

NOTIFICATION OF RELEASE (*Owners and Operators*)

FACILITY I.D. NUMBER 51 - 10420

Initial
 Follow-Up

NOTIFICATION OF CONTAMINATION (*Certified Installers and Inspectors*)

INFORMATION FOR OWNERS AND OPERATORS (O/O)

The Storage Tank Program's Corrective Action Process (CAP) regulations establish requirements for owners and operators of storage tank systems and storage tank facilities to report confirmed releases and, in certain cases, suspected releases.

Suspected Release Reporting: Upon the completion of a suspected release investigation from which it could not be determined whether a release has occurred, the owner or operator must, within 15 days of the indication of the suspected release, complete and submit this form to the appropriate regional office of the Department (Subsection 245.304(c)(2)).

Confirmed Release Reporting: The owner or operator must notify the appropriate regional office of the Department by telephone as soon as practicable, but no later than 24 hours, after the confirmation of a release (Subsections 245.305(a) and (b)). Within 15 days of that telephone notification, the owner or operator must complete and submit this form to the appropriate regional office of the Department, to each municipality in which the release occurred, and to each municipality where that release has impacted environmental media or water supplies, buildings, or sewer or other utility lines (Subsections 245.305(c) and (e)). And if new impacts to environmental media or water supplies, buildings, or sewer or other utility lines are discovered after that initial written notification, the owner or operator must, within 15 days of the discovery of the new impact, complete and submit this form to the Department and to each impacted municipality (Subsections 245.305(d) and (e)).

INFORMATION FOR CERTIFIED INSTALLERS AND INSPECTORS (I/I)

In accordance with the Storage Tank Program's certification regulations, certified installers and inspectors must complete and submit this form to the Department within 48 hours of observing any of the following while performing services as a certified installer or inspector: a release of a regulated substance; suspected or confirmed contamination of soil, surface or groundwater from regulated substances; or a regulated substance in a containment structure or facility (Subsections 245.132(a)(4) and 245.132(a)(6)).

INSTRUCTIONS

Record the storage tank facility I.D. number at the top right-hand corner of each page of this form.

Owners and Operators (O/O): Indicate if this is an initial or follow-up notification by marking the appropriate box found in the top right-hand corner of this page.

- To report a Suspected Release, complete all information in Sections I, II, IIIA, IIIC, VI, VIII and IX.
- To report a Confirmed Release, complete all information in Sections I, II, IIIA, IIIB, IIIC, IV, V, VIII and IX.

Certified Installers and Inspectors (I/I): Complete all information in Sections I, II, IIIA, IIIC, VI or VII, VIII, and IX. Attach a copy of the failed, valid tightness test results, if applicable.

PLEASE SEND COMPLETED ORIGINAL FORM TO:

PA Department of Environmental Protection
Environmental Cleanup and Brownfields Program
Storage Tank Section

(and the appropriate address below, depending on where the FACILITY is located)

| | | |
|--|--|---|
| <p>Northwest Region 230 Chestnut Street Meadville, PA 16335-3481 PHONE: 814-332-6945 / 800-373-3398 FAX: 814-332-6121 Counties: Armstrong, Butler, Clarion, Crawford, Elk, Erie, Forest, Indiana, Jefferson, Lawrence, McKean, Mercer, Venango, Warren</p> | <p>North-central Region 208 W. Third Street, Suite 101 Williamsport, PA 17701 PHONE: 570-327-3636 FAX: 570-327-3420 Counties: Bradford, Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, Union</p> | <p>Northeast Region 2 Public Square Wilkes-Barre, PA 18701-1915 PHONE: 570-826-2511 FAX: 570-820-4907 Counties: Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne, Wyoming</p> |
| <p>Southwest Region 400 Waterfront Drive Pittsburgh, PA 15222 PHONE: 412-442-4000 FAX: 412-442-4194 Counties: Allegheny, Beaver, Cambria, Fayette, Greene, Somerset, Washington, Westmoreland</p> | <p>South-central Region 909 Elmerton Avenue Harrisburg, PA 17110 PHONE: 717-705-4705 / 800-541-2050 FAX: 717-705-4830 Counties: Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, York</p> | <p>Southeast Region 2 East Main Street Norristown, PA 19401 PHONE: 484-250-5900 FAX: 484-250-5961 Counties: Bucks, Chester, Delaware, Montgomery, Philadelphia</p> |

| I. FACILITY INFORMATION (Both O/O and I/I) | II. OWNER/OPERATOR INFORMATION (Both O/O and I/I) |
|---|--|
| Facility Name Facility I.D. Number <u>51st Street Terminal</u> <u>51-10420</u> Street Address (P.O. Box not acceptable) <u>1630 S 51st Street</u> City State Zip Code <u>Philadelphia</u> PA 19143 - County Municipality <u>Philadelphia</u> City of Philadelphia Contact Person Telephone Number <u>Steve Brady</u> <u>(856) 687 - 5553</u> | Owner Name <u>PBF Logistics Products Terminals LLC</u> Address <u>3rd Street and Billingsport Road</u> City State Zip Code <u>Paulsboro</u> NJ 08066 - Telephone Number <u>(856) 687 - 5553</u> Operator Name Telephone Number <u>PBF Logistics Products Terminals LLC</u> <u>(856) 687 - 5553</u> |

