



## 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:



PBS Number:

(Please Type or Print Clearly and Complete All Items for Sections A, B & C)

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

Expiration Date:

<b>Transaction Type:</b> 1/3 1) Initial/New Facility 2) Change of Ownership 3) Tank Installation, Closing, or Repair 4) Information Correction 5) Renewal	F A C I L I T Y	Facility Name: Atlantic Chestnut - Lot 1		Tax Map Info Brooklyn	
		Facility Address (Physical Address, No P.O. Boxes): 250 Euclid Avenue		Block: 4143	
		Facility Address (cont.):		Lot 1	
		City: Brooklyn	State: NY	ZIP Code: 11208	
		County: Kings	Township/City:	Facility Phone Number: 646 388 8216	
<b>NOTE:</b>  Fill in Property Owner information here....>>>>  Indicate Tank Owner in Section C.	O W N E R	Facility (Property) Owner (from Deed): Atlantic Chestnut Affordable Housing HDFC			
		Facility Owner Address (Street and/or P.O. Box): 902 Broadway, 13th Floor			
		City: NY	State: NY	ZIP Code: 10010	
		Owner Telephone Number: 646 388 8216			
		Type of Owner (check only one): 1 <input type="checkbox"/> Private Resident 2 <input type="checkbox"/> State Government 3 <input type="checkbox"/> Local Government 4 <input type="checkbox"/> Federal Government 5 <input checked="" type="checkbox"/> Corporate/Commercial/Other			
<b>Official Use Only</b> Date Received: / / Date Processed: / / Amount Received: \$ Reviewed By: Rev. 6/26/19 c	C O R R E S P O N D E N C E	(Please keep this information up to date.) Michael Wadman			
		Facility Contact Person Name:			
		Contact Person Company Name: c/o Phipps Houses			
		Address: 902 Broadway, 13th Floor			
		Address (cont.):			
		City/State/ZIP Code: NY, NY 10010			
		Tel. Number: 646 388 8216		eMail Address: mwadman@phippsny.org	
		<b>TYPE OF PETROLEUM FACILITY</b> (Check only one) <input type="checkbox"/> 01=Storage Terminal/Petrol. Distributor <input type="checkbox"/> 02=Retail Gasoline Sales <input type="checkbox"/> 03=Other Retail Sales <input type="checkbox"/> 04=Manufacturing <input type="checkbox"/> 05=Utility <input type="checkbox"/> 06=Trucking/Transportation/Fleet <input checked="" type="checkbox"/> 07=Apartment/Office Building <input type="checkbox"/> 08=School <input type="checkbox"/> 09=Farm <input type="checkbox"/> 10=Private Residence <input type="checkbox"/> 11=Airline/Air Taxi/Airport <input type="checkbox"/> 12=Chemical Distributor <input type="checkbox"/> 13=Municipality <input type="checkbox"/> 15=Railroad <input type="checkbox"/> 25=Auto Service/Repair (No Gasoline Sales) <input type="checkbox"/> 28=Cemetery/Memorial <input type="checkbox"/> 26=Religious (Church, Synagogue, Mosque, Temple, etc.) <input type="checkbox"/> 27=Hospital/Nursing Home/Health Care <input type="checkbox"/> 52=Marina <input type="checkbox"/> 53=Nuclear Power Plant <input type="checkbox"/> 99=Other (Specify):			
		Emergency Contact Name: Michael Wadman		Emergency Telephone Number: 646 388 8216	
		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: Michael Wadman		Amount Enclosed: \$ 500			
Title: Vice President					
Signature:		Date: 8/31/2022			

**PBS Number:**

## **Section B - Tank Information**

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

**Registration Expiration Date:**

[illegible]

**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](http://www.dec.ny.gov/docs/remediation_hudson_pdf/pbsrenewal.pdf)**

**PBS Number:**

# Petroleum Bulk Storage Application

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

Tank Owner Name (Company/Individual):  
Atlantic Chestnut I Housing Development Fund Corporation

Contact Person:  
Michael Wadman

Tank Owner Address:  
902 Broadway, 13 Floor

City: NY State: NY ZIP: 10010

Contact Person Telephone Number: 646 388 8216  
Contact Person email: mwadman@phippsny.org

### 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:


### 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:


# 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

Date September 12, 2022

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.

