

PST - 35214
For internal use only

RE


_UST

20190328

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 (812) 238-2180 Fax (812) 238-9398 *MAKE A COPY OF FORM FOR YOUR RECORDS*	TCEQ Facility ID No.: 35214
				TCEQ Owner ID No.: 62643
				Federal Tax ID No.:

1. TANK OWNER INFORMATION

TANK OWNER BUSINESS OR LAST NAME: ANR ENTERPRISES INC		TANK OWNER FIRST NAME		TYPE OF TANK OWNER:	
OWNER MAILING ADDRESS 3410 BROAD STREET				<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	
CITY: HOUSTON STATE: TX ZIP CODE: 77087		LOCATION OF RECORDS: <input checked="" type="checkbox"/> At facility <input type="checkbox"/> Offsite at:		OFFSITE RECORDS LOCATION ADDRESS CITY STATE	
COUNTRY (OUTSIDE USA) E-MAIL ADDRESS		RECORDS CUSTODIAN/CONTACT PERSON: IMRAN DHANANI		TELEPHONE NO. 832-549-6165	
OWNER'S AUTHORIZED REPRESENTATIVE TITLE: IMRAN DHANANI		TELEPHONE NO. 832-549-6165		FAX NO. INDEPENDENTLY OWNED & OPERATED <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: BROAD MINI MART		TYPE OF FACILITY:	
PHYSICAL LOCATION: 3410 BROAD STREET		<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	
CITY: HOUSTON TX ZIP CODE: 77087- COUNTY: Harris		Number of regulated *USTs at this facility: 1 *Underground Storage Tanks (USTs) Number of regulated *ASTs at this facility: *Aboveground Storage Tanks (ASTs)	
ON-SITE CONTACT PERSON TITLE: IMRAN DHANANI		TELEPHONE NO.: 832-549-6165	
E-MAIL ADDRESS:		FAX NUMBER	
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 (1-800-835-5832).**

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)	
MAILING ADDRESS:	
CITY: TX	STATE: TX ZIP CODE:
OPERATOR'S AUTHORIZED REPRESENTATIVE:	TELEPHONE NO:
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	
Date listed person became operator: APR 09 2019	

TCEQ
CENTRAL FILE ROOM

TCEQ- UST REGISTRATION & SELF-CERTIFICATION FORM

TCEQ Facility ID No 35214

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: ☐ Owner Information ☐ Operator Information ☐ Facility Information
 ☐ UST System Information ☐ 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): _____

Submit your completed form to the TCEQ by mail or in person. If you are submitting by mail, please include a self-addressed return envelope. If the program is not listed, check other and specify.

<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="checkbox"/> Unknown	<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 MALIK	Last Name LALANI
Training Provider API WORKSAFE	Date of Training 1/25/18

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

TCEQ Facility ID No. 35214

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 AND, 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	NO
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) 1A 1B 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: MID-CONTINENT	Phone # of issuer:	Policy or mechanism
Coverage period Beginning: 11/11/18 Ending: 11/11/19	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): ☐ owner ... ☒ legally-authorized representative of the owner ...
- ... 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 ...
- 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

SIGNATURE OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)
Somi Maredia

TITLE
REPRESENTATIVE

DATE OF SIGNATURE (PLEASE PRINT)
3/22/19

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 ...
- ... 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

SIGNATURE OF OWNER/OPERATOR (OR AUTHORIZED REPRESENTATIVE)
Somi Maredia

TITLE
REPRESENTATIVE

DATE OF SIGNATURE (PLEASE PRINT)
3/22/19

 Print  Close

 Certificate ID: 93511135 	
This Certificate of Completion to	
WorkSafe	
for	
Class A+B Operator Training	
Texas	
25-1-19	25-1-19
Date	Location
Training Course Modules Included:	
Operator Training	Secondary Containment with IM
USTs - Tanks and Piping	Release Detection for Piping
USTs - Ancillary Equipment	Corrosion Protection
Spill and Overfill	Emergency Response
Release Detection Overview	Product Compatibility
GW and Vapour Monitoring	Regulatory Requirements
Manual Tank Gauging	Release Reporting
Inventory Reconciliation	Closure Requirements
Automatic Tank Gauging	
WorkSafe	
Name of Trainer	
2910 Rice Creek Parkway	
Suite 100, Houston, TX 77056	