

Exelon Nuclear
200 Exelon Way
KSA 3-E
Kennett Square, PA 19348

Telephone 610.765.5520
www.exeloncorp.com

February 5, 2001

50-352/353

PA DEP
Bureau of Watershed Conservation
Division of Storage Tanks
PO Box 8762
Harrisburg, PA 17105-8762

Subject: PECO Energy Company's Merger with Unicom Corporation
Pottstown - Limerick Airport Storage Tank Registration Transfer

Dear Sir/Madam:

As of January 12, 2001, restructuring in connection with the formation of Exelon Generation Company, LLC (a subsidiary of Exelon Corporation) has been completed. We request the transfer of the Pottstown-Limerick Airport Storage Tank Registrations to Exelon Generation Company, LLC. Attached is the completed Registration/Permitting of Storage Tanks application.

If you have any questions, please contact me at (610) 765-5847.

Sincerely,



Dawn Fish
Manager, Environmental Affairs

cc: Document Control Desk, US Nuclear Regulatory Commission
H. J. Miller, Administrator, Region I, USNRC
A. L. Burritt, USNRC Senior Resident Inspector, LGS

For file
Chris Gratton

A001



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATERSHED CONSERVATION

REGISTRATION / PERMITTING OF STORAGE TANKS

I. PURPOSE OF SUBMITTAL (Check All Those That Apply)

INITIAL	AMENDED	CHANGE OF OWNERSHIP
<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Changed Previous Info	<input type="checkbox"/> Sold Merger
<input type="checkbox"/> Registration for Removal of Unregistered Tank(s)	<input type="checkbox"/> Added Tank(s)	<input checked="" type="checkbox"/> All Tanks (Will Remain at Same Facility)
<input type="checkbox"/> Registration for Un-Registered Tank(s) Closed in Place	<input type="checkbox"/> Tank(s) Temporarily Out of Use	<input type="checkbox"/> Some Tanks (Will Remain at Same Facility)
	<input type="checkbox"/> Removed / Closed Tank(s)	<input type="checkbox"/> Some Tanks (Relocated to Another Regulated Facility)
	<input type="checkbox"/> Exempted Tank(s)	<input type="checkbox"/> Some Tanks (Relocated to a New Facility and the Tanks are to be Registered)
	<input type="checkbox"/> Changed from Regulated to Unregulated Substance or Use	
	<input type="checkbox"/> Relocated Tank(s)	

STATE USE ONLY

II.A. TANK OWNER / APPLICANT INFORMATION (Type or Print Legibly in Ink)

Storage Tank Client I.D. No. (State Use Only) _____ DEP Client ID No. _____

Organization Name or Registered Fictitious Name: **Exelon Generation Company, LLC** Employer ID No. (EIN): **23-3064219**

Individual Last Name: **N/A** First Name: _____ MI: _____ Suffix: _____ SSN: _____

Mailing Address Line 1: **200 Exelon Way** Mailing Address Line 2: _____

Address Last Line -- City: **Kennett Square** State: **PA** ZIP+4: **19348** Country: **USA** Phone No.: **(610) 765-5847**

TYPE OF OWNER/BUSINESS (Check Only One)	Local Government	Corporate	Private
<input type="checkbox"/> Vol. Fire Co./EMS Org.	<input type="checkbox"/> County	<input type="checkbox"/> Corporation/PA	<input type="checkbox"/> Partnership/General
<input type="checkbox"/> Federal Government	<input type="checkbox"/> Municipality	<input type="checkbox"/> Corporation/Non-PA	<input type="checkbox"/> Partnership/Limited
<input type="checkbox"/> State Government	<input type="checkbox"/> School District	<input type="checkbox"/> Assn./Organization	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Authority	<input checked="" type="checkbox"/> other: LLC/PA	<input type="checkbox"/> Individual(s)
			<input type="checkbox"/> Assn./Organization

II.B. CHANGE OF OWNERSHIP (The new owner is to complete all sections of this form including this section if some or all tanks have been purchased/transferred.)

