

PST 25207

RE

20190530 - UST


Owner's Customer No.: CN

Facility's Regulated Entity No.: RN

TCEQ - UNDERGROUND STORAGE TANK REGISTRATION & SELF-CERTIFICATION FORM

(Use this form for filing registration and self-certification information)

Page 1 of 5

For Use In TEXAS		Texas Commission On Environmental Quality	• Please mail completed form to: Petroleum Storage Tank Registration Team (MC-138) Texas Commission on Environmental Quality P. O. Box 13087 Austin, Texas 78711-3087 (512) 239-2160 Fax (512) 239-3398 *MAKE A COPY OF FORM FOR YOUR RECORDS*	TCEQ Facility ID No.: 25207
				TCEQ Owner ID No.: 41995
				Federal Tax ID No.:

1. TANK OWNER INFORMATION

TANK OWNER BUSINESS OR LAST NAME: MARTIN ENTERPRISES INC	TANK OWNER FIRST NAME: MARTIN	TYPE OF TANK OWNER: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Common Carrier Railroad <input type="checkbox"/> Federal Gov't <input type="checkbox"/> State Gov't <input type="checkbox"/> Local Gov't <input type="checkbox"/> County Gov't <input type="checkbox"/> City Gov't <input type="checkbox"/> Sole Proprietorship	
OWNER MAILING ADDRESS: 13006 ALDINE WESTFIELD RD		LOCATION OF RECORDS: <input checked="" type="checkbox"/> At facility <input type="checkbox"/> Offsite at: OFFSITE RECORDS LOCATION ADDRESS CITY STATE	
CITY: HOUSTON	STATE: TX	ZIP CODE: 77035	
COUNTRY (OUTSIDE USA):	E-MAIL ADDRESS:	RECORDS CUSTODIAN/CONTACT PERSON: AHMED HASORA	TELEPHONE NO.: 832-419-3966
OWNER'S AUTHORIZED REPRESENTATIVE TITLE: AHMED HASORA	TELEPHONE NO.: 832-419-3966	FAX NO.:	INDEPENDENTLY OWNED & OPERATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
STATE FRANCHISE TAX ID:	DUNN NO:	NUMBER OF EMPLOYEES: <input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 & HIGHER	

*** For Self-Certification only this form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ are paid in accordance with the Delinquent Fee and Penalty Protocol. ***

2. FACILITY INFORMATION

FACILITY NAME: CIRCLE M GROCERY	TYPE OF FACILITY: <input type="checkbox"/> Emergency Generator <input type="checkbox"/> Wholesale <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Farm or Residential <input type="checkbox"/> Fleet Refueling <input type="checkbox"/> Aircraft Refueling <input type="checkbox"/> Indian Land <input type="checkbox"/> Watercraft Fueling <input type="checkbox"/> Industrial/Manufacturing/Chemical Plant	
PHYSICAL LOCATION: 13006 ALDINE WESTFIELD RD	Number of regulated "USTs" at this facility: 1 *Underground Storage Tanks (USTs) Number of regulated "ASTs" at this facility: _____ *Aboveground Storage Tanks (ASTs)	
CITY: HOUSTON	STATE: TEXAS	ZIP CODE: 77035
ON-SITE CONTACT PERSON: AHMED HASORA	TITLE: OWNER	TELEPHONE NO.: 281-449-0404
E-MAIL ADDRESS:	FAX NUMBER:	PRIMARY NAICS CODE
LATITUDE Degrees	Minutes	Seconds
LONGITUDE Degrees	Minutes	Seconds

*** PRIOR TO RETAIL SALE OF FUEL TO THE PUBLIC USING MEASURED DISPENSING DEVICES, ANY METER MUST BE REGISTERED WITH THE TEXAS DEPARTMENT OF AGRICULTURE 1-800-TELL-TDA (1-800-835-6832).

3. TANK OPERATOR INFORMATION ☒ (mark here if same as owner)

* "Operator" means any person in day-to-day control of, and having responsibility for, the daily operation of the UST system.

