

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
 DIVISION OF WATER • BUREAU OF SPILL PREVENTION AND RESPONSE
PETROLEUM BULK STORAGE APPLICATION
 Pursuant to the Petroleum Bulk Storage Law,
 Article 17, Title 10 of ECL; and 6 NYCRR 612.614.

Please Type or Print Clearly and Complete All Items (Continued on Reverse Side—Please Be Sure to Complete Section B)
SECTION A—See Instructions on Cover Sheet

PBS NUMBER <u>8-162121</u> Indicate Other Existing DEC Numbers, if any, for this Facility: CBS Number: SPDES Number:	FACILITY NAME ABB Kent-Taylor LOCATION (Not P.O. Boxes) LOCATION (Continued) 95 Ames Street CITY/TOWN/VILLAGE Rochester COUNTY Monroe NAME OF OPERATOR AT FACILITY Not in operation EMERGENCY CONTACT NAME Mark J. McClements NAME Asea Brown Boveri ADDRESS (Street and/or P.O. Box) Zurich, Switzerland CITY FEDERAL TAX ID NO. 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	TYPE OF PETROLEUM FACILITY: (Check all that apply) A. <input type="checkbox"/> Storage Terminal/Petroleum Distributor B. <input type="checkbox"/> Retail Gasoline Sales C. <input type="checkbox"/> Other Retail Sales D. <input checked="" type="checkbox"/> Manufacturing E. <input type="checkbox"/> Utility F. <input type="checkbox"/> Trucking/Transportation G. <input type="checkbox"/> Apartment Building H. <input type="checkbox"/> School I. <input type="checkbox"/> Farm J. <input type="checkbox"/> Private Residence K. <input type="checkbox"/> Airline (Air Taxi) L. <input type="checkbox"/> Other (Specify)
TRANSACTION TYPE (Check all that apply) NOTE: Transaction Types 1, 2 and 5 require a fee. 1. <input type="checkbox"/> Initial/New Facility 2. <input type="checkbox"/> Change of Ownership 3. <input checked="" type="checkbox"/> Substantial Tank Modification 4. <input type="checkbox"/> Information Correction 5. <input type="checkbox"/> Renewal	OWNER NAME OF OWNER OR AUTHORIZED REPRESENTATIVE Robert E. Halton TITLE Manager of Facilities SIGNATURE [Signature] DATE 6/28/93 AMOUNT ENCLOSED \$	RECEIVED JUN 29 1993 NYSDCA REGION 8 I hereby certify under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.
Geographical Locator for this Facility: (if known) LATITUDE: 43 08 50 DEG MIN SEC LONGITUDE: 77 38 30 DEG MIN SEC	CORRESPONDENCE MAILING ATTENTION Mark J. McClements NAME OF COMPANY ABB Kent-Taylor ADDRESS P.O. Box 20550 ADDRESS CITY/STATE/ZIP CODE Rochester, New York 14602-0550 TELEPHONE NUMBER (716) -273-6206 OFFICIAL USE ONLY Page 1 of 1 Date Received: 6/29/93 Date Processed: 7/2/93 Amount Received: [Signature] Reviewed By: [Signature]	

Tank Information for Petroleum Bulk Storage Facility
SECTION B—See Instructions on Cover Sheet

Action	Tank Number	Tank Location	Status	Installation or Permanent Closure Date (MO) (YR)	Capacity (Gallons)	Product Stored	Tank Type	Tank Internal Prot.	Tank External Protection	Piping Location	Piping Type	Piping Internal Prot.	Piping External Protection	Secondary Containment	Leak Detection	Spill/Overflow Prevention	Dispenser	Last Test Date (Underground Tanks) (MO) (YR)	
	001		4	0982	25,000	4	1	0	2	2	2	0	0	0	0	0	2	-	-
	003		1	0293	125	1	1	0	0	3	1	0	0	0	0	0	2	-	-
	020		2	0293	250	5	1	0	0	0	0	0	0	0	0	0	3	-	-
	021		1	0293	400	A	1	0	0	3	1	0	0	0	0	0	2	-	-
	*	Tank #3 is located at 400 West Avenue. This property is no longer owned by ABB Kent-Paylor.																	

