

October 6, 2014
L-14-332

Commonwealth of Pennsylvania
Division of Storage Tanks
400 Market Street
Harrisburg, PA 17107

SUBJECT:
**Amended Storage Tank Registration for Beaver Valley Power Station,
Facility ID. 04-13281**

To Whom It May Concern:

In accordance with Pennsylvania Code Title 25, "Environmental Protection," Chapter 245, "Administration of the Storage Tank and Spill Prevention Program," FirstEnergy Nuclear Operating Company (FENOC) is providing the enclosed amended Storage Tanks Registration/Permitting Application Form for the Beaver Valley Power Station (BVPS). This correspondence informs the Pennsylvania Department of Environmental Protection of BVPS's intent to register two new regulated Aboveground Storage Tanks, unregister a currently registered Aboveground Storage Tank, and to update the Client Contact information.

To support a new chemical injection system, two new tanks have been installed at the BVPS; tank 018A will contain Sodium Bisulfite and 019A will contain Sodium Hypochlorite. The currently registered tank 017A will be changed to "exempt" status as its contents will be switched from a CERCLA Hazardous Substance (Sodium Bisulfite) to a CERCLA non-regulated substance (Sodium Bromide).

The Client Contact has also been changed from Richard Bologna to Charles V. McFeaters.

If there are any questions, or if additional information is required, please contact Mr. Andrew Cangey at 724-682-4293.

Sincerely,



Charles V. McFeaters
Director, Site Operations

T EDS
KRR

FENOC

FirstEnergy Nuclear Operating Company

Beaver Valley Power Station
Route 168
P.O. Box 4
Shippingport, PA 15077-0004

Enclosure

STORAGE TANKS REGISTRATION / PERMITTING APPLICATION FORM"
(DEP#2360-PM-BECB0514, Rev. 8-2012)

cc: ✓ Document Control Desk US NRC (*NOTE: No new US NRC commitments are contained in this letter.*)

FOR INTERNAL DISTRIBUTION USE ONLY

Internal Distribution of Letter L-14-332

D. J. Salera
B. H. Furdak
D. K. Evans-Kanell
J. A. Speicher (R-REAP-67)
BV Environmental File

Central File: ***Keyword- Storage Tanks***

REGULATORY CORRESPONDENCE CHECKLIST

Letter Number: L-14-332

The reviewers of this correspondence signify the review of the items on the checklist by placing initials in the boxes below. As necessary, explain deviations, exceptions and non-applicable items in the Comments sections provided.

A. Peer Review:

No.	Item Checked	Initials
1.	Correct organizations are listed on the review and routing forms, including organizations providing statements of fact.	CJW
2.	References to Codes and Standards are accurate and in sufficient detail.	N/A
3.	Subject line of an NRC cover letter references the NRC TAC number, if applicable.	N/A
4.	The letter number has been entered on the letter and subsequent pages.	CJW
5.	Format and presentation are consistent with NORM-LP-4003 and any deviations justified.	CJW
6.	Pages containing information pursuant to 10 CFR 2.390 are appropriately marked.	N/A
7.	Oath or affirmation (if required) – unsworn declaration is present.	N/A
8.	Dates are correct and consistent throughout the submittal.	CJW
9.	Grammar, spelling and editorial presentation have been verified to be correct.	CJW
10.	All applicable parts of the submittal are present (e.g. letter, enclosures, attachments, affidavits).	CJW
11.	If Regulatory Commitments are included in NRC correspondence, the regulatory commitments are re-stated on an attachment (Regulatory Commitment List) to the submittal and identified for ownership on the Regulatory Correspondence Review Form (NOP-LP-4007-01). If no regulatory commitments are included in the correspondence, a statement to that effect is provided in the correspondence.	N/A
12.	The letter content is factually complete, is presented logically and supports conclusions reached.	CJW
13.	Enclosures and attachments are appropriately identified and contain all the necessary information to support conclusion of the submittal without the need to obtain other reference material.	CJW
14.	If action is requested of the NRC, the requested action date has been included with appropriate justification.	N/A
15.	If the letter is in response to NRC requests, there is a clear tie between each question/request and the associated response, and each question/request is completely and clearly answered in the response.	N/A
16.	References listed have been reviewed, are available, and support the information contained in the correspondence.	CJW
17.	Statements of fact have been verified to be accurate.	CJW
18.	Actions stated as being complete have been verified to be complete.	CJW
19.	Submittal does not contain information that has a material effect on information previously submitted to the NRC in response to a Notice of Violation or other enforcement action (e.g., Davis-Besse head event) or may significantly affect the NRC's understanding of plant activities. If it does, expedited communication paths with the NRC have been determined.	N/A

Review Performed By (Print Name): CHARLES WEAVER

Date: 10-3-14

Comments:

This letter is for the PADEP Amendment of Storage Tank/Registration Permit.

