


PST	23023	RE	20190219	UST
For internal use only				

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.:
			23023
			TCEQ Owner ID No.:
			75512
			Federal Tax ID No.:

1. TANK OWNER INFORMATION

TANK OWNER BUSINESS OR LAST NAME:	TANK OWNER FIRST NAME	TYPE OF TANK OWNER:	
NISHA BUSINESS INC		<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:	
3107 MARTIN LUTHER KING DR		<input checked="" type="checkbox"/> At facility <input type="checkbox"/> Offsite at:	
CITY:	STATE:	ZIP CODE:	OFFSITE RECORDS LOCATION ADDRESS CITY STATE
SAN ANTONIO	TX	78220-3145	
COUNTRY (OUTSIDE USA)	E-MAIL ADDRESS	RECORDS CUSTODIAN/CONTACT PERSON:	TELEPHONE NO.
		KARIM MAKNOJIA	830-637-9285
OWNER'S AUTHORIZED REPRESENTATIVE TITLE:	TELEPHONE NO.	FAX NO:	INDEPENDENTLY OWNED & OPERATED
KARIM MAKNOJIA	830-637-9285		<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:	
MLK FOOD MART		<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: 4	
3107 MARTIN LUTHER KING DR		*Underground Storage Tanks (USTs)	
CITY:	ZIP CODE	COUNTY:	Number of regulated *ASTs at this facility:
SAN ANTONIO	TX 78220-	Bexar	
ON-SITE CONTACT PERSON		TITLE:	TELEPHONE NO.:
KARIM MAKNOJIA			830-637-9285
E-MAIL ADDRESS:		FAX NUMBER	PRIMARY SIC CODE
			SECONDARY SIC CODE
LATITUDE		LONGITUDE	
Degrees	Minutes	Degrees	Minutes
	Seconds		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 (1-800-835-5832).**

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:
	<input type="checkbox"/> Individual <input 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:	
CITY:	STATE: ZIP CODE:
	TX
OPERATOR'S AUTHORIZED REPRESENTATIVE:	TITLE: TELEPHONE NO:
Date listed person became operator: TCEQ	
CENTRAL FILE ROOM	

TCEQ- UST REGISTRATION & SELF-CERTIFICATION FORM

TCEQ Facility ID No 23023

MAKE A COPY OF FORM FOR YOUR RECORDS

For Self-Certification Annual Renewal, Sections 1 thru 6 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 6 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 program not listed. If the program is not listed, check other and write in the program.

<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="text"/>	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Unknown	<input type="checkbox"/> Licensing - Type(s) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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 KARIM	Last Name MAKNOJIA
Training Provider API WORKSAFE	Date of Training 10/9/18

Class B Operator – Check Box if Same as Class A Operator ☒

First Name	Last Name
Training Provider	Date of Training

TCEQ Facility ID No. 23023					
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.					
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?				
	<table border="1" style="float: right; width: 100px;"> <tr> <th>YES</th> <th>NO</th> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<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)				
	<table border="1" style="float: right; width: 100px;"> <tr> <th>YES</th> <th>NO</th> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<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?				
	<table border="1" style="float: right; width: 100px;"> <tr> <th>YES</th> <th>NO</th> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<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.)				
	<table border="1" style="float: right; width: 100px;"> <tr> <th>YES</th> <th>NO</th> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input checked="" type="checkbox"/>	<input type="checkbox"/>				
I am certifying that the following UST systems at this facility are in compliance: Tank ID #(s) 1A 3A 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 1st party corrective action and 3rd 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:				
Coverage period Beginning: 10/27/18 Ending: 10/27/19	Coverage Amounts: 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) 2/13/19					
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) 2/13/19					

Certificate #35699385

Antea® Group
Presents this Certificate of Completion to
karim maknoja

For: Texas Class A/B Operator Training**Date Completed: October 9, 2018****Expiration Date: December 31, 2019****Location: Antea Group UST Operator Training****Training Course Modules Included:**

Operator Training
UST Systems - Tanks and Piping
UST Systems - Auxiliary Equipment
Spill and Overfill Prevention
Release Prevention Strategy
Vapor and Overpressure Monitoring
Manual Tank Filling and Inventory Control
Scheduled Inventory Reconciliation (SIR)
Automatic Tank Gauging

Secondary Containment and Interstitial
Release Detection for Piping
Corrosion Protection
Emergency Response
Product Compatibility
Financial Responsibility
Regulation & Registration Requirements
Release Reporting
Course Requirements

[Signature]
Name of Trainer

Antea Group
www.anteagroup.com