KEY FOR SECTION B

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|---|---|---|--|---|
| <p>ACTION</p> <ul style="list-style-type: none"> 1 Initial Listing 2 Add Tank 3 Close/Remove Tank 4 Information Correction 5 Recondition/Repair/Reline Tank <p>TANK LOCATION</p> <ul style="list-style-type: none"> 1 Aboveground 2 Aboveground on saddles legs, stits, rack, or cradle 3 Aboveground: 10% or more below ground 4 Underground 5 Underground, vaulted, with access | <p>STATUS</p> <ul style="list-style-type: none"> 1 In-service 2 Temporarily out-of-service 3 Closed—Removed 4 Closed—In Place 5 Tank Converted to Non-Regulated Use <p>PRODUCT STORED</p> <ul style="list-style-type: none"> 0 Empty 1 Leaded Gasoline 2 Unleaded Gasoline 3 Nos. 1, 2, or 4 Fuel Oil 4 Nos. 5 or 6 Fuel Oil 5 Kerosene 6 Diesel 7 Lube Oil 9 Other** | <p>TANK TYPE</p> <ul style="list-style-type: none"> 1 Steel/Carbon Steel 2 Stainless Steel Alloy 3 Concrete 4 Fiberglass Coated Steel 5 Fiberglass Reinforced Plastic (FRP) 6 Equivalent Technology 9 Other* <p>INTERNAL PROTECTION: Tank/Piping</p> <ul style="list-style-type: none"> 0 None 1 Epoxy Liner 2 Rubber Liner 3 Fiberglass Liner (FRP) 4 Glass Liner 9 Other* <p>EXTERNAL PROTECTION: Tank/Piping</p> <ul style="list-style-type: none"> 0 None 1 Painted/Asphalt Coating 2 Sacrificial Anode 3 Impressed Current 4 Fiberglass 5 Jacketed 6 Wrapped (Piping) 9 Other* | <p>SECONDARY CONTAINMENT</p> <ul style="list-style-type: none"> 0 None 1 Vault 2 Double-Walled Tank 3 Excavation Liner 4 Cut-off Walls 5 Impervious Underlayment 6 Earthen Dike 7 Prefabricated Steel Dike 8 Concrete Dike A Synthetic Liner B Natural Liner 9 Other* <p>LEAK DETECTION</p> <ul style="list-style-type: none"> 0 None 1 Interstitial Monitoring 2 Vapor Well 3 Groundwater Well 4 In-tank System 5 Concrete Pad with channels 6 Double Bottom 9 Other* | <p>SPILLOVERFILL PREVENTION</p> <ul style="list-style-type: none"> 0 None 1 Float Vent Valve 2 High Level Alarm 3 Automatic Shut-off 4 Product Level Gauge 5 Catch Basin 6 Vent Whistle 9 Other* <p>DISPENSER</p> <ul style="list-style-type: none"> 1 Submersible 2 Suction 3 Gravity |
|---|---|---|--|---|
- * If Other, please list on separate sheet including the Tank Number



RECEIVED

JUN 29 1993

FILES: P89
NYS DEC REGION 6

June 28, 1993

Ms. Cheryl Schmidt
NYSDEC Water Division
New York State Department of
Environmental Conservation
6274 East Avon-Lima Road
Avon, New York 14414

Dear Ms. Schmidt:

Enclosed in an updated Petroleum Bulk Storage Application for ABB Kent-Taylor. Several changes in the tanks have been made in the past few months.

As I mentioned in my July 2, 1992, letter to you, we have moved to a new facility in Henrietta. We are in the process of decommissioning our old facility at 95 Ames Street.

As you will note on the enclosed Petroleum Bulk Storage Application form, the 250-gallon kerosene and 400-gallon oil aboveground storage tanks have been removed from the site. The removal occurred on February 17, 1993. In addition, please note the "information correction" designation for tank number 3. This 125-gallon tank is located at 400 West Avenue, a site which is no longer owned by ABB. This property is now owned by Hague Corporation.

The 25,000 underground tank for #6 fuel oil has been emptied, except a small amount of residue below the level of the pump. We plan to leave this tank in the ground until we determine what to do with the complex. If we sell the property, the new owners may want this tank, which has been used to power the boilers. We have temporarily closed this tank pursuant to the regulatory requirements provided at 6NYCRR 613.9(a).

If you have any questions, please call me at (716)-273-6206.

Sincerely yours,

Mark J. McClements
Mark J. McClements, Manager
Safety and Environmental Services

MJM:mm

c: R. Halton
J. Larkin

ABB Kent-Taylor Inc.





PETROLEUM BULK STORAGE APPLICATION

Pursuant to the Petroleum Bulk Storage Law,
Article 17, Title 10 of ECL; 6 NYCRR 612-614 and 6 NYCRR, Subpart 360-14.
(Continued on Reverse Side—Please Be Sure to Complete Section B)