- ☒ **Please provide a cover letter stating that the property is in the Brownfield Cleanup Program (BCP).**
- ☒ **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).
- ☒ **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 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



Department of  
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).

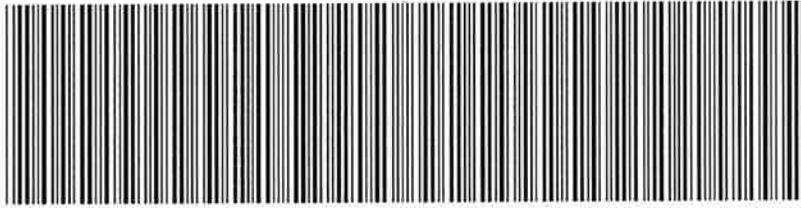
This determination is based on the information listed on your application, the deed in ACRIS, and DEC's records. It is your responsibility to ensure the information listed on the application is correct, and to submit a complete application to DEC. If you have any questions, please call Central Office 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

**NYC DEPARTMENT OF FINANCE  
OFFICE OF THE CITY REGISTER**

This page is part of the instrument. The City Register will rely on the information provided by you on this page for purposes of indexing this instrument. The information on this page will control for indexing purposes in the event of any conflict with the rest of the document.



2021070601537001001E35B9

**RECORDING AND ENDORSEMENT COVER PAGE**

**PAGE 1 OF 5**

**Document ID: 2021070601537001**

**Document Date: 06-25-2021**

**Preparation Date: 07-06-2021**

**Document Type: DEED**

**Document Page Count: 4**

**PRESENTER:**

CHICAGO TITLE INSURANCE COMPANY  
711 THIRD AVE, 8TH FLOOR  
CT21-00080-K (CES)  
NEW YORK, NY 10017  
212-880-1453  
CTINYRECORDING@CTT.COM

**RETURN TO:**

HIRSCHEN SINGER & EPSTEIN LLP  
RUSSELL A. KIVLER, ESQ.  
902 BROADWAY, 13TH FLOOR  
NEW YORK, NY 10010

**PROPERTY DATA**

Borough	Block	Lot	Unit	Address
BROOKLYN	4143	1	Entire Lot	3301 ATLANTIC AVENUE
<b>Property Type: RESIDENTIAL VACANT LAND</b>				

**CROSS REFERENCE DATA**

CRFN \_\_\_\_\_ or DocumentID \_\_\_\_\_ or Year \_\_\_\_\_ Reel \_\_\_\_\_ Page \_\_\_\_\_ or File Number \_\_\_\_\_

**PARTIES**

**GRANTOR/SELLER:**

ATLANTIC CHESTNUT AFFORDABLE HOUSING LLC  
902 BROADWAY, 13TH FLOOR  
NEW YORK, NY 10010

**GRANTEE/BUYER:**

ATLANTIC CHESTNUT I HOUSING DEV FUND CORPORATION  
902 BROADWAY, 13TH FLOOR  
NEW YORK, NY 10010

**FEES AND TAXES**

**Mortgage :**

Mortgage Amount: \$ 0.00

Taxable Mortgage Amount: \$ 0.00

Exemption:

TAXES: County (Basic): \$ 0.00

City (Additional): \$ 0.00

Spec (Additional): \$ 0.00

TASF: \$ 0.00

MTA: \$ 0.00

NYCTA: \$ 0.00

Additional MRT: \$ 0.00

**TOTAL:** \$ 0.00

Recording Fee: \$ 57.00

Affidavit Fee: \$ 0.00

**Filing Fee:**

\$ 250.00

NYC Real Property Transfer Tax:

\$ 25,580.44

NYS Real Estate Transfer Tax:

\$ 99,414.25

**RECORDED OR FILED IN THE OFFICE  
OF THE CITY REGISTER OF THE**

**CITY OF NEW YORK**

Recorded/Filed 07-16-2021 15:15

City Register File No.(CRFN):