Previous Owner Name: **PECO Energy Company** Date of Purchase/Transfer: _____

Mailing Address Line 1: **2301 Market Street** Mailing Address Line 2: _____

Address Last Line -- City: **Philadelphia** State: **PA** ZIP+4: **19101** Country: **USA** Phone No.: **(610) 765-5847**

Previous Facility ID No.: **46-22680** Previous Tank Nos.: **same**

III. FACILITY/SITE INFORMATION (Type or Print Legibly in Ink)

A. Storage Tank. Facility/Site Name: **Pottstown-Limerick Airport** DEP Site ID #: _____

Facility ID No.: **46-22680**

Site Location Line 1: **3310 W. Ridge Pike** Site Location Line 2: _____

Site Location Last Line -- City: **Pottstown** State: **PA** ZIP+4: **19464** EPA ID#: _____

County Name: **Montgomery** Municipality: **Pottstown**

Check One: City Boro Twp Phone No.: **(610) 495-7000**

Type of Facility (Check Only One)

<input type="checkbox"/> 00 Unknown	<input type="checkbox"/> 05 Auto Dealership	<input type="checkbox"/> 10 Federal, Military	<input type="checkbox"/> 15 Trucking/Transport
<input type="checkbox"/> 01 Gas Station	<input type="checkbox"/> 06 Railroad	<input type="checkbox"/> 11 Commercial	<input checked="" type="checkbox"/> 16 Utility
<input type="checkbox"/> 02 Petroleum Distributor	<input type="checkbox"/> 07 Local Government	<input type="checkbox"/> 12 Industrial	<input type="checkbox"/> 17 Farm
<input type="checkbox"/> 03 Air Taxi	<input type="checkbox"/> 08 State Government	<input type="checkbox"/> 13 Residential	<input type="checkbox"/> 18 Convenience Store
<input type="checkbox"/> 04 Aircraft Owner	<input type="checkbox"/> 09 Federal, Non-Military	<input type="checkbox"/> 14 Contractor	<input type="checkbox"/> 99 Other

B. Fire Safety Permit No. (if applicable) **2719-205,103**

C. Contact (check only one)

Send all mail to owner/applicant address Send all mail to facility/site location

Send all mail to contact address listed below

Contact Last Name: **Alejnikov** First Name: **Robert** MI: _____ P.: _____ Suffix: _____

Mailing Address Line 1: **Limerick Generating Station** Mailing Address Line 2: **Evergreen and Sanatoga Roads**

Address Last Line -- City: **Pottstown** State: **PA** ZIP+4: **19464** Country: **USA** Phone No.: **(610) 718-2513**

FACILITY ID NO. — 46-22680

Facility Name Pottstown-Limerick Airport

IV. DESCRIPTION OF STORAGE TANKS (Type or print legibly each regulated storage tank at this facility under your ownership.)

A. ABOVEGROUND TANKS List all tanks. If amending information, identify the Amended Tank(s) with an asterisk (*) to the left of the tank number.

Tank Number	S T A T U S	T Y P E	Install Date (Mo-Day-Yr)	Change of Status Date (Mo-Day-Yr)	Capacity (Gallons)	Substance Code (Currently or Last Stored)	CERCLA Name (If Hazardous Substance) Substance Name (If Other Petroleum Substance or Petroleum-Based Mixture)	CAS No. (If Hazardous Substance)	Exempt Reference Code (See Instructions)
N/A	A								
	A								
	A								
	A								
	A								
	A								
	A								
	A								
	A								
	A								
	A								
	A								
	A								
	A								
	A								
	A								

Status Codes: C - Currently in Use T - Temporarily Out of Use E - Exempt R - Removed P - Closed in Place
 Type Codes: M - Manufactured F - Field Constructed

B. UNDERGROUND TANKS List all tanks. If amending information, identify the Amended Tank(s) with an asterisk (*) to the left of the tank number.

