



GSG CONSULTANTS, INC.

855 West Adams, Suite 200, Chicago, IL 60607; Phone: (312) 733-6262

Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 30, 1405 Wolf's Crossing Road, facing north



Date: 9/1/207

Photograph taken by: TC

Site 30, 1335 Wolf's Crossing Road, facing north



GSG CONSULTANTS, INC.

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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

East side of Site 30, facing north



Date: 9/1/207

Photograph taken by: TC

Site 31, facing northeast



GSG CONSULTANTS, INC.

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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 32, facing north



Date: 9/1/207

Photograph taken by: TC

Access road to Site 33, facing north



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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 33, facing north



Date: 9/1/207

Photograph taken by: TC

West side of Site 34, facing northeast



GSG CONSULTANTS, INC.

855 West Adams, Suite 200, Chicago, IL 60607; Phone: (312) 733-6262

Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Center of Site 34, facing north



Date: 9/1/207

Photograph taken by: TC

East side of Site 34, facing north



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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 35, facing north



Date: 9/1/207

Photograph taken by: TC

Site 36, facing north



GSG CONSULTANTS, INC.

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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 36, facing south



Date: 9/1/207

Photograph taken by: TC

Single-family home (typical) at Site 37



GSG CONSULTANTS, INC.

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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Pad-mounted transformer along Wolf's Crossing Road on south side of Site 37



Date: 9/1/207

Photograph taken by: TC

Site 38, facing north



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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Multi-family home (typical) at site 39



Date: 9/1/207

Photograph taken by: TC

Site 39, facing east



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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 40, facing north



Date: 9/1/207

Photograph taken by: TC

Site 41, 139 Wolf's Crossing Road, facing north



GSG CONSULTANTS, INC.

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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 41, 113 Wolf's Crossing Road, facing north



Date: 9/1/207

Photograph taken by: TC

Site 41, 101 Wolf's Crossing Road, facing north



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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 41, 75 Wolf's Crossing Road, facing north



Date: 9/1/207

Photograph taken by: TC

Site 42, facing north



GSG CONSULTANTS, INC.

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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

UST area on east side of Site 42, facing northwest



Date: 9/1/207

Photograph taken by: TC

Pump islands on west side of Site 42, facing northwest



GSG CONSULTANTS, INC.

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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Diesel pump islands on Site 42, facing northeast



Date: 9/1/207

Photograph taken by: TC

West side of Site 43, facing northeast



GSG CONSULTANTS, INC.

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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Center of Site 43, facing west



Date: 9/1/207

Photograph taken by: TC

Site 44, facing north



GSG CONSULTANTS, INC.

855 West Adams, Suite 200, Chicago, IL 60607; Phone: (312) 733-6262

Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Church on Site 45, facing northeast



Date: 9/1/207

Photograph taken by: TC

Landscaped and play areas on Site 45, facing west



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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

North side of Site 46, facing south



Date: 9/1/207

Photograph taken by: TC

South side of Site 46, facing south



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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

South side of Site 47, facing east



Date: 9/1/207

Photograph taken by: TC

East side of Site 47, facing south



GSG CONSULTANTS, INC.

855 West Adams, Suite 200, Chicago, IL 60607; Phone: (312) 733-6262

Project Number: 17-2044

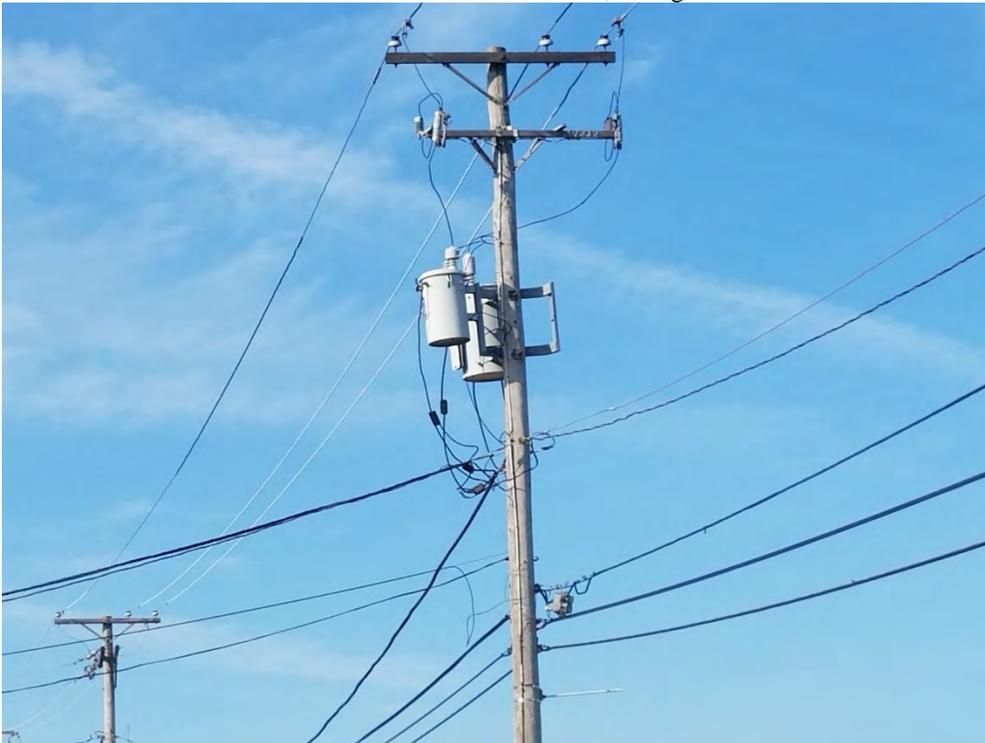
Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Pole-mounted transformer in southwest corner of Site 47, facing southwest



Date: 9/1/207

Photograph taken by: TC

Pole-mounted transformers on east side of Site 47, facing east



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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 48, facing southwest



Date: 9/1/207

Photograph taken by: TC

Gasoline and diesel AST and pumps on Site 48, facing west



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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 49 and western house on Site 50, 2 Stone Hill Road, facing north



Date: 9/1/207

Photograph taken by: TC

Site 50, 3850 and 3852 Wolf's Crossing Road, facing southwest



GSG CONSULTANTS, INC.

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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 51, facing southeast



Date: 9/1/207

Photograph taken by: TC

Site 51, facing east



GSG CONSULTANTS, INC.

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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 52, facing south



Date: 9/1/207

Photograph taken by: TC

Site 53, 101 Dellan Lane, facing east



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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 53, Dellan Lane, facing south



Date: 9/1/207

Photograph taken by: TC

Site 53, 102 Dellan Lane, facing east



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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 54, 3614 Wolf's Crossing Road, facing south



Date: 9/1/207

Photograph taken by: TC

Site 53, 3530 Wolf's Crossing Road, facing south



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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 55 (typical), facing north



Date: 9/1/207

Photograph taken by: TC

Pad-mounted transformer on north side of Site 55



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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/2017

Photograph taken by: TC

Pad-mounted transformer on north side of Site 55



Date: 9/1/2017

Photograph taken by: TC

Site 56, facing south



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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 57, facing east



Date: 9/1/207

Photograph taken by: TC

House on site 58, facing southeast



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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

East side of Siet 58, facing southwest



Date: 9/1/207

Photograph taken by: TC

Site 59, facing southwest



GSG CONSULTANTS, INC.

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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 60, facing southwest



Date: 9/1/207

Photograph taken by: TC

Site 61, facing southwest



GSG CONSULTANTS, INC.

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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 62, facing south



Date: 9/1/207

Photograph taken by: TC

Site 63, facing northwest



GSG CONSULTANTS, INC.

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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 64, facing southwest



Date: 9/1/207

Photograph taken by: TC

Site 65, facing south



GSG CONSULTANTS, INC.

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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 66, facing south



Date: 9/1/207

Photograph taken by: TC

Site 67, facing southwest



GSG CONSULTANTS, INC.

855 West Adams, Suite 200, Chicago, IL 60607; Phone: (312) 733-6262

Project Number: 17-2044

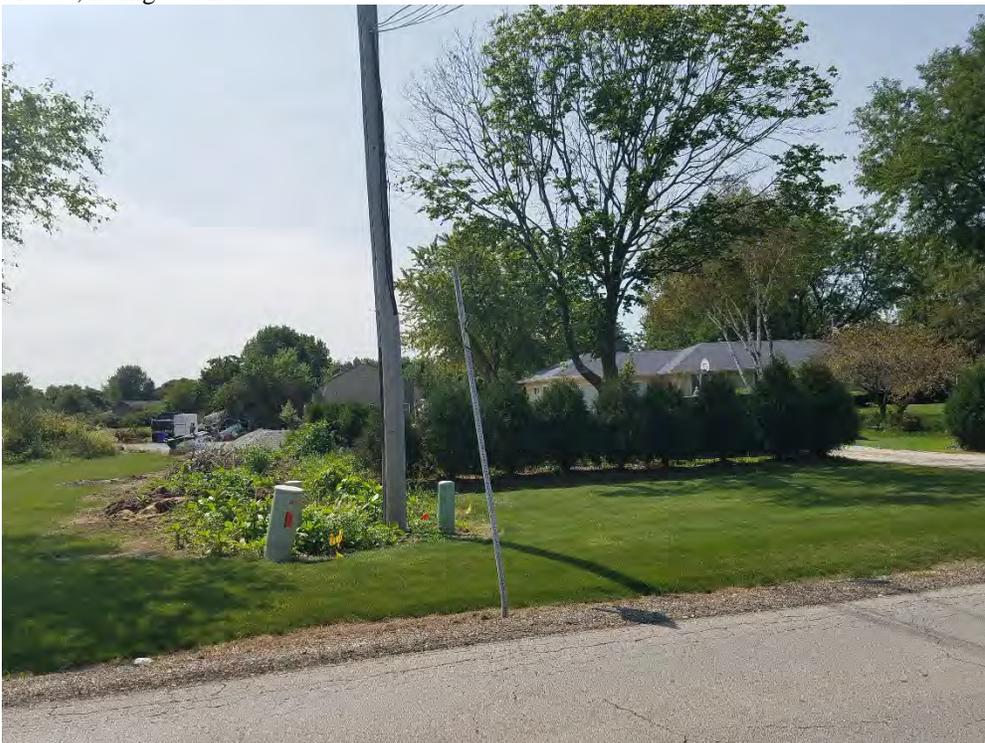
Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 68, facing southeast



Date: 9/1/207

Photograph taken by: TC

East side of Site 68, facing south



GSG CONSULTANTS, INC.

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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 69, facing south



Date: 9/1/207

Photograph taken by: TC

Site 70, facing south



GSG CONSULTANTS, INC.

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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 71, facing southwest



Date: 9/1/207

Photograph taken by: TC

Site 72, facing east



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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 73, facing southwest



Date: 9/1/207

Photograph taken by: TC

Parking lot on Site 74, and Site 75, facing southwest



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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

West side of site 74, facing southwest



Date: 9/1/207

Photograph taken by: TC

Site 76, facing southeast



GSG CONSULTANTS, INC.

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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 77, facing south



Date: 9/1/207

Photograph taken by: TC

Site 78, facing south



GSG CONSULTANTS, INC.

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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

West side of Site 78, facing southeast



Date: 9/1/207

Photograph taken by: TC

Site 79, facing south



GSG CONSULTANTS, INC.

855 West Adams, Suite 200, Chicago, IL 60607; Phone: (312) 733-6262

Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/2017

Photograph taken by: TC

Site 80, facing southwest



Date: 9/1/2017

Photograph taken by: TC

Site 81, facing south



GSG CONSULTANTS, INC.

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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 82, facing southwest



Date: 9/1/207

Photograph taken by: TC

East side of Site 82, facing south



GSG CONSULTANTS, INC.

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Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 83, facing southwest



Date: 9/1/207

Photograph taken by: TC

Site 84, facing south



GSG CONSULTANTS, INC.

855 West Adams, Suite 200, Chicago, IL 60607; Phone: (312) 733-6262

Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

Site 85, facing south



Date: 9/1/207

Photograph taken by: TC

South 86, facing southwest



GSG CONSULTANTS, INC.

855 West Adams, Suite 200, Chicago, IL 60607; Phone: (312) 733-6262

Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/207

Photograph taken by: TC

East side of site 87, facing south



Date: 9/1/207

Photograph taken by: TC

West side of Site 87, facing southwest



GSG CONSULTANTS, INC.

855 West Adams, Suite 200, Chicago, IL 60607; Phone: (312) 733-6262

Project Number: 17-2044

Project Site: Wolf's Crossing Road, Oswego and Aurora, IL



Date: 9/1/2017

Photograph taken by: TC

Site 88, facing south

APPENDIX F

FOIA Responses

62-2832

Name change

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY INVENTORY IDENTIFICATION NUMBER APPLICATION RECEIVED

FOR AGENCY USE ONLY
INVENTORY # ISSUED:

MAY 23 2011

0930155044

EPA/BOL/WRCS

Please read the instructions below before completing. Please exclude punctuations when completing. Limit information to the amount of blanks provided or we will have to abbreviate for you. The information given is exactly how it will appear in the Bureau of Land's computer inventory system.

IEMA INCIDENT # (if applicable) _____

LOCATION ADDRESS (exact street location where waste is generated)

COMPANY NAME:

Speedway 1417

ENTERED

NAICS CODE(s): 447110

MAY 27 2011

LOCATION (Post Office Box numbers will not be accepted):

4032 Route 34

EPA/BOL

CITY: Oswego

STATE: IL

ZIP: 60543-9823

COUNTY: Kendall

TELEPHONE: (630) 554-2902

CONTACT: Charles A Besse

MAILING ADDRESS (if same as above, leave blank)

STREET: #

937/863-6272

PO BOX: 1500

CITY: Springfield

STATE: OH

ZIP: 45501

RETURN ADDRESS: INDICATE THE LOCATION TO WHICH THIS FORM SHOULD BE RETURNED.

Company Name: Speedway LLC

Contact Person: Charles Besse

Street: P.O. Box 1500

City: Springfield

State: OH Zip: 45501

AUTHORIZATION STATEMENT

I authorize this request for assignment of an Illinois inventory ID number. This company has not previously shipped waste from this location under this Illinois Manifest System. If my waste is a RCRA hazardous waste, I certify this company has or has applied for a USEPA generator ID number.

Signature of Authorized Representative: _____

Charles Besse

Date: _____

5/17/2011

IL 532 1473
LPC 228 Rev. 9/05

Gas City - per Speedway - ID# Cleanup

EPA - DIVISION OF RECORDS MANAGEMENT
RELEASABLE

JAN 31 2012

REVIEWER MED



www.epa.state.il.us

State of Illinois

Inventory Search Page

Follow the links or buttons presented below for more information about this Facility. The address listed or Geographic position (Lat/Lon - if available) will attempt to render a map from Bing Maps which are not part of the Illinois EPA data systems.

BOL ID #	Facility Name	Street	City	Lat/Lon
0930155044	Gas City	4032 Rte 34	Oswego	41.68742/-88.33908

Underground Storage Tank Data

USEPAID	Tie File	Revision Date	Interest Type
	170000622832	7/3/2003	BOL

Affiliation Type: LOCATION CONT. **Phone:** 815-469-9000
Name: Gas City **Contact:** Len Mcenery
Address: 4032 Rte 34 **Entry Date:** 2/17/2000
 Oswego, IL. 60543 **Revision Date:** 7/3/2003

Affiliation Type: OWNER **Phone:**
Name: Gas City **Contact:**
Address: 160 S Lagrange Road **Entry Date:** 2/17/2000
 Frankfort, IL. 60423 **Revision Date:** 7/3/2003

Affiliation Type: OPERATOR **Phone:**
Name: Gas City **Contact:**
Address: 160 S Lagrange Road **Entry Date:** 2/17/2000
 Frankfort, IL. 60423 **Revision Date:** 7/3/2003

ALT-ID #	NAICS CODE	SIC CODE
No industry codes found!		

We're sorry but there are no Recorded NFR(s) available from our imaging system for this facility.

1417



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY INVENTORY IDENTIFICATION NUMBER APPLICATION

FOR AGENCY USE ONLY

INVENTORY # ISSUED:	TRAN CODE	TRAN DATE	INITIALS
0930155044	A	1/1	XXX
	10	14	15
		20	21 23

Please read the instructions on the reverse side of this form before completing. Please exclude punctuations when completing. Limit information to the amount of blanks provided or we will have to abbreviate for you. The information given is exactly how it will appear in the Bureau of Land's computer inventory system.

E.S.D.A. INCIDENT # (if applicable): _____

LOCATION ADDRESS (exact street location where waste is generated)

Card Type 010 COMPANY NAME: GAS CITY

11 13 24 SIC CODE _____ 53

020 LOCATION (Post Office Box numbers will not be accepted):
11 13 24 N E 34 & WOLF CROSSING ROAD 48

CITY: OSWEGO STATE: IL 74 75 76

ZIP: 60543 COUNTY: KENDALL 55 77 85

TELEPHONE: 815 469-9000 86 89 92 95

CONTACT: LEN MCENERY 96 120

MAILING ADDRESS (if same as above, leave blank)

030 STREET: 160 S LAGRANGE ROAD 54 78

11 13 P O BOX: _____ 79 84

CITY: FRANKFORT 85 104

STATE: IL ZIP: 60423 105106 107 115

RECEIVED
FEB 18 2000
IEPA/BOL

This Agency is authorized to require this information under Illinois Revised Statutes 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

MANIFESTS: You qualify for 20 free Uniform Hazardous Waste Manifests. If you do not need 20 Manifests, please indicate the amount you need. Please check the type you need.

Number of Manifests needed: 20 Snap-Top _____ Pin-Fed (computer fed)

RETURN ADDRESS: INDICATE THE LOCATION TO WHICH THIS FORM SHOULD BE RETURNED.

Company Name: R. Carlson & Sons, Inc.