III. REGULATED SUBSTANCE INFORMATION

| A. Type of Product(s) Involved (Mark All That Apply <input checked="" type="checkbox"/>): <u>Both O/O and I/I</u> | B. Quantity (Gallons) of Product(s) Released: <u>O/O Only</u> | C. Contamination Suspected [S] or Confirmed [C] (Mark All That Apply <input checked="" type="checkbox"/>): <u>Both O/O and I/I</u> |
|--|--|--|
| Leaded Gasoline <input type="checkbox"/> | | <input type="checkbox"/> [S] <input type="checkbox"/> [C] |
| Unleaded Gasoline <input type="checkbox"/> | | <input type="checkbox"/> [S] <input type="checkbox"/> [C] |
| Aviation Gasoline <input type="checkbox"/> | | <input type="checkbox"/> [S] <input type="checkbox"/> [C] |
| Kerosene <input type="checkbox"/> | | <input type="checkbox"/> [S] <input type="checkbox"/> [C] |
| Jet Fuel <input type="checkbox"/> | | <input type="checkbox"/> [S] <input type="checkbox"/> [C] |
| Diesel Fuel <input type="checkbox"/> | | <input type="checkbox"/> [S] <input type="checkbox"/> [C] |
| New Motor Oil <input type="checkbox"/> | | <input type="checkbox"/> [S] <input type="checkbox"/> [C] |
| Used Motor Oil <input type="checkbox"/> | | <input type="checkbox"/> [S] <input type="checkbox"/> [C] |
| Fuel Oil No. 1 <input type="checkbox"/> | | <input type="checkbox"/> [S] <input type="checkbox"/> [C] |
| Fuel Oil No. 2 <input type="checkbox"/> | | <input type="checkbox"/> [S] <input type="checkbox"/> [C] |
| Fuel Oil No. 4 <input type="checkbox"/> | | <input type="checkbox"/> [S] <input type="checkbox"/> [C] |
| Fuel Oil No. 5 <input type="checkbox"/> | | <input type="checkbox"/> [S] <input type="checkbox"/> [C] |
| Fuel Oil No. 6 <input type="checkbox"/> | | <input type="checkbox"/> [S] <input type="checkbox"/> [C] |
| Other (Specify) <u>petroleum</u> <input checked="" type="checkbox"/> | <u>U N K N O W N</u> | <input type="checkbox"/> [S] <input checked="" type="checkbox"/> [C] |
| Unknown <input type="checkbox"/> | | <input type="checkbox"/> [S] <input type="checkbox"/> [C] |

IV. CONFIRMED RELEASE INFORMATION (O/O Only)

| | |
|--|--|
| Date Release was Confirmed: <u>8</u> / <u>16</u> / <u>2021</u> <small>m d y</small> | Date Owner/Operator Sent Copy of this Written Notification to Local Municipality(ies) and Name of Municipality(ies) Notified: Date: <u>8</u> / <u>30</u> / <u>2021</u> Municipality <u>City of Philadelphia</u> <small>m d y</small> |
| Date Owner/Operator Verbally Notified Appropriate Regional Office of Confirmed Release and Office Notified: Date: <u>08</u> / <u>17</u> / <u>2021</u> Office <u>Southeast</u> <small>m d y</small> | Date: <u> </u> / <u> </u> / <u> </u> Municipality <u> </u> <small>m d y</small> |

| Source (Mark All That Apply <input checked="" type="checkbox"/>): Cause (Mark All That Apply <input checked="" type="checkbox"/>): | How Discovered (Mark All That Apply <input checked="" type="checkbox"/>): | Environmental Media Affected and Impacts (Mark All That Apply <input checked="" type="checkbox"/>): |
|---|---|--|
| Tank (DEP Assigned Nos.) <input type="checkbox"/> Piping System (Aboveground Regulated) <input type="checkbox"/> Piping System (Underground Regulated) <input type="checkbox"/> Piping System (Non-Regulated) <input type="checkbox"/> Dispenser/Dispensing Equipment <input type="checkbox"/> Spill Prevention Equipment <input type="checkbox"/> Submersible Turbine Pump Head/Fittings <input type="checkbox"/> Containment/Sump Failure <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> | During Closure <input checked="" type="checkbox"/> Lining Installation <input type="checkbox"/> Routine Leak Detection <input type="checkbox"/> Third Party Inspection <input type="checkbox"/> Tightness Testing Activities <input type="checkbox"/> Visible Product or Odor Reports <input type="checkbox"/> Water in Tank <input type="checkbox"/> Construction <input type="checkbox"/> Upgrade/Repair <input type="checkbox"/> Supply Well Sample Results <input type="checkbox"/> Monitoring Well Sample Results <input type="checkbox"/> Property Transfer <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Unknown <input type="checkbox"/> | Soil <input checked="" type="checkbox"/> Sediment <input type="checkbox"/> Surface Water <input type="checkbox"/> Ground Water <input type="checkbox"/> Bedrock <input type="checkbox"/> Water Supplies <input type="checkbox"/> Vapors/Product in Buildings <input type="checkbox"/> Vapors/Product in Sewer/Utility Lines <input type="checkbox"/> Ecological Receptors <input type="checkbox"/> |
| Faulty Installation <input type="checkbox"/> Corrosion <input type="checkbox"/> Physical/Mechanical Failure <input type="checkbox"/> Spill During Delivery <input type="checkbox"/> Overfill at Delivery <input type="checkbox"/> Vehicle Gas Tank Overfill <input type="checkbox"/> Product Delivery Hose Rupture <input type="checkbox"/> Accident/Natural Disaster <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> | | |