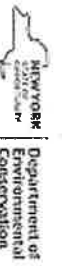
2021000272847



*Gina M. Hill*

**City Register Official Signature**





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

**PBS Number:**  
**2-095923**

(Please Type or Print Clearly and Complete All Items for Sections A, B & C)

**Return Completed Form & Fees To:**

NYS Dept. of Environmental Conservation  
625 Broadway 11th Floor  
Albany, NY 12233-7020  
(518) 402-9543



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

Expiration Date:

<b>Transaction Type:</b> <b>2</b>		<b>Facility Name:</b>		<b>Tax Map:</b>	
		<b>Borough/Section:</b>			
		<b>Facility Address (Physical Address, No P.O. Boxes):</b>		<b>Block:</b>	
		<b>250 EUCLID AVENUE</b>			
		<b>Facility Address (cont.):</b>		<b>Lot:</b>	
		<b>3301 ATLANTIC AVENUE</b>			
1) Initial/New Facility		<b>City:</b>	<b>State:</b>	<b>ZIP</b>	
2) Change of Ownership		<b>BROOKLYN</b>	<b>NY</b>	<b>11208</b>	
3) Tank Installation, Closing, or Repair		<b>County:</b>	<b>Township or City:</b>	<b>Facility Phone Number:</b>	
4) Information Correction		<b>Kings</b>	<b>New York City</b>		
5) Renewal		<b>Facility Operator:</b>			
<b>NOTE:</b>		<b>Facility (Property) Owner (from Deed):</b>			
		<b>Facility Owner Address (Street and/or P.O. Boxes):</b>			
<b>Fill in Property Owner information here...&gt;&gt;&gt;</b>		<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>	
		<b>Owner Telephone Number:</b>			
		<b>Type of Owner (check only one):</b>			
		<b>1</b> <input type="checkbox"/> Private Resident <b>4</b> <input type="checkbox"/> Federal Government			
		<b>2</b> <input type="checkbox"/> State Government <b>5</b> <input type="checkbox"/> Corporate/Commercial/Other			
<b>Indicate Tank Owner in Section C.</b>					
<b>Official Use Only</b>		<b>(Please keep this information up to date.)</b>			
<b>Date Received:</b>		<b>Facility Contact Person Name:</b>			
<b>Date Processed:</b>		<b>Contact Person Company Name:</b>			
<b>Amount Received:</b>		<b>Address:</b>			
<b>Reviewed By:</b>		<b>Address (cont.):</b>			
<b>Rev. 6/26/2019</b>		<b>City/State/ZIP Code:</b>			
		<b>Tel. Number:</b>			
		<b>eMail Address:</b>			

<b>TYPE OF PETROLEUM FACILITY (Check only one)</b>	
<input type="checkbox"/> 01=Storage Terminal/Petrol. Distributor	<input type="checkbox"/> 02=Retail Gasoline Sales
<input type="checkbox"/> 03=Other Retail Sales	<input type="checkbox"/> 04=Manufacturing
<input type="checkbox"/> 05=Utility	<input type="checkbox"/> 06=Trucking/Transportation/Fleet
<input checked="" type="checkbox"/> 07=Apartment/Office Building	<input type="checkbox"/> 08=School
<input type="checkbox"/> 09=Farm	<input type="checkbox"/> 10=Private Residence
<input type="checkbox"/> 11=Airline/Air Taxi/Airport	<input type="checkbox"/> 12=Chemical Distributor
<input type="checkbox"/> 13=Municipality	<input type="checkbox"/> 15=Railroad
<input type="checkbox"/> 25=Auto Service/Repair (No Gasoline	<input type="checkbox"/> 28=Cemetery/Memorial
<input type="checkbox"/> 26=Religious (Church, Synagogue, Mosque, Temple, etc.)	
<input type="checkbox"/> 27=Hospital/Nursing Home/Health Care	<input type="checkbox"/> 52=Marina
<input type="checkbox"/> 53=Nuclear Power Plant	
<input type="checkbox"/> 99=Other (Specify):	
<b>Emergency Contact Name:</b>	<b>Emergency Telephone Number:</b>
<b>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.</b>	
<b>Name of Property Owner or Authorized Representative:</b>	<b>Amount Enclosed: \$</b>
<b>Title:</b>	<b>Date:</b>
<b>Signature:</b>	



