



Storage Tank Facility Registration Form

Form Title Storage Tank Registration Form

Effective Date _____

DEP Application No. _____

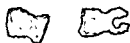
RECEIVED

(Filled in by DEP)

D.E.P.

Submit a completed form for the facility when registration of storage tanks or compression vessels is required by Chapter 376.303, Florida Statutes

2002 FEB -7 PM 4:12



Please review Registration Instructions before completing the form.

STORAGE TANK

Please check all that apply	<input type="checkbox"/> New Registration	<input type="checkbox"/> New Owner	<input type="checkbox"/> RENEW TANK
	<input type="checkbox"/> Facility Info Update/Correction	<input type="checkbox"/> Owner Info Update/Correction	<input checked="" type="checkbox"/> Tank Info Update/Correction

A. FACILITY INFORMATION

County: Volusia

DEP Facility ID: 8517731

Facility Name: Union 76 - Tony's Auto Service
Facility Address: 423 N. Ridgewood Ave. City: Edgewater Zip: 32132-1662
Facility Contact: Anthony Lagano Business Phone: 386 427-9741
Facility Type(s): A NAICS Code: _____ Financial Responsibility: A

24 Hour Emergency Contact: Anthony Lagano Emergency Phone: 386-427-9741

B. RESPONSIBLE PERSON INFORMATION - Identify Individual(s) or Business(es) responsible for storage tank management, fueling operations, and/cleanup activities at the facility location named above. Provide additional information in an attachment if necessary.

Name: <u>Union 76 - Tony's Auto Service</u>	Facility - Responsible Person Relation Type:	Effective Date
Mail address: <u>423 N. Ridgewood Ave.</u>	<input checked="" type="checkbox"/> Facility Account Owner (pays fees)	
City, ST, Zip: <u>Edgewater FL 32132-1662</u>	Facility Account Owner information must be provided when the facility contains active (in-use) storage tanks on site.	
Contact: <u>Anthony Lagano</u>		
Telephone: <u>386-427-9741</u>	STCM Account Number (if known)	
Identify other appropriate facility relationships for this party: <input type="checkbox"/> Facility Owner/Operator <input type="checkbox"/> Property Owner <input type="checkbox"/> Storage Tank Owner		

Name:	Other owner, relationship type(s)	Effective Date
Mail address:	<input type="checkbox"/> Facility Owner/Operator	
City, ST, Zip:	<input type="checkbox"/> Property Owner	
Contact:	<input type="checkbox"/> Storage Tank Owner	
Telephone:	<input type="checkbox"/> Other:	

C. TANK/VESSEL INFORMATION - Complete one row for each storage tank or compression vessel system located at this facility.

Tank ID	TV	AU	Capacity	Installed	Content	Status/Effective Date	Construction	Piping	Monitoring
1	T	U	4000		B	B 1-29-02	C, B	B	N
2	T	U	4000		B	B 1-29-02	C, B	B	N
3	T	U	4000		B	B 1-29-02	C, B	B	N
4	T	U	4000		B	B 1-29-02	C, B	B	N
6	T	A	2000		D	B 1-29-02	C, B	B	N

Certified Contractor (performing tank installation or removal): Michael Clark DBPR License No.: PLC058694

Registration Certification: To the best of my knowledge and belief, all information submitted on this form is true, accurate, and complete.

Printed Name & Title

Signature

Date

DEP 62-781.900(2)

Northwest District
160 Governmental Center Blvd.
Pensacola, FL 32501
850-591-1100

Northeast District
7825 Baymeadows Way,
Suite 8200
Jacksonville, FL 32256
904-448-4300

Central District
3319 Maguire Blvd.,
Suite 232
Orlando, FL 32803
407-894-7555

Southeast District
3804 Coconut Palm Drive
Tampa, FL 33619
813-744-6100

Southeast District
400 North Congress Ave.,
W Palm Beach, FL 33416
561-681-6600

South District
2295 Victoria Ave.,
Suite 364
Fort Myers, FL 33901
941-332-6975

Marathon Branch Office
2796 Overseas Hwy.,
Suite 221
Marathon, FL 33050
305-289-2310



Underground Storage System Installation and Removal Form for Certified Contractors

Pollutant Storage Systems Contractor as defined in Section 489.113, Florida Statutes (certified contractors as defined in Section 62-761.200, Florida Administrative Code) shall use this form to certify that the installation, replacement or removal of the underground storage tank system(s) located at the address listed below was performed in accordance with Department Reference Standards. This includes system components such as dispenser liners, piping sumps, and overfill protection devices.

