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0-907639  
LYNCH, JUANITA



WV Division of Environmental Protection  
Office of Waste Management  
Underground Storage Tank Section



1356 Hansford Street  
Charleston, WV 25301-1409  
304-558-6371

NOTICE OF CLOSURE

To: Underground Storage Tank Owners and/or Operators

From: Underground Storage Tank Program  
West Virginia Division of Environmental Protection

DATE OF NOTICE: 23 March 01 EXPIRATION DATE: 23 June 01

This office has received your notice of tank removal and/or closure in accordance with 280.71(a). Your site has been assigned closure number C- 6551 - 91. Please refer to this number on any further correspondence concerning this closure. The tank closure is not to begin until the date has been scheduled with the undersigned inspector. All forms must be submitted to the UST Inspector within 30 days after the closure is completed.

If you should have any questions, please call Don Jackson  
at (304) 420-4635

Owner/Operator Mailing Address: Juanita Lynch  
Charleston Point WV 25339  
WVID# 0907634  
Remove 2 USTs

Location of tanks:  
old Floyd Haullet / Lynch's store  
Charleston Point, WV  
752-1463

Waiver of 30 days  Yes  No Date: 23 March 01  
Signed: [Signature]

To be completed by inspector after closure:  
number of USTs registered 2  
number of USTs removed \_\_\_\_\_ numbers of USTs closed in ground \_\_\_\_\_  
number of USTs installed \_\_\_\_\_  
Closure package is complete:  yes  no  
notification form  yes  no  
tank closure form  yes  no  
lab analysis  yes  no  
Leak No. assigned  yes  no Leak No. \_\_\_\_\_  
Material in package to be filled in leak file  yes  no  
(material must be identified)

OMB NO. 2050-0068, Approval Expires 1/31/95

Notification for Underground Storage Tanks		STATE USE ONLY	
State Agency Name and Address WV Div. of Environmental Protection, Office of Waste Mgmt., UST Section 1356 Hanford Street, Charleston, WV 25301		ID NUMBER	090 7639
TYPE OF NOTIFICATION		F.E.I.N.: No.	
<input type="checkbox"/> A. NEW FACILITY <input type="checkbox"/> B. AMENDED <input checked="" type="checkbox"/> C. CLOSURE		A. Date Entered Into Computer _____	
2 No. of tanks at facility    _____ No. of continuation sheets attached		B. Data Entry Clerk Initials _____	
INSTRUCTIONS		C. Owner Was Contacted to Clarify Responses. Comments _____	
Please type or print in ink all items except "signature" in section VIII. This form must be completed for each location containing underground storage tanks. If more than five (5) tanks are owned at this location, photocopy the following sheets, and staple continuation sheets to the form.			
GENERAL INFORMATION			
<p>Notification is required by Federal law for all underground tanks that have been used to store regulated substances that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.</p> <p>The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or in the absence of such records, your knowledge, belief, or recollection.</p> <p><b>Who Must Notify?</b> Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means—</p> <p>a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances, and</p> <p>b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use.</p> <p>c) if the State agency so requires, any facility that has undergone any changes to facility information or tank system status (only amended tank information needs to be included).</p> <p><b>What Tanks Are Included?</b> Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: 1. Gasoline, used oil, or diesel fuel, and 2. industrial solvents, pesticides, herbicides or fumigants.</p> <p><b>What Tanks Are Excluded?</b> Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:</p> <ol style="list-style-type: none"> <li>1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;</li> <li>2. tanks used for storing heating oil for consumptive use on the premises where stored;</li> <li>3. septic tanks;</li> </ol>		<ol style="list-style-type: none"> <li>4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;</li> <li>5. surface impoundments, pits, ponds, or lagoons;</li> <li>6. storm water or waste water collection systems;</li> <li>7. flow-through process tanks;</li> <li>8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;</li> <li>9. storage tanks situated in an underground area (such as a basement, cellar, mineworking drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.</li> </ol> <p><b>What Substances Are Covered?</b> The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101(14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).</p> <p><b>Where To Notify?</b> Send completed forms to: WV Division of Environmental Protection Office of Waste Management UST Section 1356 Hanford Street Charleston, WV 25301</p> <p><b>When To Notify?</b> 1. Owners of underground storage tanks in use or that have been taken out of operation, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use. 3. If the State requires notification of any amendments to the facility send information to State agency immediately.</p> <p><b>Penalties:</b> Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.</p>	
I. OWNERSHIP OF TANK(S)		II. LOCATION OF TANK(S)	
Owner Name (Corporation, Individual, Public Agency, or Other Entity) <u>Floyd Handley Lynch's Grocery's</u> <small>Street Address</small> <u>RT 23 P.O. Box 193</u> <u>Center Point WV 26426</u> <small>City State ZIP Code</small> <u>Dodridge</u> <small>County</small> <u>(304) 782-1463</u> <small>Phone Number (include Area Code)</small>		If required by State, give the geographic location of tanks by degrees, minutes, and seconds. Examples Lat. 42. 38. 12 N Long. 85, 24, 17W Latitude _____ Longitude _____ (if same as Section 1, mark box here <input type="checkbox"/> ) Facility Name or Company Site Identifier, as applicable <small>Street Address (P.O. Box not acceptable)</small> _____ _____ <small>City State ZIP Code</small> _____ <small>County Municipality</small>	

EPA form 7530-1 (Revised 2-92)

3 III. TYPE OF OWNER		IV. INDIAN LANDS	
<input type="checkbox"/> Federal Government	<input checked="" type="checkbox"/> Commercial	Tanks are located on land within an Indian Reservation or on other trust lands. <input type="checkbox"/>	Tribe or Nation: <i>N/A</i>
<input type="checkbox"/> State Government	<input type="checkbox"/> Private	Tanks are owned by native American nation, tribe, or individual. <input type="checkbox"/>	
<input type="checkbox"/> Local Government			

V. TYPE OF FACILITY

Select the Appropriate Facility Description

<input checked="" type="checkbox"/> Gas Station	<input type="checkbox"/> Railroad	<input type="checkbox"/> Trucking/Transport
<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Federal - Non-Military	<input type="checkbox"/> Utilities
<input type="checkbox"/> Air Taxi (Airline)	<input type="checkbox"/> Federal - Military	<input type="checkbox"/> Residential
<input type="checkbox"/> Aircraft Owner	<input type="checkbox"/> Industrial	<input type="checkbox"/> Farm
<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other (Explain) _____

VI. CONTACT PERSON IN CHARGE OF TANKS

Name	Job Title	Address	Phone Number (Include Area Code)
<i>W. Lynch</i>	<i>OWNER-Operator</i>	<i>RT 2 P.O. Box 143</i>	<i>(304) 782-1463</i>

VII. FINANCIAL RESPONSIBILITY

I have met the financial responsibility requirements in accordance with 40 CFR Subpart H  *N/A*

<p>Check All that Apply</p> <input type="checkbox"/> Self Insurance <input type="checkbox"/> Commercial Insurance <input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Guarantee <input type="checkbox"/> Surety Bond <input type="checkbox"/> Letter of Credit	<input type="checkbox"/> State Funds <input type="checkbox"/> Trust Fund <input type="checkbox"/> Other Method Allowed Specify <i>UN-INSURED</i>
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VIII. CERTIFICATION (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative (Print)	Signature	Date Signed
<i>Jacvita Lynch</i>	<i>Jacvita Lynch</i>	<i>7-17-01</i>

EPA estimates public reporting burden for this form to average 30 minutes per response including time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding this burden estimate to Chief, Information Policy Branch PM-223, U.S. Environmental Protection Agency, 401 M Street, Washington D.C. 20460, marked "Attention Desk Officer for EPA." This form amends the previous notification form as printed in 40 CFR Part 280, Appendix I. Previous editions of this notification form may be used while supplies last.