REGULATORY CORRESPONDENCE CHECKLIST

B. Cognizant Manager Review (Final Submittal Review Prior to Signature Authority):		
No.	Item Checked	Initials
1.	Comments obtained during the review cycle have been resolved and incorporated within the applicable sections of the submittal. The submittal remains factual and complete.	DJS
2.	Review signatures, or equivalent, have been obtained on Correspondence Review Forms (NOP-LP-4007-01).	DJS
3.	The correspondence has been reviewed for regulatory commitments, licensing positions, prudence, appropriate wording, and potential regulatory impact.	DJJ
4.	If the letter is in response to NRC questions or requests, there is a clear and complete response to each question or request and all questions have been satisfactorily addressed.	N/A
Review Performed By (Print Name): <u>Donald J. Salsola</u> Date: <u>10-6-14</u> Comments: This letter is for the PADEP Amendment of Storage Tank/Registration Permit.		

C. Responsible Organization Review (Administrative Support Follow-up):		
No.	Item Checked	Initials
1.	Date is on the letter and the letter has been put on the appropriate company letterhead.	JRP
2.	Submittal cover letter is signed correctly.	JRP
3.	Oath or Affirmation (if required) – unsworn declaration is present. If a notarized statement is requested by the signature authority, the statement page is signed and notarized.	N/A
4.	When appropriate, initial notification and copy of submittal has been provided to the NRC via electronic mail.	N/A
5.	Submittal has been mailed, or provided electronically (in accordance with NRC guidance on electronic submittals) to all appropriate recipients, with appropriate enclosures, attachments, etc.	JRP
6.	Internal FENOC distribution is complete.	JRP
7.	Regulatory Commitments have been documented in accordance with FENOC commitment management procedures.	N/A
8.	Additional FENOC actions have been documented, as necessary, in appropriate activity tracking systems.	N/A
9.	Correspondence documentation package is complete, and ready for future referral.	JRP
Review Performed By (Print Name): <u>Lynn K. Petrun</u> Date: <u>10-7-14</u> Comments: This letter is for the PADEP Amendment of Storage Tank/Registration Permit.		

REGULATORY CORRESPONDENCE REVIEW FORM

NOP-LP-4007-01 Rev. 01


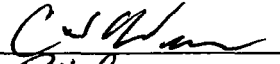

Page 1 of 2

(1) LETTER NUMBER: L-14-332	(2) LETTER SUBJECT: Beaver Valley Power Station Facility ID 04-13281 Amended Storage Tank Registration/Permit	
(3) SUBMITTAL DUE: 10/15/14	(4) PREPARER / PHONE NO.: A.D. Cangey 724-682-4293	(5) LICENSING BASIS DOCUMENT REVIEW COMPLETED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> N/A CHANGE REQUIRED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
(6) POSTING REQUIRED BY 10CFR19.11 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	(7) REGULATORY COMMITMENTS CONTAINED IN SUBMITTAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	(8) OATH OR AFFIRMATION REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO


(9) PREPARER COMMENTS, SPECIAL INSTRUCTIONS:

(10) LICENSING, TECHNICAL STAFF AND MANAGEMENT REVIEW

Signature indicates that the review is complete in accordance with NOP-LP-4007, and to the best of the reviewer's knowledge, the submittal is accurate and complete, and no significant information has been presented in or excluded from the submittal such that the reader could be misled. Management reviewers' signatures also indicate that the level of review provided by their respective organization is acceptable. Where commitment ownership is indicated, signature also indicates acceptance of responsibility for commitment completion.