Contact Person: Brenda Sieczkowski

Street: 19140 104th Avenue

City: Mokena State: IL Zip: 60448

RECEIVED
Feb 15 2000
IEPA-DLPC

Waste may not be sent to an Illinois facility without an IEPA Supplemental Waste Stream Permit number.

AUTHORIZATION STATEMENT

I authorize this request for assignment of an Illinois inventory ID number. This company has not previously shipped waste from this location under the Illinois Manifest System. If my waste is a RCRA hazardous waste, I certify this company has or has applied for a USEPA generator ID number.

Signature of Authorized Representative: Len McEnery Date: 2/9/00

INSTRUCTIONS

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY INVENTORY IDENTIFICATION NUMBER APPLICATION

An Illinois inventory ID number is required under 35 Ill Adm, Section 855.104. Information provided on this application form will be entered into the Bureau of Land's inventory computer system. Illinois inventory ID numbers are assigned to a specific location address and not to the facility. A separate application is required for each location. Once an inventory number is assigned to a location, it will remain in the inventory indefinitely. Please notify the Bureau of Land's Planning and Reporting Section if there is a name change for the location address.

The original and colored copies must be returned to the IEPA. Applications which are incomplete or are completed inaccurately will be rejected. To avoid delays or a rejected application, please read the following instructions carefully.

The gray shaded area at the top of the page is for Agency use. The number that is assigned to your location will appear in this space when your application is processed.

NOTE: The Illinois facility to which you take waste must have either a Generic Waste Stream Authorization Permit or a company-specific Waste Stream Authorization Permit in order to accept the waste. For more information, contact the specific receiving facility in Illinois.

LOCATION ADDRESS

COMPANY NAME: Provide the company's official name.

LOCATION: Provide the street location. Use a street number if possible. P O Box numbers will not be accepted.

CITY:, STATE:, ZIP CODE: Provide all information.

TELEPHONE: Provide company telephone number including the area code.

CONTACT: Provide a contact person for your company.

MAILING ADDRESS

Provide this information only if it is different than the location address. If not, LEAVE BLANK.

STREET:, P O BOX:, CITY:, STATE:, & ZIP CODE: Provide all information if applicable.

MANIFESTS: Indicate quantity and type.

RETURN ADDRESS: Type the address for UPS delivery of the package (processed application with number issued, manifests or manifest order form).

AUTHORIZATION STATEMENT: After completion of form, read the certification statement, sign and date.

Return completed form to:

Illinois Environmental Protection Agency
Bureau of Land (#24)
Planning and Reporting Section
2200 Churchill Road
P O Box 19276
Springfield, Illinois 62794--9276

OMB# 2050-0024; Expires 11/30/2011

RECEIVED

<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM IEPA/BOL/WRCS</p>	<p>MAY 23 2011</p> 
<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>	
<p>2. Site EPA ID Number</p>	<p>EPA ID Number ILR000166201</p>	
<p>3. Site Name</p>	<p>Name: Speedway 1417</p>	
<p>4. Site Location Information</p>	<p>Street Address: 4032 Route 34</p> <p>City, Town, or Village: Oswego County: Kendall</p> <p>State: IL Country: USA Zip Code: 60543-9823</p>	
<p>5. Site Land Type</p>	<p><input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>	
<p>6. NAICS Code(s) for the Site (at least 5-digit codes)</p>	<p>A. 4 4 7 1 1 0</p> <p>B. _____</p> <p>C. _____</p> <p>D. _____</p>	
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: P.O. Box 1500</p> <p>City, Town, or Village: Springfield</p> <p>State: OH Country: USA Zip Code: 45501</p>	
<p>8. Site Contact Person</p>	<p>First Name: Charles MI: A Last: Besse</p> <p>Title: Environmental Compliance</p> <p>Street or P.O. Box: P.O. Box 1500</p> <p>City, Town or Village: Springfield</p> <p>State: OH Country: USA Zip Code: 45501</p> <p>Email: CABesse@speedway.com</p> <p>Phone: 937-863-6272 Ext.: none Fax: 937-863-6078</p>	
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: Speedway LLC Date Became Owner: 5/13/2011</p> <p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p> <p>Street or P.O. Box: P.O. Box 1500</p> <p>City, Town, or Village: Springfield Phone: 937-864-3000</p> <p>State: OH Country: USA Zip Code: 45501</p> <p>B. Name of Site's Operator: Speedway LLC Date Became Operator: 5/13/2011</p> <p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>	

0930155044

RELEASEABLE

REVIEWER MD

10. Type of Regulated Waste Activity (at your site)
 Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-7.

- | | |
|--|---|
| <p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1. Generator of Hazardous Waste
 If "Yes", mark only one of the following – a, b, or c.</p> <p><input type="checkbox"/> a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.</p> <p><input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.</p> <p><input checked="" type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.</p> <p>If "Yes" above, indicate other generator activities.</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> e. United States Importer of Hazardous Waste</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> f. Mixed Waste (hazardous and radioactive) Generator</p> | <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 2. Transporter of Hazardous Waste
 If "Yes", mark all that apply.</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility (at your site)</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste permit is required for these activities.</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 4. Recycler of Hazardous Waste</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace
 If "Yes", mark all that apply.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 6. Underground Injection Control</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 7. Receives Hazardous Waste from Off-site</p> |
|--|---|

B. Universal Waste Activities; Complete all parts 1-2.

- Y N **1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**
- | | |
|---------------------------------|--------------------------|
| a. Batteries | <input type="checkbox"/> |
| b. Pesticides | <input type="checkbox"/> |
| c. Mercury containing equipment | <input type="checkbox"/> |
| d. Lamps | <input type="checkbox"/> |
| e. Other (specify) _____ | <input type="checkbox"/> |
| f. Other (specify) _____ | <input type="checkbox"/> |
| g. Other (specify) _____ | <input type="checkbox"/> |
- Y N **2. Destination Facility for Universal Waste**
 Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.

- Y N **1. Used Oil Transporter**
 If "Yes", mark all that apply.
- a. Transporter
- b. Transfer Facility (at your site)
- Y N **2. Used Oil Processor and/or Re-refiner**
 If "Yes", mark all that apply.
- a. Processor
- b. Re-refiner
- Y N **3. Off-Specification Used Oil Burner**
- Y N **4. Used Oil Fuel Marketer**
 If "Yes", mark all that apply.
- a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:
- a. College or University
 - b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
 - c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university
2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D018					

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

12. Notification of Hazardous Secondary Material (HSM) Activity

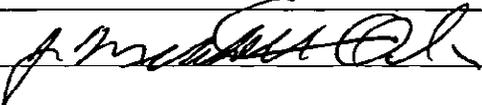
Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

Facility purchased from Gas City on 5/13/2011

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	J. Mitchell Oliver	5/17/2011
	Mgr - Corporate Environmental	



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield IL 62703

Facility #	2039335	
Date	4/4/2013	
Decal #	0001509	
Expiration Date	12/31/2015	
Notification Form Received	Y <input type="radio"/>	N <input checked="" type="radio"/>
	Y <input type="radio"/>	N <input checked="" type="radio"/>
NOV Issued	<input type="radio"/>	<input checked="" type="radio"/>

INITIAL CERTIFICATION AUDIT

Facility Type: Self-Service Station
Ownership: Private

OWNER OF TANKS

Speedway, LLC
 Name
P.O. Box 1500
 Street Address
Springfield OH 455011500
 City State Zip
Michelle McKee 937-864-3000
 Contact Person Phone

FACILITY

Speedway #1417
 Name
4032 Route 34
 Street Address
Oswego IL 60543 Kendall
 City State Zip County
Heather Jadwin 630-551-3310
 Contact Person Phone

TANK SYSTEM INFORMATION

Tank	Capacity	Product	Status	Compliant
1	12,000	<u>Gasoline</u>	Currently in use	<input checked="" type="checkbox"/>
2	8,000	<u>Gasoline</u>	Currently in use	<input checked="" type="checkbox"/>
3	8,000	<u>Gasoline</u>	Currently in use	<input checked="" type="checkbox"/>
4	8,000	<u>Diesel Fuel</u>	Currently in use	<input checked="" type="checkbox"/>
5	2,000	<u>E-85</u>	Currently in use	<input checked="" type="checkbox"/>
6	2,000	<u>Kerosene</u>	Currently in use	<input checked="" type="checkbox"/>

SECTION A. TANK RELEASE DETECTION

Tank	Equipment	Last Test
1	Automatic Tank Gauging Gilbarco EMC with CSLD	_____
	Interstitial Monitoring Gilbarco EMC	9/17/2012
2	Automatic Tank Gauging Gilbarco EMC with CSLD	_____
	Interstitial Monitoring Gilbarco EMC	9/17/2012
3	Automatic Tank Gauging Gilbarco EMC with CSLD	_____
	Interstitial Monitoring Gilbarco EMC	9/17/2012
4	Automatic Tank Gauging Gilbarco EMC with CSLD	_____

	Interstitial Monitoring Gilbarco EMC	9/17/2012
5	Automatic Tank Gauging Gilbarco EMC with CSLD	
	Interstitial Monitoring Gilbarco EMC	9/17/2012
6	Automatic Tank Gauging Gilbarco EMC with CSLD	
	Interstitial Monitoring Gilbarco EMC	9/17/2012

SECTION B. PIPING RELEASE DETECTION

Tank	Equipment	Last Test
1	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	9/17/2012
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	9/17/2012
2	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	9/17/2012
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	9/17/2012
3	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	9/17/2012
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	9/17/2012
4	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	9/17/2012
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	9/17/2012
5	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	9/17/2012
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	9/17/2012
6	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	9/17/2012
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	9/17/2012

SECTION C. SPILL PREVENTION

Tank	Equipment
1	Manhole Pre-manufactured EBW 715
2	Manhole Pre-manufactured EBW 715
3	Manhole Pre-manufactured EBW 715
4	Manhole Pre-manufactured EBW 715
5	Manhole Pre-manufactured EBW 715
6	Manhole Pre-manufactured EBW 715

SECTION D. OVERFILL PREVENTION

Tank	Equipment
1	Overfill Drop Tube Valve EBW 708 Auto Limiter
2	Overfill Drop Tube Valve EBW 708 Auto Limiter

3	Overfill Drop Tube Valve EBW 708 Auto Limiter
4	Overfill Drop Tube Valve EBW 708 Auto Limiter
5	Overfill Drop Tube Valve EBW 708 Auto Limiter
6	Overfill Drop Tube Valve EBW 708 Auto Limiter

SECTION E. TANK CORROSION PROTECTION

Tank	Equipment	Last Test
1	Composite Non-Corrosive	_____
2	Composite Non-Corrosive	_____
3	Composite Non-Corrosive	_____
4	Composite Non-Corrosive	_____
5	Composite Non-Corrosive	_____
6	Composite Non-Corrosive	_____

SECTION F. PIPING CORROSION PROTECTION

Tank	Equipment	Last Test
1	Flexible Non-Corrosive	_____
2	Flexible Non-Corrosive	_____
3	Flexible Non-Corrosive	_____
4	Flexible Non-Corrosive	_____
5	Flexible Non-Corrosive	_____
6	Flexible Non-Corrosive	_____

SECTION G. TANKS

Tank	Equipment
1	Composite Double Wall Glasteel II
2	Composite Double Wall Glasteel II
3	Composite Double Wall Glasteel II
4	Composite Double Wall Glasteel II
5	Composite Double Wall Glasteel II
6	Composite Double Wall Glasteel II

SECTION H. PRODUCT PIPING

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Tank	Equipment
1	Flexible Double Wall Environ Geo Flex
2	Flexible Double Wall Environ Geo Flex
3	Flexible Double Wall Environ Geo Flex
4	Flexible Double Wall Environ Geo Flex
5	Flexible Double Wall Environ Geo Flex
6	Flexible Double Wall Environ Geo Flex

SECTION I. MISCELLANEOUS

- Y N**
1. Did Owner/Operator submit required documentation for Financial Responsibility?
- If so: Type:
 Self-Insurance
 Surety Bond
 Commercial Insurance
 Letter of Credit
 Risk Retention Group
 Designated Savings Account
 Certificate of Deposit
 Guarantee
 Date OSFM Received: 2/11/2013
2. A list of designated current class of operators for the facility is available?
3. Owner/Operator has valid training certificates available for classes A/B/C?
- If so: Number: 2
4. Owner/Operator has valid training certificates available for only class C? **N/A**
- If so: Number of C: 2
5. A copy of the emergency instructions or emergency procedures is available?
6. A copy of the UST facility operation and maintenance plan is available?
7. Are completed quarterly inspection checklists used by class A/B operators available?
8. For unmanned facilities, is emergency contact information conspicuously posted or a 24 hour toll free number for operator dispatch prominently displayed? **N/A**

Remarks:

4/4/2013

X Aaron Siegler

Heather Jadwin
Exit interview given to

Manager
Title

Signed by: AARON K SIEGLER
Storage Tank Safety Specialist (Signature)



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield IL 62703

Facility #	2039335
Date	4/4/2013

FEDERAL SOC QUESTIONNAIRE

OWNER OF TANKS

Speedway, LLC
 Name
 P.O. Box 1500
 Street Address
 Springfield OH 455011500
 City State Zip
 Michelle McKee
 Contact Person Phone 937-864-3000

FACILITY

Speedway #1417
 Name
 4032 Route 34
 Street Address
 Oswego IL 60543 Kendall
 City State Zip County
 Heather Jadwin
 Contact Person Phone 630-551-3310

I. Release Detection Method Presence and Performance Requirements **Y N N/A**

- 1. SOC 1: Is release detection method present? [(280.40(a))] Y N N/A
- 2. SOC 1: Is release detection method operating properly? [280.40(a) (1)] Y N N/A
- 3. SOC 1: Does release detection system meet the performance standards? [280.43 or 280.44] Y N N/A
- 4. SOC 1: Has implementing agency been notified of suspected release as required? [(280.40(b))] Y N N/A

II. Release Detection Testing **Y N N/A**

- 5. SOC 1: Are tanks and piping monitored monthly for releases and records available to meet the following requirements (records for the two most recent months and 8 of the last 12 months must be available)? [280.41(a) and 280.45(b)] Y N N/A

III. Hazardous Substance UST Systems **Y N N/A**

- 6. SOC 1: Does Hazardous Substance UST System(s) meet leak detection requirements? [280.42(b)] Y N N/A

IV. Temporary Closure **Y N N/A**

- 7. SOC 1: Are release detection requirements complied with for UST systems containing product? [280.70(a)] Y N N/A

I. Spill Prevention **Y N N/A**

- 1. SOC 2: Are spill prevention device(s) present and functional? [280.20(c)(1)(i), 280.21(d)] Y N N/A

II. Overfill Prevention **Y N N/A**

- 2. SOC 2: Are overfill prevention device(s) present and operational? [280.20(c)(1)(ii), 280.21(d)] Y N N/A

IIIa. Operation and Maintenance **Y N N/A**

- 3. SOC 2: Have repaired tanks and piping been tightness tested within 30 days of repair completion (not required with internal inspection or if monthly monitoring is in use)? [280.33(d)] Y N N/A

IIIb. Operation and Maintenance of Corrosion Protection **Y N N/A**

- 4. SOC 2: Has any cathodically protected system been tested/inspected within 6 months of repair? [280.33(e)] Y N N/A

- 5. SOC 2: Is corrosion system properly operated and maintained to provide continuous protection? [280.31(a)(b), 280.70(a)]
- 6. SOC 2: Has UST system with impressed current system been inspected every 60 days? [280.31(c)]
- 7. SOC 2: Are lined tanks inspected periodically and is lining in compliance? [280.21(b)(1)(ii)]

IV. Tank and Piping Corrosion Protection	Y	N	N/A
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- 8. SOC 2: Is buried metal tank and piping (includes fittings, connections, etc.) corrosion protected? [280.20(a), 280.20(b), 280.21(b), 280.21(c)]



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield IL 62703

Facility #	2039335	
Date	4/9/2015	
Decal #	Q002450	
Expiration Date	12/31/2017	
Notification Form Received	Y	N
	<input type="radio"/>	<input checked="" type="radio"/>
NOV Issued	Y	N
	<input type="radio"/>	<input type="radio"/>

INITIAL CERTIFICATION AUDIT

Facility Type: Self-Service Station
Ownership: Private

OWNER OF TANKS

Speedway, LLC
 Name
 P.O. Box 1500
 Street Address
 Springfield OH 455011500
 City State Zip
 Toby Rickabaugh 937-863-7034
 Contact Person Phone

FACILITY

Speedway #1417
 Name
 4032 Route 34
 Street Address
 Oswego IL 60543 Kendall
 City State Zip County
 Heather Jadwin 630-551-3310
 Contact Person Phone

TANK SYSTEM INFORMATION

Tank	Capacity	Product	Status	Compliant
1	12,000	<u>Gasoline</u>	Currently in use	<input checked="" type="checkbox"/>
2	8,000	<u>Gasoline</u>	Currently in use	<input checked="" type="checkbox"/>
3	8,000	<u>Gasoline</u>	Currently in use	<input checked="" type="checkbox"/>
4	8,000	<u>Diesel Fuel</u>	Currently in use	<input checked="" type="checkbox"/>
5	2,000	<u>E-85</u>	Currently in use	<input checked="" type="checkbox"/>
6	2,000	<u>Kerosene</u>	Currently in use	<input checked="" type="checkbox"/>

SECTION A. TANK RELEASE DETECTION

Tank	Equipment	Last Passing Test
1	Automatic Tank Gauging Veeder Root TLS 350 with CSLD	_____
	Interstitial Monitoring Veeder Root TLS 350	9/15/2014
2	Automatic Tank Gauging Veeder Root TLS 350 with CSLD	_____
	Interstitial Monitoring Veeder Root TLS 350	9/15/2014
3	Automatic Tank Gauging Veeder Root TLS 350 with CSLD	_____
	Interstitial Monitoring Veeder Root TLS 350	9/15/2014
4	Automatic Tank Gauging Veeder Root TLS 350 with CSLD	_____