3 IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)					
Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. _____	Tank No. _____	Tank No. _____
<b>1. Status of Tank</b> (mark only one) Currently in Use <input type="checkbox"/> Temporarily Out of Use <input type="checkbox"/> <small>(Remember to fill out section X)</small> Permanently Out of Use <input checked="" type="checkbox"/> <small>(Remember to fill out section X)</small> Amendment of Information <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation (mo./year)	<u>1950</u>	<u>1960</u>			
3. Estimated Total Capacity (gallons)	<u>2000</u>	<u>3000</u>			
<b>4. Material of Construction</b> (Mark all that apply)					
Asphalt Coated or Bare Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epoxy Coated Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel with Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyethylene Tank Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please specify _____					
Has tank been repaired?	<u>N/A</u>	<u>N/A</u>			
<b>5. Piping (Material)</b> (Mark all that apply)					
Bare Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please specify _____					
<b>6. Piping (Type)</b> (Mark all that apply)					
Suction: no valve at tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction: valve at tank	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has piping been repaired?	<u>N/A</u>	<u>N/A</u>			

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. _____	Tank No. _____	Tank No. _____
<b>7. Substance Currently or Last Stored In Greatest Quantity by Volume</b> Gasoline <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diesel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gasohol <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kerosene <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Heating Oil <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Used Oil <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other, Please specify <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ _____					
<b>Hazardous Substance</b> CERCLA name and/or, CAS number	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mixture of Substances</b> Please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>X. TANKS OUT OF USE, OR CHANGE IN SERVICE</b>					
<b>1. Closing of Tank</b> A. Estimated date last used (mo./day/year)	<u>1972</u>	<u>1972</u>	_____	_____	_____
B. Estimate date tank closed (mo./day/year)	<u>4-24-01</u>	<u>4-24-01</u>	_____	_____	_____
C. Tank was removed from ground <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D. Tank was closed in ground <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> E. Tank filled with inert material <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Describe _____ _____ _____ _____					
F. Change in service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Site Assessment Completed</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of a leak detected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>NONE</u>	<u>NONE</u>			

**XI. CERTIFICATION OF COMPLIANCE (COMPLETE FOR ALL NEW AND UPGRADED TANKS AT THIS LOCATION)**

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. ____	Tank No. ____	Tank No. ____
<b>1. Installation</b>					
A. Installer certified by tank and piping manufacturers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Installer certified or licensed by the implementing agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Installation inspected by a registered engineer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Installation inspected and approved by implementing agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Manufacturer's installation checklists have been completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Another method allowed by State agency. Please specify.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Release Detection (Mark all that apply)	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING
A. Manual tank gauging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Tank tightness testing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Inventory controls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Automatic tank gauging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Vapor monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Groundwater monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Interstitial monitoring double walled tank/piping	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Interstitial monitoring/secondary containment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Automatic line leak detectors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Line tightness testing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Other method allowed by Implementing Agency. Please specify.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>3. Spill and Overfill Protection</b>					
A. Overfill device installed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Spill device installed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OATH: I certify the information concerning installation that is provided in section XI is true to the best of my belief and knowledge.

Installer: Joe A. DeFazio Joe A. DeFazio 7-12-01  
 Name Signature Date  
V.P. DeFazio Oil Co.  
 Position Company

WV Certification Number A & B 092

WV Division of Environmental Protection  
Office of Waste Management  
Underground Storage Tank Section



1356 Hansford Street  
Charleston, WV 25301-1409  
304-558-6371

NOTICE OF CLOSURE

To: Underground Storage Tank Owners and/or Operators

From: Underground Storage Tank Program  
West Virginia Division of Environmental Protection

DATE OF NOTICE: 23 March 01 EXPIRATION DATE: 23 June 01

This office has received your notice of tank removal and/or closure in accordance with 280.71(a). Your site has been assigned closure number C- 6551 - 01. Please refer to this number on any further correspondence concerning this closure. The tank closure is not to begin until the date has been scheduled with the undersigned inspector. All forms must be submitted to the UST Inspector within 30 days after the closure is completed.

If you should have any questions, please call Don JACKSON  
at (304) 420-4635

Owner/Operator Mailing Address: Juanita Lynch WVID# 0907639  
Central Point WV 26339  
Remove 2 USTs

Location of tanks: old Floyd Haight / Lynch's store 782-1463  
Central Point, WV

Waiver of 30 days Yes  No  Date: 23 March 01

Signed: [Signature]

To be completed by inspector after closure:

number of USTs registered 2  
number of USTs removed \_\_\_\_\_ numbers of USTs closed in ground \_\_\_\_\_  
number of USTs installed \_\_\_\_\_

Closure package is complete: \_\_\_\_\_ yes \_\_\_\_\_ no  
notification form \_\_\_\_\_ yes \_\_\_\_\_ no  
tank closure form \_\_\_\_\_ yes \_\_\_\_\_ no  
lab analysis \_\_\_\_\_ yes \_\_\_\_\_ no

Leak No. assigned \_\_\_\_\_ yes \_\_\_\_\_ no Leak No. \_\_\_\_\_

Material in package to be filled in leak file \_\_\_\_\_ yes \_\_\_\_\_ no  
(material must be identified)



Complete one for each product

WV ID Number: 0907639 Closure Number: C-6551-01 EPA ID No. (HW): \_\_\_\_\_

Owner/Generator's Name: Eloyd Haylet Lynch's Grocery Owner Phone No.: 304 782-1463

Owner/Generator's Address: JUANITA Lynch

Contractors Name: Joe A. DeFazio

WV Certification No.: AB092

Contractors Phone No. (304) 534-3170

Tank Number/s (from notification form): one

I. Tank Closure: Date: 4-24-01

A. 3000

TANK: <u>3000 gallon Tank</u>	
Vapor purging methods: <u>N/A Low LEL (NONE)</u>	LEL: _____ O2: _____
Tank cleaning methods: <u>Scraped - Shovelled - Swept</u>	
Tanks Destination Name: <u>Junk yard (Left on Site for IT Corp)</u>	
Site Address: _____	
Tank Cleaned at destination: Yes _____ No <u>X</u> : If no where: <u>ONSITE</u>	
Future use of the tank: <u>Scrap metal</u>	
Transporter Name: <u>N/A</u>	ID: _____

B.

