



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF ENVIRONMENTAL QUALITY

Molly Joseph Ward  
Secretary of Natural Resources

VALLEY REGIONAL OFFICE  
P.O. Box 3000, Harrisonburg, Virginia 22801  
(540) 574-7800 Fax (540) 574-7878  
Located at 4411 Early Road, Harrisonburg, VA  
[www.deq.virginia.gov](http://www.deq.virginia.gov)

David K. Paylor  
Director  
  
Amy Thatcher Owens  
Regional Director

March 16, 2016

Dan Marsh  
School House Market LLC  
540 Lakeside Dr  
Front Royal, VA 22630

RE: UST Compliance at School House Market (6022510)  
235 Rivermont Dr, Front Royal, VA 22630

Dear Marsh,

The Department of Environmental Quality (DEQ) conducted an inspection on March 15, 2016 of the underground storage tank (UST) facility referenced above. This inspection did not reveal any compliance issues under 9 VAC 25-580-10 et seq. that need to be addressed at this time. Please note that this inspection and letter do not address compliance with financial responsibility requirements. Therefore, additional information may be requested to demonstrate compliance with 9 VAC 25-590 (Virginia Petroleum UST Financial Responsibility Requirements). This information will be requested by DEQ's Office of Financial Responsibility and Data Management (OFRDM). If you have any questions regarding the UST financial responsibility requirements or how to prepare the documentation, please contact Josiah Bennett, OFRDM, at (804) 698-4205. Please contact me at (540) 574-7872 if you have any questions regarding the inspection.

Sincerely,

Kevin Kennedy  
Petroleum Facility Inspector

CC: Facility ID # 6022510

# Notification for Underground Storage Tanks (USTs)

Virginia DEQ Water Form 7530-2

(See reverse for mailing instructions)

Rev (01/03)

## STATE USE ONLY

ID Number 6022510

Date Received

Date Entered

Entered By

Comments

### PART I: PURPOSE OF NOTIFICATION

✓ Check all that apply:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> New (not previously registered) facility      | <input type="checkbox"/> Temporary closure         | <input type="checkbox"/> Change in tank contents |
| <input type="checkbox"/> New tank(s) at previously registered facility | <input type="checkbox"/> Tank removal or closure   | <input checked="" type="checkbox"/> New owner    |
| <input type="checkbox"/> Change in tanks (e.g., upgrade)               | <input type="checkbox"/> Piping removal or closure | <input type="checkbox"/> Change in owner address |
| <input type="checkbox"/> Change in piping (e.g., upgrade)              | <input type="checkbox"/> Other (specify):          |  |

### PART II: OWNERSHIP OF TANKS

A. Owner Name  
SCHOOL HOUSE MARKET LLC

B. Owner Address  
540 LAKESIDE DR

C. City, State, Zip  
FRONT ROYAL VA 22630

D. Name of Contact Person  
DAN MARSH

E. Title of Contact Person  
PRESIDENT

F. Phone Number  
(703) 675 1305

G. E-mail Address  
L19HAIR3@HOTMAIL.COM

H. Name of Previous Owner  
US PROPERTY

### PART III: LOCATION OF TANKS

A. Facility Name  
SCHOOL HOUSE MARKET

B. Facility Street Address (P.O. Box not acceptable)  
235 RIVERMONT DR

C. City, Zip  
FRONT ROYAL 22630

D. County or Municipality where Facility is Located  
WARREN

E. Name of Contact Person  
DAN MARSH

F. Title of Contact Person  
PRESIDENT

G. Phone Number  
(703) 675 1305

H. E-mail Address  
(540) 635-6183

### PART IV: TYPE OF OWNER

- |   |  |
|---|--|
| <input type="checkbox"/> Federal government | <input checked="" type="checkbox"/> Commercial |
| <input type="checkbox"/> State government   | <input type="checkbox"/> Private               |
| <input type="checkbox"/> Local government   |  |

### PART V: TYPE OF FACILITY

- |  |   |  |                                    |
|--|---|--|------------------------------------|
| <input checked="" type="checkbox"/> Retail gas station | <input type="checkbox"/> Federal non-military | <input type="checkbox"/> Commercial (non-resale) | <input type="checkbox"/> Residence |
| <input type="checkbox"/> Petroleum distributor         | <input type="checkbox"/> Federal military     | <input type="checkbox"/> Industrial              | <input type="checkbox"/> Farm      |
| <input type="checkbox"/> Local government              | <input type="checkbox"/> State government     | <input type="checkbox"/> Other                   |                                    |