Print Or Type Name & Organization	Commitment Number for Ownership	Signature	Date	No Comments	Comments Provided
Preparer A.D. Cangey	N/A		10-03-14	N/A	N/A
Peer Reviewer C.J. Weaver	N/A		10-3-14	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B.H. Furdak	N/A		10-3-14	<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"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

(11) RECOMMENDATION FOR SIGNATURE

Print or Type Name	Commitment Number for Ownership	Signature	Date	No Comments	Comments Provided
Donald J. Salera	N/A		10-6-14	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

(12) REVIEWER COMMENTS – NO RESPONSE REQUIRED (Provide comments requiring response on Form NOP-LP-4007-03):

REGULATORY CORRESPONDENCE REVIEW FORM - INSTRUCTIONS

NOP-LP-4007-01 Rev. 01

TITLE BLOCK	Page 2 of 2 Prior to forwarding for review, Preparer enters page information as indicated.
BLOCK 1	LETTER NUMBER – Preparer enters sequential number.
BLOCK 2	LETTER SUBJECT – Preparer enters the subject of the correspondence.
BLOCK 3	SUBMITTAL DUE – Preparer enters the date the correspondence is due.
BLOCK 4	PREPARER / PHONE NO. – Enter the name of the preparer of the correspondence.
BLOCK 5	LICENSING BASIS DOCUMENT REVIEW COMPLETED – Preparer indicates whether the licensing basis review was completed (YES or N/A) and whether a licensing basis change is required (YES or NO). (See NOP-LP-4007 Section 4.1.9)
BLOCK 6	POSTING REQUIRED BY 10 CFR 19.11 – Preparer indicates whether correspondence to the NRC is required to be posted per the requirements of 10 CFR 19.11.
BLOCK 7	REGULATORY COMMITMENTS CONTAINED IN SUBMITTAL – Preparer indicates whether Regulatory Commitments are contained in the correspondence.
BLOCK 8	OATH OR AFFIRMATION REQUIRED – Preparer indicates the need for an oath or affirmation statement.
BLOCK 9	PREPARER COMMENTS, SPECIAL INSTRUCTIONS – Preparer enters any desired additional remarks or instructions regarding the subject correspondence.
BLOCK 10	<p>LICENSING, TECHNICAL STAFF AND MANAGEMENT REVIEW – Preparer identifies the desired reviewers and their organization. Reviewers should include organizations that provided input to the correspondence, organizations potentially affected by regulatory decisions, and other knowledgeable technical organizations. If correspondence includes Regulatory Commitments, preparer identifies manager-level commitment owners and lists the commitment numbers.</p> <p>Reviewers sign and date the appropriate fields, and indicate whether or not comments are provided. Signature indicates that, to the best of the reviewer's knowledge, the submittal is accurate and complete, and that no significant information has been presented in or excluded from the submittal such that the reader could be misled. Management reviewers' signatures also indicate that the level of review provided by their respective organization is acceptable. For reviewers with identified commitments, signature indicates acceptance of responsibility for commitment completion, and will result in assignment of the commitment to that organization.</p>
BLOCK 11	RECOMMENDATION FOR SIGNATURE – The appropriate Fleet Licensing or Regulatory Compliance Manager determines whether the correspondence has received an adequate review and is therefore recommended for final signature and release, signs and dates where appropriate, and indicates whether comments are provided. Additional reviews for signature recommendation may be obtained at management discretion.
BLOCK 12	REVIEWER COMMENTS – NO RESPONSE REQUIRED - Reviewers provide any comments that do not require response from preparer. Comments requiring documented response must be provided on a REGULATORY DOCUMENTATION COMMENT FORM (Form NOP-LP-4007-03).

Form



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

**STORAGE TANKS REGISTRATION / PERMITTING
APPLICATION FORM**

Before completing this form, read the step-by-step instructions provided in this application package.

04-13281 Facility ID # Beaver Valley Power Station 1 Facility Name	DEP USE ONLY
	Client ID#
	Site ID#
	Account #
	Auth ID#
	APS ID#
	Master Auth ID#

I. PURPOSE OF SUBMITTAL

INITIAL (Applies to First-Time Facility Registration)

- | | |
|---|--|
| <input type="checkbox"/> Register Tanks(s) to be Used* | <input type="checkbox"/> Register Tank(s) to be Temporarily Out of Use |
| <input type="checkbox"/> Register Tank(s) to be Removed | <input type="checkbox"/> Register Tank(s) to be Closed in Place |

AMENDED (Applies to Currently Registered Tank(s) or Existing Facility)

- | | |
|--|---|
| <input type="checkbox"/> Changed Owner Information | <input checked="" type="checkbox"/> Changed Contact Information |
| <input type="checkbox"/> Changed Facility Information | <input type="checkbox"/> Changed Facility Operator Information |
| <input type="checkbox"/> Changed to Currently In Use Tank(s)* | <input checked="" type="checkbox"/> Added Tank(s) to Existing Facility* |
| <input type="checkbox"/> Changed to Temporarily Out of Use Tank(s) | <input type="checkbox"/> Changed to Permanently Closed Tank(s)/Removed |
| <input type="checkbox"/> Changed Product | <input checked="" type="checkbox"/> Changed to Exempt Tank(s) |

CHANGE OF OWNERSHIP

- Tanks Changed Ownership and Remain at Same Facility*

* For Underground Storage Tanks (UST), attach the UST Operator Training Documentation Form (2630-PM-BECB0514a) and copies of the Class A and Class B operator training certificates.

