REDACTED

UNDERGROUND STORAGE FACILITY NOTIFICATION

STATE OF CONNECTICUT
Department of Environmental Protection
UNDERGROUND STORAGE FACILITIES PROGRAM
HAZARDOUS MATERIALS MANAGEMENT UNIT
165 Capitol Avenue, Hartford, CT 06106
TEL. 556-4630

EPHM-6 NEW 10/85

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1a. [X] FIRST NOTIFICATION OR b. [ ] SUBSEQUENT NOTIFICATION (If checked, enter No.)

SITE I.D.

PLEASE TYPE. ALL THREE COPIES MUST BE LEGIBLE!
Refer to INSTRUCTIONS FOR FILING NOTIFICATION before completing form.

3. FOR STATE AGENCY USE ONLY — A. SITE I.D. — B. DATE RCVD BY D.E.P. — C. DATE ENTERED

D. GRID COORDINATES X ____ Y ____ — E. DOES FACILITY MEET NEW REQUIREMENTS? [ ] YES [ ] NO

SECTION A

4. LOCATION OF FACILITY	SITE NAME: East Hampton Service Center	NO. AND STREET: 22 East High Street	NEAREST INTERSECTING STREET: Route 2	CITY OR TOWN: East Hampton	STATE: CT	5. LATITUDE: 41° 34' 56"	LONGITUDE: 72° 30' 14"

SECTION B

6. BUSINESS NAME AND MAILING ADDRESS	NAME: The Connecticut Light & Power Company	NO. AND STREET: P.O. Box 270	CITY OR TOWN: Hartford	STATE: CT	ZIP CODE: 061410270	TELEPHONE: [redacted]
7. FACILITY OWNER	NAME: The Connecticut Light & Power Company	NO. AND STREET: P.O. Box 270	CITY OR TOWN: Hartford	STATE: CT	ZIP CODE: 061410270	
8. TYPE OF OWNER	[X] PRIVATE [ ] STATE [ ] MUNICIPAL [ ] FEDERAL (G.S.A. No. _____)					
9. PERSON OPERATOR/CONTACT	NAME: [redacted]	NO. AND STREET: 22 East High Street	CITY OR TOWN: East Hampton	STATE: CT	ZIP CODE: 06424	

SECTION C

10. TANK ID.	11a. DATE OF INSTALLATION (Mo./Yr.)	11b. LIFE EXPECTANCY (If unknown)	12a. TOTAL CAPACITY (Gals.)	12b. STATUS: IN USE	ABANDONED IN PLACE	EST. QUANTITY LEFT STORED (if any) (Gals.)	REMOVED	DATE TANK LAST USED (Mo./Yr.)	13. TYPE OF CONTENTS: OIL/PETROLEUM PRODUCT	CHEMICAL LIQUID	14. CONTENTS- CHEMICAL NAME OF PRINCIPAL SUBSTANCE (not trade name.) (Enter C.A.S. No., if known)	15. CONSTRUCTION MATERIALS: STEEL	FIBERGLASS REINFORCED PLASTIC	OTHER (Specify from list A)	16. PROTECTION a. INTERNAL: LINED	UNLINED	CATHODIC PROTECTION	b. EXTERNAL: COATED/WRAPPED	CATHODIC PROTECTION	OTHER (Specify from list B)	17. INTEGRAL PIPING SYSTEM a. CONSTRUCTION AND PROTECTION (See list A&B)	b. DATE OF INSTALLATION OR REPLACEMENT (Mo./Yr.)	18. MONITORING SYSTEM (Specify type from list B)	19. FAILURE DETERMINATION CONDUCTED? (If "YES", enter DATE and attach results. If "NO", enter "NO")
Example	5/75	30	5000	X					X		Heating fuel #2		X			X				H	5	5/75	U	NO
Example	7/60	-	8000				X	8/78		X	1,1,1- Trichloroethane CAS #79016	X				X				E	7	7/60	U	—
A1	/72	15	275	X	[illegible]			/80	X		Spilled Trans. Oil	X				X		X		H	7	/72	H	092584
B2	/72	15	10000	X					X		Unleaded Gasoline	X				X		X			7	/72	O	10-14-86 092684
C3	30	30	10000		X	0		11/84	X		Unleaded Gasoline		X			X					8	/80	O	092684
D4	72	15	275	X					X		Waste Oil	X				X		X			7	/72	U	092584
E5	72	15	550	X					X		Hydraulic Oil	X				X		X			7	/72	U	092884
F6	72	15	550	X					X		Motor Oil	X				X		X			7	/72	U	092884

SECTION D

20. HAVE YOU ATTACHED SKETCH OF TANKS AND LOCATION? [X] YES

21. COMMENTS: 16b coal tar epoxy. Tanks B2, D4, E5 & F6 budgeted for cathodic protection in 1986. All tanks to be removed.

22. 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. Penalties: any owner who knowingly fails to notify shall be subject to a civil penalty not to exceed $10,000 for each tank for which notification is not given or for which false information is submitted.

22a. SIGNATURE: X [redacted]

22b. DATE SIGNED: 5/5/86

22c. NAME (Type or Print): [redacted]

22d. OFFICIAL TITLE (of owner or authorized representative): Senior Vice President

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