PST_ \\95 \\ For internal use only \\ \(\text{LE} - \) \(\text{20190603} \) \(\text{UST} \)

Owner's Customer No.: CN Facility's Regulated Entity No.: RN								
TCEQ - UND (Use	ERGROU this form fo	N D STO or filing re	RAGE TAN gistration an	IK REGISTRATION d self-certification info	& SELF•C	ERTIFI	CATION FORM Page 1 of 5 TCEQ Facility ID No.:	
				itorage Tank Registration Team (MC-138)			1195	
For Use	Commis	ssion	Texas Commi	ssion on Environmental C	luality	•	TCEQ Owner ID No.:	
TEXAS	On Environ		P. O. Box 130 Austin, Texas				69865	
	Quality			76711-3087) Fax (512)239-3398			Federal Tax ID No. : 1-2 6/5245342	
ICEG	TCEQ SMAKE A COPY OF				OF FORM FOR YOU'R RECORDS			
CONTROL CONTROL OF THE PROPERTY OF THE PROPERT	السماعية فيما الاستان		TANK OV	VNER INFORMATIO	N	T		
TANK OWNER BUSINESS OR L	AST NAME:	ÉR FIRST NAME	TYPE OF TANK OWNER:					
DNR BUSINESS INC				Individual Corporation Common Carrier Railroad Local Gov't State Gov't Local Gov't				
OWNER MAILING ADDRESS								
800 W MAI	V 5/1			County Gov't City Gov't Sole Proprietorship				
BELLVILLE		-TV	77418	LOCATION OF RECORDS:	-			
Crry:	······································	STATE:	ZIP CODE:	At facility Offsite at OFFSITE RECORDS LOCATION /		TY	STATE	
				S. G. E. C. E. G. C.	iobnicoo o		•····	
COUNTRY (OUTSIDE USA)	E-MAIL ADD			RECORDS CUSTODIAN/CONTACT PERSON: (TELEPHONE NO.				
	SOUTHE	ASTOIL	DAOL, COM					
OWNER'S AUTHORIZED REPRE		le: 979	TELEPHONE NO. 7865	FAX NO: 979 865585	INDEPENDE		LED & OPERATED	
STATE FRANCHISE TAX ID	DU	NS NO		NUMBER OF EMPLOYEES				
				0-20 21-100		251-500	501 & HIGHER	
Office of the Attent	tion only this by Conoral o	n hohalf o	not be process	ed until all delinquent fee paid in accordance with	s and/or pen the Delinave	alties owe of Fee and	ed to the TCEQ or the	
Onice of the Augin	ey deneral o							
FACILITY NAME:				Y INFORMATION				
PARK PLACE	TRAVE	L MCA	2 <i>A</i>)	TYPE OF FACILITY: Emergency Generator Wholesale Retail Farm or Residential Fleet Refueling				
				Aircraft Refueling Indian Land Watercraft Fueling				
5/68 NE I-10 FRONTAGE RD				Industrial/Manufacturing/Chemical Plant				
CITY: ZIP CODE COUNTY:				Number of regulated *USTs at this facility:				
SEALY TX TTYTY AUSTIN				Number of regulated *ASTs at this facility: Aboveground Storage Tanks (ASTs)				
ON-SITE CONTACT PERSON	TITLE		TELEPHONE NO.:	PRIMARY SIG CODE		SECONDA	RY SIC CODE	
MANZUR MURS	HED MA	NAUGR "	779 89K240	A				
E MAIL ADDRESS:			11 100 11			SECONDA	DARY NAICS CODE	
					1			
LATITUDE				LONGITUDE	T	·		
Degrees	Minutes	S	econds	Degrees	Minutes		Seconds	
*** PRIOR TO RE	TAIL SALEO	F FILEL TO	THE DURING	USING MEASURED DISPI	News DEV	CEC AND	/ METED MIJET DE	
				NT OF AGRICULTURE 1-8				
	kayadi ne madalari a desertiya kiya kengal analisa seb			RATOR*INFORMAT			ere if same as owner)	
		day-to-day	y control of, ai	nd having responsibility fo	r, the daily o	peration	of the UST system.	
TCEQ Operator ID No		 		by TCEQ) CI		·		
TANK OPERATOR NAME: (Do NOT LIST EMPLOYEES OF OPERATOR)			TYPE OF TANK OPERATOR: [7] Corporation					
MAILING ADDRESS:				Sole Proprietorshi		ederal G		
				State Gov't	i Fig	County G	ŏv ₩ED	
City:		STATE:	ZIP CODE:	Local Gov't		City Gov'		
0		TITLE:		1		JUL	0 2 2019	
OPERATOR'S AUTHORIZED REPRESENTATIVE:	TELEPHONE NO:	Date listed person became operator:						
1		1		10	CEQ			
							FILE ROOM	