II. CURRENT OR NEW TANK OWNER / CLIENT INFORMATION

DEP Client ID#	Client Type/Code	Fee Kind (check one if applicable)		
99862	OTHER	<input type="checkbox"/> Volunteer Fire Co/EMS Org	<input type="checkbox"/> State Govt	<input type="checkbox"/> Fed Govt
Organization Name or Registered Fictitious Name		Employer ID# (EIN)	Dun & Bradstreet ID#	
First Energy Nuclear Opr Co.				
Individual Last Name	First Name	MI	Suffix	SSN
Additional Individual Last Name	First Name	MI	Suffix	SSN
Mailing Address Line 1	Mailing Address Line 2			
PO Box 4 Route 168				
Address Last Line - City	State	ZIP+4	Country	
Shippingport	Pa	15077	USA	
Client Contact Last Name	First Name	MI	Suffix	
McFeaters	Charles	V		
Client Contact Title	Phone		Ext	
Director, Site Operations	724-682-7773			
E-mail Address				FAX
mcfeatersc@firstenergycorp.com				724-682-1840

III. SITE INFORMATION

DEP Site ID# 236413	Site Name Beaver Valley Power Station 1		
EPA ID# PAR000040485	Estimated Number of Employees to be Present at Site		
Description of Site Power Plant			
County Name Beaver	Municipality Shippingport	City <input type="checkbox"/>	Boro <input type="checkbox"/>
		Twp <input checked="" type="checkbox"/>	State
County Name	Municipality	City <input type="checkbox"/>	Boro <input type="checkbox"/>
		Twp <input type="checkbox"/>	State
Site Location Line 1 Route 168	Site Location Line 2		
Site Location Last Line – City Shippingport	State Pa	ZIP+4 15077	
Detailed Written Directions to Site I-376 to route 68 exit. Take route 68 towards Midland Turn left onto route 168 After crossing bridge turn right Then turn right into parking lot.			
Site Contact Last Name McFeaters	First Name Charles	MI V	Suffix
Site Contact Title Director, Site Operations	Site Contact Firm		
Mailing Address Line 1 PO Box 4 Route 168	Mailing Address Line 2		
Address Last Line – City Shippingport	State Pa	ZIP+4 15077	
Phone 724-682-7773	Ext	FAX 724-682-1840	E-mail Address mcfeatersc@firstenergycorp.com
NAICS Codes (Two- & Three-Digit Codes – List All That Apply) 22 / 221			6-Digit Code (Optional)
Site to Client Relationship OPR			

IV. FACILITY INFORMATION

DEP Storage Tank Facility ID# 04-13281	Facility Name Beaver Valley Power Station 1	Facility Kind Power Plant				
Facility Location Line 1 (if different than Site Location)		Facility Location Line 2				
Facility Location Last Line - City		State ZIP+4				
Latitude/Longitude Point of Origin	Latitude			Longitude		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
Horizontal Accuracy Measure	Feet	--or--	Meters			
Horizontal Reference Datum Code	<input type="checkbox"/> North American Datum of 1927 <input type="checkbox"/> North American Datum of 1983 <input type="checkbox"/> World Geodetic System of 1984					
Horizontal Collection Method Code						
Reference Point Code						
Altitude	Feet	--or--	Meters			
Altitude Datum Name	<input type="checkbox"/> The National Geodetic Vertical Datum of 1929 <input type="checkbox"/> The North American Vertical Datum of 1988 (NAVD88)					
Altitude (Vertical) Location Datum Collection Method Code						
Geometric Type Code						
Data Collection Date						
Source Map Scale Number		Inch(es)	=	Feet		
	--or--	Centimeter(s)	=	Meters		
Flammable & Combustible Liquid Permit # (if applicable)						
State or Municipality that Issued the Permit						

FACILITY OPERATOR INFORMATION

Same as Owner Identified in Section II. Different than Owner Identified in Section II; identified below.

