



February 24, 2020

Ms. Kate Kornak, Deputy Regional Permit Administrator
New York State Department of Environmental Conservation
Division of Environmental Permits, Region 4
1130 North Westcott Road
Schenectady, NY 12306-2014

**RE: Pre-Work Notification
Hazardous Substance Bulk Storage Application
Norlite LLC, CBS Number 4-000198**

Dear Ms. Kornak:

Norlite LLC is providing the enclosed Pre-Work Notification and Hazardous Substance Bulk Storage Application for installation of two chemical bulk storage tanks. These tanks were installed as part of a large site improvement of a new Air Pollution Control (APC) system. Tank installation was dictated by the projects overall construction schedule and was completed on 02/01/2020. Norlite has been working very closely with the NYSDEC throughout the design, permitting, and installation of the new APC system which will make the plant more efficient.

The cover, table of contents, and signature page of the Spill Prevention Report is included herein.

Should you have any questions, do not hesitate to call my office at 518-335-3636.

Sincerely,
P.W. Grosser Consulting

Maryann Ashworth, PG, CPESC
Senior Project Manager

Enclosure

Ec: P. Knight, Norlite
J. Hadersbeck, NYSDEC



PRE-WORK NOTIFICATION

P.W. GROSSER CONSULTING, INC.
P.W. GROSSER CONSULTING ENGINEER & HYDROGEOLOGIST, P.C.

PHONE: 518.335.3636
PWGROSSER.COM

63 PUTNAM STREET, STE 202
SARATOGA SPRINGS, NY 12866

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**New York State Department of Environmental Conservation
Pre-Work Notification for Bulk Storage (PBS or CBS) Tank Installation or Closure**



This form provides notice of an upcoming tank installation and/or closure per 6 NYCRR Sections 613-1.9(h) and (f), 613-2.6(b) (1), 613-3.5 (b) (1) and 613-4.5 (b) (1) of the Petroleum Bulk Storage (PBS) Regulations, or 6 NYCRR Sections 596.2(f) and (h) of the Chemical Bulk Storage (CBS) Regulations. Submit the completed form to the Department's Regional Office at least 30 days prior to action for PBS tank installation * and permanent closure** ; at least 3 days prior for CBS tank installation *** . For CBS permanent tank closure, a minimum of 3 day prior notice is recommended. **If the schedule for work changes you must notify the Department's Regional Office before work begins. Once the work is complete, the facility (property) owner is responsible for submitting a PBS or CBS application to the Department with the complete tank information including the date the action was completed.** The Owner is also responsible to ensure that all work is completed in compliance with the applicable PBS or CBS regulations (i.e., Parts 613 or 598/599). Any questions, call the Department's Regional Office. Information on the Chemical and Petroleum Bulk Storage Programs be found at: <http://www.dec.ny.gov/chemical/287.html>

*not required for temporary tank system ** unless in response to corrective action *** unless immediate action is required
Check Applicable Program: PBS X CBS **Facility PBS or CBS Registration No.** 4-000198

Site Name: NORLITE LLC (Tank#4660 installed by Norlite)	Contractor: FLSmith Plant Services (Tank 4670)
Site Address: 628 SOUTH SARATOGA ST.	Address: 2040 Ave C
Site Address (cont): COHOES NY 12047	Address(cont): Bethlehem, PA 18017-2188
Site Contact: PRINCE KNIGHT	Contact:
Phone Number: 518-235-0406 Fax Number:	Phone Number: 1 610-264-6876 Fax Number: 1 610-264-6031
Email Address: PRINCE.KNIGHT@TRADEBE.COM	Email Address:

Tank Number	Type of Action (Close & Remove, Close in Place, Install)	Proposed Date (mm/dd/yy)	Tank Location (Aboveground or Underground)	Capacity (Gallons)	Spills/Leaks? (Yes/No w/Spill # if Yes)	Reason for Action -
4660	INSTALL	02-01-20	Aboveground	550	NO	New Air Pollution Control system
4670	INSTALL	02-01-20	Aboveground	278e	NOe	New Air Pollution Control system

I hereby certify under penalty of law 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.