	Interstitial Monitoring Veeder Root TLS 350	9/15/2014
5	Automatic Tank Gauging Veeder Root TLS 350 with CSLD	
	Interstitial Monitoring Veeder Root TLS 350	9/15/2014
6	Automatic Tank Gauging Veeder Root TLS 350 with CSLD	
	Interstitial Monitoring Veeder Root TLS 350	9/15/2014

SECTION B. PIPING RELEASE DETECTION

Tank	Equipment	Last Passing Test
1	Electronic Pressurized Line Leak Detection Veeder Root TLS 350	9/15/2014
	Piping Sump Sensors Interstitial Monitoring Veeder Root TLS 350	9/15/2014
2	Electronic Pressurized Line Leak Detection Veeder Root TLS 350	9/15/2014
	Piping Sump Sensors Interstitial Monitoring Veeder Root TLS 350	9/15/2014
3	Electronic Pressurized Line Leak Detection Veeder Root TLS 350	9/15/2014
	Piping Sump Sensors Interstitial Monitoring Veeder Root TLS 350	9/15/2014
4	Electronic Pressurized Line Leak Detection Veeder Root TLS 350	9/15/2014
	Piping Sump Sensors Interstitial Monitoring Veeder Root TLS 350	9/15/2014
5	Electronic Pressurized Line Leak Detection Veeder Root TLS 350	9/15/2014
	Piping Sump Sensors Interstitial Monitoring Veeder Root TLS 350	9/15/2014
6	Electronic Pressurized Line Leak Detection Veeder Root TLS 350	9/15/2014
	Piping Sump Sensors Interstitial Monitoring Veeder Root TLS 350	9/15/2014

SECTION C. SPILL PREVENTION

Tank	Equipment
1	Manhole Pre-manufactured EBW 715
2	Manhole Pre-manufactured EBW 715
3	Manhole Pre-manufactured EBW 715
4	Manhole Pre-manufactured EBW 715
5	Manhole Pre-manufactured EBW 715
6	Manhole Pre-manufactured EBW 715

SECTION D. OVERFILL PREVENTION

Tank	Equipment
1	Overfill Drop Tube Valve EBW 708 Auto Limiter
2	Overfill Drop Tube Valve EBW 708 Auto Limiter

3	Overfill Drop Tube Valve EBW 708 Auto Limiter
4	Overfill Drop Tube Valve EBW 708 Auto Limiter
5	Overfill Drop Tube Valve EBW 708 Auto Limiter
6	Overfill Drop Tube Valve EBW 708 Auto Limiter

SECTION E. TANK CORROSION PROTECTION

Tank	Equipment Test	Last Passing
1	Composite Non-Corrosive	_____
2	Composite Non-Corrosive	_____
3	Composite Non-Corrosive	_____
4	Composite Non-Corrosive	_____
5	Composite Non-Corrosive	_____
6	Composite Non-Corrosive	_____

SECTION F. PIPING CORROSION PROTECTION

Tank	Equipment Test	Last Passing
1	Flexible Non-Corrosive	_____
2	Flexible Non-Corrosive	_____
3	Flexible Non-Corrosive	_____
4	Flexible Non-Corrosive	_____
5	Flexible Non-Corrosive	_____
6	Flexible Non-Corrosive	_____

SECTION G. TANKS

Tank	Equipment
1	Composite Double Wall Glasteel II
2	Composite Double Wall Glasteel II
3	Composite Double Wall Glasteel II
4	Composite Double Wall Glasteel II
5	Composite Double Wall Glasteel II
6	Composite Double Wall Glasteel II

SECTION H. PRODUCT PIPING

Tank	Equipment
1	Flexible Double Wall Environ Geo Flex
2	Flexible Double Wall Environ Geo Flex
3	Flexible Double Wall Environ Geo Flex
4	Flexible Double Wall Environ Geo Flex
5	Flexible Double Wall Environ Geo Flex
6	Flexible Double Wall Environ Geo Flex

SECTION I. MISCELLANEOUS

Y N

1. Did Owner/Operator submit required documentation for Financial Responsibility?

If so: Type:

- Self-Insurance
- Surety Bond
- Commercial Insurance
- Letter of Credit
- Risk Retention Group
- Designated Savings Account
- Certificate of Deposit
- Guarantee

Date OSFM Received: 1/8/2015

2. A list of designated current class of operators for the facility is available?

3. Owner/Operator has valid training certificates available for classes A/B/C?

If so: Number: 2

4. Owner/Operator has valid training certificates available for only class C? **N/A**

If so: Number of C: 4

5. A copy of the emergency instructions or emergency procedures is available?

6. A copy of the UST facility operation and maintenance plan is available?

7. Are completed quarterly inspection checklists used by class A/B operators available?

8. For unmanned facilities, is emergency contact information conspicuously posted or a 24 hour toll free number for operator dispatch prominently displayed? **N/A**

Remarks:

4/9/2015

X Aaron Siegler

Heather Jadwin

Manager

Signed by: AARON K SIEGLER

Exit interview given to

Title

Storage Tank Safety Specialist (Signature)



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield IL 62703

Facility #	2039335
Date	4/9/2015

FEDERAL SOC QUESTIONNAIRE

OWNER OF TANKS

Speedway, LLC
 Name
 P.O. Box 1500
 Street Address
 Springfield OH 455011500
 City State Zip
 Toby Rickabaugh
 Contact Person Phone 937-863-7034

FACILITY

Speedway #1417
 Name
 4032 Route 34
 Street Address
 Oswego IL 60543 Kendall
 City State Zip County
 Heather Jadwin
 Contact Person Phone 630-551-3310

I. Release Detection Method Presence and Performance Requirements **Y N N/A**

- 1. SOC 1: Is release detection method present? [(280.40(a))]
- 2. SOC 1: Is release detection method operating properly? [280.40(a) (1)]
- 3. SOC 1: Does release detection system meet the performance standards? [280.43 or 280.44]
- 4. SOC 1: Has implementing agency been notified of suspected release as required? [(280.40(b))]

II. Release Detection Testing **Y N N/A**

- 5. SOC 1: Are tanks and piping monitored monthly for releases and records available to meet the following requirements (records for the two most recent months and 8 of the last 12 months must be available)? [280.41(a) and 280.45(b)]

III. Hazardous Substance UST Systems **Y N N/A**

- 6. SOC 1: Does Hazardous Substance UST System(s) meet leak detection requirements? [280.42(b)]

IV. Temporary Closure **Y N N/A**

- 7. SOC 1: Are release detection requirements complied with for UST systems containing product? [280.70(a)]

I. Spill Prevention **Y N N/A**

- 1. SOC 2: Are spill prevention device(s) present and functional? [280.20(c)(1)(i), 280.21(d)]

II. Overfill Prevention **Y N N/A**

- 2. SOC 2: Are overfill prevention device(s) present and operational? [280.20(c)(1)(ii), 280.21(d)]

IIIa. Operation and Maintenance **Y N N/A**

- 3. SOC 2: Have repaired tanks and piping been tightness tested within 30 days of repair completion (not required with internal inspection or if monthly monitoring is in use)? [280.33(d)]

IIIb. Operation and Maintenance of Corrosion Protection **Y N N/A**

- 4. SOC 2: Has any cathodically protected system been tested/inspected within 6 months of repair? [280.33(e)]

- 5. SOC 2: Is corrosion system properly operated and maintained to provide continuous protection? [280.31(a)(b), 280.70(a)]
- 6. SOC 2: Has UST system with impressed current system been inspected every 60 days? [280.31(c)]
- 7. SOC 2: Are lined tanks inspected periodically and is lining in compliance? [280.21(b)(1)(ii)]

IV. Tank and Piping Corrosion Protection	Y	N	N/A
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- 8. SOC 2: Is buried metal tank and piping (includes fittings, connections, etc.) corrosion protected? [280.20(a), 280.20(b), 280.21(b), 280.21(c)]



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield IL 62703

Facility #	2039335	
Date	9/12/2017	
Decal #	S002920	
Expiration Date	12/31/2019	
Notification Form Received	Y <input type="radio"/>	N <input checked="" type="radio"/>
NOV Issued	Y <input type="radio"/>	N <input checked="" type="radio"/>

INITIAL CERTIFICATION AUDIT

Facility Type: Self-Service Station
Ownership: Private

OWNER OF TANKS

Speedway, LLC
 Name
 P.O. Box 1500
 Street Address
 Springfield OH 455011500
 City State Zip
 Eric Swaisgood 937-863-6513
 Contact Person Phone

FACILITY

Speedway #1417
 Name
 4032 Route 34
 Street Address
 Oswego IL 60543 Kendall
 City State Zip County
 Heather Jadwin 630-551-3310
 Contact Person Phone

TANK SYSTEM INFORMATION

Tank	Capacity	Product	Status	Compliant
1	12,000	<u>Gasoline</u>	Currently in use	<input checked="" type="checkbox"/>
2	8,000	<u>Gasoline</u>	Currently in use	<input checked="" type="checkbox"/>
3	8,000	<u>Gasoline</u>	Currently in use	<input checked="" type="checkbox"/>
4	8,000	<u>Bio-Diesel</u>	Currently in use	<input checked="" type="checkbox"/>
5	2,000	<u>E-85</u>	Currently in use	<input checked="" type="checkbox"/>
6	2,000	<u>Kerosene</u>	Currently in use	<input checked="" type="checkbox"/>

SECTION A. TANK RELEASE DETECTION

Tank	Equipment	Last Passing Test
1	Automatic Tank Gauging Veeder Root TLS 350 with CSLD	_____
	Interstitial Monitoring Veeder Root TLS 350	9/12/2016
2	Automatic Tank Gauging Veeder Root TLS 350 with CSLD	_____
	Interstitial Monitoring Veeder Root TLS 350	9/12/2016
3	Automatic Tank Gauging Veeder Root TLS 350 with CSLD	_____
	Interstitial Monitoring Veeder Root TLS 350	9/12/2016
4	Automatic Tank Gauging Veeder Root TLS 350 with CSLD	_____

	Interstitial Monitoring Veeder Root TLS 350	9/12/2016
5	Automatic Tank Gauging Veeder Root TLS 350 with CSLD	
	Interstitial Monitoring Veeder Root TLS 350	9/12/2016
6	Automatic Tank Gauging Veeder Root TLS 350 with CSLD	
	Interstitial Monitoring Veeder Root TLS 350	9/12/2016

SECTION B. PIPING RELEASE DETECTION

Tank	Equipment	Last Passing Test
1	Electronic Pressurized Line Leak Detection Veeder Root TLS 350	9/12/2016
	Piping Sump Sensors Interstitial Monitoring Veeder Root TLS 350	9/12/2016
2	Electronic Pressurized Line Leak Detection Veeder Root TLS 350	9/12/2016
	Piping Sump Sensors Interstitial Monitoring Veeder Root TLS 350	9/12/2016
3	Electronic Pressurized Line Leak Detection Veeder Root TLS 350	9/12/2016
	Piping Sump Sensors Interstitial Monitoring Veeder Root TLS 350	9/12/2016
4	Electronic Pressurized Line Leak Detection Veeder Root TLS 350	9/12/2016
	Piping Sump Sensors Interstitial Monitoring Veeder Root TLS 350	9/12/2016
5	Electronic Pressurized Line Leak Detection Veeder Root TLS 350	9/12/2016
	Piping Sump Sensors Interstitial Monitoring Veeder Root TLS 350	9/12/2016
6	Electronic Pressurized Line Leak Detection Veeder Root TLS 350	9/12/2016
	Piping Sump Sensors Interstitial Monitoring Veeder Root TLS 350	9/12/2016

SECTION C. SPILL PREVENTION

Tank	Equipment
1	Manhole Pre-manufactured EBW 715
2	Manhole Pre-manufactured EBW 715
3	Manhole Pre-manufactured EBW 715
4	Manhole Pre-manufactured EBW 715
5	Manhole Pre-manufactured EBW 715
6	Manhole Pre-manufactured EBW 715

SECTION D. OVERFILL PREVENTION

Tank	Equipment
1	Overfill Drop Tube Valve EBW 708 Auto Limiter
2	Overfill Drop Tube Valve EBW 708 Auto Limiter

3	Overfill Drop Tube Valve EBW 708 Auto Limiter
4	Overfill Drop Tube Valve EBW 708 Auto Limiter
5	Overfill Drop Tube Valve EBW 708 Auto Limiter
6	Overfill Drop Tube Valve EBW 708 Auto Limiter

SECTION E. TANK CORROSION PROTECTION

Tank	Equipment Test	Last Passing
1	Composite Non-Corrosive	_____
2	Composite Non-Corrosive	_____
3	Composite Non-Corrosive	_____
4	Composite Non-Corrosive	_____
5	Composite Non-Corrosive	_____
6	Composite Non-Corrosive	_____

SECTION F. PIPING CORROSION PROTECTION

Tank	Equipment Test	Last Passing
1	Flexible Non-Corrosive	_____
2	Flexible Non-Corrosive	_____
3	Flexible Non-Corrosive	_____
4	Flexible Non-Corrosive	_____
5	Flexible Non-Corrosive	_____
6	Flexible Non-Corrosive	_____

SECTION G. TANKS

Tank	Equipment
1	Composite Double Wall Glasteel II
2	Composite Double Wall Glasteel II
3	Composite Double Wall Glasteel II
4	Composite Double Wall Glasteel II
5	Composite Double Wall Glasteel II
6	Composite Double Wall Glasteel II

SECTION H. PRODUCT PIPING

Tank	Equipment
1	Flexible Double Wall Environ Geo Flex
2	Flexible Double Wall Environ Geo Flex
3	Flexible Double Wall Environ Geo Flex
4	Flexible Double Wall Environ Geo Flex
5	Flexible Double Wall Environ Geo Flex
6	Flexible Double Wall Environ Geo Flex

SECTION I. MISCELLANEOUS

Y N

1. Did Owner/Operator submit required documentation for Financial Responsibility?

If so: Type:

- Self-Insurance
- Surety Bond
- Commercial Insurance
- Letter of Credit
- Risk Retention Group
- Designated Savings Account
- Certificate of Deposit
- Guarantee

FR Reporting Due: 11/23/2017

2. A list of designated current class of operators for the facility is available?

3. Owner/Operator has valid training certificates available for classes A/B/C?

If so: Number: 3

4. Owner/Operator has valid training certificates available for only class C? **N/A**

If so: Number of C: 8

5. A copy of the emergency instructions or emergency procedures is available?

6. A copy of the UST facility operation and maintenance plan is available?

7. Are completed quarterly inspection checklists used by class A/B operators available?

8. For unmanned facilities, is emergency contact information conspicuously posted or a 24 hour toll free number for operator dispatch prominently displayed? **N/A**

Remarks:

9/12/2017

X Aaron Siegler

Heather Jadwin

Manager

Signed by: AARON K SIEGLER

Exit interview given to

Title

Storage Tank Safety Specialist (Signature)



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield IL 62703

Facility #	2039335
Date	9/12/2017

FEDERAL SOC QUESTIONNAIRE

OWNER OF TANKS

Speedway, LLC
 Name
 P.O. Box 1500
 Street Address
 Springfield OH 455011500
 City State Zip
 Eric Swaisgood 937-863-6513
 Contact Person Phone

FACILITY

Speedway #1417
 Name
 4032 Route 34
 Street Address
 Oswego IL 60543 Kendall
 City State Zip County
 Heather Jadwin 630-551-3310
 Contact Person Phone

I. Release Detection Method Presence and Performance Requirements **Y N N/A**

- 1. SOC 1: Is release detection method present? [(280.40(a))]
- 2. SOC 1: Is release detection method operating properly? [280.40(a) (1)]
- 3. SOC 1: Does release detection system meet the performance standards? [280.43 or 280.44]
- 4. SOC 1: Has implementing agency been notified of suspected release as required? [(280.40(b))]

II. Release Detection Testing **Y N N/A**

- 5. SOC 1: Are tanks and piping monitored monthly for releases and records available to meet the following requirements (records for the two most recent months and 8 of the last 12 months must be available)? [280.41(a) and 280.45(b)]

III. Hazardous Substance UST Systems **Y N N/A**

- 6. SOC 1: Does Hazardous Substance UST System(s) meet leak detection requirements? [280.42(b)]

IV. Temporary Closure **Y N N/A**

- 7. SOC 1: Are release detection requirements complied with for UST systems containing product? [280.70(a)]

I. Spill Prevention **Y N N/A**

- 1. SOC 2: Are spill prevention device(s) present and functional? [280.20(c)(1)(i), 280.21(d)]

II. Overfill Prevention **Y N N/A**

- 2. SOC 2: Are overfill prevention device(s) present and operational? [280.20(c)(1)(ii), 280.21(d)]

IIIa. Operation and Maintenance **Y N N/A**

- 3. SOC 2: Have repaired tanks and piping been tightness tested within 30 days of repair completion (not required with internal inspection or if monthly monitoring is in use)? [280.33(d)]

IIIb. Operation and Maintenance of Corrosion Protection **Y N N/A**

- 4. SOC 2: Has any cathodically protected system been tested/inspected within 6 months of repair? [280.33(e)]

- 5. SOC 2: Is corrosion system properly operated and maintained to provide continuous protection? [280.31(a)(b), 280.70(a)]
- 6. SOC 2: Has UST system with impressed current system been inspected every 60 days? [280.31(c)]
- 7. SOC 2: Are lined tanks inspected periodically and is lining in compliance? [280.21(b)(1)(ii)]

IV. Tank and Piping Corrosion Protection	Y	N	N/A
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- 8. SOC 2: Is buried metal tank and piping (includes fittings, connections, etc.) corrosion protected? [280.20(a), 280.20(b), 280.21(b), 280.21(c)]