General Facility Information

Facility Name: <u>Union 76 Tony's Auto Service</u>	DEP Facility Identification No.: <u>8517731</u>
Street Address (physical location): <u>423 N. Ridgewood Ave. Ridgewood FL 32152</u>	
County: <u>Volusia</u>	Telephone #: (<u>407</u>) <u>9741</u>
Owner Name: <u>Anthony Lagano</u>	Telephone #: (<u>407</u>) <u>9741</u>
Owner Address: <u>423 N. Ridgewood Ave. Ridgewood FL 32152-1662</u>	

Storage Tank System Information

Number of Tanks Installed: <u>—</u>	Number of Tanks Removed: <u>5</u>
Date Work Initiated: <u>1-28-02</u>	Date Work Completed: <u>2-1-02</u>
Tank(s) Manufactured by: <u>—</u>	
Description of work Completed: <u>Removed Four Underground Tanks</u> <u>AND ONE ABOVEGROUND TANK Performed Closures</u> <u>Report.</u>	

Certification

I hereby certify and attest that I am familiar with the facility that is registered with the Florida Department of Environmental Protection; that to the best of my knowledge and belief, the storage tank system installation, replacement or removal at this facility was conducted in accordance with Chapter 489, Florida Statutes, Section 376.303, Florida Statutes, and Chapter 62-761, Florida Administrative Code, and its adopted reference standards and documents for underground storage tank systems.

Michael Clark
(Type or Print)

Certified Pollutant Tank Contractor Name

Michael E. Clark
Certified Tank Contractor Signature

MARTIN RICK
Field Supervisor Name

PCC058694

PSSC Number
Pollutant Storage Systems
Contractor License Number

2-1-02
Date

2-1-02
Date

2002 FEB - 7 PM 4:12
STORAGE TANK
REGULATION

RECEIVED
D.E.P.

The owner or operator of the facility must register the tanks with the Department upon completion of the installation. The installer must submit this form to the County no more than 30 days after the completion of installation, replacement, or removal of a storage tank system.

Stationary Tank Registration/Notification Form

Form 17-1.218(2)

DATA ENTERED

TONY'S AUTO SERVICE
423 N RIDGEWOOD AVE
EDGEWATER

FL 32032

FACILITY LOCATION

ADDRESS: 423 N RIDGEWOOD AVE
CITY: EDGEWATER

FL 32032

Use this form to comply with the following requirements of the
Stationary Tank Rule Chapter 17-61, Florida Administrative Code.

1. Each owner or operator shall register the following with the department:
 - a. All existing facilities by December 31, 1984 (Questions 1-19)
 - b. All new storage systems or facilities at least 10 days prior to the start of installation of tanks except in the cases of emergency replacement (Questions 1-19)
 - c. A non-pollutant containing installation which is to be converted to a facility, at least 10 days prior to the placement of pollutants in such a facility (Questions 1-19)
2. Each owner or operator shall notify the department of the following:
 - a. All storage systems within 10 days of abandonment (Questions 1, 12, 16, 20)
 - b. Facility sale within 10 days of sale. Notice shall be made by the seller (Answer questions 1, 7, and 11. Question 7 about the new owner.)
 - c. Retrofitting within 10 days of completion (Questions 1-19)
3. You may notify the department of a change of operator (Questions 1-6)