DEP Client ID#	Client Type / Code				
Organization Name or Registered Fictitious Name	Employer ID# (EIN)	Dun & Bradstreet ID#			
Individual Last Name	First Name	MI	Suffix	SSN	
Additional Individual Last Name	First Name	MI	Suffix	SSN	
Mailing Address Line 1	Mailing Address Line 2				
Address Last Line - City	State	ZIP+4	Country		
Client Contact Last Name	First Name	MI	Suffix		
Client Contact Title	Phone		Ext		
E-mail Address	FAX				

V. CHANGE OF OWNERSHIP INFORMATION

- All Tanks Changed Ownership at the Facility
- Some Tanks Changed Ownership at the Facility (List all applicable tank numbers in Section VI.)

OWNERSHIP CHANGE TO - Client information is noted in Section II.

OWNERSHIP CHANGE FROM (previous owner information)

Name	_____		
Employer ID# (EIN) or SSN	_____		
Mailing Address Line 1	_____		
Mailing Address Line 2	_____		
Address Last Line - City	State	ZIP+4	
Previous Facility ID#	_____		
Date of Sale/Transfer	_____		

SIGNATURE & CERTIFICATION OF PREVIOUS OWNER

Previous owner's signature is not available. As required, the "new" owner has attached a deed of transfer or other proof of ownership to this application. Yes No N/A

I have reviewed this form for submission to the Department. I certify under penalty of law as provided in 18 PA. C.S.A. §4903 (relating to false swearing) and 18 PA. C.S.A. §4904 (relating to unsworn falsification to authorities), that I have the authority to sign this Section for the transfer of permit or registration for the storage tanks listed herein. Further, I certify that all information provided in Section V is true, accurate and complete to the best of my knowledge and belief.

Type or Print Previous Owner Name _____

Previous Owner Signature Title Date

Facility ID# 04-13281

Facility Name Beaver Valley Power Station 1

VI. STORAGE DESCRIPTION

Type or print legibly each regulated storage tank at this facility under your ownership.

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

A. ABOVEGROUND TANKS. List all new tanks. If amending information, list only those tanks being amended. Copy this page if more lines are needed.

Tank#	Prev Status	New Status	Type	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# (If Hazardous Substance)	Exempt Reference Code
019A		C	M	09-25-14		8,700	HAZSUB	Sodium Hypochlorite	7681-52-9	
018A		C	M	09-26-14		2,500	HAZSUB	Sodium Bisulfite	7631-90-5	
017A	C	E	M		09-26-14	1,000	UNREG	Sodium Bromide	7647-15-6	
A										
A										
A										
A										
A										
A										
A										

B. UNDERGROUND TANKS. List all new tanks. If amending information, list only those tanks being amended. Copy this page if more lines are needed.

Tank#	Prev Status	New Status	Type	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# (If Hazardous Substance)	Exempt Reference Code

Facility ID#

Facility Name

VII. ABOVEGROUND & UNDERGROUND NEW TANK INSTALLATION INFORMATION

The **DEP Certified Installer** should complete this section. New tanks listed in Section VI must also be listed in this Section. Write the Tank Number(s) and place an in the appropriate box for each component that was installed.

Tank Construction & Corrosion Protection (1)	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
	019A	018A								
A. Unprotected Steel (Single Wall)	<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"/>
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"/>
D. Unprotected Steel (Double Wall)	<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. Fiberglass (Single Wall)	<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. Fiberglass (Double Wall)	<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. Steel W/Plastic or Fiberglass Jacket 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"/>
H. Steel With FRP Coating (Act 100 or Equivalent)	<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"/>
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"/>
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"/>
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"/>
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"/>
R. Molded Plastic Form (AST's Only)	<input checked="" 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"/>
S. Stainless 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"/>
T. Aluminum	<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"/>
U. Fire Protected Double Wall AST	<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"/>

Facility ID# 04-13281

Facility Name Beaver Valley Power Station 1

Underground Piping Construction & Corrosion Protection (2)	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
	019A	018A								
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"/>
B. Cathodically Protected 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"/>
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"/>
D. 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"/>
E. Single Wall 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"/>
G. None	<input checked="" 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. 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"/>
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"/>
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"/>
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"/>
Aboveground Piping Construction & Corrosion Protection (3)	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
	019A	018A								
A. Carbon 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"/>
B. Cathodically Protected 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"/>
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"/>
D. 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"/>
E. Single Wall Flexible (Non-Metallic) (HDPE)	<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. PVC	<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"/>
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"/>
J. Double Wall - Rigid (FRP) Primary (HDPE)	<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"/>	<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"/>
L. Stainless 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"/>
Spill Prevention (6) UST Only	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
Y. Installed and Liquid Tight	<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. 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"/>
E. Fill In Less Than 25 Gallons (Exempt)	<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"/>