**PBS Number:  
2-095923**

**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)
	LO#1	3	1		300	0013	01	00	01	00	00	04			01	01	01			<input type="checkbox"/>

**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](http://www.dec.ny.gov/docs/remediation_hudson_pdf/pbsrenewal.pdf)**

**PBS Number:**

**2-095923**

## Petroleum Bulk Storage Application

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

Tank Owner Information			
<input type="checkbox"/> 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:		
<b>Specific Tanks Owned</b> <input type="checkbox"/> Check box if this owner owns all tanks at this facility. If not, list tanks owned by this owner below:			
Tank Number:		Authorization No:	
Name of Class B (Daily On-Site) Operator:		Authorization No:	
Name of Class A (Primary) Operator:		Authorization No:	
Page 1 of 1 <b>PBS No:2-095923</b>			
LO#1			

Tank Owner Information			
<input type="checkbox"/> 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:		
<b>Specific Tanks Owned</b> <input type="checkbox"/> Check box if this owner owns all tanks at this facility. If not, list tanks owned by this owner below:			
Tank Number:		Authorization No:	
Name of Class B (Daily On-Site) Operator:		Authorization No:	
Name of Class A (Primary) Operator:		Authorization No:	

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

## Action (1)

1. Initial Listing
2. Add Tank
3. Close/Remove Tank
4. Information Correction
5. Repair/Reline Tank

0008. Diesel  
2710. Biodiesel  
0011. Jet Fuel  
1044. Jet Fuel (Biofuel)  
2641. Aviation Gasoline

## Emergency Generator Fuels

0001. #2 Fuel Oil  
2730. Biodiesel (E-Gen)  
2731. Diesel (E-Gen)

## Lubricating/Cutting Oils

0013. Lube Oil  
0015. Motor Oil  
1045. Gear/Spindle Oil  
0010. Hydraulic Oil  
0007. Cutting Oil  
0021. Transmission Fluid  
1836. Turbine Oil  
0308. Petroleum Grease

## Status (4)

1. In-service
2. Out-of-service
3. Closed-Removed
4. Closed- In Place
5. Tank converted to Non-Regulated use

## Products Stored (7)

### Heating Oils: On-Site

#### Consumption

0001. #2 Fuel Oil  
0002. #4 Fuel Oil  
0259. #5 Fuel Oil  
0003. #6 Fuel Oil  
0012. Kerosene  
0591. Clarified Oil  
2711. Biodiesel (Heating)  
2642. Used Oil (Heating)

### Heating Oils: Resale/

#### Redistribution

2718. #2 Fuel Oil  
2719. #4 Fuel Oil  
2720. #5 Fuel Oil  
2721. #6 Fuel Oil  
2722. Kerosene  
2723. Clarified Oil  
2724. Biodiesel (Heating)

## Motor Fuels

0009. Gasoline  
2712. Gasoline/Ethanol

06. Impervious Barrier/Concrete Pad (AST Only)  
07. Statistical Inventory Reconciliation (SIR)  
08. Weep holes in vaults with no access for inspection  
99. Other-Please list: \*

## Overfill Protection (13)

00. None  
01. Float Vent Valve  
02. High Level Alarm  
03. Automatic Shut-Off  
04. Product Level Gauge (AST Only)  
05. Vent Whistle  
99. Other-Please list: \*

## Spill Prevention (14)

00. None  
01. Catch Basin  
99. Other-Please list: \*

## Pumping/Dispensing

### Method (15)

00. None  
01. Pressurized Dispenser  
02. Suction Dispenser  
03. Gravity  
04. On-Site Heating System (Suction)  
05. On-Site Heating System (Supply/Return)  
06. Tank-Mounted Dispenser  
07. Loading Rack/Transfer Pump