02579 Agency Use Only

AGR169260000 DOR080169260

A

PLEASE PRINT OR TYPE

2. Facility number (DER will provide this number) 648517731
3. Date ✓
4. Federal Employment Identification (number used to file IRS forms) NA
5. County Code (see enclosed letter) NA
6. Operator of facility ANTHONY LAGANO
Effective date (only for change of operator) NA Telephone number (904) 427 9741
7. Company/Person owning tanks and piping ANTHONY LAGANO Tony's Auto Service
Address 423 N RIDGEWOOD AVE EDGEWATER, FL 32032
Contact person Anthony Lagano Telephone number (904) 427 9741
Effective date (only for change of owner) NA
8. How many tanks at this location have an individual storage capacity of greater than 550 gallons and store vehicular fuel made from petroleum?
4 Underground 0 Aboveground 0
9. Facility location: Latitude 0 Longitude 0 Section 0 Township 0 Range 0
This information is listed on property deed, and in the offices of the property appraiser and tax assessor.
10. Sketch the facility on a separate piece of paper showing the APPROXIMATE location of buildings, tanks, and dispensers.
 - A. Draw a line from tank to dispensing area which are connected by piping.
 - B. Label each tank and dispensing area.
 - C. Write the date and your facility number if known, or name and address exactly as it appears above.
 - D. Keep a copy of your sketch.

REFER TO TANKS BY THESE LABELS IN ANY COMMUNICATION WITH THE DEPARTMENT.
DESCRIBE PIPING BY THE NUMBER OF THE TANK IT IS ATTACHED TO.

11. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL INFORMATION SUBMITTED ON THIS FORM IS TRUE, ACCURATE, AND COMPLETE

Name of owner or authorized representative

Signature of owner, operator or authorized representative

KEEP A COPY OF THIS FORM FOR YOUR RECORDS

ANTHONY LAGANO

MAIL TO: DER Stationary Tank Registration
2600 Blair Stone Road
Room 603
Tallahassee, Florida 32301

[illegible]

List 14	List 17U UNDERGROUND Tanks	List 17A ABOVEGROUND Tanks	List 18	List 19	List 20
Tank contents are:	Underground tank:	Aboveground tank:	Integral Piping System has:	Monitoring system is:	Tank <u>disposal</u> method.
A. leaded gasoline.	A. has overfill protection.	O. has overfill protection.	A. no parts in contact with the soil.	A. automatically sampled well(s).	A. Filling.
B. unleaded gasoline.	B. is interior lined.	P. is surrounded by impervious dike.	Parts contacting the soil which are:	B. manually sampled well(s).	B. Removal.
C. Alcohol enriched gasoline.	C. is painted/asphalted steel.	Q. is surrounded by earth dike.	B. unprotected metal.	C. groundwater monitoring plan.	C. Retrofitting.
D. diesel fuel.	D. is of unknown type.	R. rests on an impervious base.	C. built of corrosion resistant materials.	D. SPCC plan.	F. Other.
E. aviation fuel.	E. is fiberglass type.	S. rests on a earth/gravel base.	D. corrosion resistant coated.	E. well/detector in secondary containment.	
Z. other.	F. is fiberglass-clad steel.	T. has interior lined bottom.	E. cathodically protected.	F. in-ground detector.	
	G. is sacrificial anode type.	U. is cathodically protected.	F. double-walled.	G. within walls of double-walled tank.	
	H. is impressed current type.	V. is built of/coated with corrosion resistant materials.	G. within a secondary containment.	H. continuous in piping.	
	I. is double walled.	W. is supported above the soil.	H. interior lined.	I. not required.	
	J. is concrete.	Z. is or has none of the above.	M. none of the above.	N. none of the above.	
	K. is in secondary containment.				
	N. is or has none of the above.				

DATA ENTERED

Department of Environmental Regulation
FEDERAL/STATE STORAGE TANK NOTIFICATION FORM
Form 17-1.218(5)

MAR 4 1987

PLEASE PRINT OR TYPE

(1) DER facility number (if known) 648517731 (2) County code 64

(3) This information is: original X data revision

(4) Facility type (see code list (4) on back) A

(5) Facility name Texaco-Tony's Auto Service
Street address/city/state/zip 423 N. Ridgewood Ave Edgewater, FL 32032

(6) Operator Anthony Lagana Telephone # (407) 9741
Mailing address/city/state/zip # 5 (805)
New Operator date (only for change of Operator) 05/06/75

(7) Company/Person owning tank(s) and piping #6
Company address/city/state/zip
Contact Person Anthony Lagana Telephone # (904) 427-9741
New Owner date (only for change of Owner) 05/06/75

(8) Location (optional): Latitude ° ' " Longitude ° ' "
Section _____ Township _____ Range _____

(9) Do you have any DER non-registered aboveground tanks holding any of these substances at your facility? Yes _____ No _____

PLEASE FILL OUT ONE LINE FOR EACH TANK WITH CODES LISTED ON BACK

Fill out columns (10) through (17) for tanks in use, and (10) through (19) for tanks out of use

(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
1		A							
2		B							
3		B							
4		B							
5	1000	D	Xx/xx	AE Above Ground	Y	I			
6	2000	K	Xx/xx	AE Above Ground	Y	I			

To the best of my knowledge and belief all information submitted on this form is true, accurate and complete.