Tank Number	S T A T U S	T Y P E	Install Date (Mo-Day-Yr)	Change of Status Date (Mo-Day-Yr)	Capacity (Gallons)	Substance Code (Currently or Last Stored)	CERCLA Name (If Hazardous Substance) Substance Name (If Other Petroleum Substance or Petroleum-Based Mixture)	CAS No. (If Hazardous Substance)	Exempt Reference Code (See Instructions)
A11	C								

Status Codes: C - Currently in Use T - Temporarily Out of Use E - Exempt R - Removed P - Closed in Place
 Type Codes: M - Manufactured F - Field Constructed

V. INFORMATION FOR ABOVEGROUND AND UNDERGROUND NEW TANK INSTALLATIONS

(Write the Tank Number(s) and place a check (✓) in the appropriate box for each component that was installed.)

	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number
TANK CONSTRUCTION AND CORROSION PROTECTION (1)											
(A) SINGLE WALL UNPROTECTED STEEL	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) CATHODICALLY PROTECTED STEEL (GALVANIC)	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) CATHODICALLY PROTECTED STEEL (IMPRESSED CURRENT)	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) DOUBLE WALL UNPROTECTED STEEL	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) SINGLE WALL FIBERGLASS	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(F) DOUBLE WALL FIBERGLASS	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(G) JACKETED STEEL OR DOUBLE WALL ACT-100	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(H) STEEL WITH FRP COATING	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(I) STEEL WITH LINED INTERIOR	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(J) CONCRETE	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(O) CATHODICALLY PROTECTED DOUBLE WALL STEEL (GALVANIC)	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(P) CATHODICALLY PROTECTED STEEL WITH LINER	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Q) DOUBLE BOTTOM (AST's ONLY)	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(R) MOLDED PLASTIC FORM (AST's ONLY)	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(99) OTHER (SPECIFY)	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNDERGROUND PIPING CONSTRUCTION AND CORROSION PROTECTION (2)											
(A) BARE STEEL	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) CATHODICALLY PROTECTED STEEL	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) COPPER	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) FIBERGLASS	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) FLEXIBLE (NON-METALLIC)	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(G) NONE	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(I) DOUBLE WALL METALLIC PRIMARY	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(J) DOUBLE WALL RIGID (FRP) PRIMARY	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(K) DOUBLE WALL FLEXIBLE PRIMARY	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(L) TRENCH LINER	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(M) JACKETED	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(99) OTHER (SPECIFY)	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABOVEGROUND PIPING CONSTRUCTION AND CORROSION PROTECTION (3)											
(A) BARE STEEL	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) CATHODICALLY PROTECTED STEEL	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) COPPER	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) FIBERGLASS	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) FLEXIBLE (NON-METALLIC)	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(G) NONE	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(99) OTHER (SPECIFY)	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRODUCT DELIVERY (PIPING) SYSTEM (4)											
(A) SUCTION: CHECK VALVE AT PUMP	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) SUCTION: CHECK VALVE AT TANK	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) PRESSURE	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) GRAVITY FED	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) NONE	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Detach instructions and return this entire form with all appropriate signatures to the Division of Storage Tanks

FACILITY ID NO. — 46-22680

Facility Name Pottstown-Limerick Airport

V. INFORMATION FOR ABOVEGROUND AND UNDERGROUND NEW TANK INSTALLATIONS (cont.)											
<i>(Write the Tank Number(s) and place a check (✓) in the appropriate box for each component that was installed.)</i>											
	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number
SPILL PREVENTION (6) USTs ONLY											
(Y) YES	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(N) NO	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) FILL IN LESS THAN 25 GALLONS	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERFILL PREVENTION PRESENT (7)											
(Y) YES	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(N) NO	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) FILL IN LESS THAN 25 GALLONS	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
VAPOR RECOVERY PRESENT (11)											
(A) STAGE I INSTALLED	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) STAGE II INSTALLED	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) STAGE I AND II INSTALLED	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) NONE	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY CONTAINMENT (16) ASTs ONLY											
(Y) YES	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(N) NO	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECONDARY CONTAINMENT (17) ASTs ONLY											
(Y) YES	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
(N) NO	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. ABOVEGROUND AND UNDERGROUND TANK INFORMATION FOR REMOVAL FROM SERVICE											
<i>(Write the Tank Number(s) and place a check (✓) in the appropriate box for each tank that was removed or closed in place.)</i>											
	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number
TANK REMOVED	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANK CLOSED IN PLACE	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONTAMINATION SUSPECTED OR OBSERVED AND NOTIFICATION OF CONTAMINATION FORM WAS SUBMITTED	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSURE DOCUMENT SUBMITTED TO THE APPROPRIATE DEP REGIONAL OFFICE	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSURE DOCUMENT KEPT ON FILE BY OWNER	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>