TCEQ Operator ID No.: (Assigned by TCEQ) CN

TANK OPERATOR NAME: (DO NOT LIST EMPLOYEES OF OPERATOR)

MAILING ADDRESS:

CITY: STATE: ZIP CODE:

OPERATOR'S AUTHORIZED REPRESENTATIVE: TITLE: TELEPHONE NO.:

RECEIVED

TYPE OF TANK OPERATOR: ☐ Individual ☐ Corporation
☐ Sole Proprietorship ☐ Federal Gov't
☐ State Gov't ☐ County Gov't ☐ City Gov't
☐ Local Gov't

Date listed person became operator: _____

JUN 14 2019

TCEQ- UST REGISTRATION & SELF-CERTIFICATION FORM

TCEQ Facility ID No. 29207

MAKE A COPY OF FORM FOR YOUR RECORDS

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

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

For data verification purposes, please check our web page PST Registration Database (www.tceq.texas.gov/permitting/registration/pst/pst_query.html).

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 information corrected. To review such information, contact us at 512-239-2160.

4. REASON FOR THIS FILING

PART A). UST REGISTRATION INFORMATION (Mark all that apply):

- 1 ☐ Initial Registration 2 ☐ UST Ownership Change (New Owner indicate effective date :)
- 3 ☐ Amendment of: a ☐ Owner Information b ☐ Operator Information c ☐ Facility Information
- d ☐ UST System Information e ☐ Financial Assurance Information
- 4 ☐ Operator Training
- 5 ☐ Other (specify): _____

PART B). UST COMPLIANCE SELF-CERTIFICATION INFORMATION (Mark all that apply):

- 1 ☐ Initial Certification at Facility (Including Tank Ownership Change) 2 ☒ Annual Renewal
- 3 ☐ New Tank at Facility 4 ☐ Other (specify): _____

5. TCEQ PROGRAMS IN WHICH THIS REGULATED ENTITY PARTICIPATES

(NOT ALL APPLICABLE BOXES MUST BE CHECKED. PLEASE CHECK ALL THAT APPLY. IF YOU DO NOT PARTICIPATE IN ANY OF THE FOLLOWING, CHECK THE UNKNOWN BOX.)

<input type="checkbox"/> Animal Feeding Operation	<input checked="" type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> Water Rights
<input type="checkbox"/> Title V - Air	<input type="checkbox"/> Wastewater Permit	<input type="checkbox"/>
<input type="checkbox"/> Industrial & Hazardous Waste	<input type="checkbox"/> Water Districts	<input type="checkbox"/>
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> Water Utilities	<input type="checkbox"/> Unknown
<input type="checkbox"/> New Source Review - Air	<input type="checkbox"/> Licensing - Type (S)	

6. OPERATOR TRAINING

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	AHMED	Last Name	HASON
Training Provider	PSS TRAINING	Date of Training	5-29-2019
Class B Operator - Check Box if Same as Class A Operator <input checked="" type="checkbox"/>			
First Name		Last Name	
Training Provider		Date of Training	

TCEQ Facility ID No 25257**TCEQ- UST REGISTRATION & SELF-CERTIFICATION FORM****7. SELF-CERTIFICATION OF COMPLIANCE WITH UST REQUIREMENTS**

Important: Completion of this section is required before TCEQ issues a UST Delivery Certificate. Delivery of regulated substances into regulated USTs is prohibited by state law unless a valid, current Delivery Certificate is available and/or displayed at the UST facility. Any responses marked ANO, or any incomplete submittal, will result in non-issuance of a Delivery Certificate for this facility.

• INDICATE RESPONSES TO EACH QUESTION BY MARKING X IN THE APPROPRIATE SPACE AT THE RIGHT.		YES	NO
REGISTRATION	• For regulated UST systems at the facility indicated below, is the registration information filed with the TCEQ pursuant to §334.7 of TCEQ rules (including information in this filing) complete, accurate, & up-to-date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FACILITY FEES	• For regulated UST systems at the facility indicated below, have all facility fees billed to date to the current owner been paid in full (i.e., annual fees plus all late fees, penalties, & interest)? (Does not apply to common carrier railroads)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FINANCIAL ASSURANCE	• For regulated UST systems at the facility indicated below, does financial assurance coverage meet TCEQ requirements, as described in Chapter 37 Subchapter I of TCEQ rules, for first-party corrective action, third-party bodily-injury, and third-party property damage in the event of a petroleum release from these UST systems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TECHNICAL STANDARDS	• For regulated UST systems at the facility indicated below, are all in compliance with technical standards, as described in TCEQ rules in §334.49 (relating to Corrosion Protection), §334.50 (relating to Release Detection), §334.51 (relating to Spill and Overfill Prevention and Control) and §334.43 (relating to Variances and Alternative Procedures) if a written variance to all or part of the requirements of the previous three sections has been granted by the TCEQ? (A Yes response indicates that recordkeeping requirements and reporting duties have been met for 60 days prior to and including the date of certification.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I am certifying that the following UST systems at this facility are in compliance:

Tank ID #(s) 4A, 4B, 4C as numbered on Pages 4 and 5 of this form.

