

**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]: <u>I/I Only</u>
Leaded Gasoline <input type="checkbox"/>	_____	[S] _____ [C] _____
Unleaded Gasoline <input checked="" type="checkbox"/>	_____ <u>UNKNOWN</u> _____	[S] _____ [C] <input checked="" type="checkbox"/>
Aviation Gasoline <input type="checkbox"/>	_____	[S] _____ [C] _____
Kerosene <input type="checkbox"/>	_____	[S] _____ [C] _____
Jet Fuel <input type="checkbox"/>	_____	[S] _____ [C] _____
Diesel Fuel <input type="checkbox"/>	_____	[S] _____ [C] _____
New Motor Oil <input type="checkbox"/>	_____	[S] _____ [C] _____
Used Motor Oil <input type="checkbox"/>	_____	[S] _____ [C] _____
Fuel Oil No. 1 <input type="checkbox"/>	_____	[S] _____ [C] _____
Fuel Oil No. 2 <input type="checkbox"/>	_____	[S] _____ [C] _____
Fuel Oil No. 4 <input type="checkbox"/>	_____	[S] _____ [C] _____
Fuel Oil No. 5 <input type="checkbox"/>	_____	[S] _____ [C] _____
Fuel Oil No. 6 <input type="checkbox"/>	_____	[S] _____ [C] _____
Other (Specify) _____ <input type="checkbox"/>	_____	[S] _____ [C] _____
Unknown <input type="checkbox"/>	_____	[S] _____ [C] _____

**IV. REPORTABLE RELEASE INFORMATION (O/O Only)**

Date Reportable Release was Confirmed: <u>6/5/98</u> m d y	Environmental Impacts (Mark All That Apply <input checked="" type="checkbox"/> ):  Soil <input checked="" type="checkbox"/> Sediment <input type="checkbox"/> Surface Water <input type="checkbox"/> Ground Water <input type="checkbox"/> Water Supplies <input type="checkbox"/>
Date Owner/Operator Verbally Notified Appropriate Regional Office of Reportable Release and Office Notified: Date <u>6/5/98</u> Office <u>Southcentral</u> m d y	
Date Owner/Operator Sent Copy of this Written Notification to Local Municipality and Name of Municipality Notified: Date <u>6/11/98</u> Municipality <u>W. Manheim Twp</u> m d y	

**V. INTERIM REMEDIAL ACTIONS (O/O Only)**

(Mark All That Apply <input checked="" type="checkbox"/> ):	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 checked="" type="checkbox"/>	<input 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"/>
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 / CONFIRMED CONTAMINATION INFORMATION (I/I Only)**

Date of Observation of Suspected/Confirmed Contamination: <u>6/5/98</u> m d y	
Indication of Suspected Contamination (Mark All That Apply <input checked="" type="checkbox"/> ):  Unusual Level of Vapors <input type="checkbox"/> Erratic Behavior of Product Dispensing Equipment <input type="checkbox"/> Release Detection Results Indicate a Release <input type="checkbox"/> Discovery of Holes in the Storage Tank <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/>	Extent of Confirmed Contamination (Mark All That Apply <input checked="" type="checkbox"/> ):  Product Stained or Product Saturated Soil or Backfill <input type="checkbox"/> Ponded Product <input type="checkbox"/> Free Product or Sheen on Ponded Water <input type="checkbox"/> Free Product or Sheen on the Ground Water Surface <input type="checkbox"/> Free Product or Sheen on Surface Water <input type="checkbox"/> Other (Specify) <u>Analytical Results Received</u> <input checked="" type="checkbox"/>

**III. REGULATED SUBSTANCE INFORMATION**

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

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**V. INTERIM REMEDIAL ACTIONS (O/O Only)**

(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 checked="" type="checkbox"/>	<input 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"/>
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 / CONFIRMED CONTAMINATION INFORMATION (I/I Only)**