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

Facility#	2039335
Permit#	00708-2011UPG
Date	12/16/2011
Notification Form Received	<input checked="" type="radio"/> Y <input type="radio"/> N
Permit Not Executed	<input type="checkbox"/>

LOG OF UNDERGROUND STORAGE TANK UPGRADE/REPAIR

OWNER OF TANKS

Speedway, LLC
 Name
 P.O. Box 1500
 Street Address
 Springfield OH 455011500
 City State Zip
 Michelle McKee 937-864-3000
 Contact Person Phone

FACILITY

Speedway #1417
 Name
 4032 Route 34
 Street Address
 Oswego IL 60543 Kendall
 City State Zip County
 Douglas Gray
 Contact Person Phone

CONTRACTOR

IL194
 License Number

DRW Services, Inc.
 Name
 600 East Joe Orr Road
 Street Address
 Chicago Heights IL 60411
 City State Zip
 Glen C Mulder 708-758-3222
 Contact Person Phone

TANK SYSTEM INFORMATION

Tank	Capacity	Product	Status
6	2,000	Kerosene	Currently in use

SECTION A. EXCAVATION INSPECTION

Did Not Witness Scheduled Date Actual Date Witnessed: _____ Void Permit

SECTION B. PRIMARY PIPING AIR TEST

Did Not Witness Scheduled Date Actual Date Witnessed: _____ Void Permit N/A

Tanks All

- | | Y | N |
|--|-----------------------|-----------------------|
| 1. Was primary piping pressurized for 30 minutes at required pressure (includes vents if repaired or upgraded) | <input type="radio"/> | <input type="radio"/> |
| 2. Is piping type installed, same as permit | <input type="radio"/> | <input type="radio"/> |
| 3. Was piping coating damaged | <input type="radio"/> | <input type="radio"/> |

SECTION C. SECONDARY TEST

Did Not Witness Scheduled Date Actual Date Witnessed: _____ Void Permit N/A

Tanks All

Y N

1. Was secondary piping pressurized for 30 minutes at required pressure

SECTION D. CONTAINMENT TEST

Did Not Witness Scheduled Date Actual Date Witnessed: _____ Void Permit N/A

Tanks All

Y N

1. Were all newly installed containments hydrostatically tested

SECTION E. FINAL INSPECTION

Did Not Witness Scheduled Date Actual Date Witnessed: _____ Void Permit Y N

Tanks All

1. Final inspection has been completed and all permitted components installed, appears to be functioning normally

Remarks:

12/21/2011



Signed by AARON K SIEGLER View details
on Wednesday, December 21, 2011 7:45 AM (Central Daylight Time)

Storage Tank Safety Specialist (Signature)



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

Facility #	2039335	
Date	2/15/2011	
Decal #		
Expiration Date		
Notification Form Received	Y	N
	<input type="radio"/>	<input checked="" type="radio"/>
	Y	N
NOV Issued	<input checked="" type="radio"/>	<input type="radio"/>

INITIAL CERTIFICATION AUDIT

Facility Type: Self-Service Station
Ownership: Private

OWNER OF TANKS

Gas City, LTD
 Name
160 South LaGrange Road
 Street Address
Frankfort IL 60423
 City State Zip
Len McEnergy 815-469-9000
 Contact Person Phone

FACILITY

Gas City #34
 Name
4032 Route 34
 Street Address
Oswego IL 60543 Kendall
 City State Zip County
Ken Kestner 630-551-3310
 Contact Person Phone

TANK SYSTEM INFORMATION

Tank	Capacity	Product	Status	Compliant
1	12,000	<u>Gasoline</u>	Currently in use	<input type="checkbox"/>
2	8,000	<u>Gasoline</u>	Currently in use	<input type="checkbox"/>
3	8,000	<u>E-85</u>	Currently in use	<input type="checkbox"/>
4	8,000	<u>Diesel Fuel</u>	Currently in use	<input type="checkbox"/>
5	2,000	<u>Kerosene</u>	Currently in use	<input type="checkbox"/>
6	2,000	<u>Racing Fuel</u>	Currently in use	<input type="checkbox"/>

SECTION A. TANK RELEASE DETECTION

Tank	Equipment	Last Test
1	Automatic Tank Gauging Gilbarco EMC with CSLD	_____
	Interstitial Monitoring Gilbarco EMC	<u>3/9/2010</u>
2	Automatic Tank Gauging Gilbarco EMC with CSLD	_____
	Interstitial Monitoring Gilbarco EMC	<u>3/9/2010</u>
3	Automatic Tank Gauging Gilbarco EMC with CSLD	_____
	Interstitial Monitoring Gilbarco EMC	<u>3/9/2010</u>
4	Automatic Tank Gauging Gilbarco EMC with CSLD	_____

	Interstitial Monitoring Gilbarco EMC	3/9/2010
5	Automatic Tank Gauging Gilbarco EMC with CSLD	
	Interstitial Monitoring Gilbarco EMC	3/9/2010
6	Automatic Tank Gauging Gilbarco EMC with CSLD	
	Interstitial Monitoring Gilbarco EMC	3/9/2010

SECTION B.	PIPING RELEASE DETECTION
-------------------	---------------------------------

Tank	Equipment	Last Test
1	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	3/9/2010
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	3/9/2010
2	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	3/9/2010
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	3/9/2010
3	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	3/9/2010
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	3/9/2010
4	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	3/9/2010
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	3/9/2010
5	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	3/9/2010
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	3/9/2010
6	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	3/9/2010
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	3/9/2010

SECTION C.	SPILL PREVENTION
-------------------	-------------------------

Tank	Equipment
1	Manhole Pre-manufactured OPW 1
2	Manhole Pre-manufactured OPW 1
3	Manhole Pre-manufactured OPW 1
4	Manhole Pre-manufactured OPW 1
5	Manhole Pre-manufactured OPW 1
6	Manhole Pre-manufactured OPW 1

SECTION D.	OVERFILL PREVENTION
-------------------	----------------------------

Tank	Equipment
1	Overfill Drop Tube Valve EBW 708 Auto Limiter

2	Overfill Drop Tube Valve EBW 708 Auto Limiter
3	Overfill Drop Tube Valve EBW 708 Auto Limiter
4	Overfill Drop Tube Valve EBW 708 Auto Limiter
5	Overfill Drop Tube Valve EBW 708 Auto Limiter
6	Overfill Drop Tube Valve EBW 708 Auto Limiter

SECTION E.	TANK CORROSION PROTECTION
-------------------	----------------------------------

Tank	Equipment	Last Test
1	Composite Non-Corrosive	_____
2	Composite Non-Corrosive	_____
3	Composite Non-Corrosive	_____
4	Composite Non-Corrosive	_____
5	Composite Non-Corrosive	_____
6	Composite Non-Corrosive	_____

SECTION F.	PIPING CORROSION PROTECTION
-------------------	------------------------------------

Tank	Equipment	Last Test
1	Flexible Non-Corrosive	_____
2	Flexible Non-Corrosive	_____
3	Flexible Non-Corrosive	_____
4	Flexible Non-Corrosive	_____
5	Flexible Non-Corrosive	_____
6	Flexible Non-Corrosive	_____

SECTION G.	TANKS
-------------------	--------------

Tank	Equipment
1	Composite Double Wall Glasteel II
2	Composite Double Wall Glasteel II
3	Composite Double Wall Glasteel II
4	Composite Double Wall Glasteel II
5	Composite Double Wall Glasteel II
6	Composite Double Wall Glasteel II

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SECTION H.	PRODUCT PIPING
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Tank	Equipment
1	Flexible Double Wall Environ Geo Flex
2	Flexible Double Wall Environ Geo Flex
3	Flexible Double Wall Environ Geo Flex
4	Flexible Double Wall Environ Geo Flex
5	Flexible Double Wall Environ Geo Flex
6	Flexible Double Wall Environ Geo Flex

Remarks:

NOV written to submit notification form for product change.

2/22/2011

X Aaron Siegler

Signed by AARON K SIEGLER View details
on Tuesday, February 22, 2011 11:50 AM (Central Daylight
Time)

Ken Kestner Assistant Manager

Exit interview given to

Title

Storage Tank Safety Specialist (Signature)



FEDERAL SOC QUESTIONNAIRE

OWNER OF TANKS

Gas City, LTD
 Name
 160 South LaGrange Road
 Street Address
 Frankfort IL 60423
 City State Zip
 Len McEnerly
 Contact Person Phone 815-469-9000

FACILITY

Gas City #34
 Name
 4032 Route 34
 Street Address
 Oswego IL 60543 Kendall
 City State Zip County
 Ken Kestner
 Contact Person Phone 630-551-3310

I. Release Detection Method Presence and Performance Requirements **Y N N/A**

- 1. SOC 1: Is release detection method present? [(280.40(a))] Y N N/A
- 2. SOC 1: Is release detection method operating properly? [280.40(a) (1)] Y N N/A
- 3. SOC 1: Does release detection system meet the performance standards? [280.43 or 280.44] Y N N/A
- 4. SOC 1: Has implementing agency been notified of suspected release as required? [(280.40(b))] Y N N/A

II. Release Detection Testing **Y N N/A**

- 5. SOC 1: Are tanks and piping monitored monthly for releases and records available to meet the following requirements (records for the two most recent months and 8 of the last 12 months must be available)? [280.41(a) and 280.45(b)] Y N N/A

III. Hazardous Substance UST Systems **Y N N/A**

- 6. SOC 1: Does Hazardous Substance UST System(s) meet leak detection requirements? [280.42(b)] Y N N/A

IV. Temporary Closure **Y N N/A**

- 7. SOC 1: Are release detection requirements complied with for UST systems containing product? [280.70(a)] Y N N/A

I. Spill Prevention **Y N N/A**

- 1. SOC 2: Are spill prevention device(s) present and functional? [280.20(c)(1)(i), 280.21(d)] Y N N/A

II. Overfill Prevention **Y N N/A**

- 2. SOC 2: Are overfill prevention device(s) present and operational? [280.20(c)(1)(ii), 280.21(d)] Y N N/A

IIIa. Operation and Maintenance **Y N N/A**

- 3. SOC 2: Have repaired tanks and piping been tightness tested within 30 days of repair completion (not required with internal inspection or if monthly monitoring is in use)? [280.33(d)] Y N N/A

IIIb. Operation and Maintenance of Corrosion Protection **Y N N/A**

- 4. SOC 2: Has any cathodically protected system been tested/inspected within 6 months of repair? [280.33(e)] Y N N/A

- 5. SOC 2: Is corrosion system properly operated and maintained to provide continuous protection? [280.31(a)(b), 280.70(a)]
- 6. SOC 2: Has UST system with impressed current system been inspected every 60 days? [280.31(c)]
- 7. SOC 2: Are lined tanks inspected periodically and is lining in compliance? [280.21(b)(1)(ii)]

IV. Tank and Piping Corrosion Protection	Y	N	N/A
---	----------	----------	------------

- 8. SOC 2: Is buried metal tank and piping (includes fittings, connections, etc.) corrosion protected? [280.20(a), 280.20(b), 280.21(b), 280.21(c)]

2/22/2011

X Aaron Siegler

Signed by AARON K SIEGLER [View details](#)
on Tuesday, February 22, 2011 11:50 AM (Central Daylight Time)

Storage Tank Safety Specialist (Signature)



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

Facility #	2039335	
Date	4/28/2011	
Decal #	M001471	
Expiration Date	12/31/2013	
Notification Form Received	Y	N
	<input type="radio"/>	<input checked="" type="radio"/>
	Y	N
NOV Issued	<input type="radio"/>	<input checked="" type="radio"/>

SUBSEQUENT CERTIFICATION AUDIT

Facility Type: Self-Service Station
Ownership: Private

OWNER OF TANKS

Gas City, Ltd.
 Name
21660 S. La Grange Rd.
 Street Address
Frankfort IL 60423
 City State Zip
Len McEnergy 815-469-9000
 Contact Person Phone

FACILITY

Gas City #34
 Name
4032 Route 34
 Street Address
Oswego IL 60543 Kendall
 City State Zip County
Ken Kestner 630-551-3310
 Contact Person Phone

TANK SYSTEM INFORMATION

Tank	Capacity	Product	Status	Compliant
1	12,000	<u>Gasoline</u>	Currently in use	<input checked="" type="checkbox"/>
2	8,000	<u>Gasoline</u>	Currently in use	<input checked="" type="checkbox"/>
3	8,000	<u>E-85</u>	Currently in use	<input checked="" type="checkbox"/>
4	8,000	<u>Diesel Fuel</u>	Currently in use	<input checked="" type="checkbox"/>
5	2,000	<u>Kerosene</u>	Currently in use	<input checked="" type="checkbox"/>
6	2,000	<u>Gasoline</u>	Currently in use	<input checked="" type="checkbox"/>

SECTION A. TANK RELEASE DETECTION

Tank	Equipment	Last Test
1	Automatic Tank Gauging Gilbarco EMC with CSLD Interstitial Monitoring Gilbarco EMC	<u>3/9/2011</u>
2	Automatic Tank Gauging Gilbarco EMC with CSLD Interstitial Monitoring Gilbarco EMC	<u>3/9/2011</u>
3	Automatic Tank Gauging Gilbarco EMC with CSLD Interstitial Monitoring Gilbarco EMC	<u>3/9/2011</u>
4	Automatic Tank Gauging Gilbarco EMC with CSLD Interstitial Monitoring Gilbarco EMC	<u>3/9/2011</u>
5		

	Automatic Tank Gauging Gilbarco EMC with CSLD	
	Interstitial Monitoring Gilbarco EMC	3/9/2011
6	Automatic Tank Gauging Gilbarco EMC with CSLD	
	Interstitial Monitoring Gilbarco EMC	3/9/2011

SECTION B.	PIPING RELEASE DETECTION
-------------------	---------------------------------

Tank	Equipment	Last Test
1	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	3/9/2011
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	3/9/2011
2	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	3/9/2011
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	3/9/2011
3	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	3/9/2011
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	3/9/2011
4	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	3/9/2011
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	3/9/2011
5	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	3/9/2011
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	3/9/2011
6	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	3/9/2011
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	3/9/2011

SECTION C.	SPILL PREVENTION
-------------------	-------------------------

Tank	Equipment
1	Manhole Pre-manufactured OPW 1
2	Manhole Pre-manufactured OPW 1
3	Manhole Pre-manufactured OPW 1
4	Manhole Pre-manufactured OPW 1
5	Manhole Pre-manufactured OPW 1
6	Manhole Pre-manufactured OPW 1

SECTION D.	OVERFILL PREVENTION
-------------------	----------------------------

Tank	Equipment
1	Overfill Drop Tube Valve EBW 708 Auto Limiter
2	Overfill Drop Tube Valve EBW 708 Auto Limiter
3	Overfill Drop Tube Valve EBW 708 Auto Limiter

4	Overfill Drop Tube Valve EBW 708 Auto Limiter
5	Overfill Drop Tube Valve EBW 708 Auto Limiter
6	Overfill Drop Tube Valve EBW 708 Auto Limiter

SECTION E.	TANK CORROSION PROTECTION
-------------------	----------------------------------

Tank	Equipment	Last Test
1	Composite Non-Corrosive	_____
2	Composite Non-Corrosive	_____
3	Composite Non-Corrosive	_____
4	Composite Non-Corrosive	_____
5	Composite Non-Corrosive	_____
6	Composite Non-Corrosive	_____

SECTION F.	PIPING CORROSION PROTECTION
-------------------	------------------------------------

Tank	Equipment	Last Test
1	Flexible Non-Corrosive	_____
2	Flexible Non-Corrosive	_____
3	Flexible Non-Corrosive	_____
4	Flexible Non-Corrosive	_____
5	Flexible Non-Corrosive	_____
6	Flexible Non-Corrosive	_____

SECTION G.	TANKS
-------------------	--------------

Tank	Equipment
1	Composite Double Wall Glasteel II
2	Composite Double Wall Glasteel II
3	Composite Double Wall Glasteel II
4	Composite Double Wall Glasteel II
5	Composite Double Wall Glasteel II
6	Composite Double Wall Glasteel II

SECTION H.	PRODUCT PIPING
-------------------	-----------------------

Tank	Equipment
1	

	Flexible Double Wall Environ Geo Flex
2	Flexible Double Wall Environ Geo Flex
3	Flexible Double Wall Environ Geo Flex
4	Flexible Double Wall Environ Geo Flex
5	Flexible Double Wall Environ Geo Flex
6	Flexible Double Wall Environ Geo Flex

Remarks:

5/2/2011

X Aaron Siegler

Ken Kestner

Assistant manager

Exit interview given to

Title

Signed by AARON K SIEGLER [View details](#)
on Monday, May 02, 2011 11:40 AM (Central Daylight Time)

Storage Tank Safety Specialist (Signature)



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

Facility #	2039335
Date	5/5/2009
Decal #	K001477
Expiration Date	12/31/2011
Notification Form Received	Y N <input type="radio"/> <input checked="" type="radio"/>

CERTIFICATION AUDIT

Visit # 2

Facility Type: Self-Service Station

Ownership: Private

OWNER OF TANKS

Gas City, Ltd.
 Name
 160 South LaGrange Road
 Street Address
 Frankfort IL 60423
 City State Zip
 Len McEnergy 815-469-9000
 Contact Person Phone

FACILITY

Gas City #34
 Name
 4032 Route 34
 Street Address
 Oswego IL 60543 Kendall
 City State Zip County
 Len McEnergy 815-469-9000
 Contact Person Phone

TANK SYSTEM INFORMATION

Tank	Capacity	Product	Status	Compliant
1	12,000	Gasoline	Currently in use	<input checked="" type="checkbox"/>
2	8,000	Gasoline	Currently in use	<input checked="" type="checkbox"/>
3	8,000	E-85	Currently in use	<input checked="" type="checkbox"/>
4	8,000	Diesel Fuel	Currently in use	<input checked="" type="checkbox"/>
5	2,000	Gasoline	Currently in use	<input checked="" type="checkbox"/>
6	2,000	Gasoline	Currently in use	<input checked="" type="checkbox"/>

