

PST - 39495	RE -	UST
For internal use only		
20190520		

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.:
			39495
			TCEQ Owner ID No.:
			77755
			Federal Tax ID No.:

1. TANK OWNER INFORMATION

TANK OWNER BUSINESS OR LAST NAME:		TANK OWNER FIRST NAME		TYPE OF TANK OWNER:	
PNA HOSPITALITY LLC				<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				LOCATION OF RECORDS:	
PO BOX 1206				<input checked="" type="checkbox"/> At facility <input type="checkbox"/> Offsite at:	
CITY:	STATE:	ZIP CODE:	OFFSITE RECORDS LOCATION ADDRESS CITY STATE		
KEMAH	TX	77565			
COUNTRY (OUTSIDE USA)	E-MAIL ADDRESS		RECORDS CUSTODIAN/CONTACT PERSON:		TELEPHONE NO.
			SUMAN SHRESTHA		(210)209-4350
OWNER'S AUTHORIZED REPRESENTATIVE TITLE:		TELEPHONE NO.		INDEPENDENTLY OWNED & OPERATED	
SUMAN SHRESTHA		(210)209-435		<input type="checkbox"/> YES <input type="checkbox"/> NO	
STATE FRANCHISE TAX ID		DUNS 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:		TYPE OF FACILITY:	
THOUSAND OAKS CORNER STORE		<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:		Number of regulated *USTs at this facility: 3	
3969 THOUSAND OAKS DR		*Underground Storage Tanks (USTs)	
CITY:	ZIP CODE	COUNTY:	Number of regulated *ASTs at this facility: 0
SAN ANTONIO	TX 78217-	Bexar	*Aboveground Storage Tanks (ASTs)
ON-SITE CONTACT PERSON		PRIMARY SIC CODE	
SUMAN SHRESTHA			
TITLE:		SECONDARY SIC CODE	
(210)209-4350			
E-MAIL ADDRESS:		PRIMARY NAICS CODE	
FAX NUMBER		SECONDARY NAICS CODE	
LATITUDE	Longitude		
Degrees	Minutes	Seconds	Degrees

***** 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 (1-800-835-5832).**

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)		TYPE OF TANK OPERATOR:	
WISO ENTERPRISES LLC		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Federal Gov't <input type="checkbox"/> State Gov't <input type="checkbox"/> County Gov't <input type="checkbox"/> Local Gov't <input type="checkbox"/> City Gov't	
MAILING ADDRESS:		JUN 11 2019 Date listed person became operator: 01/01/2013 TCEQ CENTRAL FILE ROOM	
3969 THOUSAND OAKS DR			
CITY:	STATE:		
SAN ANTONIO	TX	ZIP CODE:	
78217-			
OPERATOR'S AUTHORIZED REPRESENTATIVE:			
SUNNY			

TCEQ- UST REGISTRATION & SELF-CERTIFICATION FORM

TCEQ Facility ID No 39495

MAKE A COPY OF FORM FOR YOUR RECORDS

For Self-Certification Annual Renewal, **Sections 1 thru 5 and 7 thru 9** must be completed. If there are any changes including change of ownership along with the renewal of the delivery certificate, **Sections 1 thru 5 and 7 thru 10 & 12** must be completed.

For Initial Registration, **Sections 1 thru 13**, the complete form should 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 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):

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

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

- ☐ Initial Certification at Facility (Including Tank Ownership Change) ☒ Annual Renewal
☐ New Tank at Facility ☐ Other (specify):

5. TCEQ PROGRAMS IN WHICH THIS REGULATED ENTITY PARTICIPATES

Check all programs and write in the permit registration number(s) that will be affected by the updates supervised on this form or the updates may not be made. If the program is not listed, check other and write it in.

<input type="checkbox"/> Animal Feeding Operation	<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts
<input type="checkbox"/> Industrial & Hazardous Waste	<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review - Air
<input type="checkbox"/> OSSF	<input checked="" type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> Sludge
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Tires	<input type="checkbox"/> Title V - Air
<input type="checkbox"/> Utilities	<input type="checkbox"/> Voluntary Cleanup Program	<input type="checkbox"/> Wastewater Agriculture
<input type="checkbox"/> Wastewater Permit	<input type="checkbox"/> Water Districts	<input type="checkbox"/> Water Rights
<input type="checkbox"/> Water Utilities	<input type="checkbox"/> Other	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Unknown	<input type="checkbox"/> Licensing - Type(s) <input type="text"/>	

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 SUMAN	Last Name SHRESTHA
Training Provider PASS	Date of Training 5/13/19
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- UST REGISTRATION & SELF-CERTIFICATION FORM		TCEQ Facility ID No. 39495
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.		
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?	YES <input checked="" type="checkbox"/> NO <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)	YES <input checked="" type="checkbox"/> NO <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?	YES <input checked="" type="checkbox"/> NO <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.)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
I am certifying that the following UST systems at this facility are in compliance: Tank ID #(s) <u>1A</u> <u> </u> <u> </u> <u> </u> as numbered on Pages 4 and 5 of this form. <small>If certifying more UST systems, please list additional ID #s on another form.</small>		
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 1 st party corrective action and 3 rd party bodily injury/property damage liability? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt (state and federal entities only)		
If YES, identify FA mechanism(s): <input checked="" type="checkbox"/> Insurance (or risk retention group) <input type="checkbox"/> Financial test <input type="checkbox"/> Guarantee* <input type="checkbox"/> Letter of credit* <input type="checkbox"/> Surety bond <input type="checkbox"/> Local Gov. financial test <input type="checkbox"/> Local Gov. guarantee* <input type="checkbox"/> 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: MID-CONTINENT	Phone # of issuer:	Policy or mechanism
Coverage period Beginning: 3/31/19 Ending: 3/31/20	Coverage Amount s: Occurrence \$ 1MIL Annual Aggregate \$ 1MIL	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): <input type="checkbox"/> owner ... <input checked="" type="checkbox"/> legally-authorized representative of the owner ... <input type="checkbox"/> operator ... <input type="checkbox"/> 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) SOMI MAREDA		TITLE REPRESENTATIVE
SIGNATURE OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE) <i>Somi Maredia</i>		DATE OF SIGNATURE (PLEASE PRINT) 5/13/19
10. TANK OWNER/OPERATOR REGISTRATION (for Initial Registration or Changes)		
I hereby represent the following: ● I am the (mark one): <input type="checkbox"/> owner ... <input checked="" type="checkbox"/> legally-authorized representative of the owner ... <input type="checkbox"/> operator ... <input type="checkbox"/> 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 5, and Sections 8, 11 - 13; AND ● Based on my current knowledge and understanding, the submitted information is true, accurate, and complete and that I have signature authority to submit this form on behalf of the entity in Section 1 and/or as required for the updates to the ID numbers identified in Section 5; 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) SOMI MAREDA		TITLE REPRESENTATIVE
SIGNATURE OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE) <i>Somi Maredia</i>		DATE OF SIGNATURE (PLEASE PRINT) 5/13/19



CERTIFICATE OF TRAINING

Suman K Shrestha

Has successfully completed
Texas UST Class A/B Operator Training

Issued on:
May 13, 2019

Raymond Rees

Trainer

Wiso Enterprises LLC

3969 Thousand Oaks Dr.

San Antonio, TX 78217

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