Date of Observation of Suspected/Confirmed Contamination: <u>6/5/98</u> m d y	
Indication of Suspected Contamination (Mark All That Apply <input checked="" type="checkbox"/> ):  Unusual Level of Vapors <input type="checkbox"/> Erratic Behavior of Product Dispensing Equipment <input type="checkbox"/> Release Detection Results Indicate a Release <input type="checkbox"/> Discovery of Holes in the Storage Tank <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/>	Extent of Confirmed Contamination (Mark All That Apply <input checked="" type="checkbox"/> ):  Product Stained or Product Saturated Soil or Backfill <input type="checkbox"/> Ponded Product <input type="checkbox"/> Free Product or Sheen on Ponded Water <input type="checkbox"/> Free Product or Sheen on the Ground Water Surface <input type="checkbox"/> Free Product or Sheen on Surface Water <input type="checkbox"/> Other (Specify) <u>Analytical Results Received</u> <input checked="" type="checkbox"/>

**III. REGULATED SUBSTANCE INFORMATION**

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

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**V. INTERIM REMEDIAL ACTIONS (O/O Only)**

(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 checked="" type="checkbox"/>	<input 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"/>
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 / CONFIRMED CONTAMINATION INFORMATION (I/I Only)**

Date of Observation of Suspected/Confirmed Contamination: <u>6/5/98</u> m d y	
Indication of Suspected Contamination (Mark All That Apply <input checked="" type="checkbox"/> ):  Unusual Level of Vapors <input type="checkbox"/> Erratic Behavior of Product Dispensing Equipment <input type="checkbox"/> Release Detection Results Indicate a Release <input type="checkbox"/> Discovery of Holes in the Storage Tank <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/>	Extent of Confirmed Contamination (Mark All That Apply <input checked="" type="checkbox"/> ):  Product Stained or Product Saturated Soil or Backfill <input type="checkbox"/> Ponded Product <input type="checkbox"/> Free Product or Sheen on Ponded Water <input type="checkbox"/> Free Product or Sheen on the Ground Water Surface <input type="checkbox"/> Free Product or Sheen on Surface Water <input type="checkbox"/> Other (Specify) <u>Analytical Results Received</u> <input checked="" type="checkbox"/>

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Leaded Gasoline <input type="checkbox"/>	_____	[S] _____ [C] _____
Unleaded Gasoline <input checked="" type="checkbox"/>	_____ <u>UNKNOWN</u> _____	[S] _____ [C] <input checked="" type="checkbox"/>
Aviation Gasoline <input type="checkbox"/>	_____	[S] _____ [C] _____
Kerosene <input type="checkbox"/>	_____	[S] _____ [C] _____
Jet Fuel <input type="checkbox"/>	_____	[S] _____ [C] _____
Diesel Fuel <input type="checkbox"/>	_____	[S] _____ [C] _____
New Motor Oil <input type="checkbox"/>	_____	[S] _____ [C] _____
Used Motor Oil <input type="checkbox"/>	_____	[S] _____ [C] _____
Fuel Oil No. 1 <input type="checkbox"/>	_____	[S] _____ [C] _____
Fuel Oil No. 2 <input type="checkbox"/>	_____	[S] _____ [C] _____
Fuel Oil No. 4 <input type="checkbox"/>	_____	[S] _____ [C] _____
Fuel Oil No. 5 <input type="checkbox"/>	_____	[S] _____ [C] _____
Fuel Oil No. 6 <input type="checkbox"/>	_____	[S] _____ [C] _____
Other (Specify) _____ <input type="checkbox"/>	_____	[S] _____ [C] _____
Unknown <input type="checkbox"/>	_____	[S] _____ [C] _____

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	Planned	Initiated	Completed	Not Applicable
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VII. ADDITIONAL INFORMATION (Both O/O and I/I)

Include a brief description of the activity that was being conducted when the reportable release was confirmed by the owner or operator or when the suspected/confirmed contamination was observed by the certified installer or inspector, e.g., during a(n) installation, repair or upgrade, removal from service or routine inspection.

Analytical results from site assessment indicate existing soil impact. Soil Sample 002-PD (C4989-06) shows naphthalene at 15,000 ppb, above the Statewide Action Level by 10,000 ppb. Eleven samples collected from the Tank Field exhibited results below statewide action levels.

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

I, Sterling Reichart, hereby certify, under penalty of law as provided in 18 Pa. 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.