SECTION A. TANK RELEASE DETECTION

Tank	Equipment	Last Test
1	Automatic Tank Gauging Gilbarco EMC with CSLD	
	Interstitial Monitoring Gilbarco EMC	3/15/2009
2	Automatic Tank Gauging Gilbarco EMC with CSLD	
	Interstitial Monitoring Gilbarco EMC	3/15/2009
3	Automatic Tank Gauging Gilbarco EMC with CSLD	
	Interstitial Monitoring Gilbarco EMC	3/15/2009
4	Automatic Tank Gauging Gilbarco EMC with CSLD	

	Interstitial Monitoring Gilbarco EMC	3/15/2009
5	Automatic Tank Gauging Gilbarco EMC with CSLD	
	Interstitial Monitoring Gilbarco EMC	3/15/2009
6	Automatic Tank Gauging Gilbarco EMC with CSLD	
	Interstitial Monitoring Gilbarco EMC	3/15/2009

SECTION B. PIPING RELEASE DETECTION

Tank	Equipment	Last Test
1	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	3/15/2009
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	3/15/2009
2	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	3/15/2009
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	3/15/2009
3	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	3/15/2009
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	3/15/2009
4	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	3/15/2009
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	3/15/2009
5	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	3/15/2009
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	3/15/2009
6	Mechanical Pressurized Line Leak Detection FE Petro STP-MLD	3/15/2009
	Piping Sump Sensors Interstitial Monitoring Gilbarco EMC	3/15/2009

SECTION C. SPILL PREVENTION

Tank	Equipment
1	Manhole Pre-manufactured OPW 1
2	Manhole Pre-manufactured OPW 1
3	Manhole Pre-manufactured OPW 1
4	Manhole Pre-manufactured OPW 1
5	Manhole Pre-manufactured OPW 1
6	Manhole Pre-manufactured OPW 1

SECTION D. OVERFILL PREVENTION

Tank	Equipment
1	Overfill Drop Tube Valve EBW 708 Auto Limiter
2	Overfill Drop Tube Valve EBW 708 Auto Limiter
3	Overfill Drop Tube Valve EBW 708 Auto Limiter
4	Overfill Drop Tube Valve EBW 708 Auto Limiter
5	Overfill Drop Tube Valve EBW 708 Auto Limiter
6	Overfill Drop Tube Valve EBW 708 Auto Limiter

SECTION E. TANK CORROSION PROTECTION

Tank	Equipment	Last Test
1	Composite Non-Corrosive	
2	Composite Non-Corrosive	
3	Composite Non-Corrosive	
4	Composite Non-Corrosive	
5	Composite Non-Corrosive	
6	Composite Non-Corrosive	

SECTION F. PIPING CORROSION PROTECTION

Tank	Equipment	Last Test
1	Non-Corrosive Flexible Non-Corrosive	
2	Non-Corrosive Flexible Non-Corrosive	
3	Non-Corrosive Flexible Non-Corrosive	
4	Non-Corrosive Flexible Non-Corrosive	
5	Non-Corrosive Flexible Non-Corrosive	
6	Non-Corrosive Flexible Non-Corrosive	

SECTION G. TANKS

Tank	Equipment
1	Composite Double Wall Glasteel II
2	Composite Double Wall Glasteel II
3	Composite Double Wall Glasteel II

4	Composite Double Wall Glasteel II
5	Composite Double Wall Glasteel II
6	Composite Double Wall Glasteel II

SECTION H. PRODUCT PIPING

Tank	Equipment
1	Flexible Double Wall Environ Geo Flex
2	Flexible Double Wall Environ Geo Flex
3	Flexible Double Wall Environ Geo Flex
4	Flexible Double Wall Environ Geo Flex
5	Flexible Double Wall Environ Geo Flex
6	Flexible Double Wall Environ Geo Flex

Remarks:

All violations complied

5/5/2009

X Anna Siegler

Rich Strong

Cashier

Exit interview given to

Title

Storage Tank Safety Specialist (Signature)



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

Facility#	2039335
Permit#	00491-2011UPG
Date	9/8/2011
Notification Form Received	<input checked="" type="radio"/> Y <input type="radio"/> N
Permit Not Executed	<input type="checkbox"/>

LOG OF UNDERGROUND STORAGE TANK UPGRADE/REPAIR

OWNER OF TANKS

Speedway, LLC
 Name
 P.O. Box 1500
 Street Address
 Springfield OH 455011500
 City State Zip
 Michelle McKee 937-864-3000
 Contact Person Phone

FACILITY

Speedway #1417
 Name
 4032 Route 34
 Street Address
 Oswego IL 60543 Kendall
 City State Zip County
 Douglas Gray
 Contact Person Phone

CONTRACTOR

IL194
 License Number

DRW Services, Inc.
 Name
 600 East Joe Orr Road
 Street Address
 Chicago Heights IL 60411
 City State Zip
 Glen C Mulder 708-758-3222
 Contact Person Phone

TANK SYSTEM INFORMATION

Tank	Capacity	Product	Status
1	12,000	Gasoline	Currently in use
2	8,000	Gasoline	Currently in use
3	8,000	E-85	Currently in use
4	8,000	Diesel Fuel	Currently in use
5	2,000	Racing Fuel	Currently in use
6	2,000	Kerosene	Currently in use

SECTION A. EXCAVATION INSPECTION

Did Not Witness Scheduled Date Actual Date Witnessed: _____ Void Permit

SECTION B. PRIMARY PIPING AIR TEST

Did Not Witness Scheduled Date Actual Date Witnessed: _____ Void Permit N/A

Tanks All

- | | | |
|--|-----------------------|-----------------------|
| | Y | N |
| 1. Was primary piping pressurized for 30 minutes at required pressure (includes vents if repaired or upgraded) | <input type="radio"/> | <input type="radio"/> |
| 2. Is piping type installed, same as permit | <input type="radio"/> | <input type="radio"/> |
| 3. Was piping coating damaged | <input type="radio"/> | <input type="radio"/> |

SECTION C.	SECONDARY TEST
-------------------	-----------------------

Did Not Witness Scheduled Date Actual Date Witnessed: _____ Void Permit N/A

Tanks All

- | | | |
|---|-----------------------|-----------------------|
| | Y | N |
| 1. Was secondary piping pressurized for 30 minutes at required pressure | <input type="radio"/> | <input type="radio"/> |

SECTION D.	CONTAINMENT TEST
-------------------	-------------------------

Did Not Witness Scheduled Date Actual Date Witnessed: _____ Void Permit N/A

Tanks All

- | | | |
|---|-----------------------|-----------------------|
| | Y | N |
| 1. Were all newly installed containments hydrostatically tested | <input type="radio"/> | <input type="radio"/> |

SECTION E.	FINAL INSPECTION
-------------------	-------------------------

Did Not Witness Scheduled Date Actual Date Witnessed: _____ Void Permit **Y** **N**

Tanks All

- | | | |
|---|-----------------------|-----------------------|
| 1. Final inspection has been completed and all permitted components installed, appears to be functioning normally | <input type="radio"/> | <input type="radio"/> |
|---|-----------------------|-----------------------|

Remarks:

9/13/2011



Signed by AARON K SIEGLER View details
on Tuesday, September 13, 2011 7:06 AM (Central Daylight Time)

Storage Tank Safety Specialist (Signature)



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield IL 62703

Facility #	2039335
Date	9/12/2017
Issue Permit	Y N <input checked="" type="radio"/> <input type="radio"/>
Expiration Date	12/31/2019
Notification Form Received	Y N <input type="radio"/> <input checked="" type="radio"/>
NOV Issued	Y N <input type="radio"/> <input checked="" type="radio"/>

LOG OF ATTENDED SELF-SERVICE STATION INSPECTION

OWNER OF TANKS

FACILITY

Speedway, LLC
 Name
 P.O. Box 1500
 Street Address
 Springfield OH 455011500
 City State Zip
 Eric Swaisgood 937-863-6513
 Contact Person Phone

Speedway #1417
 Name
 4032 Route 34
 Street Address
 Oswego IL 60543 Kendall
 City State Zip County
 Heather Jadwin 630-551-3310
 Contact Person Phone

Specify number of dispensers: 13 Distance from emergency shut off to most remote dispenser in feet: 100

SECTION A. EMERGENCY SHUT-OFF SWITCH Y N

- Does every dispenser have an emergency electrical shutoff switch 20' to 100' away?
- Does every control station have an emergency electrical shutoff switch?
- Is each emergency electrical shutoff switch plainly marked?
- Is each emergency electrical shutoff switch easily accessible?
- Has each switch been tested annually?
- Are all Emergency Shutoff Switches interconnected so activation of one activates all?

SECTION B. FIRE EXTINGUISHERS

- Are there 2 fire extinguishers on site meeting minimum rating of 4A:60BC?
- Are fire extinguishers clearly marked?
- Specify location of 2 fire extinguishers Location 1: Exit doors Location 2: Islands
- Has an annual inspection been performed? Inspection date: November, 2016
- Are fire extinguishers accessible to the public and attendants?

SECTION C. SIGNS

- Are code complying signs posted as required (instruction/warning/product labeling)?

SECTION D. DISPENSERS AND HOSES

- Are dispensing units protected against collision by islands, posts or other means?
- Are kerosene dispensers located on separate islands and at least 20' away from other dispensers? N/A
- Does electrical equipment meet requirements of the National Electrical Code?

4. Is there any brush, debris, wood chips or mulch located within 10' of dispensing areas or dispensers?

SECTION E.	MISCELLANEOUS
-------------------	----------------------

- 1. Does LP gas storage have collision protection or a 40" measurement from cabinet to 5" curb? N/A
- 2. If farthest dispenser is greater than 40' from control station, does site have operational communication system? N/A
- 3. Does attendant have an unobstructed view of all dispensers?
- 4. If view is obstructed, is a closed circuit camera or emergency shutoff switch (within 20' to 50') provided? N/A

Remarks:

9/12/2017

X Aaron Siegler

Heather Jadwin Manager
Exit interview given to Title

Signed by: AARON K SIEGLER
Storage Tank Safety Specialist (Signature)



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield IL 62703

Facility #	2039335
Date	7/6/2015
Issue Permit	Y N <input checked="" type="radio"/> <input type="radio"/>
Expiration Date	12/31/2017
Notification Form Received	Y N <input type="radio"/> <input checked="" type="radio"/>
NOV Issued	Y N <input type="radio"/> <input checked="" type="radio"/>

LOG OF ATTENDED SELF-SERVICE STATION INSPECTION

OWNER OF TANKS

FACILITY

Speedway, LLC
 Name
 P.O. Box 1500
 Street Address
 Springfield OH 455011500
 City State Zip
 Eric M Swaisgood 937-864-3000
 Contact Person Phone

Speedway #1417
 Name
 4032 Route 34
 Street Address
 Oswego IL 60543 Kendall
 City State Zip County
 Heather Jadwin 630-551-3310
 Contact Person Phone

Specify number of dispensers: 13 Distance from emergency shut off to most remote dispenser in feet: 100

SECTION A. EMERGENCY SHUT-OFF SWITCH Y N

- 1. Does every dispenser have an emergency electrical shutoff switch 20' to 100' away?
- 2. Does every control station have an emergency electrical shutoff switch?
- 3. Is each emergency electrical shutoff switch plainly marked?
- 4. Is each emergency electrical shutoff switch easily accessible?
- 5. Has each switch been tested annually?
- 6. Are all Emergency Shutoff Switches interconnected so activation of one activates all?

SECTION B. FIRE EXTINGUISHERS

- 1. Are there 2 fire extinguishers on site meeting minimum rating of 4A:60BC?
- 2. Are fire extinguishers clearly marked?
- 3. Specify location of 2 fire extinguishers Location 1: Exit doors Location 2: Islands
- 4. Has an annual inspection been performed? Inspection date: May, 2015
- 5. Are fire extinguishers accessible to the public and attendants?

SECTION C. SIGNS

- 1. Are code complying signs posted as required (instruction/warning/product labeling)?

SECTION D. DISPENSERS AND HOSES

- 1. Are dispensing units protected against collision by islands, posts or other means?
- 2. Are kerosene dispensers located on separate islands and at least 20' away from other dispensers? N/A
- 3. Does electrical equipment meet requirements of the National Electrical Code?



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield IL 62703

Facility #	2039335
Date	4/9/2015
Issue Permit	Y <input type="radio"/> N <input checked="" type="radio"/>
Expiration Date	
Notification Form Received	Y <input type="radio"/> N <input checked="" type="radio"/>
NOV Issued	Y <input checked="" type="radio"/> N <input type="radio"/>

LOG OF ATTENDED SELF-SERVICE STATION INSPECTION

OWNER OF TANKS

FACILITY

Speedway, LLC
 Name
 P.O. Box 1500
 Street Address
 Springfield OH 455011500
 City State Zip
 Toby Rickabaugh
 Contact Person Phone

Speedway #1417
 Name
 4032 Route 34
 Street Address
 Oswego IL 60543 Kendall
 City State Zip County
 Heather Jadwin
 Contact Person Phone

Specify number of dispensers: 13 Distance from emergency shut off to most remote dispenser in feet: 180

SECTION A. EMERGENCY SHUT-OFF SWITCH Y N

- Does every dispenser have an emergency electrical shutoff switch 20' to 100' away?
- Does every control station have an emergency electrical shutoff switch?
- Is each emergency electrical shutoff switch plainly marked?
- Is each emergency electrical shutoff switch easily accessible?
- Has each switch been tested annually?
- Are all Emergency Shutoff Switches interconnected so activation of one activates all?

SECTION B. FIRE EXTINGUISHERS

- Are there 2 fire extinguishers on site meeting minimum rating of 4A:60BC?
- Are fire extinguishers clearly marked?
- Specify location of 2 fire extinguishers Location 1: East door Location 2: Islands
- Has an annual inspection been performed? Inspection date: July, 2014
- Are fire extinguishers accessible to the public and attendants?

SECTION C. SIGNS

- Are code complying signs posted as required (instruction/warning/product labeling)?

SECTION D. DISPENSERS AND HOSES

- Are dispensing units protected against collision by islands, posts or other means?
- Are emergency shut-off (shear valves) anchored properly (for pressurized systems only)? N/A
- Are kerosene dispensers located on separate islands and at least 20' away from other dispensers? N/A
- Does electrical equipment meet requirements of the National Electrical Code?

5. Is there any brush, debris, wood chips or mulch located within 10' of dispensing areas or dispensers?

SECTION E. MISCELLANEOUS

- 1. Does LP gas storage have collision protection or a 40" measurement from cabinet to 5" curb? N/A
- 2. If farthest dispenser is greater than 40' from control station, does site have operational communication system? N/A
- 3. Does attendant have an unobstructed view of all dispensers?
- 4. If view is obstructed, is a closed circuit camera or emergency shutoff switch (within 20' to 50') provided? N/A

Remarks:

4/9/2015

X Aaron Siegler

Heather Jadwin Manager
Exit interview given to Title

Signed by: AARON K SIEGLER
Storage Tank Safety Specialist (Signature)



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

Facility#	2039335
Date	4/28/2011
Issue Permit	Y N <input checked="" type="radio"/> <input type="radio"/>
Expiration Date	12/31/2013
Notification Form Received	Y N <input type="radio"/> <input checked="" type="radio"/>
NOV Issued	Y N <input type="radio"/> <input checked="" type="radio"/>

LOG OF ATTENDED SELF-SERVICE STATION INSPECTION

OWNER OF TANKS

FACILITY

Gas City, Ltd.
 Name
 21660 S. La Grange Rd.
 Street Address
 Frankfort IL 60423
 City State Zip
 Len McEnery 815-469-9000
 Contact Person Phone

Gas City #34
 Name
 4032 Route 34
 Street Address
 Oswego IL 60543 Kendall
 City State Zip County
 Ken Kestner 630-551-3310
 Contact Person Phone

Specify number of dispensers: 11 Distance from control station to most remote dispenser in feet: 180

SECTION A. EMERGENCY SHUT-OFF SWITCH Y N

- Does every dispenser have an emergency electrical shutoff switch 20' to 100' away?
- Does every control station have an emergency electrical shutoff switch?
- Is each emergency electrical shutoff switch plainly marked?
- Is each emergency electrical shutoff switch easily accessible?
- Has each switch been tested annually?

SECTION B. FIRE EXTINGUISHERS

- Are there 2 fire extinguishers on site meeting minimum rating of 4A:60BC?
- Are fire extinguishers clearly marked?
- Specify location of 2 fire extinguishers Location 1: Canopy pier Location 2: Canopy pier
- Has an annual inspection been performed? Inspection date: March, 2011
- Are fire extinguishers accessible to the public and attendants?

SECTION C. SIGNS

- Are code complying signs posted as required (instruction/warning/product labeling)?

SECTION D. DISPENSERS AND HOSES

- Are dispensing units protected against collision by islands, posts or other means?
- Are emergency shut-off (shear valves) anchored properly (for pressurized systems only)? N/A
- Are all dispensing hoses equipped with emergency break-away couplings?
- Are all dispensing hoses in serviceable condition (not cracked/split/worn)?
- Are any dispensing hoses or breakaways actively leaking? (if so, remove from service immediately)

- 6. Are kerosene dispensers located on separate islands and at least 20' away from other dispensers? N/A
- 7. Does electrical equipment meet requirements of the National Electrical Code?
- 8. Is there any brush, debris, wood chips or mulch located within 10' of dispensing areas or dispensers?

SECTION E.	MISCELLANEOUS
-------------------	----------------------

- 1. Does LP gas storage have collision protection or a 40" measurement from cabinet to 5" curb? N/A
- 2. If farthest dispenser is greater than 40' from control station, does site have operational communication system? N/A
- 3. Does attendant have an unobstructed view of all dispensers?
- 4. If view is obstructed, is a closed circuit camera or emergency shutoff switch (within 20' to 50') provided? N/A

Remarks:

Need additional E-stops by 9/2013.