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Overfill Prevention (7)	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
	019A	018A								
A. Overfill Alarm	<input checked="" 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. Ball Float Valve and No Air Eliminator	<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 (Exempt)	<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. 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"/>
S. Drop Tube Shutoff Device	<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"/>
Y. Yes (AST 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"/>
Emergency Containment (16) ASTs Only	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
	019A	018A								
E. Exempt	<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"/>
Y. Yes	<input checked="" 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"/>
Secondary Containment (17) ASTs Only	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
	019A	018A								
E. Exempt	<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"/>
Y. Yes	<input checked="" 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"/>
Stage I Vapor Recovery (19) USTs Only	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
A. Coax	<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. 2 Point	<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. None or Incomplete	<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"/>
Stage II Vapor Recovery (20)	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
A. Complete Balance System	<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. Complete Assist System	<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. UG Piping 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"/>
N. 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"/>

Tank-top Containment Sumps Present (21) USTs Only	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
N. 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"/>
S. At some penetrations	<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"/>
A. At all penetrations	<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"/>
Under-dispenser Containment Present (22) USTs Only	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
N. 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"/>
S. At some dispensers	<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"/>
A. Under all dispensers	<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"/>
Line Leak Detector Shuts Off Pump (23) USTs Only	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
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"/>
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"/>

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VIII. ABOVEGROUND & UNDERGROUND TANK INFORMATION FOR PERMANENT CLOSURE

Write the Tank Number(s) and place an in the appropriate box for each tank that was removed or closed in place.

<i>Items 2 & 3 below apply to large ASTs and all USTs</i>	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #	Tank #
1. Contamination suspected or observed and notification of contamination form was 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"/>
2. 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"/>
3. 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"/>


IX. OWNER 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. 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.
- Other state and local permits required for operation of the tank system have been attained.

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 statements made on this registration is made subject to the penalties of 18 PA. C.S.A. Section 4904 relating to unsworn falsification to authorities.

Type or Print Owner Name Charles V McFeaters

	<u>Director, Site Operations</u>	<u>10/6/14</u>
Owner Signature	Title	Date

Information & Invoices should be sent to:

- Tank Owner Contact
- Site Contact
- Facility Operator
- Other Responsible Party Identified Below

Organization Name or Registered Fictitious Name		Employer ID# (EIN)		Dun & Bradstreet ID#
Individual Last Name	First Name	MI	Suffix	SSN
Additional Individual Last Name	First Name	MI	Suffix	SSN
Mailing Address Line 1	Mailing Address Line 2			
Address Last Line - City	State	ZIP+4	Country	

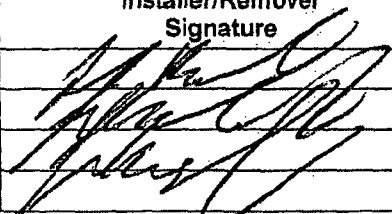
Client to Site (Facility) Relationship

X. 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 Section VI. Tank modification activity must be submitted on a "Tank Modification Report" form.

SIGNATURE & CERTIFICATION OF INSTALLER(S) / REMOVER(S)

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#	Installer/Remover Name	Construction Standard	Individual Certification#	Certification Category	Company Certification#	Installer/Remover Signature	Date
019A	Jack Bailie Jr	ASTM D1998	4691	ANMX	1780		10-01-14
018A	Jack Bailie Jr	ASTM D1998	4691	ANMX	1780		10-01-14
017A	Jack Bailie Jr	ASTM D1998	4691	AMNX	1781		10-01-14

XI. INSPECTOR CERTIFICATION

This section must be completed by the DEP Certified Tank Inspector(s) who is responsible for verifying the installation standards for field constructed tanks and aboveground tanks greater than 21,000 gallons listed in Section VI. (Type or Print legibly) A DEP Certified Inspector may also be responsible for inspecting existing ASTs which are entering regulated service for the first time with no tank handling activities.

SIGNATURE & CERTIFICATION OF INSPECTOR(S)

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#	Inspector Name	Construction Standard	Individual Certification#	Certification Category	Company Certification#	Inspector Signature	Date

XII. SITE SPECIFIC INSTALLATION PERMIT NUMBER

If a site-specific permit was required for a new tank installation, write the tank number(s) and permit number(s) in the appropriate box.

Site-Specific Installation Permit	Tank#	Tank#	Tank#	Tank#	Tank#	Tank#	Tank#	Tank#	Tank#	Tank#