Name of Owner or Authorized Representative (print): Prince Knight Title: Environmental & Regulatory Compliance Manager
 Signature: [Signature] Date: 2/25/2020 revised 02/01/2017



HAZARDOUS SUBSTANCE BULK STORAGE APPLICATION

P.W. GROSSER CONSULTING, INC.
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Hazardous Substance Bulk Storage Application

Pursuant to the Hazardous Substance Bulk Storage Law, Article 40 of
E.C.L. and 6 NYCRR 596-599

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

Return Completed Form & Fees To:
NYSDEC
Spill Prevention & Bulk Storage Section
625 Broadway, 11th Floor
Albany, NY 12233-7020



CBS Number:
4-000198

Section A - Facility/Property Owner/Contact Information

Expiration Date:

Transaction Type: <input type="text" value="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: Norlite LLC	Tax Map Borough/Section	TYPE OF CHEMICAL STORAGE FACILITY (Check only one)			
		Facility Address (Physical Address, No P.O. Boxes): 628 South Saratoga St.	Block:	<input type="checkbox"/> 01=Storage Terminal/Petrol. Distributor	<input type="checkbox"/> 02=Retail Gasoline Sales	<input type="checkbox"/> 03=Other Retail Sales	<input checked="" type="checkbox"/> 04=Manufacturing(non-chemical)
		Facility Address (cont.):	Lot	<input type="checkbox"/> 05=Utility	<input type="checkbox"/> 06=Trucking/Transportation/Fleet	<input type="checkbox"/> 07=Apartment/Office Building	<input type="checkbox"/> 08=School
		City: Cohoes	State: NY ZIP: 12047	<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
		County: Albany	Township or Facility Phone Number: 518-235-0401	<input type="checkbox"/> 13=Municipality	<input type="checkbox"/> 15=Railroad	<input type="checkbox"/> 20=Chemical Manufacturing	<input type="checkbox"/> 21=Swimming Pools (Other than Municipality)
Facility Operator: David Maguffin		Emergency Contact Name:		Emergency Telephone Number:			
Provide property owner information here and tank owner information in Section C. You must attach a copy of these parts of the Spill Prevention Report: cover page, table of contents, and signature page.	O W N E R	Facility (Property) Owner (from Deed): Norlite LLC	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.				
		Facility Owner Address (Street and/or P.O. Boxes): PO Box 694	Name of Property Owner or Authorized Representative: Prince Knight		Amount Enclosed: \$ 0.00		
		City: Cohoes State: NY ZIP Code: 12047	Title: Environmental & Regulatory Manager		Signature: Date: 2/20/2020		
		Owner Telephone Number: 518-235-0401	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			
Official Use Only Date Received: ___/___/___ Date Processed: ___/___/___ Amount Received: \$ _____ Reviewed By: _____ Rev. 6/26/2019	C O R R E S P O N D E N C E	(Please keep this information up to date.)					
		Facility Contact Person Name: Prince Knight					
		Contact Person Company Name: Norlite LLC					
		Address: 628 South Saratoga St.					
		Address (cont.):					
City/State/ZIP Code: Cohoes NY 12047		Tel. Number: 518-235-0401		eMail Address: Prince.Knight@tradebe.com			

CBS 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)	(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	4660	3	1	02-01-2020	550	07	00	00	01	06	04 02	00	01	07,01	00	00	99	1) ethylene glycol 2) 3)	107-21-1	50	
2	4670	3	1	02-01-2020	278	03	00	00	01	06	04 02	00	01	01	00	00	99	1) ethylene glycol 2) 3)	107-21-1	50	
																		1) 2) 3)			
																		1) 2) 3)			
																		1) 2) 3)			
																		1) 2) 3)			
																		1) 2) 3)			