Print name and title of owner, operator or authorized person

Signature

Date

Notification for Underground Storage Tanks

FORM APPROVED
OMB NO. 2050-0048
APPROVAL EXPIRES 6-30-88

(904) 427-3023

I.D. Number

STATE USE ONLY

Date Received

GENERAL INFORMATION

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, 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.

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? Completed notification forms should be sent to the address given at the top of this page.

When To Notify? 1. Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, 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.

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.

INSTRUCTIONS

Please type or print in ink all items except "signature" in Section V. This form must be completed for each location containing underground storage tanks. If more than 5 tanks are owned at this location, photocopy the reverse side, and staple continuation sheets to this form.

Indicate number of continuation sheets attached

I. OWNERSHIP OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

THE NORTHWESTERN MUTUAL LIFE INS. CO.

Street Address

720 E. WISCONSIN AVENUE

County

MILWAUKEE

City

MILWAUKEE

State

WISCONSIN

ZIP Code

53202

Area Code

414

Phone Number

271-1444

Type of Owner (Mark all that apply ☒)

☐ Current

☐ State or Local Gov't

☒ Private or Corporate

☒ Former

☐ Federal Gov't (GSA facility I.D. no.)

☐ Ownership uncertain

II. LOCATION OF TANK(S)

(If same as Section I, mark box here ☐)

Facility Name or Company Site Identifier, as applicable

ANTHONY LAGUNA FORMULA

SUN OIL COMPANY

Street Address or State Road, as applicable

DIXWOOD AVE. & U.S. HWY #1

County

VOLVS 1A

City (nearest)

EDGEWATER

State

FLORIDA

ZIP Code

Indicate number of tanks at this location

Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands

III. CONTACT PERSON AT TANK LOCATION

Name (If same as Section I, mark box here ☐)

UNKNOWN

Job Title

Area Code Phone Number

IV. TYPE OF NOTIFICATION

☐ Mark box here only if this is an amended or subsequent notification for this location

V. CERTIFICATION (Read and sign after completing Section VI.)

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

Signature

Date Signed

WILLIAM A. IBACH, INVESTMENT OFFICER

[Signature]

MAY 1, 1986

CONTINUE ON REVERSE SIDE

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

Tank Identification No. (e.g., ABC-123), or Arbitrarily Assigned Sequential Number (e.g., 1,2,3...)	Tank No.	Tank No.	Tank No.	Tank No.	Tank No.
1. Status of Tank (Mark all that apply <input type="checkbox"/>) Currently in Use Temporarily Out of Use Permanently Out of Use Brought into Use after 5/8/86	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> UNKNOWN	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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. Estimated Age (Years)					
3. Estimated Total Capacity (Gallons)					
4. Material of Construction: (Mark one <input type="checkbox"/>) Steel Concrete Fiberglass Reinforced Plastic Unknown Other, Please Specify _____	<input type="checkbox"/> <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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Internal Protection: (Mark all that apply <input type="checkbox"/>) Cathodic Protection Interior Lining (e.g., epoxy resins) None Unknown Other, Please Specify _____	<input type="checkbox"/> <input type="checkbox"/> <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"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. External Protection: (Mark all that apply <input type="checkbox"/>) Cathodic Protection Painted (e.g., asphaltic) Fiberglass Reinforced Plastic Coated None Unknown Other, Please Specify _____	<input type="checkbox"/> <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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. Piping (Mark all that apply <input type="checkbox"/>) Bare Steel Galvanized Steel Fiberglass Reinforced Plastic Cathodically Protected Unknown Other, Please Specify _____	<input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. Substance Currently or Last Stored in Greatest Quantity by Volume: (Mark all that apply <input type="checkbox"/>) a. Empty b. Petroleum Diesel Kerosene Gasoline (including alcohol blends) Used Oil Other, Please Specify _____ c. Hazardous Substance Please Indicate Name of Principal CERCLA Substance OR Chemical Abstract Service (CAS) No. Mark box <input type="checkbox"/> if tank stores a mixture of substances d. Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9. Additional Information (for tanks permanently taken out of service) a. Estimated date last used (mo/yr) b. Estimated quantity of substance remaining (gal.) c. Mark box <input type="checkbox"/> if tank was filled with inert material (e.g., sand, concrete)	/ <input type="checkbox"/>	/ <input type="checkbox"/>	/ <input type="checkbox"/>	/ <input type="checkbox"/>	/ <input type="checkbox"/>