### PART VI: FINANCIAL RESPONSIBILITY

The tank owner has met the financial responsibility requirements contained in 9 VAC 25-590-10 et seq. using the following methods/mechanisms

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Self Insurance | <input checked="" type="checkbox"/> Insurance | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Virginia Petroleum Storage Tank Fund |
| <input type="checkbox"/> Guarantee      | <input type="checkbox"/> Surety Bond          | <input type="checkbox"/> Trust Fund       |   |

### PART VII: OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I understand that the owner of the underground storage tanks hereby registered is responsible for compliance with the requirements of Virginia Regulations 9 VAC 25-580-10 et seq. and federal regulation 40 CFR Part 280, among other requirements. I warrant and represent that I am the owner or that I have the authority to sign this certification on behalf of the owner. I understand that this notification form is sufficient evidence to establish ownership of tanks subject to 9 VAC 25-580-10 et seq.

DAN MARSH PRESIDENT  
Name and Title (Type or Print)

[Signature]  
Signature

12/30/11  
Date

### PART VIII: INSTALLER CERTIFICATION

I certify that the installation of this tank was performed in accordance with all federal, state and local installation requirements. I warrant and represent that I am the installer or that I have the authority to sign this certification on behalf of the installer

\_\_\_\_\_  
Name and Title (Type or Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

**PART IX: TANK DESCRIPTION FOR NEW INSTALLATIONS AND AMENDMENTS**

Owner Tank Identification Number	1		2								
DEQ Tank Identification Number											
Tank Status	<input type="checkbox"/> New Tank <input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> New Tank <input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> New Tank <input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> New Tank <input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> New Tank <input type="checkbox"/> Amendment	<input type="checkbox"/> New Tank <input type="checkbox"/> Amendment	<input type="checkbox"/> New Tank <input type="checkbox"/> Amendment	<input type="checkbox"/> New Tank <input type="checkbox"/> Amendment	<input type="checkbox"/> New Tank <input type="checkbox"/> Amendment	<input type="checkbox"/> New Tank <input type="checkbox"/> Amendment	
Date of Installation (MM/DD/YYYY)	4/1/1998		4/1/1998								
Date of Amendment (MM/DD/YYYY)	12/30/11		12/30/11								
Tank Capacity (Gallons)	8000		6000								
Substance stored (if hazardous, include CERCLA name and/or CAS number)	GAS		GAS								
Material of Construction (√ all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	
	Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Coated and Cathodically Protected/STI-P3®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Impressed Current System Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Composite (Steel Clad with Fiberglass)/ACT 100®	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Lined Interior	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Polyethylene Tank Jacket	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Concrete	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Excavation Liner	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Asphalt Coated or Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Secondary Containment		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	Polyflexible piping		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	Galvanized Steel		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	Other (specify)										
Has tank/piping been repaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Piping Type	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	
	Safe Suction (No Check Valve at Tank)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	U.S. Suction (Check Valve at Tank)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	Pressure		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	Gravity Fed		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Release Detection	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	
	Manual Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Tightness Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Inventory Control	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Automatic Tank Gauging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Groundwater Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Interstitial Monitoring-Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Interstitial Monitoring-Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Automatic Line Leak Detectors		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	Statistical Inventory Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)											
Spill Containment & Overfill Prevention	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	
	Spill Containment/Bucket	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Overfill Automatic Shutoff	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Overfill Alarm	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Overfill Ball Float Valve	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

**PART X: TANK CLOSURE, REMOVAL OR CHANGE IN SERVICE**

Owner Tank Identification Number (assigned or used by owner)	1		2							
DEQ Tank Identification Number (assigned by DEQ)										
Tank and Piping Status	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure in Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filled with Inert Material	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Describe Inert Material										
Temporary Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in Service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Installation (MM/DD/YYYY)	4-1-98		4-1-98							
Tank Capacity (Gallons)	8000		6000							
Substance Stored (if hazardous, include CERCLA name and/or CAS number)	GAS		GAS							
Material of Construction (√ all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
<del>Fiberglass Reinforced Plastic</del>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coated and Cathodically Protected/STI-P3®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed Current System Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel Clad with Fiberglass)/ACT 100®	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Lined Interior	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Polyethylene Tank Jacket	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Concrete	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Excavation Liner	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Asphalt Coated or Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Polyflexible Piping		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Galvanized Steel		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (specify)										
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Last Used (MM/DD/YYYY)	8-6-10		8-6-10							
Date Closed (MM/DD/YYYY)										
Closure Assessment Completed (Please submit site map, soil sampling results, chain of custody for all samples, copy of building permit, and disposal manifest with this form).	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Evidence of a Leak Detected	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	