Liquid removed from tank: Type: <u>Heavy Sludges - Water</u> Amount in gallons: <u>10</u>
Reused _____ How reused: _____
Recycled _____ Recycling Facility: _____
Recycling Facility Address: _____
*provide receipt from facility.
Hazardous Waste (HW): <u>4 Drum</u> Non-Hazardous: _____ Waste Number (HW): _____
Disposal Method: <u>I.T. Corp</u>
Designated Facility Name: _____
Designated Facility Address: _____
Transporter Name: _____ Transporter ID (HW): _____

C.

Solids & Tank Bottoms: Type: <u>Scale - Rust - dirt</u> Amount: <u>4 Drum</u>
Hazardous Waste (HW): _____ Non-Hazardous: _____
Waste Number (HW): _____ Disposal Method: <u>I.T. Corp See letter</u>
Designated Facility Name: _____
Designated Facility Address: _____
Transporter Name: _____ ID (HW): _____

II.

Piping Closure: Date: <u>4-24-01</u>
A. Length of piping between tank & product dispenser: <u>12 ft.</u>
B. Piping closure method: <u>Removed</u>

III.

Tank Closure in Place: Date: <u>NA</u>
A. Type of inert material used to fill tank: <u>NA</u>

IV.

Site Assessment: Date: _____
A. Free product present: Yes _____ No <u>X</u>
B. Sampling: Date: <u>4-24-01</u>
Type of Sampling Device: Soils <u>Grab - Comp.</u> Water <u>NA</u>
Type of Sampling Container: Soils <u>Glass Jars</u> Water <u>NA</u>
Composite Sample: Yes <u>X</u> No _____
C. Analysis:
Lab Name: <u>R.E.I.C.</u>
Attach a copy of the laboratory's current West Virginia certification.
Date Analyzed: <u>4-27-01</u> *Lab QA Plan should be available upon request
A copy of the original sample report as received from the lab is requested in accordance with 280.34. (*provide a current copy of the laboratory's)
D. Provide a diagram of the sample location and depths below.
<p>The diagram shows a site layout. At the top, 'Talkington Rd' is written with an arrow pointing right. On the left, 'RT23' is written with an arrow pointing up. A rectangular area is labeled 'ISLAND'. Inside the island, there are two '2000 TANK' units. 'Wall Sample' points are marked on the island's perimeter. A 'Sample 7 FT. Deep' is indicated near the top tank. To the right of the island, a larger rectangular area is labeled 'Deanne Beauty Shop, Lynch's Grocery, Floyd Haught Building'. Another 'Sample 7 FT. Deep' is indicated near the bottom tank.</p>

V.

Certification:	
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.	
Signature of Contractor: <u>[Signature]</u>	Certification No.: <u>AB092</u> Date: <u>5-21-01</u>
Signature of UST Owner: <u>[Signature]</u>	Date: <u>5-21-01</u>

Return this form to the UST Inspector at the DEP District Office for the county where the tanks are located.

TANK CLOSURE REPORT

Complete one for each product

WV ID Number: 0907639 Closure Number: C-6551-01 EPA ID No. (HW): \_\_\_\_\_

Owner/Generator's Name: Eloyd Haylor / Lynd's Grocery Owner Phone No.: 304 782-1463

Owner/Generator's Address: JUANITA Lynch

Contractors Name: Joe A. DeFazio WV Certification No.: AB092

Contractors Phone No. (304) 534-3170

Tank Number/s (from notification form): one

I. Tank Closure: Date: 4-24-01

A.

TANK: <u>2000 gallon Tank</u>
Vapor purging methods: <u>N/A Low LEL (NONE)</u> LEL: _____ O2: _____
Tank cleaning methods: <u>Scraped - Shaved - Swept</u>
Tanks Destination Name: <u>Scrap yard (Left on Site for IT Corp)</u>
Site Address: _____
Tank Cleaned at destination: Yes _____ No <u>X</u> : If no where: <u>ON SITE</u>
Future use of the tank: <u>Scrap metal</u>
Transporter Name: <u>N/A</u> ID: _____

B.

Liquid removed from tank: Type: <u>Heavy Sludges - water</u> Amount in gallons: <u>10</u>
Reused _____ How reused: _____
Recycled _____ Recycling Facility: _____
Recycling Facility Address: _____
*provide receipt from facility.
Hazardous Waste (HW): <u>4 Drum</u> Non-Hazardous: _____ Waste Number (HW): _____
Disposal Method: <u>IT Corp.</u>
Designated Facility Name: _____
Designated Facility Address: _____
Transporter Name: _____ Transporter ID (HW): _____

C.

Solids & Tank Bottoms: Type: <u>Scale - Rust - dirt</u> Amount: <u>4 Drum</u>
Hazardous Waste (HW): _____ Non-Hazardous: _____
Waste Number (HW): _____ Disposal Method: <u>IT Corp - See letter</u>
Designated Facility Name: _____
Designated Facility Address: _____
Transporter Name: _____ ID (HW): _____

II.

Piping Closure: Date: <u>4-24-01</u>
A. Length of piping between tank & product dispenser: <u>12 ft.</u>
B. Piping closure method: <u>Removed</u>

III.

Tank Closure in Place: Date: <u>NA</u>
A. Type of inert material used to fill tank: <u>NA</u>

IV.

Site Assessment: Date: \_\_\_\_\_

A. Free product present: Yes \_\_\_\_\_ No X

B. Sampling: Date: 4-24-01  
 Type of Sampling Device: Soils Grab - Comp. Water N/A  
 Type of Sampling Container: Soils Glass Jars Water N/A  
 Composite Sample: Yes X No \_\_\_\_\_

C. Analysis:  
 Lab Name: R.E.I.C.  
 Attach a copy of the laboratory's current West Virginia certification.  
 Date Analyzed: 4-27-01 \*Lab QA Plan should be available upon request  
 A copy of the original sample report as received from the lab is requested in accordance with 280.34.  
 (\*provide a current copy of the laboratory's)

D. Provide a diagram of the sample location and depths below.

The diagram shows a site layout with a road labeled 'Talking Town Rd' at the top and 'RT23' on the left. A '300 Gallon Tank' and a '200 Gallon Tank' are depicted. Sampling points are marked with arrows and labeled 'Sample 7 FT. Deep' and 'Wall Sample'. A rectangular box on the right lists nearby businesses: 'Deanne Beauty Shop', 'Lynch's Grocery', 'Floyd Haught Building'.

V.

Certification:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature of Contractor: [Signature] Certification No.: AB092 Date: 5-21-01

Signature of UST Owner: [Signature] Date: 5-21-01

Return this form to the UST Inspector at the DEP District Office for the county where the tanks are located.