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/cbsregab.pdf

CBS Number:

Hazardous Substance Bulk Storage Application

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

Tank Owner Information			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:			<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):			Tank Owner Name (Company/Individual):		
Contact Person:			Contact Person:		
Tank Owner Address:			Tank Owner Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Contact Person Telephone Number:	Contact Person email:		Contact Person Telephone Number:	Contact Person email:	
Specific Tanks Owned			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:			<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:			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:	

CBS Number: 4-000198

Tank 4660 (20) Piping Leak Detection - visual

Tank 4670 (20) Piping Leak Detection - visual



SPR COVER, TABLE OF CONTENTS, AND SIGNATURE PAGES

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SPILL PREVENTION REPORT

For
BULK STORAGE OF HAZARDOUS SUBSTANCES

October 2019

October 2019 Revision Prepared by PW Grosser Consulting

Prepared For:



Norlite LLC

**628 SOUTH SARATOGA STREET
COHOES, NEW YORK 12047**

Original December 2015
Prepared By:



Harvey M. King, P.E.
Environmental Engineers & Scientists
39 Falcon Chase, Rensselaer, NY 12144

Spill Prevention Report
Norlite, LLC, Cohoes, NY Facility

TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE</u>
EMERGENCY RESPONSE CONTACT LIST	iii
MANAGEMENT APPROVAL	iv
PROFESSIONAL ENGINEER CERTIFICATION	v
GENERAL FACILITY INFORMATION	vi
1.0 INTRODUCTION	1
1.1 Site Location and Operation	1
1.2 Scope of Plan	1
2.0 DESIGN AND STORAGE INFORMATION	2
2.1 Bulk Hazardous Substance Storage Containers	2
2.1.1 Hazardous Substances Bulk Aboveground Storage Tanks (ASTs)	4
2.1.2 Secondary Containment	6
2.2 Facility Hazardous Substance Transfers	9
2.3 Pipes, Pumps and Appurtenances	9
2.4 Site Security	9
3.0 TRANSFER AND HANDLING PROCEDURES	9
3.1 Bulk Product Transfer Procedures to Prevent Mixing of Incompatible Substances ...	9
4.0 EMERGENCY RESPONSE PROCEDURES	12
4.1 General	12
4.2 Spill Response Procedures	12
4.2.1 Responsibilities	13
4.2.2 Recovery, Storage and Treatment of Released Material	13
4.2.3 Post-Spill Emergency Equipment Maintenance	14
4.3 Spill Notification and Reporting	14
4.3.1 Notification Procedures	15
4.3.2 Reporting Procedures	16
5.0 PLAN REVIEW AND AMENDMENT PROCEDURES	18
6.0 PERSONNEL TRAINING	18
7.0 INSPECTIONS, TESTS AND RECORDS	19
7.1 Inspection Program	19
7.1.1 Daily Visual Inspections of Aboveground Storage Tank Systems	19
7.1.2 Annual Inspections (Status Report) of Aboveground Storage Tank Systems ..	19

7.1.3 Five-Year Inspections of Aboveground Storage Tank Systems 20

ATTACHMENTS 22

- Site Location Map..... 23
- Site Plan of Pertinent Facility Area..... 24
- NYSDEC Hazardous Substance Bulk Storage Registration Certificate..... 25
- Tank Photographic Record 26
- Tank & Containment Drawings Record..... 33
- CBS Tank System Compliance Status Report 34
- Spill Response Notification Form 35
- Record of Reportable Spills, Spill Assessments and Corrective Action..... 37
- Record of Amendments Log..... 39
- Record of Review Log..... 43
- Daily Inspection Form 45