## Piping Location (16)

00. No Piping  
01. Aboveground  
02. Underground/On-ground  
03. Aboveground/Underground Combination

## Piping Type (17)

00. None  
01. Steel/Carbon Steel/Iron  
02. Galvanized Steel  
03. Stainless Steel Alloy  
04. Fiberglass Coated Steel  
05. Steel Encased in Concrete

06. Fiberglass Reinforced Plastic (FRP)  
07. Plastic  
08. Equivalent Technology  
09. Concrete  
10. Copper  
11. Flexible Piping  
99. Other-Please list: \*

## Piping Secondary Containment (19)

00. None  
01. Diking (Aboveground Only)  
02. Vault (w/access)  
04. Double-Walled (Underground Only)  
06. Remote Impounding Area  
07. Trench Liner  
12. Double-Walled (Aboveground Only)  
99. Other-Please list: \*

## Pipe Leak Detection (20)

00. None  
01. Interstitial Electronic Monitoring  
02. Interstitial Manual Monitoring  
03. Vapor Well  
04. Groundwater Well  
07. Pressurized Piping Leak Detector  
09. Exempt Suction Piping  
10. Statistical Inventory Reconciliation (SIR)  
99. Other-Please list: \*

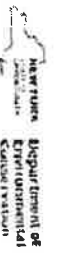
## Under Dispenser Containment

### (UDC) (21)

Check Box if Present

\* If other, please list on a separate sheet including tank number,

\*\* Each of these codes must be combined with code 01 or 06 to meet compliance requirements.



New York State Department of Environmental Conservation  
Division of Environmental Remediation

Return Completed Form & Fees To:  
N.Y.S.D.E.C.  
Division of Environmental Remediation  
Bureau of Technical Support  
625 Broadway, 11th Floor  
Albany, New York 12233-7020

PBS Number:  
**2-095-923**

RECEIVED  
**SEP - 6 2022**

(Please Type or Print Clearly and Complete All Items for Sections A, B & C)

Bur Of Tech. Sub Section A - Facility/Property Owner/Contact Information

Expiration Date:

<b>Transaction Type:</b> <input checked="" type="checkbox"/> 1) Initial/New Facility		Facility Name: Atlantic Chestnut - Lot 1		Tax Map info Brooklyn	
2) Change of Ownership		Facility Address (Physical Address, No P.O. Boxes): 250 Euclid Avenue		Block: 4143	
3) Tank Installation, Closing, or Repair		Facility Address (cont.): <b>3301 Atlantic Avenue</b>		Lot: 1	
4) Information Correction		City: Brooklyn		State: NY ZIP Code: 11208	
5) Renewal		County: Kings		Facility Phone Number: 646 388 8216	
Facility Operator: Atlantic Chestnut Affordable Housing LLC, Atlantic Chestnut I Associates I, P, and Atlantic Chestnut I Housing Development Fund Corporation Attn: Michael Wadman		Township/City:			
<b>NOTE:</b> Fill in Property Owner information here...>>>		Facility (Property) Owner (from Decd): Atlantic Chestnut Affordable Housing HDPC			
Indicate Tank Owner in Section C.		Facility Owner Address (Street and/or P.O. Box): 902 Broadway, 13th Floor		State: NY ZIP Code: 10010	
Official Use Only		Owner Telephone Number: 646 388 8216		Type of Owner (check only one): <input type="checkbox"/> 1 Private Resident <input checked="" type="checkbox"/> 2 State Government <input type="checkbox"/> 3 Local Government <input type="checkbox"/> 4 Federal Government <input checked="" type="checkbox"/> 5 Corporate/Commercial/Other	
Date Received:		Facility Contact Person Name: Michael Wadman			
Date Processed:		Contact Person Company Name: c/o Phipps Houses			
Amount Received:		Address: 902 Broadway, 13th Floor			
Reviewed By:		Address (cont.):			
Rev. 6/26/19 c		City/State/ZIP Code: NY, NY 10010			
		Tel. Number: 646 388 8216			
		Email Address: mwadman@phippshousing.org			