DATA ENTERED

JAN 10 1991

Department of Environmental Regulation

Stationary Tank Registration/Notification Form

Form 17-1.218(2)

FACILITY NAME AND MAILING ADDRESS:

Tony's Texaco
423 N. Ridgewood Ave.
Edgewater, Fl. 32132

FACILITY LOCATION:

Same as above

Use this form to comply with the following requirements of the Stationary Tank Rule, Chapter 17-61, Florida Administrative Code.

(Make corrections to name and addresses here)

1. Facility/Address name: _____

Facility address: _____

Mailing address: _____

1. Each owner or operator shall register the following with the department:
 - A. All existing facilities by December 31, 1984. (Questions 1-19)
 - B. All new storage systems or facilities at least 10 days prior to the start of installation of tanks except in the cases of emergency replacement. (Questions 1-19)
 - C. A non-pollutant containing installation which is to be converted to a facility, at least 10 days prior to the placement of pollutants in such a facility. (Questions 1-19)
2. Each owner or operator shall notify the department of the following:
 - A. All storage systems within 10 days of abandonment. (Questions 1-12, 16, 20)
 - B. Facility sale within 10 days of sale. Notice shall be made by the seller. (Answer questions 1-7, and 11, Question 7 about the new owner.)
 - C. Retrofitting within 10 days of completion. (Questions 1-19)
3. You may notify the department of a change of operator. (Questions 1-6)

PLEASE PRINT OR TYPE

2. Facility number (DER will provide this number): 6485/7731
3. Date: 8/8/90
4. Federal Employment Identification (number used to file IRS forms) _____
5. County Code (see enclosed letter): _____
6. Operator of facility: ANTHONY LAGANO
Effective date (only for change of operator): _____ Telephone number: 904/437-9791
7. Company/Person owning tanks and piping: ANTHONY LAGANO TONY'S AUTO REPAIR
Address: 423 N RIDGEWOOD AVE EDGEWATER FL 32132
Contact person: Same Telephone number: _____
Effective date (only for change of owner): _____
8. How many tanks at this location have an individual storage capacity of greater than 550 gallons and store vehicular fuel made from petroleum?
1 Underground 1 Aboveground
9. Facility location: Latitude: _____ Longitude: _____ Section: _____ Township: _____ Range: _____
This information is listed on property deeds, and in the offices of the property appraiser and tax assessor.
10. Sketch the facility on a separate page showing the APPROXIMATE location of buildings, tanks, and dispensers.
 - A. Draw a line from tank to dispenser to show which are connected by piping.
 - B. Label each tank as Tank 1, Tank 2, etc.
 - C. Write the date and your facility number, if known, or name and address exactly as it appears above.
 - D. Keep a copy of your sketch.

REFER TO TANKS BY THESE LABELS IN ANY COMMUNICATION WITH THE DEPARTMENT.
DESCRIBE PIPING BY THE NUMBER OF THE TANK IT IS ATTACHED TO.

11. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL INFORMATION SUBMITTED ON THIS FORM IS TRUE, ACCURATE, AND COMPLETE.

