

MERCURY TANK & PUMP SERVICE, INC.

88 Cabot Road
Massapequa, N.Y. 11758
(917) 559-5519



New York City Fire Department
Bureau of Fire Prevention
9 Metrotech
Brooklyn, N.Y. 11201

Re: 525 Broadway Manhattan; permanent removal of one 4,000 gallon aboveground #2 fuel oil tank.

AFFIDAVIT

In accordance with R 3404-01 (d), the permanent removal of one 4,000 gallon aboveground #2 fuel oil tank at 525 Broadway Manhattan has been completed.

- 1) The contents of the tank were completely removed.
- 2) The tank was thoroughly cleaned and purged of combustible vapors
- 3) All pipes were removed
- 4) The fill box was removed
- 5) The tank was removed from the premises
- 6) This work was completed on 08, June 2020

Sincerely



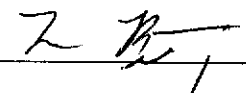
Mark Salamack

Underground Tank Installer

Certificate of License #80151715 (Expires 16, June 2022)

LASSALLE BEST JR.
Notary Public, State of New York
No. 24-0279100
Qualified in Queens County
Commission Expires March 30, 19__

Sworn before me this 8 day of JUNE, 2020

 Notary Public



Petroleum Bulk Storage Application

Pursuant to the Environmental Conservation Law, Article 17, Title 10; and
Regulations 6 NYCRR Part 613 and 6 NYCRR Subpart 374-2

(Please Type or Print Clearly and Complete All Items for Sections A, B & C)

Return Completed Form & Fees To:

PBS Number:

2-283290

Section A - Facility/Property Owner/Contact Information

Expiration Date:

Transaction Type: 1) Initial/New Facility 2) Change of Ownership 3) Tank Installation, Closing, or Repair 4) Information Correction 5) Renewal	Facility Name: J.P. MORGAN CHASE	Tax Map Info Block: 325 BROADWAY Lot: City: New York State: NY ZIP Code: 10012 Township/City: NYC Facility Phone Number: Facility Operator:	TYPE OF PETROLEUM FACILITY (Check only one) ☐ 01=Storage Terminal/Petrol. Distributor ☐ 02=Retail Gasoline Sales ☐ 03=Other Retail Sales ☐ 04=Manufacturing ☐ 05=Utility ☒ 06=Trucking/Transportation/Fleet ☐ 07=Apartment/Office Building ☐ 08=School ☐ 09=Farm ☐ 10=Private Residence ☐ 11=Airline/Air Taxi/Airport ☐ 12=Chemical Distributor ☐ 13=Municipality ☐ 14=Auto Service/Repair (No Gasoline Sales) ☐ 15=Railroad ☐ 16=Religious (Church, Synagogue, Mosque, Temple, etc.) ☐ 17=Hospital/Nursing Home/Health Care ☐ 18=Nuclear Power Plant ☐ 19=Other (Specify): Emergency Contact Name: Emergency Telephone Number:	☐ 20=Storage Terminal/Petrol. Distributor ☐ 21=Other Retail Sales ☐ 22=Manufacturing ☐ 23=Trucking/Transportation/Fleet ☐ 24=School ☐ 25=Private Residence ☐ 26=Chemical Distributor ☐ 27=Railroad ☐ 28=Cemetery/Memorial ☐ 29=Hospital/Nursing Home/Health Care ☐ 30=Marina Emergency Telephone Number:
NOTE: Fill in Property Owner information here...>>> Indicate Tank Owner in Section C.	Facility (Property) Owner (from Deed): J.P. MORGAN CHASE Facility Owner Address (Street and/or P.O. Box): 1141 BROADWAY City: New York State: NY ZIP Code: 10012 Owner Telephone Number:	Type of Owner (check only one): 1 ☐ Private Resident 2 ☐ State Government 3 ☐ Local Government 4 ☐ Federal Government 5 ☐ Corporate/Commercial/Other	I hereby certify, under penalty of law, that all of the information provided on this form is true and correct. False statements made herein may be punishable as a criminal offense and/or a civil violation in accordance with applicable state and federal law. Name of Owner or Authorized Representative: Title: Signature: Date: Amount Enclosed: \$ 0	
Official Use Only Date Received: / / Date Processed: / / Amount Received: \$ Reviewed By:	Facility Contact Person Name: Contact Person Company Name: Address: Address (cont.): City/State/ZIP Code: Tel. Number: eMail Address:	Rev. 6/26/2019		

PBS Number:

2-203290

Section B - Tank Information
(Please use the key located on the last page to complete each item/column)

Registration Expiration Date:

[illegible]

Note: If you need to add tanks to your registration, write them in using blank lines above. Attach additional sheets as needed.
Blank Section B is available at http://www.dec.ny.gov/docs/remediation_hudson_pdf/pbsrenewal.pdf

PBS Number:
2-283290

Petroleum Bulk Storage Application
Section C - Tank Ownership Information (for PBS tanks listed in Section B)

Tank Owner Information ☒ Check box if same as Facility (Property) Owner. If tank owner is different from property owner, fill out information below:			
Tank Owner Name (Company/Individual):			
Contact Person:			
Tank Owner Address:			
City:	State:	ZIP:	
Contact Person Telephone Number:		Contact Person email:	
Specific Tanks Owned ☐ Check box if this owner owns all tanks at this facility. If not, list tanks owned by this owner below:			
Tank Number:			
Name of Class B (Daily On-Site) Operator:		Authorization No:	
Name of Class A (Primary) Operator:		Authorization No:	

Tank Owner Information ☐ Check box if same as Facility (Property) Owner. If tank owner is different from property owner, fill out information below:			
Tank Owner Name (Company/Individual):			
Contact Person:			
Tank Owner Address:			
City:	State:	ZIP:	
Contact Person Telephone Number:		Contact Person email:	
Specific Tanks Owned ☐ Check box if this owner owns all tanks at this facility. If not, list tanks owned by this owner below:			
Tank Number:			
Name of Class B (Daily On-Site) Operator:		Authorization No:	
Name of Class A (Primary) Operator:		Authorization No:	