

Notification for Underground Storage Tanks (USTs)

Virginia DEQ Water Form 7530-3

(See last page for mailing instructions)

(5/17)

STATE USE ONLY

ID Number

Date Received

Date Entered

Entered By

Comments

PART I: PURPOSE OF NOTIFICATION

Check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> New (not previously registered) facility | <input type="checkbox"/> Temporary closure | <input type="checkbox"/> New contact |
| <input type="checkbox"/> New tank(s) at previously registered facility | <input type="checkbox"/> Tank removal or closure in ground | <input type="checkbox"/> New owner |
| <input type="checkbox"/> Change in tanks (e.g., upgrade) | <input type="checkbox"/> Piping removal or closure in ground | <input type="checkbox"/> Change in owner address |
| <input type="checkbox"/> Change in piping (e.g., upgrade) | <input type="checkbox"/> Change in service/ tank contents | <input type="checkbox"/> Other (specify): |

PART II: OWNERSHIP OF TANKS

A. Owner Name
SEAY & MAVER OIL CO., INC

B. Owner Address
16855 OAK STREET

C. City, State, Zip
DILLWYN, VA 23936

D. Contact Person Name and Title
HARRISON S. JOHNSON GENERAL MANAGER

E. Phone Number
(434) 983-3519

F. Fax Number
(434) 983-5710

G. E-mail Address
seayhaver@hotmail.com

H. Name of Previous Owner (if applicable)
N/A

PART III: LOCATION OF TANKS

A. Facility Name
SAME

B. Facility Street Address (P.O. Box not acceptable)
SAME

C. City, Zip
SAME

D. County or Municipality
Buckingham, VA

E. Facility Contact Person Name & Title
SAME

F. Facility Phone Number
(434) 983-3519

G. Facility Contact Phone Number
(434) 983-3519

H. Facility Contact Fax Number
(434) 983-5710

I. Facility Contact E-mail Address
SAME

J. Previous Name of Facility (if applicable)
N/A

PART IV: TYPE OF OWNER

- | | |
|---|--|
| <input type="checkbox"/> Federal government | <input checked="" type="checkbox"/> Commercial |
| <input type="checkbox"/> State government | <input type="checkbox"/> Private |
| <input type="checkbox"/> Local government | <input type="checkbox"/> Lender |

PART V: TYPE OF FACILITY

- | | | | |
|--|---|--|------------------------------------|
| <input checked="" type="checkbox"/> Retail gas station | <input type="checkbox"/> Federal non-military | <input type="checkbox"/> Commercial (non-resale) | <input type="checkbox"/> Residence |
| <input type="checkbox"/> Petroleum distributor | <input type="checkbox"/> Federal military | <input type="checkbox"/> Industrial | <input type="checkbox"/> Farm |
| <input type="checkbox"/> Local government | <input type="checkbox"/> State government | <input type="checkbox"/> Other | |

PART VI: FINANCIAL RESPONSIBILITY

The tank owner has met the financial responsibility requirements contained in 9 VAC 25-590-10 et seq. using the following methods/mechanisms

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Self Insurance | <input type="checkbox"/> Insurance | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Guarantee | <input checked="" type="checkbox"/> Surety Bond | <input type="checkbox"/> Trust Fund | |

PART VII: 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. I understand that the owner of the underground storage tanks hereby registered is responsible for compliance with the requirements of Virginia Regulations 9 VAC 25-580-10 et seq. and Federal Regulation 40 CFR Part 280, among other requirements. I warrant and represent that I am the owner or that I have the authority to sign this certification on behalf of the owner. I understand that this notification form is sufficient evidence to establish ownership of tanks subject to 9 VAC 25-580-10 et seq.

HARRISON S. JOHNSON Owner
Name and Title (Type or Print) *GM* Signature *Harrison S. Johnson* Date *2, 5, 24*

PART VIII: INSTALLER CERTIFICATION

I certify that the installation of this tank was performed in accordance with all federal, state and local installation requirements. I warrant and represent that I am the installer or that I have the authority to sign this certification on behalf of the installer.