Jun 01 19 03:05p

TCEQ Facility ID No **TCEQ-UST REGISTRATION & SELF-CERTIFICATION FORM**

MAKE A COPY OF FORM FOR YOUR RECORDS

For Self-Certification Annual Renewal, <u>Sections 1 thru 10</u> must be completed. If there is a change of ownership along with the renewal of the delivery certificate, <u>Sections 1 thru 10</u>, <u>& 12</u> must be completed.

For Initial Registration, Sections 1 thru 13, the complete form must be completed.

For data verification purposes, please check our IWR (Integrated web reporting) web page www15.tceq.texas.gov/crpub/index.cfm?fuseaction=regent.RNSearch

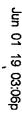
If you have any questions on how to fill out this form or about the PST Registration program, please contact us at 512/239-2160.

Individuals are entitled to request and review their personal information that the agency gathers on its forms. They

may also have any errors in their inform	ation corrected. To	o review such inform	nation, contact us at 512-239-2160.						
4. REASON FOR THIS FILING									
PART A). UST REGISTRATION INFORMATION (Mark all that apply): ☐ Initial Registration ☐ UST Ownership Change (New Owner indicate effective date :) ☐ Amendment of: A☐ Owner Information B☐ Operator Information C☐ Financial Assurance Information ☐ Operator Training ☐ Other (specify):									
Carlos (apocary).	Other (specify).								
PART B). UST COMPLIANCE SELF-CERTIFICATION Initial Certification at Facility (Including New Tank at Facility Other (s	Tank Ownership Cha		nual Renewal						
5. TCEQ PROGRAMS IN WHICH THIS REGULATED ENTITY PARTICIPATES Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form or the updates may not be made. If the program is not listed, check other and write it in.									
☐ Animal Feeding Operation	□ Dam Safety		☐ Districts						
☐ Industrial & Hazardous Waste	☐ Municipal Solid Waste		☐ New Source Review - Air						
OSSF	Petroleum Storage Tank		☐ Sludge						
☐ Stormwater	☐ Tires		☐ Title V - Air						
☐ Utilities	□ Voluntary Cleanup Program		☐ Wastewater Agriculture						
☐ Wastewater Permit	☐ Water Districts		□ Water Rights						
☐ Water Utilities	☐ Other		Other						
☐ Unknown	Licensing - Ty	/pe(s)							
Each class of operator – Class A, Class B, and Class C shall be trained and certified in accordance with Title 30, TAC 334 Subchapter N. Class A and Class B Operators must ensure that training certificates are maintained at each facility. A copy of the initial or new certificate must also be provided to the TCEQ with their annual self certification starting August 8, 2012. All classes of operators must be retrained within three years of their training date. As of the signature date on this form, this site is in compliance with all Class A, B, and C UST facility operator training Yes No									
Class A Operator (Exactly as it appears on certificate)									
First Name SANTOY		Last Name MATCINDEL							
Training Provider TEYAS PETROLEM	m/coust AS	Date of Training 07_16-2016 V							
Class B Operator - Check Box if Same as Class A Operator									
First Name		Last Name							
Training Provider		Date of Training							

