

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

3024337

Date Received

Date Entered

Entered By

Comments

8/26/14
30742

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

Graham Holdings Company

B. Owner Address

1300 17th St. North

C. City, State, Zip

Arlington VA 22209

D. Name of Contact Person

Hal Jones

E. Title of Contact Person

Chief Financial Officer

F. Phone Number

(703) 345-6300

Fax Number

()

G. E-mail Address

hal.jones@ghco.com

H. Name of Previous Owner

Robinson Terminal Warehouse Corp.

PART III: LOCATION OF TANKS

A. Facility Name

Graham Holdings/Robinson Terminal

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

1 Oronoco Street

C. City, Zip

Alexandria, VA 22313

D. County or Municipality where Facility is Located

Alexandria

E. Name of Contact Person

Eric Brinkmann

F. Title of Contact Person

Project Manager

G. Phone Number

(240) 380-0225

Fax Number

()

H. E-mail Address

brinkmannef@gmail.com

PART IV: TYPE OF OWNER

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

PART V: TYPE OF FACILITY

- | | | | |
|--|---|--|------------------------------------|
| <input 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 checked="" 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.

Hal S. Jones Sr. VP-Finance
Name and Title (Type or Print)

Signature

Date

08/12/14

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		3					
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 type="checkbox"/> Amendment		<input type="checkbox"/> New Tank <input type="checkbox"/> Amendment	
Date of Installation (MM/DD/YYYY)	1974		1974		1974					
Date of Amendment (MM/DD/YYYY)										
Tank Capacity (Gallons)	8000		8000		8000					
Substance stored (if hazardous, include CERCLA name and/or CAS number)	Diesel		Diesel		Diesel					
Material of Construction (✓ all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Fiberglass Reinforced Plastic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>
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 type="checkbox"/>		<input 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 type="checkbox"/>		<input 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 checked="" 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"/>	<input type="checkbox"/>
Tightness Testing	<input checked="" type="checkbox"/>	<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"/>
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 checked="" 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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
Automatic Line Leak Detectors		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" 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"/>	<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 checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Automatic Shutoff	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Alarm	<input type="checkbox"/>		<input 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"/>	

Hughes, Stephen (DEQ)

From: Hughes, Stephen (DEQ)
Sent: Tuesday, August 26, 2014 2:09 PM
To: 'hal.jones@ghco.com'
Cc: 'brinkmannef@gmail.com'
Subject: Underground Storage Tank Notification

We have received the UST registration form for Graham Holdings/Robinson Terminal, 1 Oronoco St. Alexandria, change of ownership.

For your information the Tank facility ID # for this location is 3024337.

Thank you,

Stephen V. Hughes - Storage Tank Compliance Manager, Dept. of Environmental Quality, Northern Regional Office,
13901 Crown Ct. Woodbridge, VA 22193 - Ph (703) 583-3809, E-mail: stephen.hughes@deq.virginia.gov - DEQ web Site:
www.deq.virginia.gov