<b>TYPE OF PETROLEUM FACILITY (Check only one)</b>	
<input type="checkbox"/> 01=Storage Terminal/Petrol. Distributor	<input type="checkbox"/> 02=Retail Gasoline Sales
<input type="checkbox"/> 03=Other Retail Sales	<input type="checkbox"/> 04=Manufacturing
<input type="checkbox"/> 05=Utility	<input type="checkbox"/> 06=Trucking/Transportation/Fleet
<input checked="" type="checkbox"/> 07=Apartment/Office Building	<input type="checkbox"/> 08=School
<input type="checkbox"/> 09=Farm	<input type="checkbox"/> 10=Private Residence
<input type="checkbox"/> 11=Airline/Air Taxi/Airport	<input type="checkbox"/> 12=Chemical Distributor
<input type="checkbox"/> 13=Municipality	<input type="checkbox"/> 15=Railroad
<input type="checkbox"/> 25=Auto Service/Repair (No Gasoline Sales)	<input type="checkbox"/> 28=Cemetery/Memorial
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<input type="checkbox"/> 27=Hospital/Nursing Home/Health Care	
<input type="checkbox"/> 53=Nuclear Power Plant	
<input type="checkbox"/> 99=Other (Specify):	
Emergency Contact Name: Michael Wadman	Emergency Telephone Number: 646 388 8216
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: Michael Wadman	Amount Enclosed: \$ 500
Title: Vice President	
Signature:	Date: 8/31/2022



2-095923

Registration Expiration Date:

[illegible]

**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](http://www.dec.ny.gov/docs/remediation_hudson_pdf/pbsrenewal.pdf)





**PBS Number:**  
Z-095-923

Tank Owner Information					
<input checked="" type="checkbox"/> 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): Atlantic Chestnut I Housing Development Fund Corporation					
Contact Person: Michael Wadman					
Tank Owner Address: 902 Broadway, 13 Floor					
City: NY		State: NY		ZIP: 10010	
Contact Person Telephone Number: 646 388 8216		Contact Person email: mwadman@phippsony.org			
<b>Specific Tanks Owned</b> <input checked="" type="checkbox"/> 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:			

Tank Owner Information					
<input checked="" type="checkbox"/> 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:			
<b>Specific Tanks Owned</b> <input type="checkbox"/> 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:			





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

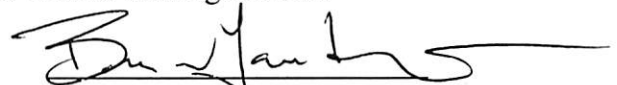
### AFFIDAVIT

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.

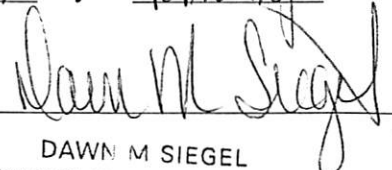
This affidavit is issued to attest to the proper tank removal procedures by a FDNY Licensed Underground Storage Tank Installer/Remover. An environmental assessment has been performed in accordance with the requirements of federal or state law/regulations.



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

State of New York  
County of Suffolk  
Sworn before this 18<sup>th</sup> day of February 2022

Seal Notary Public

  
DAWN M SIEGEL  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01515082958  
Qualified in Suffolk County  
My Commission Expires 08-04-2025