Sterling Reichart Signature of Owner or Operator 6-5-98 Date

I, Robert R Stewart, hereby certify, under penalty of law as provided in 18 Pa. 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] Signature of Certified Installer 6-5-98 Date

3219 Installer Certification Number 142 Company Certification Number

I, \_\_\_\_\_, hereby certify, under penalty of law as provided in 18 Pa. 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

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

Include a brief description of the activity that was being conducted when the reportable release was confirmed by the owner or operator or when the suspected/confirmed contamination was observed by the certified installer or inspector, e.g., during a(n) installation, repair or upgrade, removal from service or routine inspection.

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

Sterling Reichart  
(Print Name)

\_\_\_\_\_ hereby certify, under penalty of law as provided in 18 Pa. 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.

Sterling Reichart  
Signature of Owner or Operator

6-5-98  
Date

Robert R Stewart  
(Print Name)

\_\_\_\_\_ hereby certify, under penalty of law as provided in 18 Pa. 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]  
Signature of Certified Installer

6-5-98  
Date

3219

Installer Certification Number

142

Company Certification Number

I, \_\_\_\_\_, hereby certify, under penalty of law as provided in 18 Pa. C.S.A.  
(Print Name)

§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

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

Sterling Reichart  
(Print Name)

\_\_\_\_\_ hereby certify, under penalty of law as provided in 18 Pa. C.S.A.

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Sterling Reichart  
Signature of Owner or Operator

6-5-98  
Date

Robert R Stewart  
(Print Name)

\_\_\_\_\_ hereby certify, under penalty of law as provided in 18 Pa. 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]  
Signature of Certified Installer

6-5-98  
Date

3219

Installer Certification Number

142

Company Certification Number

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

**VII. ADDITIONAL INFORMATION (Both O/O and I/I)**

Include a brief description of the activity that was being conducted when the reportable release was confirmed by the owner or operator or when the suspected/confirmed contamination was observed by the certified installer or inspector, e.g., during a(n) installation, repair or upgrade, removal from service or routine inspection.

Analytical results from site assessment indicate existing soil impact. Soil Sample 002-PD (C4989-06) shows naphthalene at 15,000 ppb, above the statewide Action Level by 10,000 ppb. Eleven samples collected from the tank field exhibited results below statewide action levels.

**VIII. CERTIFICATION (Both O/O and I/I)**

I, Sterling Reichart, hereby certify, under penalty of law as provided in 18 Pa. 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.

Sterling Reichart Signature of Owner or Operator 6-5-98 Date

I, Robert R Stewart, hereby certify, under penalty of law as provided in 18 Pa. 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] Signature of Certified Installer 6-5-98 Date

3219 Installer Certification Number 142 Company Certification Number

I, \_\_\_\_\_, hereby certify, under penalty of law as provided in 18 Pa. 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





**NOTIFICATION OF REPORTABLE RELEASE (Owners and Operators)**  
**NOTIFICATION OF CONTAMINATION (Certified Installers and Inspectors)**

**NOTIFICATION OF REPORTABLE RELEASE (Owners and Operators)**

On August 21, 1993, the Storage Tank Program's Corrective Action Process (CAP) regulations became effective. These regulations establish release reporting requirements for owners and operators of storage tanks and storage tank facilities.

Subsection 245.305(a) of the regulations requires owners or operators to notify the appropriate regional office of the Department as soon as practicable, but no later than 2 hours, after the confirmation of a reportable release.

Subsection 245.305(d) requires owners or operators to provide written notification to the appropriate regional office and to the local municipality, within 15 days of the notice required by Subsection 245.305(a). This form may be used to comply with Subsection 245.305(d).

**OWNERS AND OPERATORS (O/O)**

PLEASE COMPLETE SECTIONS I, II, IIIA, IIIB, IV, V, VII and VIII.

**NOTIFICATION OF CONTAMINATION (Certified Installers and Inspectors)**

On September 21, 1991, the Storage Tank Program's Certification regulations became effective. These regulations establish standards of performance for certified installers and inspectors of storage tanks and storage tank facilities.

Subsection 245.132(a)(4) of the regulations requires certified installers and inspectors to report to the Department a release of a regulated substance or confirmed or suspected contamination of soil, surface or groundwater from regulated substances observed while performing services as a certified installer or inspector.