4/28/2011

X Aaron Siegler

Signed by AARON K SIEGLER [View details](#)
 on Thursday, April 28, 2011 2:52 PM (Central Daylight Time)
 Storage Tank Safety Specialist (Signature)

Ken Kestner	Assistant manager
Exit interview given to	Title



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield IL 62703

Facility #	2039335
Date	4/4/2013
Issue Permit	Y N <input checked="" type="radio"/> <input type="radio"/>
Expiration Date	12/31/2015
Notification Form Received	Y N <input type="radio"/> <input checked="" type="radio"/>
NOV Issued	Y N <input type="radio"/> <input checked="" type="radio"/>

LOG OF ATTENDED SELF-SERVICE STATION INSPECTION

OWNER OF TANKS

FACILITY

Speedway, LLC
 Name
 P.O. Box 1500
 Street Address
 Springfield OH 455011500
 City State Zip
 Michelle McKee
 Contact Person Phone

Speedway #1417
 Name
 4032 Route 34
 Street Address
 Oswego IL 60543 Kendall
 City State Zip County
 Heather Jadwin
 Contact Person Phone

Specify number of dispensers: 11 Distance from emergency shut off to most remote dispenser in feet: 180

SECTION A. EMERGENCY SHUT-OFF SWITCH Y N

- Does every dispenser have an emergency electrical shutoff switch 20' to 100' away?
- Does every control station have an emergency electrical shutoff switch?
- Is each emergency electrical shutoff switch plainly marked?
- Is each emergency electrical shutoff switch easily accessible?
- Has each switch been tested annually?

SECTION B. FIRE EXTINGUISHERS

- Are there 2 fire extinguishers on site meeting minimum rating of 4A:60BC?
- Are fire extinguishers clearly marked?
- Specify location of 2 fire extinguishers Location 1: Islands Location 2: Store Front
- Has an annual inspection been performed? Inspection date: May, 2012
- Are fire extinguishers accessible to the public and attendants?

SECTION C. SIGNS

- Are code complying signs posted as required (instruction/warning/product labeling)?

SECTION D. DISPENSERS AND HOSES

- Are dispensing units protected against collision by islands, posts or other means?
- Are emergency shut-off (shear valves) anchored properly (for pressurized systems only)? N/A
- Are kerosene dispensers located on separate islands and at least 20' away from other dispensers? N/A
- Does electrical equipment meet requirements of the National Electrical Code?
- Is there any brush, debris, wood chips or mulch located within 10' of dispensing areas or dispensers?

SECTION E. MISCELLANEOUS

- 1. Does LP gas storage have collision protection or a 40" measurement from cabinet to 5" curb? N/A
- 2. If farthest dispenser is greater than 40' from control station, does site have operational communication system? N/A
- 3. Does attendant have an unobstructed view of all dispensers?
- 4. If view is obstructed, is a closed circuit camera or emergency shutoff switch (within 20' to 50') provided? N/A

Remarks:

4/4/2013

X Aaron Siegler

Heather Jadwin Manager
Exit interview given to Title

Signed by: AARON K. SIEGLER
Storage Tank Safety Specialist (Signature)



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

Facility#	2039335
Date	2/15/2011
Issue Permit	Y N <input type="radio"/> <input checked="" type="radio"/>
Expiration Date	
Notification Form Received	Y N <input type="radio"/> <input checked="" type="radio"/>
NOV Issued	Y N <input checked="" type="radio"/> <input type="radio"/>

LOG OF ATTENDED SELF-SERVICE STATION INSPECTION

OWNER OF TANKS

FACILITY

Gas City, LTD
 Name
 160 South LaGrange Road
 Street Address
 Frankfort IL 60423
 City State Zip
 Len McEnery 815-469-9000
 Contact Person Phone

Gas City #34
 Name
 4032 Route 34
 Street Address
 Oswego IL 60543 Kendall
 City State Zip County
 Ken Kestner 630-551-3310
 Contact Person Phone

Specify number of dispensers: 11 Distance from control station to most remote dispenser in feet: 180

SECTION A. EMERGENCY SHUT-OFF SWITCH Y N

- Does every dispenser have an emergency electrical shutoff switch 20' to 100' away?
- Does every control station have an emergency electrical shutoff switch?
- Is each emergency electrical shutoff switch plainly marked?
- Is each emergency electrical shutoff switch easily accessible?
- Has each switch been tested annually?

SECTION B. FIRE EXTINGUISHERS

- Are there 2 fire extinguishers on site meeting minimum rating of 4A:60BC?
- Are fire extinguishers clearly marked?
- Specify location of 2 fire extinguishers Location 1: Canopy pier Location 2: Canopy pier
- Has an annual inspection been performed? Inspection date: August, 2009
- Are fire extinguishers accessible to the public and attendants?

SECTION C. SIGNS

- Are code complying signs posted as required (instruction/warning/product labeling)?

SECTION D. DISPENSERS AND HOSES

- Are dispensing units protected against collision by islands, posts or other means?
- Are emergency shut-off (shear valves) anchored properly (for pressurized systems only)? N/A
- Are all dispensing hoses equipped with emergency break-away couplings?
- Are all dispensing hoses in serviceable condition (not cracked/split/worn)?
- Are any dispensing hoses or breakaways actively leaking? (if so, remove from service immediately)

- 6. Are kerosene dispensers located on separate islands and at least 20' away from other dispensers? N/A
- 7. Does electrical equipment meet requirements of the National Electrical Code?
- 8. Is there any brush, debris, wood chips or mulch located within 10' of dispensing areas or dispensers?

SECTION E.	MISCELLANEOUS
-------------------	----------------------

- 1. Does LP gas storage have collision protection or a 40" measurement from cabinet to 5" curb? N/A
- 2. If farthest dispenser is greater than 40' from control station, does site have operational communication system? N/A
- 3. Does attendant have an unobstructed view of all dispensers?
- 4. If view is obstructed, is a closed circuit camera or emergency shutoff switch (within 20' to 50') provided? N/A

Remarks:

2/15/2011

X Aaron Siegler

Signed by AARON K SIEGLER [View details](#)
on Tuesday, February 15, 2011 4:19 PM (Central Daylight Time)

Storage Tank Safety Specialist (Signature)

Ken Kestner	Assistant Manager
Exit interview given to	Title



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield IL 62703

Facility #:	2039335
NOV #:	E0020150890
NOV Date:	4/9/2015
Date:	7/6/2015

NOTICE OF VIOLATION - PROGRESS REPORT

Facility Status: Active

OWNER OF TANKS

FACILITY

Speedway, LLC
 Name
 P.O. Box 1500
 Street Address
 Springfield OH 455011500
 City State Zip
 Eric M Swaisgood 937-864-3000
 Contact Person Phone

Speedway #1417
 Name
 4032 Route 34
 Street Address
 Oswego IL 60543 Kendall
 City State Zip County
 Heather Jadwin 630-551-3310
 Contact Person Phone

VIOLATIONS

Tanks: N/A **Status:** Complied

Violation:
 One or more dispensers do not have an emergency shutoff switch within 20' to 100' away

Remarks:
 Dispensers #13, 14, 15, 16, 17 need code complying Self Service signs mounted at each pump island. Same sign as at gasoline dispensers.

Tanks: N/A **Status:** Complied

Violation:
 Signs - Self-service warning signs do not comply with code

Remarks:
 Dispensers #13, 14, 15, 16, 17 need code complying Self Service signs mounted at each pump island. Same sign as at gasoline dispensers.

Remarks:

- Signature unobtainable
- Signature refused

7/6/2015

Lisa Wirtz Manager
 Exit interview given to Title

Signed by: AARON K SIEGLER
 Storage Tank Safety Specialist (Signature)
 Phone: 630-399-4518



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield IL 62703

Facility #	2039335	
Date	4/9/2015	
Notification Form Received	Y	N
	<input type="radio"/>	<input checked="" type="radio"/>

NOTICE OF VIOLATION (Motor Fuel Dispensing)
Attended Self-Service

Facility Status: Active

OWNER OF TANKS

Speedway, LLC
 Name
P.O. Box 1500
 Street Address
Springfield OH 455011500
 City State Zip
Toby Rickabaugh 937-863-7034
 Contact Person Phone

FACILITY

Speedway #1417
 Name
4032 Route 34
 Street Address
Oswego IL 60543 Kendall
 City State Zip County
Heather Jadwin 630-551-3310
 Contact Person Phone

Violations of 41 Ill. Adm Code 174, 175, 176 and 177 of the Office of the Illinois State Fire Marshal and 40 CFR Parts 280 of the Federal Register requirements are hereby called to your attention. The violations found and corrections to be made have been identified below or stated in the remarks section. You are allowed a 60-day window to come into compliance effective from the date of this notice. Compliance must be made by **6/8/2015**. Failure to comply may result in refusal to issue, renew, suspend or revoke your motor fuel dispensing permit. Contact the Storage Tank Safety Specialist below when said violations are corrected and if you have any questions.

SECTION A. EMERGENCY SHUTOFF SWITCHES

Violation Text:

One or more dispensers do not have an emergency shutoff switch within 20' to 100' away

Remarks:

Dispenser #14, 15, 16 and 17 are greater than 100 feet from an Emergency Shut Off Switch.

SECTION B. FIRE EXTINGUISHERS

SECTION C. SIGNS

Violation Text :

Signs - Self-service warning signs do not comply with code

Remarks:

Dispensers #13, 14, 15, 16, 17 need code complying Self Service signs mounted at each pump island. Same sign as at gasoline dispensers.

SECTION D. DISPENSERS AND HOSES

SECTION E. FIRE CONTROL AND SUPPRESSION

SECTION F. FIRE DETECTION SYSTEMS

SECTION G. MISCELLANEOUS

Remarks:



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

Facility#: 2039335
NOV #: E0020110457
NOV Date: 2/15/2011
Date: 4/28/2011

NOTICE OF VIOLATION - PROGRESS REPORT

Facility Status: Active

OWNER OF TANKS

Gas City, Ltd.
 Name
 21660 S. La Grange Rd.
 Street Address
 Frankfort IL 60423
 City State Zip
 Len McEnery 815-469-9000
 Contact Person Phone

FACILITY

Gas City #34
 Name
 4032 Route 34
 Street Address
 Oswego IL 60543 Kendall
 City State Zip County
 Ken Kestner 630-551-3310
 Contact Person Phone

VIOLATIONS

Tanks: N/A Status: Complied

Violation:
 Fire Extinguishers - Past due for annual testing

Remarks:

Remarks:

- Signature unobtainable
- Signature refused



Ken Kestner Assistant Manager
 Exit interview given to Title

4/28/2011


Signed by AARON K SIEGLER View details
 on Thursday, April 28, 2011 2:43 PM (Central Daylight
 Time)

Storage Tank Safety Specialist (Signature)
 STSS Phone: 630-399-4518



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

Facility#: 2039335
NOV #: E0020110458
NOV Date: 2/15/2011
Date: 4/28/2011

NOTICE OF VIOLATION - PROGRESS REPORT

Facility Status: Active

OWNER OF TANKS

Gas City, Ltd.
 Name
 21660 S. La Grange Rd.
 Street Address
 Frankfort IL 60423
 City State Zip
 Len McEnery 815-469-9000
 Contact Person Phone

FACILITY

Gas City #34
 Name
 4032 Route 34
 Street Address
 Oswego IL 60543 Kendall
 City State Zip County
 Ken Kestner 630-551-3310
 Contact Person Phone

VIOLATIONS

Tanks: 5, 6 **Status:** Complied

Violation:
 Submit Notification Form For Tank Status Change

Remarks:

Tanks: 1, 2, 3, 4, 5, 6 **Status:** Complied

Violation:
 Financial responsibility must be reported yearly (41 Ill. Adm. Code 176.220(c) & (d))

Remarks:

Tanks: 4, 6 **Status:** Complied

Violation:
 Line leak detection equipment in alarm or failed test, must repair or replace.

Remarks:

Remarks:

Signature unobtainable

Signature refused

4/28/2011



Ken Kestner

Assitant Manager

Exit interview given to

Title

X *Aaron Siegler*

Signed by AARON K SIEGLER [View details](#)
on Thursday, April 28, 2011 2:42 PM (Central Daylight
Time)

Storage Tank Safety Specialist (Signature)

STSS Phone: 630-399-4518



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

Facility#	2039335
Date	2/15/2011
Notification Form Received	Y N <input type="radio"/> <input checked="" type="radio"/>

NOTICE OF VIOLATION (UST)

Facility Status: Active

OWNER OF TANKS

Gas City, LTD
 Name
 160 South LaGrange Road
 Street Address
 Frankfort IL 60423
 City State Zip
 Len McEnery 815-469-9000
 Contact Person Phone

FACILITY

Gas City #34
 Name
 4032 Route 34
 Street Address
 Oswego IL 60543 Kendall
 City State Zip County
 Ken Kestner 630-551-3310
 Contact Person Phone

Violations of 41 Ill. Adm Code 174, 175, 176 and 177 of the Office of the Illinois State Fire Marshal and 40 CFR Parts 280 of the Federal Register requirements are hereby called to your attention. The violations found and corrections to be made have been identified below or stated in the remarks section. Any repairs, modifications or alterations to the tank system must be performed by a contractor licensed by this office. You are allowed a 60-day window to come into compliance effective from the date of this notice. If compliance is not made by **4/16/2011**, your underground storage tanks system will be **RED TAGGED**. You are prohibited from having product placed into the UST system when a **RED TAG** exists. Contact the Storage Tank Safety Specialist below when said violations are corrected and if you have any questions.

RED TAGS WILL NOT BE REMOVED UNTIL ALL DEFICIENCIES HAVE BEEN CORRECTED.

TANK SYSTEM INFORMATION

Tank	Capacity	Product	Status
1	12,000	Gasoline	Currently in use
2	8,000	Gasoline	Currently in use
3	8,000	E-85	Currently in use
4	8,000	Diesel Fuel	Currently in use
5	2,000	Gasoline	Currently in use
6	2,000	Gasoline	Currently in use

SECTION A. TANK RELEASE DETECTION

SECTION B. PIPING RELEASE DETECTION

Tank ID#

<u>4</u>	<u>6</u>
----------	----------

Violation Text:

Line leak detection equipment in alarm or failed test, must repair or replace.

Remarks:

SECTION C. SPILL PREVENTION

SECTION D. OVERFILL PREVENTION

SECTION E. TANK CORROSION PROTECTION

SECTION F. PIPING CORROSION PROTECTION

SECTION G. DISPENSERS AND HOSES

SECTION H. MISCELLANEOUS

Tank ID#

5	6
---	---

Violation Text:

Submit Notification Form For Tank Status Change

Remarks:

Tank # 5 is kerosene. Tank #6 is racing fuel.

Tank ID#

1	2	3	4	5	6
---	---	---	---	---	---

Violation Text:

Financial responsibility must be reported yearly

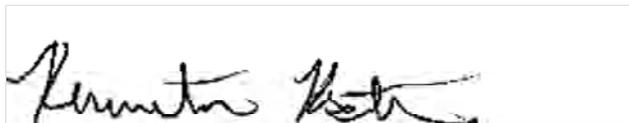
Remarks:

Remarks:

(Note: If any equipment fails or is identified as deficient during testing, it must be repaired or replaced to comply with this violation.)

- Signature unobtainable
- Signature refused

2/15/2011



Ken Kestner Assistant Manager

Exit interview given to Title



Signed by AARON K SIEGLER View details on Tuesday, February 15, 2011 4:34 PM (Central Daylight Time)

Storage Tank Safety Specialist (Signature)

STSS Phone: 630-399-4518



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

Facility#	2039335
Date	2/15/2011
Notification Form Received	Y N <input type="radio"/> <input checked="" type="radio"/>

NOTICE OF VIOLATION (Motor Fuel Dispensing)

Attended Self-Service

Facility Status: Active

OWNER OF TANKS

FACILITY

Gas City, LTD
 Name
160 South LaGrange Road
 Street Address
Frankfort IL 60423
 City State Zip
Len McEnery 815-469-9000
 Contact Person Phone

Gas City #34
 Name
4032 Route 34
 Street Address
Oswego IL 60543 Kendall
 City State Zip County
Ken Kestner 630-551-3310
 Contact Person Phone

Violations of 41 Ill. Adm Code 174, 175, 176 and 177 of the Office of the Illinois State Fire Marshal and 40 CFR Parts 280 of the Federal Register requirements are hereby called to your attention. The violations found and corrections to be made have been identified below or stated in the remarks section. You are allowed a 60-day window to come into compliance effective from the date of this notice. Compliance must be made by **4/16/2011**. Failure to comply may result in refusal to issue, renew, suspend or revoke your motor fuel dispensing permit. Contact the Storage Tank Safety Specialist below when said violations are corrected and if you have any questions.

SECTION A.	EMERGENCY SHUTOFF SWITCHES
SECTION B.	FIRE EXTINGUISHERS

Violation Text:

Fire Extinguishers - Past due for annual testing _____

Remarks:

SECTION C.	SIGNS
SECTION D.	DISPENSERS AND HOSES
SECTION E.	FIRE CONTROL AND SUPPRESSION
SECTION F.	FIRE DETECTION SYSTEMS

SECTION G.	MISCELLANEOUS
-------------------	----------------------

Remarks:

(Note: If any equipment fails or is identified as deficient during testing, it must be repaired or replaced to comply with this violation.)