**REIC**

REI Consultants, Inc.  
 225 Industrial Park Rd.  
 P.O. Box 286, Beaver, WV 25813  
 Phone: 304-255-2500 or 800-999-0105  
 FAX: 304-255-2572

**CHAIN OF CUSTODY RECORD NO. 90678**

CLIENT: DeFazio WCo  
 ADDRESS: PO Box 9143  
 CITY/STATE/ZIP: Morgantown, WV 26554  
 BILL TO: Same  
 CITY/STATE/ZIP: \_\_\_\_\_

CONTACT PERSON: Joe DeFazio  
 TELEPHONE/FAX: 534-3170 / 534-56  
 SITE ID & STATE: C-6551-01  
 PROJECT ID: Deanne Beauty Shl  
 SAMPLER: Joe DeFazio TAB09

**PRESERVATIVE CODES**

SAMPLE LOG AND ANALYSIS REQUEST	TURNAROUND TIME REQUIREMENTS		PRESERVATIVES		NOTE PRESERVATIVES →	PRESERVATIVE CODES												COMMENTS			
	REGULAR:	*RUSH:	0 No Preservative	1 Hydrochloric Acid		2 Nitric Acid	3 Sulfuric Acid	4 Sodium Thiosulfate	5 Sodium Hydroxide	6 Zinc Acetate	7 EDTA	ANALYSIS REQUESTED & METHOD									
SAMPLE ID	NO. & TYPE OF CONTAINERS	SAMPLING DATE / TIME	MATRIX	SAMPLE COMP / GRAB																	
3000 gal Bottom Glass Jar	4 SIDES	4/24 10:45		GRAB																	
3000 gal Composite Glass Jar	4 SIDES	4/24 10:45		COMP																	
2000 gal Bottom Glass Jar	4 SIDES	4/24 12:30		GRAB																	
2000 gal Composite Glass Jar	4 SIDES	4/24 12:30		COMP																	
Relinquished by: (Signature) <u>Joe DeFazio</u>		4/25 11:45 Date/Time	Received by: (Signature)		Date/Time	Relinquished by: (Signature)		Date/Time	Received by: (Signature)		Date/Time	4/27/01 1600 Date/Time									
Special Requests: <u>NONE</u>					Sample Condition: Good? Y N					Temperature Upon Arrival <u>OK</u>											
Shipment:	Hand-Del:	Courier:	UPS:	FedEx:	Shipment Date:					FAX Results: Y N											



RESEARCH ENVIRONMENTAL & INDUSTRIAL CONSULTANTS, INC.

Post Office Box 286 • Beaver, WV 25813 • 800.999.0105

304.255.2500 • 304.255.2572(fax)

website: [www.reiclabs.com](http://www.reiclabs.com)

**Improving the environment, one client at a time...**

Member:

American Chemical  
Society

Association of Official  
Analytical Chemists

Petroleum Marketers  
Association

Rural Water  
Association

Mining & Reclamation  
Association

American  
Water Works  
Association

The Solid Waste  
Association of  
North America

West Virginia  
Manufacturers  
Association

Association of  
West Virginia  
Solid Waste  
Authorities

West Virginia  
Oil Marketers &  
Grocers Association

May 16, 2001

Mr. Joe DeFazio  
JOE DEFAZIO OIL COMPANY  
P O BOX 9143  
MONONGAH, WV 26555  
TEL: (304) 534-3170  
FAX: (304) 534-5641

RE: DEANNE BEAUTY SALON / ABO93

Order No.: 0104902

Dear Mr. Joe DeFazio,

REI Consultants Inc. received 4 samples on 4/27/01 for the analyses presented in the following report.

If you have any questions regarding these results, please do not hesitate to call.

Sincerely,

Vice President

CC:

**REI Consultants Inc.**

**Date:** 16-May-01

**CLIENT:** JOE DEFAZIO OIL COMPANY  
**Lab Order:** 0104902  
**Project:** DEANNE BEAUTY SALON / ABO93  
**Lab ID:** 0104902-01A

**Client Sample ID:** 3000 GAL BOTTOM  
**Site ID:** C-6551-01  
**Collection Date:** 4/24/01  
**Matrix:** SOIL

Analyses	Result	Units	MDL	PQL	Qual	Date Analyzed	Analyst
<b>PERCENT MOISTURE</b>		<b>SM2540 B</b>					
Percent Moisture	16	wt%	NA	0.5		04/30/01	CJH
<b>GASOLINE RANGE ORGANICS</b>		<b>SW8015B</b>					
TPH (Gasoline)	ND	mg/Kg	NA	5.0		04/30/01	KK
Surr: 1,1,1-Trifluorotoluene	111	%REC	NA	42-138		04/30/01	KK
<b>VOLATILE ORGANIC COMPOUNDS</b>		<b>SW8021B</b>					
Benzene	ND	µg/Kg	NA	5		04/30/01	KK
Toluene	ND	µg/Kg	NA	5		04/30/01	KK
Ethylbenzene	ND	µg/Kg	NA	5		04/30/01	KK
m,p-Xylene	ND	µg/Kg	NA	10		04/30/01	KK
o-Xylene	ND	µg/Kg	NA	5		04/30/01	KK
Methyl tert-butyl ether	ND	µg/Kg	NA	10		04/30/01	KK
Surr: 1,1,1-Trifluorotoluene	108	%REC	NA	42-138		04/30/01	KK

**Abbreviations:** ND - Not Detected at the PQL or MDL  
PQL - Practical Quantitation Limit  
MDL - Minimum Detection Limit  
NA - Not Applicable

**Qualifiers:** J - Analyte detected below PQL  
S - Spike Recovery outside accepted recovery limits  
E - Value above quantitation range  
\* - Value exceeds Maximum Contaminant Level

**REI Consultants Inc.**

Date: 16-May-01

**CLIENT:** JOE DEFAZIO OIL COMPANY  
**Lab Order:** 0104902  
**Project:** DEANNE BEAUTY SALON / ABO93  
**Lab ID:** 0104902-02A

**Client Sample ID:** 3000 GAL 4-SIDES COMPOSI  
**Site ID:** C-6551-01  
**Collection Date:** 4/24/01  
**Matrix:** SOIL

Analyses	Result	Units	MDL	PQL	Qual	Date Analyzed	Analyst
<b>PERCENT MOISTURE</b>		<b>SM2540 B</b>					
Percent Moisture	18	wt%	NA	0.5		04/30/01	CJH
<b>GASOLINE RANGE ORGANICS</b>		<b>SW8015B</b>					
TPH (Gasoline)	ND	mg/Kg	NA	5.0		04/30/01	KK
Surr: 1,1,1-Trifluorotoluene	113	%REC	NA	42-138		04/30/01	KK
<b>VOLATILE ORGANIC COMPOUNDS</b>		<b>SW8021B</b>					
Benzene	ND	µg/Kg	NA	5		04/30/01	KK
Toluene	ND	µg/Kg	NA	5		04/30/01	KK
Ethylbenzene	ND	µg/Kg	NA	5		04/30/01	KK
m,p-Xylene	ND	µg/Kg	NA	10		04/30/01	KK
o-Xylene	ND	µg/Kg	NA	5		04/30/01	KK
Methyl tert-butyl ether	ND	µg/Kg	NA	10		04/30/01	KK
Surr: 1,1,1-Trifluorotoluene	105	%REC	NA	42-138		04/30/01	KK

**Abbreviations:** ND - Not Detected at the PQL or MDL  
PQL - Practical Quantitation Limit  
MDL - Minimum Detection Limit  
NA - Not Applicable

**Qualifiers:** J - Analyte detected below PQL  
S - Spike Recovery outside accepted recovery limits  
E - Value above quantitation range  
\* - Value exceeds Maximum Contaminant Level