If certifying more UST systems, please list additional ID #s on another form.

This Self-Certification will not be processed or Delivery Certificate created unless Proof of Financial Assurance has been provided with this form. (State & Federal Entities Exempt)

8. FINANCIAL ASSURANCE INFORMATION

Financial Assurance (Petroleum USTs only)

Does this facility meet Financial Assurance (FA) requirements for both

1st party corrective action and 3rd party bodily injury/property damage liability? ☒ Yes ☐ No ☐ Exempt (state and federal entities only)

If YES, identify FA mechanism(s): ☒ Insurance (or risk retention group) ☐ Financial test ☐ Guarantee ☐ Letter of credit

☐ Surety bond ☐ Local Gov. financial test ☐ Local Gov. guarantee ☐ Trust fund

* Also requires stand-by trust fund.

** Only available to local governments (counties, municipalities, and special districts).

Information pertaining to the financial assurance mechanism(s) used to demonstrate financial assurance under Chapter 37, Subchapter I of Title 30, Texas Administrative Code is as follows:

Name of issuer: <u>ACE AMERICAN INS. Co.</u>	Phone # of issuer:	Po
Coverage period: Beginning: <u>9-9-15</u> Ending: <u>9-9-15</u>	Coverage Amounts: Occurrence \$ <u>1,000,000</u> Annual Aggregate \$ <u>1,000,000</u>	Insurance Premium pre-paid for entire year? <input type="checkbox"/> Yes <input type="checkbox"/> No ***For information purposes only

****For questions regarding Financial Assurance, call the Financial Assurance Section at (512) 239-0300****

9. TANK OWNER/OPERATOR SELF-CERTIFICATION (for Delivery Certificate)

I hereby certify under penalty of law to the following:

• I am the (mark one): ☐ owner ... ☒ legally-authorized representative of the owner ...

☐ operator ... ☒ legally-authorized representative of the operator ...

... of the regulated underground storage tank (UST) systems at this facility; AND

• I have personally examined and am familiar with the information included in Sections 1 through 4 AND 7; AND 8

• Based on my current knowledge and understanding, the submitted information is true, accurate, and complete; AND

• I understand that any person who intentionally or knowingly submits false information on this form is subject to criminal prosecution.

PRINTED NAME OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)

ARMED MADHA

Rep TITLE

SIGNATURE OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)

Armed

DATE OF SIGNATURE (PLEASE PRINT)

5-29-2015

10. TANK OWNER/OPERATOR REGISTRATION (for Initial Registration or Changes)

I hereby represent the following:

• I am the (mark one): ☐ owner ... ☒ legally-authorized representative of the owner ...

☐ operator ... ☒ legally-authorized representative of the operator ...

... of the regulated underground storage tank (UST) systems at this facility; AND

• I have personally examined and am familiar with the information included in Sections 1 through 4, and Sections 8, 11 - 12; AND

• Based on my current knowledge and understanding, the submitted information is true, accurate, and complete; AND

• I understand that any person who intentionally or knowingly submits false information on this form is subject to criminal prosecution.

PRINTED NAME OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)

ARMED MADHA

Rep TITLE

SIGNATURE OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)

Armed

DATE OF SIGNATURE (PLEASE PRINT)

5-29-2015



CERTIFICATE OF TRAINING

Ahmed Hasora

Has successfully completed
Texas UST Class A/B Operator Training

Issued on:
May 29, 2019

Expires May 29, 2021

A handwritten signature in black ink, appearing to read 'Raymond Rees', is written over a white banner.

Raymond Rees
Trainer

Makno Enterprise Inc.

13006 Aldine Westfield Rd

Houston, TX 77038

P.O. Box 2353, Muncie, IN 47307 • passtesting.com • 765-281-5588

passtesting.com/verify • Certificate # 230559