TCEQ- UST REGISTRATION & SELF-CERTIFICATION FORM

t-				10/11/10/11/		
and the second of the second	7. SELF-CERTIFIC					
lis prohibited by state	on of this section is required l law unless a valid, current D mittal, will result in non-iss	elivery Certificate is avai	lable and/or displayed :	at the UST facility. Any r	ostances into reg esponses mark	ulated USTs ed aNOe, or
 INDICATE RESPON 	SES TO EACH QUESTION BY MA					ES NO
REGISTRATION	 For regulated UST system pursuant to §334.7 of TC 	ms at the facility indica EQ rules (including infor	ted below, is the regis mation in this filing) cor	tration information filed windlete, accurate, & up-to-	vith the TCEQ date?	
FACILITY FEES	 For regulated UST systematics owner been paid in full common carrier railroad 	(l.e., annual fees plu	ated below, have all fa s all late fees, penalt	acility fees billed to date les, & interest)? (Does	to the current not apply to	
FINANCIAL ASSURANCE	 For regulated UST systemedirements, as descriptional third-party bodily-injury, UST systems? 	bed in Chapter 37 Sub	chapter I of TCEQ rule	es, for first-party corrective	ve action, 🔛	
TECHNICAL STANDARDS	 For regulated UST systems described in TGEQ Detection), §334.51 (reliand Alternative Procedsections has been grequirements and reportification.) 	rules in §334.49 (relatating to Spill and Overfilures) if a written variatanted by the TCEQ orting duties have be	ing to Corrosion Protein Prevention and Control ce to all or part of the Control (A Avese responses met for 60 days	ection), \$334.50 (relating oil) and \$334.43 (relating e requirements of the pase indicates that reprior to and including	g to Release to Variances revious three X cordkeeping	
I am certifying Tank ID #(s) 7 If certifying more UST sy	that the following US A 78 8 8 stems, please list additional IC #s o	Systems at this as numbered an another form.	facility are in cor d on Pages 4 and	npliance: 5 of this form.		
This Self-Certific	ation will not be processa	d or Delivery Certific with this form. (State o	ate created unless Pa Rederal Entities Ex	roof of Financial Assur	ance has been	provided
a Bhain and a single of		NANCIAL ASSU			والمساو فأفائقه والمسورة بالمساورة	William Strong Japan
Does this facility r	e (Petroleum USTs only) neet Financial Assurance (F e action and 3 rd party bodily	A) requirements for <u>bo</u>	th		ate and federal e	entities only)
	mechanism(s): Insura Surety res stand-by trust fund.	bond* Local Gov.	financial test • Lo	est Guarantee* [cal Gov. guarantee* (counties, municipalities	Trust fund	
Info	ormation pertaining to the fir	nancial assurance med ubchapter I of Title 30,	hanism(s) used to den	nonstrate financial assur	ance under	
Name of Issuer: N	11D-CONTINENT do		A			
Coverage period Beginning: 67 [0]			Occurrence \$ 1000 000	Insurance Premium pro	e-paid for entire r information pur	year?*** rposes only
	or questions regarding Fi	 		urance Section at (512)	239-0300**	
	TANK OWNER/OP					
I hereby certify und I am the (mark o	er penalty of law to the following owner	wing: legally-authorized re legally-authorized re	presentative of the o	wner		
• I have personally	ated underground storage ta examined and am familiar w rent knowledge and underst	vith the information incl	uded in Sections 1 thr	ough 4 AND 7; AND 8 surate, and complete: AN	1D	
 understand that 	any person who intentionally when Operator (or Author	y or knowingly submits	false information on t	nis form is subject to crir	ninai prosecutio	
PAUL	- BHULYAN IER/OPERATOR (OR AUTHORI	٠.		1 1	ESIDENT	
					GNATURE (PLEAS	
10. I hereby represent	ANK OWNER/OPER	RATOR REGIST	RATION (for Init	ial Registration c	r Changes)	76-2 (25-1)
• I am the (mark o	<i>ne</i> ⊠ owner □	legally-authorized re legally-authorized re				
 I have personally Based on my cu authority to sub 	ated underground storage ta examined and am familiar v rrent knowledge and under mit this form on behalf of th	ink (UST) systems at the vith the information included standing, the submitted standing, the submitted standing, the submitted standing standard standing standard standa	nis facility; AND uded in Sections 1 thr ed information is true,	ough 4, and Sections 8, accurate, and complet	te and that I ha	
	any person who intentional					
PHINTED NAME OF O	WNER/OPERATOR (OR AUTHOR ろけい・ ハー ハー ハー ハー ハー ハー ハー ハー ハー ハ	RIZED REPRESENTATIVE)		TITLE PR	RESIDENT	/cfo
	ER/OPERATOR (OR AUTHOR	ZED REPRESENTATIVE)		DATE OF SI	GNATURE (PLEAS	SE PRINT)



Rece I ved southeastoilcompany

1 2019 04:35pm

Certificate of Completion



This Certifies That SANJOY MAJUMDER

is awarded this certificate for
TPCA Class A and B UST Facility Operator Training Course
who completed the 4 hours of training on
07/16/2016



Scott Fisher, Provider Representative

This certificate expires 3 years from the date of issue above.

360training.com ◆ 13801 Burnet Rd., Suite 100 ◆ Austin, TX 78727 ◆ 877.881.2235 ◆ www.360training.com