**REI Consultants Inc.**

**Date:** 16-May-01

**CLIENT:** JOE DEFAZIO OIL COMPANY  
**Lab Order:** 0104902  
**Project:** DEANNE BEAUTY SALON / ABO93  
**Lab ID:** 0104902-03A

**Client Sample ID:** 2000 GAL BOTTOM  
**Site ID:** C-6551-01  
**Collection Date:** 4/24/01  
**Matrix:** SOIL

Analyses	Result	Units	MDL	PQL	Qual	Date Analyzed	Analyst
<b>PERCENT MOISTURE</b>		<b>SM2540 B</b>					
Percent Moisture	18	wt%	NA	0.5		04/30/01	CJH
<b>GASOLINE RANGE ORGANICS</b>		<b>SW8015B</b>					
TPH (Gasoline)	114	mg/Kg	NA	5.0		05/04/01	KK
Surr: 1,1,1-Trifluorotoluene	122	%REC	NA	42-138		05/04/01	KK
<b>VOLATILE ORGANIC COMPOUNDS</b>		<b>SW8021B</b>					
Benzene	ND	µg/Kg	NA	10		05/04/01	KK
Toluene	18	µg/Kg	NA	10		05/04/01	KK
Ethylbenzene	206	µg/Kg	NA	10		05/04/01	KK
m,p-Xylene	3,740	µg/Kg	NA	2,000		05/01/01	KK
o-Xylene	2,640	µg/Kg	NA	1,000		05/01/01	KK
Methyl tert-butyl ether	ND	µg/Kg	NA	100		05/04/01	KK
Surr: 1,1,1-Trifluorotoluene	112	%REC	NA	42-138		05/04/01	KK

**Abbreviations:** ND - Not Detected at the PQL or MDL  
PQL - Practical Quantitation Limit  
MDL - Minimum Detection Limit  
NA - Not Applicable

**Qualifiers:** J - Analyte detected below PQL  
S - Spike Recovery outside accepted recovery limits  
E - Value above quantitation range  
\* - Value exceeds Maximum Contaminant Level

**REI Consultants Inc.**

Date: 16-May-01

**CLIENT:** JOE DEFAZIO OIL COMPANY  
**Lab Order:** 0104902  
**Project:** DEANNE BEAUTY SALON / ABO93  
**Lab ID:** 0104902-04A

**Client Sample ID:** 2000 GAL 4-SIDED COMPOSI  
**Site ID:** C-6551-01  
**Collection Date:** 4/24/01  
**Matrix:** SOIL

Analyses	Result	Units	MDL	PQL	Qual	Date Analyzed	Analyst
<b>PERCENT MOISTURE</b>		<b>SM2540 B</b>					
Percent Moisture	7.0	wt%	NA	0.5		04/30/01	CJH
<b>GASOLINE RANGE ORGANICS</b>		<b>SW8015B</b>					
TPH (Gasoline)	ND	mg/Kg	NA	5.0		04/30/01	KK
Surr: 1,1,1-Trifluorotoluene	111	%REC	NA	42-138		04/30/01	KK
<b>VOLATILE ORGANIC COMPOUNDS</b>		<b>SW8021B</b>					
Benzene	ND	µg/Kg	NA	5		04/30/01	KK
Toluene	ND	µg/Kg	NA	5		04/30/01	KK
Ethylbenzene	ND	µg/Kg	NA	5		04/30/01	KK
m,p-Xylene	ND	µg/Kg	NA	10		04/30/01	KK
o-Xylene	ND	µg/Kg	NA	5		04/30/01	KK
Methyl tert-butyl ether	ND	µg/Kg	NA	10		04/30/01	KK
Surr: 1,1,1-Trifluorotoluene	104	%REC	NA	42-138		04/30/01	KK

**Abbreviations:** ND - Not Detected at the PQL or MDL  
PQL - Practical Quantitation Limit  
MDL - Minimum Detection Limit  
NA - Not Applicable

**Qualifiers:** J - Analyte detected below PQL  
S - Spike Recovery outside accepted recovery limits  
E - Value above quantitation range  
\* - Value exceeds Maximum Contaminant Level

---

**CLIENT:** JOE DEFAZIO OIL COMPANY  
**Lab Order:** 0104902  
**Project:** DEANNE BEAUTY SALON / ABO93

**Data Review**

Approved:

Joseph Robertson      5-16-01  
Organic Department Manager      Date

---

**Abbreviations:** ND - Not Detected at the PQL or MDL  
PQL - Practical Quantitation Limit  
MDL - Minimum Detection Limit  
NA - Not Applicable

**Qualifiers:** J - Analyte detected below PQL  
S - Spike Recovery outside accepted recovery limits  
E - Value above quantitation range  
\* - Value exceeds Maximum Contaminant Level

0907639  
old Lynch's store  
Hoyd Haugset

UST-5 (Rev. 10/97)

White-Owner  
Green-Operator  
Canary-Charleston  
Pink-Field Office

DIVISION OF ENVIRONMENTAL PROTECTION  
OFFICE OF WASTE MANAGEMENT - UST SECTION

ATTACHMENT FOR UST-1

ORDER, COMPLAINT, OR  
NON # \_\_\_\_\_

(CIRCLE ONE)

FORM # \_\_\_\_\_

OWNER/OPERATOR 2 - Bova Steel Tanks removed by  
Joe DeLazio - AD-092 @ intersection of Talkington Run  
& St Rt 23 in Cantonment (Doddridge Co.)  
1 - 3k ; 1 - 2k URS removed.  
- possible Exxon tanks.

- There appeared to be no contamination in tank pit /  
- Tanks will be cut & cleaned by Joe DeLazio before  
hauling for scrap / salvage.

SERVICES ACCEPTED AND ACKNOWLEDGED

SIGNATURE: Joe A. DeLazio  
Owner/Operator

Date: 24 April 01

Joe Jackson, AD Dep  
2311 Ohio Ave  
Parkersburg, WV 26101  
-Division of Waste Management  
420-4635

# Existing UST Facility Checklist

White-Owner  
Green-Operator  
Canary-Charleston Office  
Pink-Field Office

WV Division of Environmental Protection  
Office of Waste Management  
Underground Storage Tank Section



1356 Hansford Street  
Charleston, WV 25301-1409  
304-558-6371

1. Facility Information	
Facility Name: <u>Old Floyd Hauglet / Lynch's store</u>	Facility Location: <u>SR Rt 23 Canton point, WV</u>
Registration Number: <u>0907639</u>	Permit/Registration Date: _____
Owner: <u>Juanita Lynch</u> Phone: <u>782-1463</u>	Operator: <u>unknown</u> Phone: _____

2. Registration and Records	
Registration Information: Verified _____ Modified <input checked="" type="checkbox"/>	Financial Responsibility _____
Certification of Proper Installation _____	Repair Records _____
Closure Assessments _____	

3. Inspection Information	
Date: <u>24 April 01</u> Time In: <u>9:00</u> Time Out: _____	Inspector: <u>[Signature]</u>

4. Purpose of Inspection	
Initial Compliance Inspection: <u>At Closure</u> <input checked="" type="checkbox"/>	Follow Up: _____
Other: _____	

