookside Enviro	*					NYF	0 0 S	008	166	31	
									Number				
100	8. Designated Facility Name and Site Address Clean Water of New York U.S. EPA ID Number								Number				
		3249 Richmond Te	пасе					U.S. EPA ID	Number				
		Staten Island NY Facility's Phone: 718 981											
						10 0		NYD	000	0961	B 5 4	5	
		9. Waste Shipping Name a				10. Conta No.	Type	11. Total Quantity	12. Unit Wt./Vol.				
	- HO	<sup>1</sup> Non-regulated r	naterial, liquid				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			NONE			
	RAT					001	TT	220		NONE			
2.							per	G					
	ĭ												
		3.											
ALC: NO													
		4.											
		13. Special Handling Instructions ar 1) OII-Water mixture	nd Additional Information 237	- 0.0									
20 C 1			~ ) F	670								14.2	
				OCS									
	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 rational covergemental resulting.												
	Generator's/Offeror's Printed/Typed Name Singabuse Singabuse Singabuse												
V	Efanluff as accust for generator and the month Day Yea								Year 71				
INTI	15. International Shipments       Import to U.S.       Import from U.S.       Port of entry/exit:         Transporter Signature (for exports only):       Description:       Description:												
Date Jasving (15 character for experts only).													
TRANSPORTER	Transporter Printed/Typed Name Signature D. Month Day Yea								Year				
NSP	Transporter 2 Printed/Typed Name					Simulto 12/16/21							
TRA						/				Month	Day	Year	
A	17. Discrepancy												
100000	11/	7a. Discrepancy Indication Space	Quantity	П туре		Residue		Partial Rejecti					
									011	L Fi	ull Rejectio	'n	
λIJ	17	b. Alternate Facility (or Generator)			N	anifest Reference Num	iber:	U.S. EPA ID Num	ber				
DESIGNATED FACILITY	Fa	Facility's Phone:											
EDE		c. Signature of Alternate Facility (or	Generator)										
INA	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.				1					Month	Day	Year	
DESI											rine and		
	18.	Designated Facility Owner or Operation	ator: Certification of receipt of materia	Is covered by the manifes	st except as not	ed in Item 17a 🔔							
	Prin	ned/Typed Name	1		Signature	A				Month	Day	Year	
169-	BI	C-0 5 11977 (Rev. 9/09)	mh			11/2	n	un		12		-1	
			1				-	CICMATED				100,000	



22 OCEAN AVENUE COPIAGUE, NEW YORK 11726 PHONE: 631.608.8810 FAX: 631.608.8811 WWW.BROOKSIDEWEB.COM

	Date 12-17-21
Name	
Address 25	O EUCLID AVE
Br	20012172, DY 11208
Quantity	Material
2	SMAIL TANKS OUT FUN RECYCLING
Received By_	32