Please Type or Print Clearly
and Complete All Items

SECTION A—See Instructions on Cover Sheet

PBS NUMBER 8-102121 Indicate Other Existing DEC Numbers, if any, for this Facility: CBS Number: 8-000286 SPDES Number:		FACILITY NAME: Former ABB Kent-Taylor Facility LOCATION (Not P.O. Boxes): 95 Aves Street LOCATION (Continued):		TYPE OF PETROLEUM FACILITY: (Check all that apply) A. <input type="checkbox"/> Storage Terminal/Petroleum Distributor B. <input type="checkbox"/> Retail Gasoline Sales C. <input type="checkbox"/> Other Retail Sales D. <input type="checkbox"/> Manufacturing E. <input type="checkbox"/> Utility F. <input type="checkbox"/> Trucking/Transportation G. <input type="checkbox"/> Apartment Building H. <input type="checkbox"/> School I. <input type="checkbox"/> Farm J. <input type="checkbox"/> Private Residence K. <input type="checkbox"/> Airline (Air Taxi) L. <input type="checkbox"/> Other (Specify)	
TRANSACTION TYPE (Check all that apply) NOTE: Transaction Types 1, 2 and 5 require a fee. 1. <input type="checkbox"/> Initial/ <input type="checkbox"/> New Facility 2. <input type="checkbox"/> Change of <input type="checkbox"/> Ownership 3. <input checked="" type="checkbox"/> Substantial <input type="checkbox"/> Tank Modification 4. <input type="checkbox"/> Information <input type="checkbox"/> Correction 5. <input type="checkbox"/> Renewal		CITY/TOWN/VILLAGE: Rochester STATE: NY ZIP CODE: 14611 COUNTY: Monroe TOWNSHIP OR CITY: Rochester NAME OF OPERATOR AT FACILITY: Geoff Knight FACILITY TELEPHONE NUMBER: (716) 529-3530 EMERGENCY CONTACT NAME: Geoff Knight EMERGENCY CONTACT PHONE NO.: (716) 424-4700		NAME OF OWNER OR AUTHORIZED REPRESENTATIVE: Geoffrey Knight AMOUNT ENCLOSED: \$ 0	
NAME: Geoff Knight ADDRESS (Street and/or P.O. Box): CITY: STATE: ZIP CODE: FEDERAL TAX ID NO.: OWNER TELEPHONE NUMBER: 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 type="checkbox"/> Corporate/Commercial		TITLE: Project Manager SIGNATURE: [Signature] DATE: 11/1/95		OFFICIAL USE ONLY Page 1 of 2 Date Received: 11/3/95 Date Processed: 11/6/95 Amount Received \$ _____ Reviewed By: [Signature]	
ATTENTION: NAME OF COMPANY: ADDRESS: CITY/STATE/ZIP CODE: TELEPHONE NUMBER: ()		CORRESPONDENCE MAILING Geographical Locator for this Facility: (if known) LATITUDE: 43 08 30 DEG MIN SEC LONGITUDE: 73 38 30 DEG MIN SEC			

Tank Information for Petroleum Bulk Storage Facility
SECTION B—See Instructions on Cover Sheet

Action	Tank Number	Tank Location	Status	Installation or Permanent Closure Date (MO) (YR)	RECEIVED NOV - 3 1995 SPILL/S/PHS NY'S DEC REGION 8 Capacity (Gallons)	Product Stored	Tank Internal Prot.	Tank Type	Tank External Protection	Piping Location	Piping Type	Piping Internal Prot.	Piping External Protection	Secondary Containment	Leak Detection	Spill/Overflow Prevention	Dispenser	Last Test Date (underground Tanks) (MO) (YR)	
																			25,000
3	001	4	3	11	95														

KEY FOR SECTION B

ACTION

- Initial Listing
- Add Tank
- Close/Remove Tank
- Information Correction
- Recondition/Repair/Reline Tank

TANK LOCATION

- Aboveground
- Aboveground on saddles legs, stilts, rack, or cradle
- Aboveground: **% or more below ground
- Underground
- Underground, vaulted, with access

STATUS

- In-service
- Temporarily out-of-service
- Closed—Removed
- Closed—In Place
- Tank Converted to Non-Regulated Use

PRODUCT STORED

- Empty
- Leaded Gasoline
- Unleaded Gasoline
- Nos. 1, 2, or 4 Fuel Oil
- Nos. 5 or 8 Fuel Oil
- Kerosene
- Diesel
- Lube Oil
- Used Oil (fuel)
- Used Oil
- Other*

TANK TYPE

- Steel/Carbon Steel
- Stainless Steel Alloy
- Concrete
- Fiberglass Coated Steel
- Fiberglass Reinforced Plastic (FRP)
- Equivalent Technology
- Other*

PIPING TYPE

- None
- Galvanized Steel
- Fiberglass (FRP)
- Copper
- Other*

INTERNAL PROTECTION: Tank/Piping

- None
- Epoxy Liner
- Rubber Liner
- Fiberglass Liner (FRP)
- Glass Liner
- Other*

EXTERNAL PROTECTION: Tank/piping

- Painted/Asphalt Coating
- Sacrificial Anode
- Impressed Current
- Fiberglass
- Jacketed
- Wrapped (Piping)
- Other*

SECONDARY CONTAINMENT

- None
- Vault
- Double-Walled Tank
- Excavation Liner
- Cut-off Walls
- Impervious Underlayment
- Earthen Dike
- Prefabricated Steel Dike
- Concrete Dike
- Synthetic Liner
- Natural Liner
- Other*

SPILLOVERFILL PREVENTION

- None
- Float Vent Valve
- High Level Alarm
- Automatic Shut-off
- Product Level Gauge
- Catch Basin
- Vent Whistle
- Other*

LEAK DETECTION

- None
- Interstitial Monitoring
- Vapor Well
- Groundwater Well
- In-tank System
- Concrete Pad with channels
- Double Bottom
- Other*

DISPENSER

- Submersible
- Suction
- Gravify

* If Other, please list on separate sheet including the Tank Number