5. Potential Contamination Receptor(s)	
Groundwater:	Surface Water Body:
Private well <input checked="" type="checkbox"/> distance <u>~40'</u>	Specify <u>McElroy Run - / unconsolidated Tertiary</u>
Public well _____ distance _____	Distance <u>~50'</u>
Significant aquifer _____ distance _____	Other _____
Utilities _____	

Please use one of the following notations when filling in boxes 6 & 7:  
(based on visual observation)

<input type="checkbox"/> In Compliance	<input checked="" type="checkbox"/> Not in Compliance	<input checked="" type="checkbox"/> See Additional Page
--	---	---

6. Tank Information								
Tank No.	Product	Size	Date Installed	Tank Status	Construction (corrosion protection)	Leak Detection	Spill Prevention	Overfill Prevention
1	GAS	3K	50's	Closed 4/24/01	UPS	Unknown	None	None
2	GAS	2K	50's	"	UPS			

7. Piping Information					
Tank No.	Product	Date Installed	Construction (corrosion protection)	Pump Type - Pressure/Suction	Leak Detection
1	GAS	50's	UPS	suction	None tank
2	GAS	50's	"	"	"

Photographs Taken:   
 Site Sketch:   
 Additional Comment Page:   
 Copy of Regulations Left On Site:

Inspector's Signature: [Signature] Date: 24 April 01  
 Contact Person's Signature: [Signature] Date: \_\_\_\_\_  
 Follow Up Required: \_\_\_\_\_ No Further Action at this Time: \_\_\_\_\_



### UST CLOSURE INSPECTION

ID Number: 090 7639  
Closure Number: P-6551-01  
Facility Name: Dr. Floyd Hardt / Lumber Store  
Address: St Rt 23 / Talkum Turn Rd.  
Center Point, WV 26239  
Contact Person: Juanita Lynch  
Phone No.: 782 1463

Contractor: Joe Detazio  
Cert. No.: AB092  
Phone No.: 534-3170  
30 day Notification given, (Y/N) Y  
Number of tanks closed 2

TANK:	1	2					
COMPARTMENT (Y/N)	NO	NO					
VOLUME (GALLONS)	3000	7000					
SUBSTANCE STORED:	GAS	GAS					
MATERIAL OF CONSTRUCTION:	BRAS - GAL (UPB)						
CONDITION OF TANK:	POOR	FAIR					
EMPTIED: (Y/N)	Y	Y					
CLEANED: (Y/N)	NOT	Y					
REMOVED/FILLED: (R/F)	REMOVED						

#### PIPING

MATERIAL OF CONSTRUCTION	CONDITION OF:	REMOVED/ LEFT IN PLACE
BRAS GAL (UPB)	UNKNOWN	REMOVED

Tank Disposal: P. Underwood will take to Scrapyard  
when closed  
Tank Waste: UNKNOWN @ time of

#### Site Conditions/Assessments:

1. Site Assessment Performed: Yes ; No
2. Contamination Evident: Yes ; No  OVA/PID Reading: NA
3. Severity of Contamination: Mild , Moderate , Extensive ; Free Product
4. Soil Type: Broken Rock Harder & worse clay
5. Groundwater Impact: Yes , No , Possible ; Sampled (Y/N): NO
6. Confirmed Release Issued: Yes , No ; Leak Number
7. Source or Release:
8. Disposition of Contaminated Soil:
9. Additional Comments / Site Sketch: Yes , No

Inspector: 24 APR 01 Received By: [Signature] Date: 24 April 01



**DIVISION OF ENVIRONMENTAL PROTECTION**

BOB WISE  
GOVERNOR

1356 Hansford Street  
Charleston, WV 25301-1401

MICHAEL O. CALLAGHAN  
DIRECTOR

27 April 2001

Claude Marra/ Elizabeth Zinkevich:  
IT Corporation/ ExxonMobil Corporation

This is a brief memo to provide you with a little background information about an old tank site on State Route 23 in Doddridge County West Virginia. I was first drawn into this investigation by a complaint from a customer of Deanna's Beauty Shop, which now occupies the premises. Having sampled the well on the property and determined that it was not contaminated, the process of finding the owner and proceeding to closure became less of a priority. In searching the Doddridge Co Courthouse records and inquiring the history of the site, I had determined that the owner of the tanks was the operator of Lynch's Grocery which had last used the tanks in 1983.

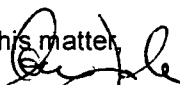
Mrs. Juanita Lynch was very cooperative, both in the registration of the tanks, paying the back fees and proceeding to the actual closure. The Exxon jobber who had supplied fuel to these tanks for decades was Defazio Oil Co., and Joe Defazio Jr. who is a certified worker with the WVDEP (Class A & B) agreed to help Mrs. Lynch, and to do the closure/removal.

On 24 April 2001, two(2) UST's were removed from the ground at this location. There appeared to be little or no contamination (I have not yet seen the analytical results), and as a whole the project went very smoothly. A 2000 gallon tank and a 3000 gallon tank were found virtually empty and removed according to standard practices.

When the project was near to completion, Mrs Lynch approached me with an original document which she had found in a search of her records. The document dated Sept. 12, 1950, was a complete lease agreement between Esso Standard Oil Company and Mr. Floyd M. Haught of Center Point, West Virginia. It should be noted that my courthouse search indicated that Mr Haught never owned the real-estate; he had apparently rented/leased the store/gas station from the property owner, a Mrs. Geneva Ballenger who had owned the site since July 1945. Billy and Juanita Lynch purchased the property in March of 1972 and operated Lynch's Grocery until March 1983, when the store was closed and the use of the tanks was discontinued.

I had informed the Lynch's of my intention to contact Exxon and to send a copy of the agreement with Mr. Haught and Esso for future contact between the parties involved.

Thank you for your cooperation in this matter.

  
Don Jackson, WVDEP  
2311 Ohio Ave  
Parkersburg, WV 26101

c.c. Mr & Mrs Lynch  
file  
Chastn Office



### UST CLOSURE INSPECTION

ID Number: 090 7639 Contractor: Joe Detazio  
 Closure Number: C-6551-01 Cert. No.: AB 092  
 Facility Name: at Floyd/Hager / Lynch's Store Phone No.: 534-3170  
 Address: St Rt 23 / Talking Rock Run Rd  
Center Point, WV 26329  
 Contact Person: Juanita Lynch 30 day Notification given, (Y/N) Y  
 Phone No.: 782 1463 Number of tanks closed 2

TANK:	1	2					
COMPARTMENT (Y/N)	<u>NO</u>	<u>NO</u>					
VOLUME (GALLONS)	<u>3000</u>	<u>2000</u>					
SUBSTANCE STORED:	<u>Gas</u>	<u>Gas</u>					
MATERIAL OF CONSTRUCTION:	<u>Carbon Steel (ups)</u>						
CONDITION OF TANK:	<u>poor</u>	<u>fair</u>					
EMPTIED: (Y/N)	<u>Y</u>	<u>Y</u>			<u>many holes</u>		
CLEANED: (Y/N)	<u>not</u>	<u>not</u>			<u>due to absence</u>		
REMOVED/FILLED: (R/F)	<u>Removed</u>	<u>Removed</u>					

