

PST 79773 RE 20190409 \_UST  
 For internal use only

Owner's Customer No.: CN Facility's Regulated Entity No.: RN 105711980

**TCEQ - UNDERGROUND STORAGE TANK REGISTRATION & SELF-CERTIFICATION FORM**  
 (Use this form for filing registration and self-certification information) Page 1 of 5

 <p>For Use In TEXAS</p>	<p><b>Texas Commission On Environmental Quality</b></p>	<p>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*</p>	<p>TCEQ Facility ID No.:          79773</p>
			<p>TCEQ Owner ID No.:          79885</p>
			<p>Federal Tax ID No.:          47-4482640</p>

**1. TANK OWNER INFORMATION**

TANK OWNER BUSINESS OR LAST NAME: BW Gas & Convenience Real Estate, LLC	TANK OWNER FIRST NAME	<b>TYPE OF TANK OWNER:</b> <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 138 Conant Street		LOCATION OF RECORDS: <input type="checkbox"/> At facility <input checked="" type="checkbox"/> Offsite at: Seneca Companies	
3rd Floor	CITY: Beverly STATE: MA ZIP CODE: 01915	OFFSITE RECORDS LOCATION ADDRESS: 4140 E 14th Street	CITY: Des Moines STATE: IA
COUNTRY (OUTSIDE USA)	E-MAIL ADDRESS: permits@yesway.com	RECORDS CUSTODIAN/CONTACT PERSON: Jennifer Carpenter	TELEPHONE NO.: 515-261-7750
OWNER'S AUTHORIZED REPRESENTATIVE: Melissa Davis	TITLE: TELEPHONE NO.: 978-720-7500	FAX NO.: 515-261-7719	INDEPENDENTLY OWNED & OPERATED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
STATE FRANCHISE TAX ID	DUNS NO	NUMBER OF EMPLOYEES: <input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input checked="" 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: Yesway #1152	<b>TYPE OF FACILITY:</b> <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: 2310 Hall Avenue	Number of regulated *USTs at this facility: <u>2</u> *Underground Storage Tanks (USTs) Number of regulated *ASTs at this facility: <u>        </u> *Aboveground Storage Tanks (ASTs)	
CITY: Littlefield ZIP CODE: TX 79339 COUNTY: Lamb	PRIMARY SIC CODE: 5541	SECONDARY SIC CODE:
ON-SITE CONTACT PERSON: Manager TITLE: TELEPHONE NO.: 806-385-6333	PRIMARY NAICS CODE: 44711	SECONDARY NAICS CODE:
E-MAIL ADDRESS: Store1152@yesway.com FAX NUMBER:		
LATITUDE: Degrees 33.905026 Minutes 54 Seconds 18.0936	LONGITUDE: Degrees -102.326961 Minutes 19 Seconds 37.0596	

**\*\*\* 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) BW Gas Convenience Retail, LLC	<b>TYPE OF TANK OPERATOR:</b> <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: Same as Owner	
CITY: STATE: ZIP CODE:	
OPERATOR'S AUTHORIZED REPRESENTATIVE:	Date listed person became operator: <u>06/06/18</u>

RECEIVED  
 MAY 08 2019  
 TCEQ  
 CENTRAL FILE ROOM

**TCEQ- UST REGISTRATION & SELF-CERTIFICATION FORM**

**\*\*\*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 IWR (Integrated web reporting) web page [www15.tceq.texas.gov/crpub/index.cfm?fuseaction=regent.RNSearch](http://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 : 06/06/18)
- 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):

**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.

<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 checked="" 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 checked="" type="checkbox"/> Other LPST	<input type="checkbox"/> Other <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>
<input type="checkbox"/> Unknown	<input type="checkbox"/> Licensing - Type(s) <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>	

**6. OPERATOR TRAINING**

Each class of operator – Class A, Class B, and Class C shall be trained and certified in accordance with Title 30, TAG 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 <u>Fatuma</u>	Last Name <u>Smith</u>
Training Provider <u>Texas Petroleum Marketers</u>	Date of Training <u>1-7-19</u>

**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**

**11. INSTALLER/ON-SITE SUPERVISOR CERTIFICATION**

NOTE: This section must be completed and signed by the Installer or On-Site Supervisor. Leave blank if no tank or underground line installation activity is involved.

Was tank and/or line testing completed during and after installation?  Yes  No

DATE(S) INSTALLATION ACTIVITIES PERFORMED: CONTRACTOR (COMPANY OR FIRM): TCEQ CRP No.:  
CRP

INDIVIDUAL INSTALLER/ ON-SITE SUPERVISOR: TCEQ ILP No.:  
ILP

I hereby certify that the information provided concerning recent installations were conducted by me or under my direct supervision, that I am familiar with the TCEQ requirements applicable to such activities and that to the best of my knowledge and belief such activities were performed in conformance with applicable TCEQ UST regulations.