ANTHONY LAGANO

Name of owner, operator or authorized representative

Anthony Lagano

Signature of owner, operator or authorized representative

KEEP A COPY OF THIS FORM FOR YOUR RECORDS

MAIL TO: DER Stationary Tank Registration
2600 Blair Stone Road
Room 603
Tallahassee, Florida 32301

INSTRUCTIONS: Use one row across for each tank counted in question 8. The tank number must agree with the number on the sketch of your facility. A new tank installed where a registered tank was removed should be given the number of the removed tank with an R and a number added. Example: Tank 3R1 is first replacement for tank 3. It is in the same place where tank 3 was. Tank 3R2 is the second replacement for tank 3. Attach extra pages if necessary. Write your facility number, if known, or name and address, exactly as it appears on the front of the form, on all extra pages.

(12) Tank Number	(13) Tank Size in Gallons	(14) Tank Contents (see List 14 below)	(15) Tank Installation Date, Month/Year (put X if unknown)	(16) Underground or Aboveground Tank (write U or A)	(17) Tank Construction Specifics (see List 17U or 17A below)	(18) Integral Piping System Construction Specifics (see List 18 below)	(19) Monitoring System Type (see List 19)	(20) Tank Disposal Method (see List 20)
1	4,000	B	X	B U	B	E	B	
2	4,000	B	X	B U	B	E	B	
3	4,000	B	X	B U	B	E	B	
4	4,000	B	X	B U	B	E	B	

ENTER THE LETTERS WHICH APPLY TO EACH TANK IN THE BOXES ABOVE. WRITE ALL THAT APPLY.

List 14	List 17U UNDERground Tanks	List 17A ABOVEground Tanks	List 18	List 19	List 20
<p>Tank contents are:</p> <p>A. leaded gasoline, B. unleaded gasoline, C. Alcohol enriched gasoline, D. diesel fuel, E. aviation fuel, Z. other.</p>	<p>Underground tank:</p> <p>A. has overfill protection, B. is interior lined, C. is painted/asphalted steel, D. is of unknown type, E. is fiberglass type, F. is fiberglass-clad steel, G. is sacrificial anode type, H. is impressed current type, I. is double walled, J. is concrete, K. is in secondary containment, N. is or has none of the above.</p>	<p>Aboveground tank:</p> <p>O. has overfill protection, P. is surrounded by impervious dike, Q. is surrounded by earth dike, R. rests on an impervious base, S. rests on a earth/gravel base, T. has interior lined bottom, U. is cathodically protected, V. is built of/coated with corrosion resistant materials, W. is supported above the soil, Z. is or has none of the above.</p>	<p>Integral Piping System has:</p> <p>A. no parts in contact with the soil, Parts contacting the soil which are: B. unprotected metal, C. built of corrosion resistant materials, D. corrosion resistant coated, E. cathodically protected, F. double-walled, G. within a secondary containment, H. interior lined, M. none of the above.</p>	<p>Monitoring system is:</p> <p>A. automatically sampled well(s), B. manually sampled well(s), C. groundwater monitoring plan, D. SPCC plan, E. well/detector in secondary containment, F. in-ground detector, G. within walls of double-walled tank, H. continuous in piping, I. not required, N. none of the above.</p>	<p>Tank disposal method.</p> <p>A. Filling, B. Removal, C. Retrofitting, F. Other.</p>

RECEIVED
D.E.R.

92 SEP 10 PM 3:59

STORAGE TANK
REGULATION

To THE Dept of Environmental Reg I didn't
not receive first notice of renewal I receive
second notice today for being late with renewal
I was out of town because of deaths in family
3 times please excuse me for being late it was
not intentional and it is the first time being
late

THANK you
Anthony Lagano
owner

64/8517731

file

Please return this portion along with your remittance to:
STORAGE TANK REGISTRATION
2600 BLAIRSTONE ROAD, TALLAHASSEE, FL 32399-2405

Facility ID: 648517731

Date: 07/09/91

UNION 76 Name: ~~TONY'S~~ TONY'S AUTO SERVICE
Location: 423 N RIDGEWOOD AVE
EDGEWATER

DATA ENTERED

SEP 11 1991

BY: _____

TOTAL CHARGES INCURRED:	\$ 175.00
TOTAL AMOUNT PAID:	\$ 0.00

TOTAL AMOUNT DUE:	\$ 175.00
=====	

Please check here if facility is strictly agricultural _____.
If any information on this form is incorrect, written documentation or a
revised registration form (17-761.900(2)) must be included.

0 648517731

For further assistance, please call (904) 487-7077.
Protecting Florida and Your Quality of Life