HARRISON S. JOHNSON Owner
Name and Title (Type or Print) *GM* Signature *Harrison S. Johnson* Date *2, 5, 24*

SEAY & MAVER OIL CO., INC
Company Name Address *16855 OAK STREET DILLWYN VA, 23936* Telephone Number *(434) 983-3519*

PART IX: DESCRIPTION FOR NEW INSTALLATIONS, AMENDMENTS & CLOSURES Check all that apply

Owner Tank Identification Number	1		2		3		4			
DEQ Tank Identification Number	1		2		3		4			
Tank Status	<input type="checkbox"/> New Tank	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> New Tank	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> New Tank	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> New Tank	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> New Tank	<input type="checkbox"/> Amendment
	<input type="checkbox"/> Closure		<input type="checkbox"/> Closure		<input type="checkbox"/> Closure		<input type="checkbox"/> Closure		<input type="checkbox"/> Closure	
Date of Tank Installation (MM/DD/YYYY)	07/01/86		07/01/1978		07/01/1980		07/01/1980			
Date of Pipe Installation (MM/DD/YYYY)	07/01/86		07/01/1978		07/01/1980		07/01/1980			
Date of Amendment (MM/DD/YYYY)	02/05/2024		SAME		SAME		SAME			
Tank Capacity (Gallons) (Compartments of a compartment tank are considered to be separate tanks and should be registered and treated as such.)	REG 6000		REG CONV 6000		CLEAR ULSD 12000		DYED ULSD 12000			
Material of Construction (✓ all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyflexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coated and Cathodically Protected/sti-P3®	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Composite (Steel Clad with Fiberglass)/ACT-100®/ACT-100U®	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Polyethylene Tank Jacket	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Lined Interior	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Impressed Current 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"/>
Asphalt Coated or 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"/>
Galvanized 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"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Excavation Liner	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Concrete	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (specify)										
Has tank/piping been repaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metal Piping Flex Connectors Installed		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Metal Flex Connectors Isolated/Booted		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Metal Flex Connectors Cathodic Protected		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Piping Type	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Safe Suction (No Check Valve at Tank)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>
U.S. Suction (Check Valve at Tank)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Pressure		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Gravity Fed		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Release Detection	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Manual Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tightness Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inventory Control	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic Tank Gauging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Line Leak Detectors		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Statistical Inventory Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	FOR PIPE		SAFE SUCTION		SAFE SUCTION		SAFE SUCTION		SAFE SUCTION	

PART IX: DESCRIPTION FOR NEW INSTALLATIONS, AMENDMENTS & CLOSURES (continued)

Spill Containment & Overfill Prevention

	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Spill Containment/Bucket	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Overfill Automatic Shutoff	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Overfill Alarm	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Ball Float Valve	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Substance stored

Gasoline (Regular)	<i>E/I/O</i> <input checked="" type="checkbox"/>		<i>CON</i> <input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Gasoline (Mid-Grade)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Gasoline (Premium)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Gasoline (Racing)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Diesel (On Road)	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Diesel (Off Road)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Diesel (Low Sulfur)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Diesel (Ultra Low Sulfur)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Kerosene (Clear)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Kerosene (Dyed)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Heating Oil	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Fuel Oil #2	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Fuel Oil #4	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Fuel Oil #6	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Used Oil	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Motor Oil	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Lube Oil	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Hydraulic Oil	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Jet Fuel	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Gasoline (Aviation Gas)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Diesel (Biodiesel)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Hazardous Substance (specify below)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (specify)										
Tank Used Solely to Generate Emergency Power	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

PART X: TANK CLOSURE, REMOVAL OR CHANGE IN SERVICE

Tank and Piping Status

	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closed In Ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filled with Inert Material (Required for Closure in Ground)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Description of Inert Material										
Temporarily Closed Tank Empty (1" or less of product remaining in tank)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Temporarily Closed Tank Not Empty (More than 1" of product remaining in tank)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Change in Service	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Date Last Used (MM/DD/YYYY)

Date Closed (MM/DD/YYYY)

Closure Assessment Completed (Please submit site map, soil sampling results, chain of custody for all samples, copy of building permit, and disposal manifest with this form).