EMERGENCY RESPONSE CONTACT LIST

To be posted near every phone

Attachment 1


INCIDENT COORDINATOR	Mobile Phone	HOME	PLANT
David Maguffin (Plant Manager) (Primary) 284 Old Best Road, West Sand Lake, NY 12196	(518) 491-7900		x4014
Danny Messercola (Facility H&S Manager) 7 New Heron Drive, Mechanicville, NY 12118 (Alternate)	(518) 857-7385		x4005
Ken O'Brien (Aggregate Manager) (Alternate) 30 Squire Road, Schenectady, NY 12304	(518) 376-8634	(518) 395-3344	x4021
David Glover (Operations Manager) (Alternate) 1 Winnie Place, Glenmont, NY 12077	(518) 857-4606	(518)488-3112	x4041
Prince Knight (Env & Comp Manager) (Alternate) 1646 Cotton Hill Road, Berne, NY 12023	(518) 857-2969	(518) 857-2969	x4049
Security Gate (Elm Street)			518-703-1266
PLANT MANAGERS	Mobile Phone	HOME	PLANT
David Maguffin (Plant Manager)	(518) 491-7900		x4014
Danny Messercola (Facility H&S Manager)	(518) 857-7385		x4005
Anthony Maguffin (Maintenance Manager)	(518) 514-8795		x4018
Kiln Supervisors	(518) 857-5737		x4073
FOR PLANT EMERGENCIES - FIRE - POLICE - EMS DIAL 911			
LOCAL FIRES	PHONE NUMBER		
Cohoes Colonie*	Emergency: (518) 765-2352, Other: 237-1241 783-2744		
LOCAL POLICE	PHONE NUMBER		
Cohoes Colonie*	Emergency: (518) 765-2352, Other: 237-5333 783-2744		
SPILL RESPONSE	PHONE NUMBER		
West Central Environmental CHEMTREC NYSDEC Spill Hotline LOCAL EMERGENCY PLANNING COMMITTEE EPA NATIONAL RESPONSE CENTER	272-6891 (800) 424-9300 457-7362 765-2351 (800) 424-8802		
INJURY TRIAGE CONTACT	PHONE NUMBER		
ONE SOURCE - PRIMARY LINE	866-622-7348		
MISCELLANEOUS	PHONE NUMBER		
Alarm & Suppression MSHA National Grid	518-399-5110 1-800-746-1553 518-356-6471		
*West of the power lines			
NORLITE, 628 SOUTH SARATOGA STREET, COHOES, NEW YORK 12047 518-235-0401			

MANAGEMENT APPROVAL

The facility is committed to the prevention of spills and releases of hazardous substances to navigable waters or the environment, and maintains the highest standards for spill prevention through periodic review, updating, and implementation of this Spill Prevention Report (SPR). This SPR is fully approved by the management of Norlite, LLC and confirms that the necessary resources have been committed to implement the Plan as described herein. Facility Management has been authorized to commit the necessary equipment, resources, and manpower to implement this SPR as necessary.

Norlite’s management acknowledges any compliance deficiencies identified herein (Compliance Status), and is committed to taking immediate action to correct those deficiencies. The SPR has the full approval and support of the management of this facility and will be implemented as described herein.

David Maguffin, Plant Manager
Name & Title of Authorized Company Representative


Signature:

The designated person accountable for spill prevention and implementation of this Plan is as follows:

Prince Knight
Title: Environmental & Regulatory Compliance Manager


Signature:

11/4/2019
Date

PROFESSIONAL ENGINEER CERTIFICATION

I hereby certify and attest:

- ❖ That I am familiar with the provisions of 6NYCRR Parts 596, 597, 598, and 599;
- ❖ That I or my agent has visited and examined the facility;
- ❖ That this Spill Prevention Report has been prepared in accordance with good engineering practice, including consideration of applicable industry standards, and with the requirements of the regulations;
- ❖ That procedures for required inspection and testing have been established and,
- ❖ That this Plan is adequate for the facility.

ENGINEER: Maksim Beygelman
Registered Professional Engineer
State of New York
No. 096447



(Signature of Registered P.E.)

10/29/2019

Date

Maksim Beygelman

(Printed Name of Registered P.E.)