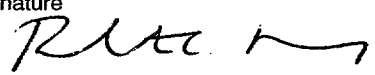
Detach this entire form and return with all appropriate signatures to the Division of Storage Tanks

VII. OWNER CERTIFICATION (Read and sign after completing all applicable 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. This registration is conditioned upon compliance with provisions of the Storage Tank and Spill Prevention Act of 1989, all applicable regulations, and with the requirements for obtaining and maintaining a permit required under this Act. I certify my responsibility for assuring the following permit requirements:

- Storage Tank systems are in compliance with applicable administrative, technical and operational requirements as specified in Subchapter E for underground tanks or Subchapter F or G for aboveground tanks.
- Tank handling and inspection activities are performed by an individual possessing DEP certification in the appropriate category as required in Subchapters A and B.
- Underground storage tanks meet the applicable financial responsibility requirements of Subchapter H (relating to financial responsibility requirements).
- A Spill Prevention Response (SPR) Plan must be submitted to the appropriate DEP regional office for facilities that have aboveground storage tanks where the total capacity of all aboveground tanks is greater than 21,000 gallons.

My signature represents to the Department that I own the storage tank(s) and am aware of the responsibilities and potential liabilities as an "owner" arising under the Storage Tank and Spill Prevention Act of 1989 and all applicable regulations. I am also advised that this registration is made subject to the penalties of 18 PA. C.S. Section 4904 relating to unsworn falsification to authorities.

Name and Title of Owner	Signature	Date
Robert C. Braun, Plant Manager Limerick Generating Station		2/7/01

VIII. INSTALLER/REMOVER CERTIFICATION This section must be completed by the certified tank handler(s) who is responsible for the installation or removal from service of the aboveground and underground storage tank systems listed in Sections V and VI. Do **NOT** enter the company certification number. Tank modification must be submitted on a "Tank Handling Activities Report" form. (Type or Print legibly)

As the certified tank handler responsible for the tank handling activities in the category or categories listed, I certify that all tank handling activities were conducted in compliance with the design, installation and operation standards of the Storage Tank and Spill Prevention Act of 1989 and all applicable regulations. I also certify, under penalty of law as provided in 18 PA C.S.A. 4904 (relating to unsworn falsification to authorities), that the information provided therein is true, accurate and complete to the best of my knowledge and belief.

Tank Number	Installer/Remover Name	Construction Standard	Individual Certification No.	Certification Category	Installer/Remover Signature	Date
N/A						

IX. INSPECTOR CERTIFICATION This section must be completed by the certified tank inspector(s) who is responsible for verifying the installation standards for all field constructed tanks and all aboveground tanks greater than 21,000 gallons listed in Section V. (Type or Print legibly)

As the certified tank inspector responsible for verifying tank handling activities and construction standards, I certify that the tank(s) listed below are constructed to appropriate industry standards and, if applicable, to manufacturer's specifications; that the tank(s) have been tested as required by industry standards; and that the tank(s) meet or exceed applicable design and operating standards; and are in compliance with the requirements of the Storage Tank and Spill Prevention Act of 1989, and all applicable regulations. I also certify under penalty of law as provided in 18 PA C.S. A. 4904 (relating to unsworn falsification to authorities), that the information provided herein is true, accurate and complete to the best of my knowledge and belief.

Tank Number	Inspector Name	Construction Standard	Individual Certification No.	Certification Category	Inspector Signature	Date
N/A						

X. SITE SPECIFIC PERMIT NUMBER (If a site specific permit was required for new tank installation, write the tank number(s) and permit number(s) in the appropriate box.)

Site Specific Permit No.	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number	Tank Number
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N/A