#### PIPING

MATERIAL OF CONSTRUCTION	CONDITION OF:	REMOVED/ LEFT IN PLACE
<u>Carbon Steel (ups)</u>	<u>unknown</u>	<u>Removed</u>

Tank Disposal: Underwood will take to scrapyard when cleaned Tank Waste: unknown @ time of

#### Site Conditions/Assessments:

1. Site Assessment Performed: Yes ; No
2. Contamination Evident: Yes ; No  OVA/PID Reading: NA
3. Severity of Contamination: Mild , Moderate , Extensive ; Free Product
4. Soil Type: bedrock shale & worse clay
5. Groundwater Impact: Yes , No , Possible ; Sampled (Y/N) NO
6. Confirmed Release Issued: Yes , No ; Leak Number
7. Source or Release: ---
8. Disposition of Contaminated Soil: ---
9. Additional Comments / Site Sketch: Yes , No

*Joe Detazio*

Inspector: 24 April 01 Received By: [Signature] Date: 24 April 01

*kat  
5/10/01*



# Existing UST Facility Checklist

White-Owner  
Green-Operator  
Canary-Charleston Office  
Pink-Field Office

WV Division of Environmental Protection  
Office of Waste Management  
Underground Storage Tank Section



1356 Hansford Street  
Charleston, WV 25301-1409  
304-558-6371

1. Facility Information	
Facility Name: <u>Old Floyd Hancock / Lynch's Store</u>	Facility Location: <u>521 23 Canton Road, WV</u>
Registration Number: <u>8907639</u>	Permit/Registration Date: _____
Owner: <u>Sumita Lynch</u> Phone: <u>757-1413</u>	Operator: <u>[Signature]</u> Phone: _____

2. Registration and Records	
Registration Information: Verified _____ Modified <input checked="" type="checkbox"/>	Financial Responsibility _____
Certification of Proper Installation _____	Repair Records _____
Closure Assessments _____	

3. Inspection Information		
Date: <u>24 April 01</u>	Time In: <u>9:00</u>	Time Out: _____
Inspector: <u>[Signature]</u>		

4. Purpose of Inspection	
Initial Compliance Inspection: <u>At Closure</u> <input checked="" type="checkbox"/>	Follow Up: _____
Other: _____	

5. Potential Contamination Receptor(s)			
Groundwater:		Surface Water Body:	
Private well <input checked="" type="checkbox"/>	distance <u>~40'</u>	Specify <u>McHenry Run - / unconsolidated To bedrock</u>	
Public well _____	distance _____		
Significant aquifer _____	distance _____	Distance <u>~50'</u>	
Utilities _____		Other _____	

Please use one of the following notations when filling in boxes 6 & 7:  
(based on visual observation)

<input type="checkbox"/>	In Compliance	<input checked="" type="checkbox"/>	Not in Compliance	<input checked="" type="checkbox"/>	See Additional Page
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6. Tank Information								
Tank No.	Product	Size	Date Installed	Tank Status	Construction (corrosion protection)	Leak Detection	Spill Prevention	Overfill Prevention
1	Gas	3K	50's	Closed 4/24/01	ups	unknown	ups	none
2	Gas	2K	30's	"	ups			"

7. Piping Information						
Tank No.	Product	Date Installed	Construction (corrosion protection)	Pump Type - Pressure/Suction	Leak Detection	
1	Gas	50's	ups	suction	no tank	
2	Gas	30's	"	"	"	

Photographs Taken: <input type="checkbox"/>	Y/N	Inspector's Signature: <u>[Signature]</u>	Date: <u>24 April 01</u>
Site Sketch: <input type="checkbox"/>	Y/N	Contact Person's Signature: <u>[Signature]</u>	Date: _____
Additional Comment Page: <input type="checkbox"/>	Y/N	Follow Up Required: _____	No Further Action at this Time: _____
Copy of Regulations Left On Site: <input type="checkbox"/>	Y/N		

Row 5/10/01

0907639  
old Lynch's store  
Hoyd Haulcut

UST-5 (Rev. 10/97)

White-Owner  
Green-Operator  
Canary-Charleston  
Pink-Field Office

DIVISION OF ENVIRONMENTAL PROTECTION  
OFFICE OF WASTE MANAGEMENT - UST SECTION

ATTACHMENT FOR UST-1

ORDER, COMPLAINT, OR  
NON # \_\_\_\_\_

(CIRCLE ONE)

FORM # \_\_\_\_\_

OWNER/OPERATOR 2- Bmw steel tanks removed by  
Joe Delazio - A.S. 092 @ intersection of Talkington Run  
4 St Rt 23 in Cedar Point (Doddridge Co.)  
1- 3k ; 1- 2k UGS removed.  
- possible Exxon tanks.

- There appeared to be no contamination in tank pit!  
- Tanks will be out & cleaned by Joe Delazio before  
hauling for scrap/salvage.

SERVICES ACCEPTED AND ACKNOWLEDGED

SIGNATURE: Joe A. Delazio  
Owner/Operator

Date: 24 April 01

Don Jackson, w/Dep  
2311 Ohio Ave  
Parkersburg, WV 26101  
Division of Waste Management  
420-4135

1-25-01 0907639 JMS  
 OMB NO. 2050-0068, Approval Expires 1/31/95

<b>Notification for Underground Storage Tanks</b>		<b>STATE USE ONLY</b>	
State Agency Name and Address WV Div. of Environmental Protection, Office of Waste Mgmt., UST Section 1356 Hanford Street, Charleston, WV 25301		ID NUMBER	0900834
<b>TYPE OF NOTIFICATION</b>		F.E.I.N.: No.	
<input checked="" type="checkbox"/> A. NEW FACILITY <input type="checkbox"/> B. AMENDED <input checked="" type="checkbox"/> C. CLOSURE		A. Date Entered Into Computer	9-8-00
2 No. of tanks at facility    _____ No. of continuation sheets attached		B. Data Entry Clerk Initials	JMS
<b>INSTRUCTIONS</b>		C. Owner Was Contacted to Clarify Responses. Comments	PS
Please type or print in ink all items except "signature" in section VIII. This form must be completed for each location containing underground storage tanks. If more than five (5) tanks are owned at this location, photocopy the following sheets, and staple continuation sheets to the form.			

**GENERAL INFORMATION**

Notification is required by Federal law for all underground tanks that have been used to store regulated substances that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or in the absence of such records, your knowledge, belief, or recollection.

**Who Must Notify?** Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means—

a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances, and

b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use.

c) if the State agency so requires, any facility that has undergone any changes to facility information or tank system status (only amended tank information needs to be included).

**What Tanks Are Included?** Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: 1. Gasoline, used oil, or diesel fuel, and 2. industrial solvents, pesticides, herbicides or fumigants.

**What Tanks Are Excluded?** Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:

1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;
2. tanks used for storing heating oil for consumptive use on the premises where stored;
3. septic tanks;

4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;

5. surface impoundments, pits, ponds, or lagoons;

6. storm water or waste water collection systems;

7. flow-through process tanks;

8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;

9. storage tanks situated in an underground area (such as a basement, cellar, mineworking drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

**What Substances Are Covered?** The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101(14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

**Where To Notify?** Send completed forms to:  
 WV Division of Environmental Protection  
 Office of Waste Management  
 UST Section  
 1356 Hanford Street  
 Charleston, WV 25301

**When To Notify?** 1. Owners of underground storage tanks in use or that have been taken out of operation, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use. 3. If the State requires notification of any amendments to the facility send information to State agency immediately.