This form may be used to comply with Subsection 245.132(a)(4). The Department expects submission of the form within 48 hours of observing suspected or confirmed contamination. Where there is a reportable release, the form may be submitted jointly by the owner, operator, certified installer and certified inspector. In this instance, the form must be received by the appropriate regional office within 15 days of the notice required by Subsection 245.305(a).

**CERTIFIED INSTALLERS AND INSPECTORS (I)**

PLEASE COMPLETE SECTIONS I, II, IIIA, IIIC, VI, VII and VIII.

**INSTRUCTIONS**

- I. **FACILITY INFORMATION** - Record the name, I.D. number and physical location (not P.O. Box) of the facility at which a reportable release has been confirmed or at which suspected or confirmed contamination has been observed. Include the name and phone number of a person to contact at the facility.
- II. **OWNER INFORMATION** - Record the name, business address and phone number of the owner of the facility identified in Section I.
- III. **REGULATED SUBSTANCE INFORMATION** - Indicate to the best of your knowledge: A) the type of product or products involved; B) the quantity of product or products released; and C) whether the contamination is suspected or confirmed.
- IV. **REPORTABLE RELEASE INFORMATION** - Record the date of confirmation of the reportable release, e.g., "08/21/93"; the date and regional office notified; and the date the local municipality (provide name of municipality) was sent a copy of this form. Indicate to the best of your knowledge the extent of contamination resulting from the release of the regulated substance.
- V. **INTERIM REMEDIAL ACTIONS** - Indicate the interim remedial actions planned, initiated or completed.
- VI. **SUSPECTED/CONFIRMED CONTAMINATION INFORMATION** - Record the date of observation of the suspected or confirmed contamination, e.g., "01/01/94". Indicate to the best of your knowledge the indications of a suspected release or extent of confirmed contamination resulting from the release of the regulated substance.
- VII. **ADDITIONAL INFORMATION** - Provide any additional, relevant, available information concerning the reportable release or suspected or confirmed contamination. Include in this section a brief description of the activity that was being conducted when the reportable release was confirmed by the owner or operator or when the suspected/confirmed contamination was observed by the certified installer or inspector, e.g., during a(n) installation, repair or upgrade, removal from service or routine inspection.
- VIII. **CERTIFICATION** - Please print your name, and provide your signature and date of signature. If a certified installer/inspector, provide certification number and company certification number.

PLEASE SEND COMPLETED ORIGINAL FORM TO:

PA Department of Environmental Resources  
Environmental Cleanup Program  
Storage Tank Section

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

**Southeast Region**  
Lee Park, Suite 6010  
555 North Lane  
Cannonock, PA 19428  
FAX: 610-832-6259/6260

**Counties**  
Bucks, Chester, Delaware, Montgomery, Philadelphia

**Northeast Region**  
Cross Valley Centre  
667 North River Street  
Plains, PA 18705  
FAX: 717-826-5448

**Counties**  
Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne, Wyoming

**Southcentral Region**  
One Ararat Boulevard  
Harrisburg, PA 17110  
FAX: 717-540-7492

**Counties**  
Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, York

**Northcentral Region**  
200 Pine Street  
Williamsport, PA 17701  
FAX: 717-327-3565

**Counties**  
Bradford, Cameron, Centre, Clinton, Clearfield, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, Union

**Southwest Region**  
400 Waterfront Drive  
Pittsburgh, PA 15222  
FAX: 412-442-4194

**Counties**  
Allegheny, Armstrong, Beaver, Cameron, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland

**Northwest Region**  
1012 Water Street  
Meadowdale, PA 16335  
FAX: 814-332-6831

**Counties**  
Butler, Canon, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango, Warren

**I. FACILITY INFORMATION (Both O/O and I/I)**

Facility Name Reichart's Garage Facility I.D. Number 67-61596  
Street Address (P.O. Box not acceptable) 2195 Baltimore Pike  
City Hanover State PA Zip Code 17331  
County York Municipality W. Mankelton Twp  
Contact Person Sterling Reichart Phone Number 717 637-9292

**II. OWNER INFORMATION (Both O/O and I/I)**

Owner Name Reichart's Garage  
Address 2195 Baltimore Pike  
City Hanover  
State PA Zip Code 17331  
Phone Number 717 637-9292



**NOTIFICATION OF REPORTABLE RELEASE (Owners and Operators)**  
**NOTIFICATION OF CONTAMINATION (Certified Installers and Inspectors)**

**NOTIFICATION OF REPORTABLE RELEASE (Owners and Operators)**

On August 21, 1993, the Storage Tank Program's Corrective Action Process (CAP) regulations became effective. These regulations establish release reporting requirements for owners and operators of storage tanks and storage tank facilities.