SIGNATURE OF INSTALLER/SUPERVISOR: DATE OF SIGNATURE

**Important: The information in the following sections regarding the UST system(s) at this facility must be properly completed in sufficient detail to support registration. UST owners & operators are encouraged to examine their UST records and/or consult with their UST equipment installers, service technicians, and/or insurance providers to ensure that this information is accurate and complete.**

**12. TANK IDENTIFICATION/DESCRIPTION**

Tank Identification <i>Number each tank compartment at your site consistent with Rule 334.8(c)(5)(C).</i>	1A	2A	2B	
Tank Installation Date (Month/day/year)	2009	2009	2009	
Tank Capacity (in U.S. gallons)	12000	4000	8000	
Tank Status (Mark One Status & Indicate Date, if Applicable)	1- <input checked="" type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/>	1- <input checked="" type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/>	1- <input checked="" type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/>	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/>
Current/Last Substance Stored (Mark All that Apply)	1- <input checked="" type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/> 7a- <input type="checkbox"/> 7b- # <input type="checkbox"/> 7c- <input type="checkbox"/> 8- <input type="checkbox"/>	1- <input checked="" type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/> 7a- <input type="checkbox"/> 7b- # <input type="checkbox"/> 7c- <input type="checkbox"/> 8- <input type="checkbox"/>	1- <input type="checkbox"/> 2- <input checked="" type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/> 7a- <input type="checkbox"/> 7b- # <input type="checkbox"/> 7c- <input type="checkbox"/> 8- <input type="checkbox"/>	1- <input type="checkbox"/> 2- <input type="checkbox"/> 3- <input type="checkbox"/> 4- <input type="checkbox"/> 5- <input type="checkbox"/> 6- <input type="checkbox"/> 7a- <input type="checkbox"/> 7b- # <input type="checkbox"/> 7c- <input type="checkbox"/> 8- <input type="checkbox"/>

**13. UST SYSTEM TECHNICAL INFORMATION**

Tank & Piping Design (Mark One for Tank & Piping)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
1-Single-Wall	1- <input type="checkbox"/>	1- <input checked="" type="checkbox"/>	1- <input type="checkbox"/>	1- <input checked="" type="checkbox"/>	1- <input type="checkbox"/>	1- <input checked="" type="checkbox"/>	1- <input type="checkbox"/>	1- <input checked="" type="checkbox"/>
2-Double-Wall	2- <input checked="" type="checkbox"/>	2- <input checked="" type="checkbox"/>	2- <input checked="" type="checkbox"/>	2- <input checked="" type="checkbox"/>	2- <input checked="" type="checkbox"/>	2- <input checked="" type="checkbox"/>	2- <input type="checkbox"/>	2- <input type="checkbox"/>
External Containment (Mark all that apply)								
3-Factory-Built Nonmetallic Jacket	3- <input type="checkbox"/>	3- <input type="checkbox"/>	3- <input type="checkbox"/>	3- <input type="checkbox"/>	3- <input type="checkbox"/>	3- <input type="checkbox"/>	3- <input type="checkbox"/>	3- <input type="checkbox"/>
4a-Synthetic Tank-Pit/Piping-Trench Liner	4a <input type="checkbox"/>	4a <input type="checkbox"/>	4a <input type="checkbox"/>	4a <input type="checkbox"/>	4a <input type="checkbox"/>	4a <input type="checkbox"/>	4a <input type="checkbox"/>	4a <input type="checkbox"/>
4b-Tank Vault/Rigid Trench Liner	4b <input type="checkbox"/>	4b <input type="checkbox"/>	4b <input type="checkbox"/>	4b <input type="checkbox"/>	4b <input type="checkbox"/>	4b <input type="checkbox"/>	4b <input type="checkbox"/>	4b <input type="checkbox"/>
Type of Piping (Mark One)								
5a-Pressurized		5a- <input checked="" type="checkbox"/>		5a- <input checked="" type="checkbox"/>		5a- <input checked="" type="checkbox"/>		5a- <input type="checkbox"/>
5b-Suction		5b- <input type="checkbox"/>		5b- <input type="checkbox"/>		5b- <input type="checkbox"/>		5b- <input type="checkbox"/>
5c-Gravity		5c- <input type="checkbox"/>		5c- <input type="checkbox"/>		5c- <input type="checkbox"/>		5c- <input type="checkbox"/>
Tank Internal Protection								
6-Internal Tank Lining (Indicate date)	6- <input type="checkbox"/>	6- <input type="checkbox"/>	6- <input type="checkbox"/>	6- <input type="checkbox"/>	6- <input type="checkbox"/>	6- <input type="checkbox"/>	6- <input type="checkbox"/>	6- <input type="checkbox"/>