<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Evidence of a Leak Detected

<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Comments:



Request for Compliance Action

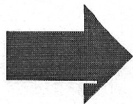
October 30, 2023



Inspector: Dwight Webb Inspection Date: October 30, 2023
 Facility Name: Seay and Haver Oil Company Inc Facility Address: 16855 Oak Street Dillwyn VA 23936
 Tank Owner: Seay & Haver Oil Company Facility Id: 7018570
 Tank Contact: Harrison Johnson

DEQ staff inspected and reviewed this Underground Storage Tank (UST) facility's compliance with 9VAC25-580-10 et seq. (UST Regulation). This RCA is issued to assist this facility in maintaining compliance with regulatory requirements. Additional items needing attention may be discovered upon further review. This request is not a case decision under the Administrative Process Act, Va. Code § 2.2-4000 et seq.

NOTE: The UST(s) at this facility may be subject to Delivery Prohibition pursuant to 9VAC25-580-370 due to one or more of the items identified below. Separate notice and an Informal Fact-Finding proceeding will be provided if any USTs are subject to Delivery Prohibition. IN THIS EVENT, SEPARATE RESPONSE DEADLINES WILL APPLY FOR THOSE ITEMS.



Compliance assistance documents and guidance may be found on DEQ's website located at:
<https://www.deq.virginia.gov/our-programs/land-waste/petroleum-tanks/underground-storage-tanks/inspections-and-compliance>

Response Deadline: January 28, 2024
 Sent To Owner's Contact: Harrison Johnson
 Contact's Email Address: seayhaver@hotmail.com

Please send compliance documentation to the following:

Dwight Webb
 4949-A Cox Road, Glen Allen VA 23060
 (804) 997-1077
 dwight.webb@deq.virginia.gov

Observations and Compliance Assistance

The following item(s) may need immediate compliance action. Please **notify DEQ in writing by the response deadline** of all actions planned and taken and their completion date and provide supporting documents.

Please note that there may be other ways to achieve regulatory compliance than the below suggestions. If you have any questions or concerns about this request, please contact the inspector identified above.

Registration	
Tank(s):	Incorrect Registration: Substance Stored Submit a properly completed Notification for Underground Storage Tanks Form 7530 to the above noted contact.

Comments:

SEE NEXT PAGE FOR THE FINAL INSPECTION APPROVAL



Commonwealth of Virginia

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

PIEDMONT REGIONAL OFFICE
4949-A Cox Road, Glen Allen, VA 23060
(804) 527-5020

www.deq.virginia.gov

Travis A. Voyles
Secretary of Natural and Historic Resources

Michael S. Rolband, PE, PWD, PWS Emeritus
Director

Jerome Brooks
Regional Director

February 07, 2024

Mr. Harrison Johnson
VP
Seay & Haver Oil Company
16855 Oak Street
Dillwyn, 23936

RE: Underground Storage Tank (UST) Facility Formal Compliance Inspection for Seay and Haver Oil Company Inc
Facility ID No. 7018570

Dear Mr. Johnson,

Based upon a review of your submittal and our files for the site, it appears that the compliance issues noted during the UST inspection conducted on October 19, 2023, related to the UST Technical Regulation 9VAC25-580-10 et seq., have been addressed.

Please note that DEQ will continue to inspect this facility on a regular basis, and this letter has no bearing on any future compliance issues discovered at this facility. Please note that this inspection and letter does not address compliance with financial responsibility requirements. Therefore, additional information may be requested to demonstrate compliance with 9 VAC 25-590 (Virginia Petroleum UST Financial Responsibility Requirements). This information will be requested by DEQ's Office of Financial Responsibility and Waste Programs (OFRWP). If you have any questions regarding the UST financial responsibility requirements or how to prepare the documentation, please contact Josiah Bennett, OFRWP, at (804) 659-2660.

If you have any questions or need additional information, please contact me at dwight.webb@deq.virginia.gov or (804) 997-1077.

Sincerely,

Dwight Webb
Tank Inspector