BIC=2935

PHONE: 631.608.8810  
FAX: 631.608.8811

**B BROOKSIDE**  
**ENVIRONMENTAL**  
www.brooksideweb.com

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

NON-HAZARDOUS MANIFEST		1. Customer's US EPA ID NO. Not Required	Document No. 01	2. Page 1 of	
3. Generator Site Address and Mailing Address Atlantic Chestnut Associates CP 250 Euclid Ave Atlantic Chestnut Affordable Housing LP 11208 902 Broadway 13th Floor NY 11208			A. Document Number		
4. Phone			B. State ID		
5. Transporter 1 Company Name Brookside Environmental, Inc.		6. US EPA ID Number NYR000081661		C. State Transporter's ID 1A-644	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (631) 608-8810	
9. Designated Facility Name and Site Address Clean Water of New York 3249 Richmond Terrace Staten Island, NY 10303		10. US EPA ID Number NYD000968545		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone (718) 981-4600	
11. US DOT Description (Including Proper Shipping Name)			12. Containers	13. Total Quantity	14. Unit Wt/Vol
			No.	Type	L. Waste No.
a. Non-hazardous waste solid, nos Non-RCRA/Non-DOT Hazardous			2	DM	600
b. Non-hazardous waste liquid, nos Non-RCRA/Non-DOT Hazardous				DM	G
c.					
d.					
J. Additional Descriptions for Materials Listed Above Tank Bottoms only debris			K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information a) App# 237-028 b) App# 237-029					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.					
Printed / Type Name D. BENEDETTI AS AGENT FOR GENERATOR			Signature [Signature]		DATE Month Day Year 12/17/21
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed / Type Name OSCAR Pineda			Signature [Signature]		DATE Month Day Year 12/17/21
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed / Type Name			Signature		DATE Month Day Year
19. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted.					
Printed / Typed Name Carlos Herrera			Signature [Signature]		DATE Month Day Year 1/5/22

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>NA</b>		2. Page 1 of <b>1</b>		3. Emergency Response Phone <b>631-608-8810</b>		4. Waste Tracking Number <b>21-2645-1216</b>	
		5. Generator's Name and Mailing Address <b>ATLANTIC CHESTNUT AFFORDABLE HOUSING AND ATLANTIC CHESTNUT 250 EUCLID AVE BROOKLYN, NY 11208</b>		Generator's Site Address (if different than mailing address) <b>1 ASSOC. CP.</b>					
<b>GENERATOR</b>		6. Transporter 1 Company Name <b>Brookside Environmental, Inc.</b>						U.S. EPA ID Number <b>NYR000081661</b>	
		7. Transporter 2 Company Name						U.S. EPA ID Number	
<b>DESIGNATED FACILITY</b>		8. Designated Facility Name and Site Address <b>Clean Water of New York 3249 Richmond Terrace Staten Island NY 10303</b>						U.S. EPA ID Number <b>NYD0000968545</b>	
		Facility's Phone: <b>718 981-4600</b>							
<b>TRANSPORTER</b>		9. Waste Shipping Name and Description <b>1. Non-regulated material, liquid</b>		10. Containers		11. Total Quantity	12. Unit Wt./Vol.		
				No.	Type				
				<b>001</b>	<b>TT</b>	<b>230</b>	<b>G</b>	<b>NONE</b>	
<b>INT'L</b>		13. Special Handling Instructions and Additional Information <b>1) Oil-water mixture. 237-0000 028</b>							
<b>DESIGNATED FACILITY</b>		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/Offor's Printed/Typed Name <b>Efanew as agent for generator</b>				Signature <i>[Signature]</i>		Month Day Year <b>12/16/21</b>	
		15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
		16. Transporter Acknowledgment of Receipt of Materials							
		Transporter 1 Printed/Typed Name <b>Oscar Pareda</b>				Signature <i>[Signature]</i>		Month Day Year <b>12/16/21</b>	
Transporter 2 Printed/Typed Name				Signature		Month Day Year			
<b>DESIGNATED FACILITY</b>		17. Discrepancy							
		17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
		17b. Alternate Facility (or Generator)						Manifest Reference Number: _____ U.S. EPA ID Number _____	
		Facility's Phone: _____							
		17c. Signature of Alternate Facility (or Generator)						Month Day Year	
<b>DESIGNATED FACILITY</b>		18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a							
		Printed/Typed Name <b>Philip Pareda</b>				Signature <i>[Signature]</i>		Month Day Year <b>12/16/21</b>	



# **B-BROOKSIDE ENVIRONMENTAL**

22 OCEAN AVENUE  
COPIAGUE, NEW YORK 11726

PHONE: 631.608.8810 FAX: 631.608.8811  
WWW.BROOKSIDEWEB.COM

Date 12-17-21

Name \_\_\_\_\_

Address 250 EUCLID AVE  
BROOKLYN, NY 11208

Quantity	Material
2	SMALL TANKS OUT FOR RECYCLING

Received By (32)

2410