Subsection 245.305(a) of the regulations requires owners or operators to notify the appropriate regional office of the Department as soon as practicable, but no later than 2 hours, after the confirmation of a reportable release.

Subsection 245.305(d) requires owners or operators to provide written notification to the appropriate regional office and to the local municipality, within 15 days of the notice required by Subsection 245.305(a). This form may be used to comply with Subsection 245.305(d).

**OWNERS AND OPERATORS (O/O)**

PLEASE COMPLETE SECTIONS I, II, IIIA, IIIB, IV, V, VII and VIII.

**NOTIFICATION OF CONTAMINATION (Certified Installers and Inspectors)**

On September 21, 1991, the Storage Tank Program's Certification regulations became effective. These regulations establish standards of performance for certified installers and inspectors of storage tanks and storage tank facilities.

Subsection 245.132(a)(4) of the regulations requires certified installers and inspectors to report to the Department a release of a regulated substance or confirmed or suspected contamination of soil, surface or groundwater from regulated substances observed while performing services as a certified installer or inspector.

This form may be used to comply with Subsection 245.132(a)(4). The Department expects submission of the form within 48 hours of observing suspected or confirmed contamination. Where there is a reportable release, the form may be submitted jointly by the owner, operator, certified installer and certified inspector. In this instance, the form must be received by the appropriate regional office within 15 days of the notice required by Subsection 245.305(a).

**CERTIFIED INSTALLERS AND INSPECTORS (I/I)**

PLEASE COMPLETE SECTIONS I, II, IIIA, IIIC, VI, VII and VIII.

**INSTRUCTIONS**

- I. **FACILITY INFORMATION** - Record the name, I.D. number and physical location (not P.O. Box) of the facility at which a reportable release has been confirmed or at which suspected or confirmed contamination has been observed. Include the name and phone number of a person to contact at the facility.
- II. **OWNER INFORMATION** - Record the name, business address and phone number of the owner of the facility identified in Section I.
- III. **REGULATED SUBSTANCE INFORMATION** - Indicate to the best of your knowledge: A) the type of product or products involved; B) the quantity of product or products released; and C) whether the contamination is suspected or confirmed.
- IV. **REPORTABLE RELEASE INFORMATION** - Record the date of confirmation of the reportable release, e.g., "08/21/93"; the date and regional office notified; and the date the local municipality (provide name of municipality) was sent a copy of this form. Indicate to the best of your knowledge the extent of contamination resulting from the release of the regulated substance.
- V. **INTERIM REMEDIAL ACTIONS** - Indicate the interim remedial actions planned, initiated or completed.
- VI. **SUSPECTED/CONFIRMED CONTAMINATION INFORMATION** - Record the date of observation of the suspected or confirmed contamination, e.g., "01/01/94". Indicate to the best of your knowledge the indications of a suspected release or extent of confirmed contamination resulting from the release of the regulated substance.
- VII. **ADDITIONAL INFORMATION** - Provide any additional, relevant, available information concerning the reportable release or suspected or confirmed contamination. Include in this section a brief description of the activity that was being conducted when the reportable release was confirmed by the owner or operator or when the suspected/confirmed contamination was observed by the certified installer or inspector, e.g., during a(n) installation, repair or upgrade, removal from service or routine inspection.
- VIII. **CERTIFICATION** - Please print your name, and provide your signature and date of signature. If a certified installer/inspector, provide certification number and company certification number.