Signature unobtainable

Signature refused

2/15/2011



Ken Kestner

Assistant Manager

Exit interview given to

Title

X Aaron Siegler

Signed by AARON K SIEGLER [View details](#)
on Tuesday, February 15, 2011 4:36 PM (Central Daylight
Time)

Storage Tank Safety Specialist (Signature)

STSS Phone: 630-399-4518



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

Facility#:	2039335
NOV #:	E00000020072496
NOV Date:	8/3/2007
Date:	9/6/2009

NOTICE OF VIOLATION - PROGRESS REPORT

OWNER OF TANKS

FACILITY

Gas City, LTD
 Name
 160 South LaGrange Road
 Street Address
 Frankfort IL 60423
 City State Zip
 Len McEnery 815-469-9000
 Contact Person Phone

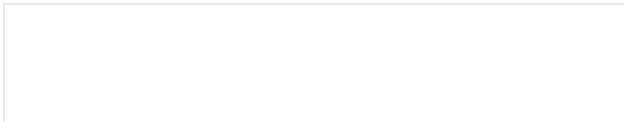
Gas City #34
 Name
 4032 Route 34
 Street Address
 Oswego IL 60543 Kendall
 City State Zip County
 Len McEnery 815-469-9000
 Contact Person Phone

VIOLATIONS

Tanks: 2039335 **Status:** Closed

Violation:
 Miscellaneous - Master electrical switch is greater than 100' from the farthest dispenser.

Remarks:
 This NOV is being closed until the new regulations are in effect and will be re-evaluated at such time.



9/7/2009

X Aaron Siegler

Exit interview given to _____ Title _____ Storage Tank Safety Specialist (Signature)
 STSS Phone: 630-399-4518



Office of the Illinois
State Fire Marshal

General Office

217-785-0969

FAX

217-782-1062

Divisions

ARSON INVESTIGATION

217-782-9116

BOILER and PRESSURE

VESSEL SAFETY

217-782-2696

FIRE PREVENTION

217-785-4714

MANAGEMENT SERVICES

217-782-9889

INFIRS

217-785-5826

HUMAN RESOURCES

217-785-1026

PERSONNEL STANDARDS

and EDUCATION

217-782-4542

PETROLEUM and

CHEMICAL SAFETY

217-785-5878

PUBLIC INFORMATION

217-785-1021

WEB SITE

www.state.il.us/osfm

CERTIFICATE OF REMOVAL

March 23, 2000

Gas City LTD
160 S La Grange Road
Frankfort, IL 60423

In Re: Facility No. 2-039335

Gas City
Rt. 34 & Wolf's Crossing Rd N.E. Corner
Oswego, KENDALL CO., IL

This certificate confirms that on March 1, 2000, the tank(s) listed below were removed.

Tank ID #	Capacity	Substance
7	550 gallon	Heating Oil

Sincerely,

Melvin H. Smith
Division Director
Division of Petroleum and Chemical Safety



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

RECEIVED
 MAR 07 2000

Facility #: 2-039335
 Permit #: 00245-2000 REM

DIV. OF PETROLEUM
 CHEMICAL SAFETY

Certification to be completed by the tank owner or operator. This form and the amended notification form must be returned to the Office of the Illinois State Fire Marshal / Division of Petroleum and Chemical Safety within 30 days of completion of the work.

Owner: GAS CITY LTD Facility: GAS CITY
 Address: 160 S. LA GRANGE ROAD Address: RT 34 & WOLF'S CROSSING Rd. (N.E. CORNER)
 City: FRANKFORT City: OSWEGO
 State: IL Zip: 60423 County: KENDALL Zip: _____

CERTIFICATION OF REMOVAL

I certify that the removal of the UST(s) listed below was conducted in accordance with all applicable rules and regulations.

Tank ID#: #7
 Size of tank(s) removed: 550
 Product stored: HEATING OIL
 Date Tank removed: 3-1-00

Contractor:
 Name: R. CARLSON & SONS INC.
 Address: 19140 104th AVENUE
 City: MOKENA State: IL Zip: 60448
 Phone #: (708) 479-2134 License #: IL-1313

This certification shall not prohibit OSFM from conducting an independent inspection of the site and/or challenging the veracity of the owner or operator of this document.

Signature (Owner/Operator): [Signature]
 Title: Vice President
 Date: Mar 2, 2000

SUBSCRIBED and sworn to before me this 2 day of March, 2000

[Signature]
 Notary Public





Office of the Illinois
State Fire Marshal

General Office

217-785-0969

FAX

217-782-1062

Divisions

ARSON INVESTIGATION

217-782-9116

BOILER and PRESSURE

VESSEL SAFETY

217-782-2696

FIRE PREVENTION

217-785-4714

MANAGEMENT SERVICES

217-782-9889

INFIRS

217-785-5826

HUMAN RESOURCES

217-785-1026

PERSONNEL STANDARDS

and EDUCATION

217-782-4542

PETROLEUM and

CHEMICAL SAFETY

217-785-5878

PUBLIC INFORMATION

217-785-1021

WEB SITE

www.state.il.us/osfm

TEMPORARY COMPLIANCE NOTICE

July 11, 2000

The Underground Storage Tank Facility listed below has been tentatively approved for a green decal indicating they are in compliance. Posting of this letter will suffice as evidence of compliance status until midnight August 11, 2000 or until the Green Decal is posted, whichever takes place first.

Our Storage Tank Safety Specialist (STSS) will conduct an inspection audit at your facility before your Temporary Compliance Notice expires to evaluate your facility being in compliance. At that time a green decal will be issued by our STSS. Please have your amended notification completed showing the tanks back into service. This amended notification form must be on site when the STSS arrives for his audit, or no permanent green decal will be issued.

Facility Number 2-039335

Gas City
Rt 34 & Wolf's Crossing Rd (NE corner)
Oswego, IL 60543

Melvin H. Smith
Division Director
Division of Petroleum
and Chemical Safety

RECEIVED

AUG 02 2000

EXPIRES 8/11/00

DIV. OF PETROLEUM
CHEMICAL SAFETY



Office of the Illinois
State Fire Marshal

1-006538

FIRE PREVENTION
(312) 814 - 2693

REVIEW OF APPLICATION FOR SELF-SERVICE PERMIT

July 17, 2000

Len McEnery *OWNER'S*
160 S. LaGrange
Frankfort, Illinois 60423

B 4000
1 - 12
1 - 8m
1 - 5m
1 - 2000
1 - PERLU 2000

**RE: Gas City #34
4032 Rt. 34
Oswego, Illinois
KENDALL COUNTY**

THE APPLICATION AND PLANS APPROVED SUBJECT TO CORRECTION OF THE BELOW LISTED ITEMS. CORRECTIONS MUST BE MADE BEFORE THE ON-SITE OSFM INSPECTION. IT IS NOT NECESSARY TO RESUBMIT THIS APPLICATION. PLEASE CONTACT THE OFFICE OF THE ILLINOIS STATE FIRE MARSHAL WHEN THE WORK IS COMPLETED BUT BEFORE OPERATION COMMENCES.

1. Building lines and dimensions are not indicated on the submitted drawings.
2. Fuel dispensers are not protected against collision damage or the method of such protection is not indicated on the submitted application or drawings.
3. A communications system is not indicated on the application or site drawings. (Required for self-service dispensers greater than 40 ft. from control station).
4. All self-service dispensers may not be in view of the control station.

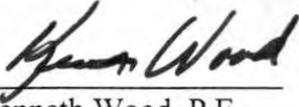
OTHER COMMENTS:

IF ANY BUILDINGS AT THIS SELF-SERVICE STATION CONTAIN BASEMENTS PLEASE RE-CONTACT THE OFFICE OF THE STATE FIRE MARSHAL FOR INFORMATION PERTAINING TO FURTHER RESTRICTIONS.

This review does not pertain to the installation, removal, relining or abandonment of underground storage tanks at this facility. Work related to USTs must be separately approved by the OSFM's Division of Petroleum & Chemical Safety.

Contact Fire Prevention Inspector SHEAHAN of the Division of Fire Prevention of the Office of the Illinois State Fire Marshal at 312/814-2693 for an on-site inspection when work is completed and before self-service operation commences.

Approval of this application and attached drawings by the Office of the Illinois State Fire Marshal does not supersede any local ordinances that pertain to the storage and/or dispensing of flammable/combustible liquids.



Kenneth Wood, P.E.
Fire Protection Engineer
Division of Fire Prevention

FILE NUMBER: (Office Use Only):

xc: Chicago Regional Office File
OSFM Fire Prevention Inspector Sheahan
Fire Chief, Oswego, IL
Plan Review File

OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
APPLICATION FOR PERMIT TO OPERATE A
SELF-SERVICE GASOLINE STATION

RECEIVED

JUL 12 2000

Division of Fire Prevention
CHICAGO

THE COMPLETION AND SUBMITTAL OF THIS APPLICATION IS MANDATORY FOR OBTAINING A SELF-SERVICE PERMIT. THIS APPLICATION APPLIES IF THE STATION IS NEWLY CONSTRUCTED, OR IF AN EXISTING STATION IS REMODELED, OR CONVERTS ANY DISPENSING DEVICES FROM FULL-SERVICE TO SELF-SERVICE

SUBMIT THIS APPLICATION AND REQUIRED SITE DRAWINGS, BOTH IN TRIPLICATE, TO:

OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
FIRE PREVENTION DIVISION
100 WEST RANDOLPH STREET
SUITE 11-800
CHICAGO, IL 60601

PLANS APPROVED SUBJECT TO
FULL COMPLIANCE WITH ALL
REGULATIONS AS SET FORTH IN
OUR LETTER DATED:

7/17/00 RW

DIVISION OF FIRE PREVENTION
Office of the State Fire Marshal

FILE # (OSFM Office Use Only): _____

LOCATION OF SELF-SERVICE STATION

OWNER OF STATION

BUSINESS NAME: Gas City #34
ADDRESS: 4032 RT 34
CITY/COUNTY: Oswego / Kendall

NAME: GAS City Ltd
ADDRESS: 160 S. Lagrange Rd
CITY: Frankfort ZIP: 60423

REVIEW RESULTS TO BE RETURNED TO:

CONTACT NAME/PHONE

NAME: Len McENERY
ADDRESS: 160 S. Lagrange
CITY: Frankfort ZIP: 60423

LIST THE NAME AND PHONE NUMBER OF THE
PERSON THAT AN OSFM INSPECTOR SHOULD
CONTACT CONCERNING INSPECTION DATE/TIME
NAME: Mark Raimi PHONE: 630 530 9880
STA.# 630 551 3310

THIS APPLICATION APPLIES TO:

- A NEWLY CONSTRUCTED SELF-SERVICE STATION
- THE REMODELING OF A CURRENTLY PERMITTED SELF-SERVICE STATION
(if current permit # is known please list: _____)
- THE CONVERSION OF EXISTING FULL-SERVICE DISPENSERS TO SELF-SERVICE

SPECIFY THE NUMBER OF DISPENSING DEVICES TO BE SELF-SERVICE: 17

SPECIFY THE NUMBER OF DISPENSING DEVICES TO BE FULL-SERVICE: 0

ARE FIRE EXTINGUISHERS PROVIDED AS REQUIRED BY REGULATIONS?
(A minimum of 2 - Class 4A:60BC extinguishers or equivalent are required) YES

ARE WARNING SIGNS POSTED AS REQUIRED BY REGULATIONS? YES

ARE INSTRUCTIONAL SIGNS POSTED AS REQUIRED BY REGULATIONS? YES

IS A CONTROL STATION LOCATED AS REQUIRED BY THE REGULATIONS? YES

IS A MASTER ELECTRICAL CUT-OFF SWITCH LOCATED AT THE CONTROL STATION? YES

IS A COMMUNICATION SYSTEM PROVIDED BETWEEN THE CONTROL STATION AND SELF-SERVICE DISPENSERS? YES (Required if self-service dispensers are greater than 40 ft. from the control station.)

SUBMITTED PLANS MUST INDICATE:

- LOT LINES & DIMENSIONS
- BUILDING LINES & DIMENSIONS
- LOCATION OF ALL PUMP ISLANDS
- LOCATION OF BOTH REGULAR & SELF-SERVICE DISPENSERS
- LOCATION OF CONTROL STATION & MASTER CUT-OFF SWITCH
- FIRE EXTINGUISHER LOCATIONS & SIZES
- THE LOCATION OF ANY LPG OR FLAMMABLE/COMBUSTIBLE LIQUID TANKS AT THE SITE

THIS APPLICATION DOES NOT APPLY TO THE INSTALLATION/MODIFICATION OF UNDERGROUND STORAGE TANKS AT THIS FACILITY. UNDERGROUND TANK WORK IS REGULATED BY THE DIVISION OF PETROLEUM & CHEMICAL SAFETY OF THE OFFICE OF THE ILLINOIS STATE FIRE MARSHAL.

THE SUBMITTAL OF THIS APPLICATION IS NOT NECESSARY IF A CHANGE OF BUSINESS NAME HAS OCCURRED AT A CURRENTLY PERMITTED SELF-SERVICE STATION OR A CHANGE OF OWNERSHIP HAS OCCURRED AT A CURRENTLY PERMITTED SELF-SERVICE STATION. IF EITHER OF THESE HAS OCCURRED, PLEASE SUBMIT CORRESPONDENCE TO THIS OFFICE INDICATING:

- THE ADDRESS OF THE STATION
- THE PREVIOUS BUSINESS (OR OWNER'S) NAME
- THE UPDATED BUSINESS (OR OWNER'S) NAME
- THE EXISTING SELF-SERVICE PERMIT NUMBER

AND AN UPDATED SELF-SERVICE PERMIT WILL BE ISSUED BY THIS OFFICE.

THE UNDERSIGNED DEPOSES AND SAYS THAT THE INFORMATION AND STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT AND ARE MADE FOR THE PURPOSE OF OBTAINING AN APPROVAL FROM THE OFFICE OF THE STATE FIRE MARSHAL, DIVISION OF FIRE PREVENTION, FOR THE OPERATION OF A SELF-SERVICE GASOLINE STATION. THE INSTALLATION SHALL BE MADE IN FULL ACCORD WITH THE CONDITIONS SET FORTH IN THE SUBMITTED APPLICATION & SITE DRAWINGS.

NAME OF APPLICANT: Mark Romiti SIGNATURE: Mark Romiti
TITLE: Estimator REPRESENTING: A.B.D. Tank & Pump Co.
DATE: 7/11/00

FOR OFFICE USE ONLY

DATE REVIEWED: _____ BY: _____ SIGNATURE: _____

DISPOSITION: REVIEW FORM IS ATTACHED INDICATING FINDINGS



Self-Service Inspection Form

New X

Permit No. 00-1-006538

Renewal _____

Expiration Date _____

Owner/Name GAS CITY LTD.

Name of Facility GAS CITY # 34

Street/Address 160 S. LAGRANGE RD

Street/Address 4032 RT 34

City/Zip FRANKFORT 60423

City/Zip OSWEGO 60543

Contact Name at Facility RITA ZOLA

Telephone No. 6305513370

Fire Department OSWEGO

Address 59 MAIN ST

City OSWEGO

Zip 60543

Fire Chief BRAD SMITH

Telephone No. 630 554 3783

1-12m 2-8m 1-2m GAS 1-8m DIESEL 1-2m KERO.

Yes No N/A

		Yes	No	N/A
1.	Specify the number of self-service pumps. <u>12</u>			
2.	Specify the number of regular service pumps. <u>0</u>			
3.	a. Specify the distance from the control station to the farthest self-service pump. <u>100'</u>			
	b. Does this meet the code requirements?	X		
4.	a. Does the attendant at the control station have an unobstructed view of self-service dispensing operations?	X		
	b. Is the attendant at the control station able to communicate with persons in the self-service dispensing area?	X		
5.	a. Is a master electrical shuf-off switch for all electrical functions on the pump island provided at the control station?	X		
	b. Is this switch plainly marked and accessible to the attendant?	X		
	c. Did you test this feature?	X		
6.	a. Specify type, make and model number of dispensing devices. <u>GILBARCO B05</u>			
	b. Specify how pumps are reset between customers. <input checked="" type="checkbox"/> Switch at control station <input type="checkbox"/> Manual key at pump <input type="checkbox"/> Automatic reset at pump			
7.	a. Specify location of fire extinguishers <u>AT DOORS & ON ISLAND</u>			
	b. Specify type of fire extinguisher <u>10# ABC</u>			
	c. Are fire extinguishers clearly marked? <u>!</u>	X		
	d. Are fire extinguishers accessible to the public and attendants?	X		
	e. Has attendant demonstrated knowledge of extinguisher use?	X		

RECEIVED
AUG 14 2000
Division of Fire Prevention
CHICAGO

Self-Service Inspection Form

		Yes	No	N/A
8.	Are instructional signs posted as required at each pump island?	X		
9.	Are warning signs posted as required at each pump island?	X		
10.	Specify number, size and fuel type (gas or diesel) of all underground storage tanks <u>1-12M, 2-8M, 1-2M GAS 1-8M DIESEL 1-2M KERO</u>			
11.	Electrical equipment must meet the 1971 National Electric Code as specified below:			
	a. Is wiring at dispensing location in rigid metal conduit with seal-offs at all connections?	X		
	b. If control station is at the pump island, is all wiring in rigid metal conduit with seal-offs at connections?	X		
	c. If a garage is present, is all wiring for the first 18 inches above the floor in rigid metal conduit or type MI, MC, ALS or SNM wiring?			X
	d. Is wiring in good condition, with no drop cords or open wiring in hazardous locations?	X		
	e. Are electric or gas-fired heaters located at ceiling height or certified as explosion proof (at the pump island or in a garage area)?			X
	f. Is all electric equipment at the pump island or in the garage area properly grounded with three-wire connections?	X		
12.	Is good housekeeping maintained in buildings and around the lot, with combustibles removed or properly stored in approved containers?	X		
13.	Is trash hauled from the station (open burning is prohibited)?	X		

General Comments: _____

Orders to Correct Violations:
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____

Inspector J. Sheehan Date of Inspection 8-7, 1900

**Office of the State Fire Marshal
Division of Fire Prevention**

PERMIT FOR SELF-SERVICE DISPENSING OF MOTOR FUELS

#1-006538

August 1, 2001

Permit Number

Expiration Date

OWNER'S NAME & ADDRESS

Gas City Ltd.
160 South La Grange Road
Frankfort, Illinois 60423

NAME & ADDRESS OF INSTALLATION

Gas City #34
4032 Route 34
Oswego, Illinois 60543

May be revoked by the State Fire Marshal for failure to comply with the lawful rules regulating self-service or other good care and just cause. This permit does not authorize or permit operation in contravention of local statutes, ordinance or regulation. This permit must be prominently displayed at the station.

