

Hazardous Substance Bulk Storage Application

Pursuant to the Hazardous Substance Bulk Storage Law, Article 40 of
ECL and 6 NYCRR 596-599

(See instructions and please be sure to complete Sections A & B)

Section A - Facility/Property Owner/Contact Information

Return Completed Form & Fees To:

**NYSDEC
Registration and Permits Section
625 Broadway, 11th Floor
Albany, NY 12233-7020**



**CBS Number:
9-000229**

Expiration Date:

Transaction Type: 2 1) Initial/New Facility 2) Change of Ownership 3) Tank Installation, Closing, or Repair 4) Information Correction 5) Renewal	Facility Name: WOOD TREATERS OF BUFFALO CO.	Tax Map Borough/Section	TYPE OF CHEMICAL STORAGE FACILITY (Check only one)	
	Facility Address (Physical Address, No P.O. Boxes): 100 BOTSFORD PLACE	Block:	<input type="checkbox"/> 01=Storage Terminal/Petrol. Distributor	<input type="checkbox"/> 02=Retail Gasoline Sales
Facility Address (cont.):	Lot	<input type="checkbox"/> 22=Auto Service/Repair (No Gasoline)	<input type="checkbox"/> 23=Cemetery/Memorial	
City: BUFFALO	State: NY	ZIP 14216	<input type="checkbox"/> 24=Religious (Church, Synagogue, Mosque, Temple, etc.)	<input type="checkbox"/> 25=Cemetery/Memorial
County: Erie	Township or Buffalo (c)	Facility Phone Number: 716-854-0060	<input type="checkbox"/> 26=Religious (Church, Synagogue, Mosque, Temple, etc.)	<input type="checkbox"/> 27=Cemetery/Memorial
Facility Operator: 5001 Group, LLC as of April 26, 2016			<input type="checkbox"/> 28=Religious (Church, Synagogue, Mosque, Temple, etc.)	<input type="checkbox"/> 29=Cemetery/Memorial
Facility (Property) Owner (from Deed): 5001 Group, LLC			<input type="checkbox"/> 30=Religious (Church, Synagogue, Mosque, Temple, etc.)	<input type="checkbox"/> 31=Cemetery/Memorial
Facility Owner Address (Street and/or P.O. Boxes): 295 Main Street, Suite 210			<input type="checkbox"/> 32=Religious (Church, Synagogue, Mosque, Temple, etc.)	<input type="checkbox"/> 33=Cemetery/Memorial
City: Buffalo	State: NY	ZIP Code: 14203	<input type="checkbox"/> 34=Religious (Church, Synagogue, Mosque, Temple, etc.)	<input type="checkbox"/> 35=Cemetery/Memorial
Federal Tax ID Number:	Owner Telephone Number: 716-854-0060			Name of Property Owner or Authorized Representative: ***
Type of Owner (check only one):	3 <input type="checkbox"/> Local Government			Amount Enclosed: \$ 125.00
1 <input type="checkbox"/> Private Resident	4 <input type="checkbox"/> Federal Government			Title: Manager
2 <input type="checkbox"/> State Government	5 <input checked="" type="checkbox"/> Corporate/Commercial/Other			Signature: _____ Date: _____
Official Use Only Date Received: ___/___/___ Date Processed: ___/___/___ Amount Received: \$ _____ Reviewed By: _____ Rev. 8/2/2017	(Please keep this information up to date.) Facility Contact Person Name: Lori Carbaugh Contact Person Company Name: Ellicott Development Company Address: 295 Main Street, Suite 210 Address (cont.): _____ City/State/ZIP Code: Buffalo, NY 14203 Tel. Number: 716-854-0060			
			eMail Address: lcarbaugh@ellicottdevelopment.com	

Section B - Tank Information

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

Registration Expiration Date:
7/19/2005

CBS Number:
9-000229

(1)	(2)	(3)	(4)	(5)	(6)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(16)	(17)	(18)	(19)	(20)				
Action	Tank Number	Tank Location	Status	Installation, Out-of-service Or Permanent Closure Date (mm/dd/yyyy) Application will be returned if blank	Capacity (Gallons)	Tank Type	Tank Internal Protection	Tank External Protection	Tank Secondary Containment	Tank Leak Detection	Tank Overfill Prevention	Tank Spill Prevention	Piping Location	Piping Type	Piping External Protection	Piping Secondary Containment	Piping Leak Detection	Hazardous Substance Name (List all Part 597 Substances, if more than 3 please list on separate sheet)	CAS Number	% of Haz Sub	Tank Fee \$
2	003	1	1	12/1/1979	4,000	01	00	01	99	00	04		01	01	01	99		arsenic acid	7778-39-4	25	125

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/cbsrenewal.pdf

CBS Number:

9-000229

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

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:	
Specific Tanks Owned		
<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: NA	Authorization No:	
Name of Class A (Primary) Operator: NA	Authorization No:	

003

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:	
Specific Tanks Owned		
<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:	

HAZARDOUS SUBSTANCE BULK STORAGE APPLICATION - SECTION B - TANK INFORMATION - CODE KEYS

Action (1)

1. Initial Listing
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/impervious barrier
3. Aboveground on saddles, legs, stilts, rack or cradle
4. Partially buried tank (tank with 10% or more below ground)
5. Underground including vaulted with no access for inspection

Status (4)

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

Tank Type (8)

01. Steel/Carbon Steel/Iron
02. Galvanized Steel Alloy
03. Stainless Steel Alloy
04. Fiberglass Coated Steel
05. Steel Tank in Concrete
06. Fiberglass Reinforced Plastic (FRP)
07. Plastic
08. Equivalent Technology
09. Concrete
10. Urethane Clad Steel

Internal Protection (9)

00. None
01. Epoxy Liner
02. Rubber Liner
03. Fiberglass Liner (FRP)
04. Glass Liner
99. Other-Please list:*

External Protection (10/18)

00. None
01. Painted/Asphalt Coating
02. Original Sacrificial Anode
03. Original Impressed Current
04. Fiberglass
05. Jacketed
06. Wrapped (Piping)
07. Retrofitted Sacrificial Anode
08. Retrofitted Impressed Current
09. Urethane

Tank Secondary Containment (11)

00. None
01. Diking (AST Only)
02. Vault (w/access)
03. Vault (w/o access)
04. Double-Walled (UST Only)
05. Synthetic Liner
06. Remote Impounding Area
07. Excavation Liner
09. Modified Double-Walled (AST Only)
10. Impervious Underlayment (AST Only)**
11. Double Bottom (AST Only)**
12. Double-Walled (AST Only)

Tank Leak Detection (12)

00. None
01. Interstitial Electronic Monitoring
02. Interstitial Manual Monitoring
03. Vapor Well
04. Groundwater Well
05. In-Tank System (Auto Tank Gauge)
06. Impervious Barrier/Concrete Pad (AST Only)
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
02. Transfer Station Containment
99. Other-Please list:*

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
99. Other-Please list:*

* 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.