PLEASE SEND COMPLETED ORIGINAL FORM TO:

PA Department of Environmental Resources  
Environmental Cleanup Program  
Storage Tank Section  
(and the appropriate address below, depending on where the FACILITY is located)

<p><b>Southeast Region</b> Lee Park, Suite 6010 555 North Lane Coshonock, PA 19428 FAX: 610-832-6259/6260</p> <p><b>Counties</b> Bucks, Chester, Delaware, Montgomery, Philadelphia</p>	<p><b>Northeast Region</b> Cross Valley Centre 667 North River Street Plym, PA 18705 FAX: 717-826-5448</p> <p><b>Counties</b> Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne, Wyoming</p>	<p><b>Southcentral Region</b> One Ararat Boulevard Harrisburg, PA 17110 FAX: 717-540-7492</p> <p><b>Counties</b> Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, York</p>	<p><b>Northcentral Region</b> 200 Pine Street Williamsport, PA 17701 FAX: 717-327-3565</p> <p><b>Counties</b> Bradford, Cameron, Centre, Clinton, Clearfield, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, Union</p>	<p><b>Southwest Region</b> 400 Waterfront Drive Pittsburgh, PA 15222 FAX: 412-442-4194</p> <p><b>Counties</b> Allegheny, Armstrong, Beaver, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland</p>	<p><b>Northwest Region</b> 1012 Water Street Meadville, PA 16335 FAX: 814-332-6831</p> <p><b>Counties</b> Butler, Canon, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango, Warren</p>
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<b>I. FACILITY INFORMATION (Both O/O and I/I)</b>		<b>II. OWNER INFORMATION (Both O/O and I/I)</b>	
Facility Name <u>Reichart's Garage</u>	Facility I.D. Number <u>67-6159b</u>	Owner Name <u>Reichart's Garage</u>	
Street Address (P.O. Box not acceptable) <u>2195 Baltimore Pike</u>		Address <u>2195 Baltimore Pike</u>	
City <u>Hanover</u>	State <u>PA</u>	City <u>Hanover</u>	Zip Code <u>17331</u>
County <u>York</u>	Municipality <u>W. Mantelton Twp</u>	State <u>PA</u>	Zip Code <u>17331</u>
Contact Person <u>Sterling Reichart</u>	Phone Number <u>717 637-9292</u>	Phone Number <u>717 637-9292</u>	



**NOTIFICATION OF REPORTABLE RELEASE (Owners and Operators)**  
**NOTIFICATION OF CONTAMINATION (Certified Installers and Inspectors)**

**NOTIFICATION OF REPORTABLE RELEASE (Owners and Operators)**

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**OWNERS AND OPERATORS (O/O)**

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**CERTIFIED INSTALLERS AND INSPECTORS (I/I)**

PLEASE COMPLETE SECTIONS I, II, IIIA, IIIC, VI, VII and VIII.

**INSTRUCTIONS**

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- IV. **REPORTABLE RELEASE INFORMATION** - Record the date of confirmation of the reportable release, e.g., "08/21/93"; the date and regional office notified; and the date the local municipality (provide name of municipality) was sent a copy of this form. Indicate to the best of your knowledge the extent of contamination resulting from the release of the regulated substance.
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- VI. **SUSPECTED/CONFIRMED CONTAMINATION INFORMATION** - Record the date of observation of the suspected or confirmed contamination, e.g., "01/01/94". Indicate to the best of your knowledge the indications of a suspected release or extent of confirmed contamination resulting from the release of the regulated substance.
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- VIII. **CERTIFICATION** - Please print your name, and provide your signature and date of signature. If a certified installer/inspector, provide certification number and company certification number.

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

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<b>I. FACILITY INFORMATION (Both O/O and I/I)</b>		<b>II. OWNER INFORMATION (Both O/O and I/I)</b>	
Facility Name <u>Reichert's Garage</u>	Facility I.D. Number <u>67-61596</u>	Owner Name <u>Reichert's Garage</u>	
Street Address (P.O. Box not acceptable) <u>2195 Baltimore Pike</u>		Address <u>2195 Baltimore Pike</u>	
City <u>Hanover</u>	State <u>PA</u>	City <u>Hanover</u>	State <u>PA</u>
County <u>York</u>	Municipality <u>W. Mantelton Twp</u>	Zip Code <u>17331</u>	Zip Code <u>17331</u>
Contact Person <u>Sterling Reichert</u>	Phone Number <u>717 637-9292</u>	Phone Number <u>717 637-9292</u>	