**Penalties:** Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

<b>I. OWNERSHIP OF TANK(S)</b>	<b>II. LOCATION OF TANK(S)</b>
Owner Name (Corporation, Individual, Public Agency, or Other Entity) Juanita Lynch	If required by State, give the geographic location of tanks by degrees, minutes, and seconds. Examples Lat. 42, 36, 12 N Long. 85, 24, 17W
Street Address Box 103	Latitude _____ Longitude _____
City Center Point WV	(if same as Section 1, mark box here <input type="checkbox"/> )
State WV	Facility Name or Company Site Identifier, as applicable
ZIP Code 26339	Street Address (P.O. Box not acceptable)
County Doddridge	_____
Phone Number (include Area Code) 304-782-1463 Home	_____
304-782-4417 Work	City _____ State _____ Zip code _____
	County _____ Municipality _____

III. TYPE OF OWNER		IV. INDIAN LANDS	
<input type="checkbox"/> Federal Government	<input type="checkbox"/> Commercial	Tanks are located on land within an Indian Reservation or on other trust lands. <input type="checkbox"/>	Tribe or Nation;
<input type="checkbox"/> State Government	<input checked="" type="checkbox"/> Private	Tanks are owned by native American nation, tribe, or individual. <input type="checkbox"/>	
<input type="checkbox"/> Local Government			

V. TYPE OF FACILITY

Select the Appropriate Facility Description

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Gas Station           | <input type="checkbox"/> Railroad               | <input type="checkbox"/> Trucking/Transport  |
| <input type="checkbox"/> Petroleum Distributor | <input type="checkbox"/> Federal - Non-Military | <input type="checkbox"/> Utilities   |
| <input type="checkbox"/> Air Taxi (Airline)    | <input type="checkbox"/> Federal - Military     | <input type="checkbox"/> Residential   |
| <input type="checkbox"/> Aircraft Owner        | <input type="checkbox"/> Industrial             | <input type="checkbox"/> Farm  |
| <input type="checkbox"/> Auto Dealership       | <input type="checkbox"/> Contractor             | <input checked="" type="checkbox"/> Other (Explain) <i>Site was once a GAS station HAS NOT been in use for several years</i> |

VI. CONTACT PERSON IN CHARGE OF TANKS

Name	Job Title	Address	Phone Number (Include Area Code)
Juanita Lynch	OWNER	Box 103 Center Point WV 26339	304-782-1463

VII. FINANCIAL RESPONSIBILITY

I have met the financial responsibility requirements in accordance with 40 CFR Subpart H

Check All that Apply

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Self Insurance       | <input type="checkbox"/> Guarantee        | <input type="checkbox"/> State Funds                  |
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Surety Bond      | <input type="checkbox"/> Trust Fund                   |
| <input type="checkbox"/> Risk Retention Group | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Other Method Allowed Specify |

VIII. CERTIFICATION (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative (Print)

Juanita Lynch

Signature

*Juanita Lynch*

Date Signed

9-1-00

EPA estimates public reporting burden for this form to average 30 minutes per response including time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding this burden estimate to Chief, Information Policy Branch PM-223, U.S. Environmental Protection Agency, 401 M Street, Washington D.C. 20460, marked "Attention Desk Officer for EPA." This form amends the previous notification form as printed in 40 CFR Part 280, Appendix I. Previous editions of this notification form may be used while supplies last.

IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. _____	Tank No. _____	Tank No. _____
<b>1. Status of Tank</b> (mark only one) Currently in Use <input type="checkbox"/> Temporarily Out of Use <input checked="" type="checkbox"/> <small>(Remember to fill out section X)</small> Permanently Out of Use <input checked="" type="checkbox"/> <small>(Remember to fill out section X)</small> Amendment of Information <input type="checkbox"/>					
2. Date of Installation (mo./year)	<u>UNKNOWN</u>	<u>UNKNOWN</u>			
3. Estimated Total Capacity (gallons)	<u>2000</u>	<u>3000</u>			
<b>4. Material of Construction</b> (Mark all that apply)					
Asphalt Coated or Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epoxy Coated Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel with Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyethylene Tank Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please specify	_____	_____	_____	_____	_____
Has tank been repaired?	<u>NO</u>	<u>NO</u>	_____	_____	_____
<b>5. Piping (Material)</b> (Mark all that apply)					
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please specify	_____	_____	_____	_____	_____
<b>6. Piping (Type)</b> (Mark all that apply)					
Suction: no valve at tank	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction: valve at tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has piping been repaired?	<u>NO</u>	<u>NO</u>	_____	_____	_____

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. ___	Tank No. ___	Tank No. ___
7. Substance Currently or Last Stored In Greatest Quantity by Volume					
Gasoline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Hazardous Substance CERCLA name and/or, CAS number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Mixture of Substances Please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
<b>X. TANKS OUT OF USE, OR CHANGE IN SERVICE</b>					
1. Closing of Tank					
A. Estimated date last used (mo./day/year)	<u>3-30-83</u>	_____	_____	_____	_____
B. Estimate date tank closed (mo./day/year)	<u>3-30-83</u>	_____	_____	_____	_____
C. Tank was removed from ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Tank was closed in ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Tank filled with inert material Describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
F. Change in service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Site Assessment Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of a leak detected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**XI. CERTIFICATION OF COMPLIANCE (COMPLETE FOR ALL NEW AND UPGRADED TANKS AT THIS LOCATION)**

Tank Identification Number	Tank No.____	Tank No.____	Tank No.____	Tank No.____	Tank No.____																																																																																																														
<b>1. Installation</b>  A. Installer certified by tank and piping manufacturers B. Installer certified or licensed by the implementing agency C. Installation inspected by a registered engineer D. Installation inspected and approved by implementing agency E. Manufacturer's installation checklists have been completed F. Another method allowed by State agency. Please specify.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																														
<b>2. Release Detection (Mark all that apply)</b> A. Manual tank gauging B. Tank tightness testing C. Inventory controls D. Automatic tank gauging E. Vapor monitoring F. Groundwater monitoring G. Interstitial monitoring double walled tank/piping H. Interstitial monitoring/secondary containment I. Automatic line leak detectors J. Line tightness testing K. Other method allowed by Implementing Agency. Please specify.	<table border="1"> <thead> <tr> <th>TANK</th> <th>PIPING</th> <th>TANK</th> <th>PIPING</th> <th>TANK</th> <th>PIPING</th> <th>TANK</th> <th>PIPING</th> <th>TANK</th> <th>PIPING</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td><td></td><td><input 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<b>3. Spill and Overfill Protection</b>  A. Overfill device installed B. Spill device installed	_____	_____	_____	_____	_____																																																																																																														

OATH: I certify the information concerning installation that is provided in section XI is true to the best of my belief and knowledge.

Installer: \_\_\_\_\_  
 Name Signature Date  
 \_\_\_\_\_  
 Position Company