V. INTERIM REMEDIAL ACTIONS (O/O Only)

Indicate the Interim Remedial Actions Planned, Initiated or Completed (Mark All That Apply):

| | Planned | Initiated | Completed | Not Applicable |
|--|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| Regulated Substance Removed from Storage Tanks | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Fire, Explosion and Safety Hazards Mitigated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Contaminated Soil Excavated | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Free Product Recovered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Water Supplies Identified and Sampled..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Temporary Water Supplies Provided | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other (Specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

VI. SUSPECTED RELEASE / CONTAMINATION INFORMATION (Both O/O and I/I)

Date the Indication of a Suspected Release / Contamination was Observed: / /
m d y

Indication of Suspected Release / Contamination (Mark All That Apply):

- | | |
|---|--|
| <input type="checkbox"/> Unusual Level of Vapors | <input type="checkbox"/> Containment Sump Test Failure |
| <input type="checkbox"/> Erratic Behavior of Product Dispensing Equipment | <input type="checkbox"/> Spill Prevention Equipment Test Failure |
| <input type="checkbox"/> Release Detection Results Indicate a Release | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Discovery of Holes in the Storage Tank | |

VII. CONFIRMED CONTAMINATION INFORMATION (I/I Only)

Date the Confirmed Contamination was Observed: / /
m d y

Extent of Confirmed Contamination (Mark All That Apply):

- | | |
|--|--|
| <input type="checkbox"/> Product Stained or Product Saturated Soil or Backfill | <input type="checkbox"/> Free Product or Sheen on the Ground Water Surface |
| <input type="checkbox"/> Poned Product | <input type="checkbox"/> Free Product or Sheen on Surface Water |
| <input type="checkbox"/> Free Product or Sheen on Poned Water | <input type="checkbox"/> Other (Specify) _____ |

VIII. ADDITIONAL INFORMATION (Both O/O and I/I)

Provide any additional, relevant, available information concerning the release or contamination. If reporting a confirmed release, include specific details about the source and cause of the release, the affected environmental media, and any impacts to water supplies, buildings, or sewer or other utility lines. Owners or Operators reporting a suspected release should describe what procedures were followed to investigate the indication(s) of the suspected release noted in Section VI. Provide both DEP-assigned and owner/operator-assigned tank number(s), where applicable. Use additional 8½" x 11" sheets of paper, if necessary.

AST closure soil sample laboratory analytical data collected during the closure of 11 ASTs and associated piping at the facility indicated exceedances of petroeum related compounds in soil above PADEP Non-Residential Soil MSCs. The source and/or cause of the release is unknown. Groundwater is not used at the Site and not anticipated to be a potential receptor due to non-use aquifer designation in the City of Philadelphia.

To date, soil samples have exceeded PADEP MSCs from ASTs: 040A (2040), 041A (941), 042A (1043), 044A (1044), 051A (7551), and 052A and common piping racks.

AST closure soil sampling is ongoing at the facility.

IX. CERTIFICATION (Both O/O and I/I)

OWNER OR OPERATOR CERTIFICATION

I, John Grisi, hereby certify, under penalty of law as provided in 18 Pa. (Print Name)

C.S.A. §4904 (relating to unsworn falsification to authorities) that I am the owner or operator of the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

[Signature]
Signature of Owner or Operator

August 30th 2021
Date

CERTIFIED INSTALLER CERTIFICATION

I, _____, hereby certify, under penalty of law as provided in 18 Pa. (Print Name)

C.S.A. §4904 (relating to unsworn falsification to authorities) that I am the certified installer who performed tank handling activities at the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

Signature of Certified Installer

Date

Installer Certification Number

Company Certification Number

CERTIFIED INSPECTOR CERTIFICATION

I, _____, hereby certify, under penalty of law as provided in 18 Pa. (Print Name)

C.S.A. §4904 (relating to unsworn falsification to authorities) that I am the certified inspector who performed inspection activities at the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

Signature of Certified Inspector

Date

Inspector Certification Number

Company Certification Number