IL 592-0217

State Fire Marshal



**Office of the State Fire Marshal
Division of Fire Prevention**

PERMIT FOR SELF-SERVICE DISPENSING OF MOTOR FUELS

#1-006538
Permit Number

September 1, 2002
Expiration Date

[OWNER'S NAME & ADDRESS]
Gas City Ltd
160 South La Grange Road
Frankfort, Illinois 60423]

[NAME & ADDRESS OF INSTALLATION]
Gas City #34
4032 Route 34
Oswego, Illinois 60543]

May be revoked by the State Fire Marshal for failure to comply with the lawful rules, regulating self-service or other good care and just cause. This permit does not authorize or permit operation in contravention of local statutes, ordinance or regulation. This permit must be prominently displayed at the station.


State Fire Marshal

IL 592-0217

JB ✓



OFFICE OF THE STATE FIRE MARSHAL
INSPECTION FORM

Date: 9-7-01

File # 01-1-006538

Phone: 630 551 3310

Occupancy Code 056

Code Applied 170-150

Facility Name GAS CITY # 34

Address 4032 RT 34 City OSWEGO ZIP 60543

Person Interviewed JENNIFER PRIEBE County KENDALL

Violations of the FIRE PREVENTION CODE, of the Office of the State Fire Marshal on these premises are hereby called to your attention. These violations found, and/or corrections to be made, are marked with an (X), or stated in REMARKS below. # of VIOLATIONS 0

You have _____ days to correct violations. EVAC. CAPABILITIES PROMPT

	1st	2nd		1st	2nd
FIRE ALARM			FLAMMABLE LIQUIDS		
Repair			Storage		
Add			Dispensing		
EXIT DISCHARGES			Ignition Source		
Protection/Hazard			No Smoking		
Doors			Warning Signs		
Closures			Collision Protection		
Windows			Grounding		
INSIDE			PORTABLE FIRE		
Exitways			EXTINGUISHERS/HOODS		
Signs			Tagged Properly		
Emergency lights			Access		
Locks			Proper Type		
Aisles			Needs Servicing		
Widths			SPRINKLERS/STANDPIPE		
Storage			Risers & Valves		
Conditions			Accessible		
Height			Spare Heads - Wrench		
Housekeeping			Available		
ELECTRICAL			MISCELLANEOUS		
Control Panel					
Access					
Markings					
Outlets					
Master Shut Offs					
Covers					
Extension Cords					
Intercom					

Call the appropriate office when violations are corrected: Inspector _____
Chicago (312-814-2693) Springfield (217-785-4714) Marion (618-993-7085)

REMARKS:
NO APPARENT VIOLATIONS

OSFM Requester OSWEGO BRAD SCOTT Fire Department/Fire Chief

Date Complied 9-7-01 OSFM Inspector's Signature J. Shaker Compliance Permit

White/2nd Insp - Yellow/Inspector - Blue/Fire Dept - Pink/Office - Gold/Facility



OFFICE OF THE STATE FIRE MARSHAL
INSPECTION FORM

Date: 9-25-02

File # 02-1-006538

Phone: 630 551 3310

Occupancy Code 056

Code Applied 170-150

Facility Name GAS CITY #34

Address 4032 RT 34 City OSWEGO ZIP 60543

Person Interviewed DONNA SEFCIK County KENDALL

Violations of the FIRE PREVENTION CODE, of the Office of the State Fire Marshal on these premises are hereby called to your attention. These violations found, and/or corrections to be made, are marked with an (X), or stated in REMARKS below. Number of Violations 0
You have _____ days to correct violations. Evac. Capabilities _____

	1st	2nd		1st	2nd
FIRE ALARM			FLAMMABLE LIQUIDS		
Repair			Storage		
Add			Dispensing		
EXIT DISCHARGES			Ignition Source		
Protection/Hazard			No Smoking		
Doors			Warning Signs		
Closures			Collision Protection		
Windows			Grounding		
INSIDE			PORTABLE FIRE EXTINGUISHERS/HOODS		
Exitways			Tagged Property		
Signs			Access		
Emergency lights			Proper Type		
Locks			Needs Servicing		
Aisles			SPRINKLERS/STANDPIPE		
Widths			Risers & Valves		
Storage			Accessible		
Conditions			Spare Heads - Wrench		
Height			Available		
Housekeeping			MISCELLANEOUS		
ELECTRICAL					
Control Panel					
Access					
Markings					
Outlets					
Master Shut Offs					
Covers					
Extension Cords					
Intercom					

Call the appropriate office when violations are corrected: Inspector _____
Chicago (312-814-2693) Springfield (217-785-4714) Marion (618-993-7085)

REMARKS: NO APPARENT VIOLATIONS

OSFM Requester OSwego BRAD SMITH Fire Department/Fire Chief

9-25-02 Date Complied [Signature] OSFM Inspector's Signature Compliance Permit

White/Office Yellow/Inspector Blue/Fire Dept. Gold/Facility



OFFICE OF THE STATE FIRE MARSHAL
INSPECTION FORM

Date: 08-21-03

File # 1-006538

Phone: 630-551-3310

Occupancy Code 056

Code Applied 170.150

Facility Name GAS CITY # 34

Address 4032 R. 34 City OSWEGO ZIP 60543

Person Interviewed LISA SEARS County KENDAL

Violations of the FIRE PREVENTION CODE, of the Office of the State Fire Marshal on these premises are hereby called to your attention. These violations found, and/or corrections to be made, are marked with an (X), or stated in REMARKS below. Number of Violations 0

You have _____ days to correct violations.

Evac. Capabilities _____

	1st	2nd		1st	2nd
FIRE ALARM			FLAMMABLE LIQUIDS		
Repair			Storage		
Add			Dispensing		
EXIT DISCHARGES			Ignition Source		
Protection/Hazard			No Smoking		
Doors			Warning Signs		
Closures			Collision Protection		
Windows			Grounding		
INSIDE			PORTABLE FIRE		
Exitways			EXTINGUISHERS/HOODS		
Signs			Tagged Properly		
Emergency lights			Access		
Locks			Proper Type		
Aisles			Needs Servicing		
Widths			SPRINKLERS/STANDPIPE		
Storage			Risers & Valves		
Conditions			Accessible		
Height			Spare Heads - Wrench		
Housekeeping			Available		
ELECTRICAL			MISCELLANEOUS		
Control Panel					
Access					
Markings					
Outlets					
Master Shut Offs					
Covers					
Extension Cords					
Intercom					

Call the appropriate office when violations are corrected: Inspector _____
Chicago (312-814-2893) Springfield (217-785-4714) Marion (618-993-7085)

REMARKS:

NO APPARENT VIOLATIONS

O.S.F.M. - Five ONE Requester _____ OSWEGO - B. SMITH Fire Department/Fire Chief _____
D M

08-21-03 Date Complied _____ Don Seung Lee OSFM Inspector's Signature

Compliance Permit

White/Office Yellow/Inspector Blue/Fire Dept. Gold/Facility

**Office of the State Fire Marshal
Division of Fire Prevention**

PERMIT FOR SELF-SERVICE DISPENSING OF MOTOR FUELS

#1-006538

September 15, 2003

Permit Number

Expiration Date

OWNER'S NAME & ADDRESS

Gas City Ltd
160 South La Grange Road
Frankfort, Illinois 60423

NAME & ADDRESS OF INSTALLATION

Gas City #34
4032 Route 34
Oswego, Illinois 60543

May be revoked by the State Fire Marshal for failure to comply with the lawful rules regulating self-service or other good care and just cause. This permit does not authorize or permit operation in contravention of local statutes, ordinance or regulation. This permit must be prominently displayed at the station.



Ernest E. Russell

State Fire Marshal

IL 592-0217

Office of the State Fire Marshal
Division of Fire Prevention

PERMIT FOR SELF-SERVICE-DISPENSING OF MOTOR FUELS

#1-006538-056

August 15, 2004

Permit Number

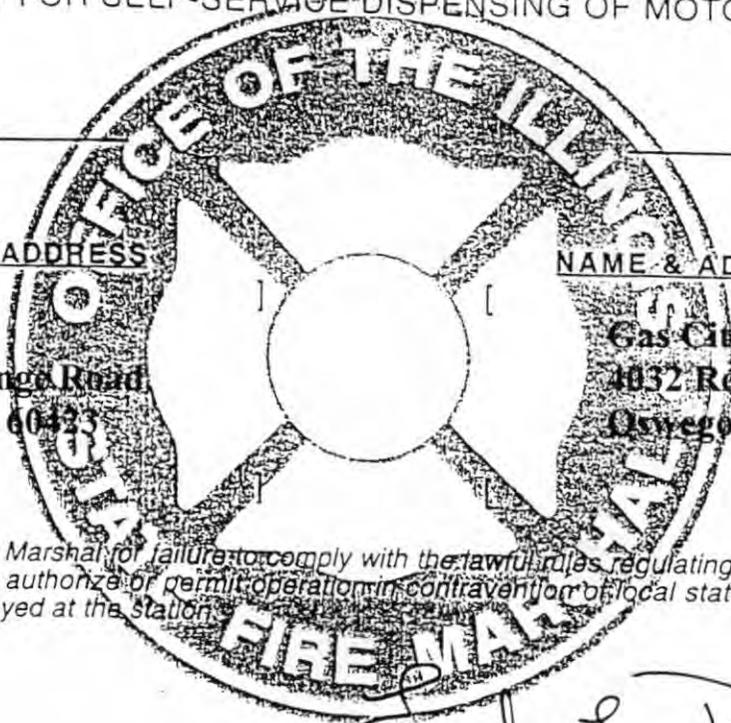
Expiration Date

OWNER'S NAME & ADDRESS

NAME & ADDRESS OF INSTALLATION

Gas City Ltd
160 South La Grange Road
Frankfort, Illinois 60433

Gas City #34
4032 Route 34
Oswego, Illinois 60543



Permit may be revoked by the State Fire Marshal for failure to comply with the lawful rules regulating self-service or other good care and use. This permit does not authorize or permit operation in contravention of local statutes, ordinance or regulation. This notice must be prominently displayed at the station.

Ernest E. Russell

State Fire Marshal



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

Facility#	2-039335
Date	08/03/07
Issue Permit:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Expiration Date:	12/31/09

LOG OF SELF-SERVICE STATION INSPECTION

OWNER OF TANKS

GAS CITY LTD
 Name
 160 S. LA GRANGE ROAD
 Street Address
 FRANKFORT IL 60423
 City State Zip
 LEN MC ENERY 815/ 469-9000
 Contact Person Phone

FACILITY

T 20076510
 GAS CITY #34
 Name
 4032 ROUTE 34
 Street Address
 OSWEGO IL 60543 KENDALL
 City State Zip County
 MANAGER 630/ 551-3310
 Contact Person Phone

Specify number of dispensers: 11 Distance from control station to most remote dispenser 186 FEET

SECTION A. MASTER ELECTRICAL SHUT-OFF SWITCH (Section 170.150) Y N

- | | | |
|--|-------------------------------------|--------------------------|
| 1. Is master electrical shut-off switch for all electrical functions in the hazardous area provided at the control station | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is master electrical shut-off switch plainly marked and accessible to the attendant | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the master electrical switch located a maximum of one-hundred feet (100') from the farthest dispenser | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Has switch been tested (attach certification of operational test if required) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

SECTION B. FIRE EXTINGUISHERS (Section 170.150)

- | | | |
|---|-------------------------------------|--------------------------|
| 1. Are there 2 fire extinguishers on site meeting minimum rating of 4A:60BC (two 10lb dry chemical) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Are fire extinguishers clearly marked | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Specify location of 2 fire extinguishers Location 1: <u>CANAPY PIER</u> Location 2: <u>INSIDE STORE</u> | | |
| 4. Are fire extinguishers serviceable and has annual inspection been performed Inspection date: <u>Sep-06</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Has attendant demonstrated knowledge of extinguisher use | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are fire extinguishers accessible to the public and attendants | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

SECTION C. SIGNS (Section 170.150)

- | | | |
|---|-------------------------------------|--------------------------|
| 1. Are code complying instruction/self-service warning signs posted as required at each pump island | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Are dispensers properly marked or labeled with the name of product | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

RECEIVED
AUG 13 2007

SECTION D. DISPENSERS AND HOSES (Section 170.150)

- | | | |
|---|---|--------------------------|
| 1. Are dispensing units protected against collision by islands, posts or other means | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Are emergency shut-off (shear valves) anchored properly (for pressurized systems only) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are all dispensing hoses equipped with emergency break-away couplings | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Are all dispensing hoses in serviceable condition (not cracked/split/worn) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are kerosene dispensers located on separate islands from other petroleum products | N/A <input checked="" type="checkbox"/> | <input type="checkbox"/> |

DIV. OF PETROLEUM
CHEMICAL SAFETY

SECTION E. ADDITIONAL REQUIREMENTS

- | | | | |
|--|---|-------------------------------------|--------------------------|
| 1. If farthest dispenser is greater than 40' from control station, does site have operational comm. system | N/A <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Does attendant have an unobstructed view (includes cameras) of all dispensers | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the attendant know the location of the communications system, emergency shut-off, and fire extinguishers | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Does LP gas storage have collision protection or a 40" measurement from cabinet to 5" curb | N/A <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Does electrical equipment meet requirements of the National Electrical Code | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Is wiring in good condition, with no drop cord or open wiring in hazardous areas | N/A <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is good housekeeping maintained around lot, with combustibles removed or properly stored | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Remarks: _____

0 _____
 Exit interview given to _____
 (log-ss.doc 8/06)

Charles
 Storage Tank Safety Specialist (Signature)



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

Facility#	2-039335	
Date	02/27/09	
Permit Issued:	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Expiration Date:	12/31/11	

LOG OF SELF-SERVICE STATION INSPECTION

OWNER OF TANKS

GAS CITY LTD
 Name
 160 S. LA GRANGE ROAD
 Street Address
 FRANKFORT IL 60423
 City State Zip
 LEN MC ENERY 815/ 469-9000
 Contact Person Phone

FACILITY

GAS CITY #34 1000901290
 Name
 4032 ROUTE 34
 Street Address
 OSWEGO IL 60543 KENDALL
 City State Zip County
 MANAGER 630/ 551-3310
 Contact Person Phone

Specify number of dispensers: 11 Distance from control station to most remote dispenser 186'

SECTION A. MASTER ELECTRICAL SHUT-OFF SWITCH (Section 170.150) Y N

- | | | |
|--|-------------------------------------|--------------------------|
| 1. Is master electrical shut-off switch for all electrical functions in the hazardous area provided at the control station | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is master electrical shut-off switch plainly marked and accessible to the attendant | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the master electrical switch located a maximum of one-hundred feet (100') from the farthest dispenser | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Has switch been tested (attach certification of operational test if required) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

SECTION B. FIRE EXTINGUISHERS (Section 170.150)

- | | | |
|---|-------------------------------------|--------------------------|
| 1. Are there 2 fire extinguishers on site meeting minimum rating of 4A:60BC (two 10lb dry chemical) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Are fire extinguishers clearly marked | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Specify location of 2 fire extinguishers Location 1: <u>CANAPY PIER</u> Location 2: <u>CANAPY PIER</u> | | |
| 4. Are fire extinguishers serviceable and has annual inspection been performed Inspection date: <u>Sep-08</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Has attendant demonstrated knowledge of extinguisher use | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are fire extinguishers accessible to the public and attendants | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

SECTION C. SIGNS (Section 170.150)

- | | | |
|---|-------------------------------------|--------------------------|
| 1. Are code complying instruction/self-service warning signs posted as required at each pump island | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Are dispensers properly marked or labeled with the name of product | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

SECTION D. DISPENSERS AND HOSES (Section 170.150)

- | | | |
|---|-------------------------------------|-------------------------------------|
| 1. Are dispensing units protected against collision by islands, posts or other means | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Are emergency shut-off (shear valves) anchored properly (for pressurized systems only) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are all dispensing hoses equipped with emergency break-away couplings | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Are all dispensing hoses in serviceable condition (not cracked/split/worn) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are kerosene dispensers located on separate islands from other petroleum products | N/A <input type="checkbox"/> | <input checked="" type="checkbox"/> |

SECTION E. ADDITIONAL REQUIREMENTS

- | | | | |
|--|---|-------------------------------------|--------------------------|
| 1. If farthest dispenser is greater than 40' from control station, does site have operational comm. system | N/A <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Does attendant have an unobstructed view (includes cameras) of all dispensers | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the attendant know the location of the communications system, emergency shut-off, and fire extinguishers | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Does LP gas storage have collision protection or a 40" measurement from cabinet to 5" curb | N/A <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Does electrical equipment meet requirements of the National Electrical Code | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Is wiring in good condition, with no drop cord or open wiring in hazardous areas | N/A <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is good housekeeping maintained around lot, with combustibles removed or properly stored | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Remarks: _____

0
 Exit interview given to
 (log-ss.doc 8/06)

0
 Title

RECEIVED
 MAR 10 2009

[Signature]
 Storage Tank Safety Specialist (Signature)

DIV. OF PETROLEUM
 CHEMICAL SAFETY



OFFICE OF THE ILLINOS STATE FIRE MARSHAL
 Division of Petroleum & Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

FOR OFFICE USE ONLY	
Facility #	<u>2-039335</u>
Permit #	<u>00245-2000 Rem / 8</u>
Schedule Date	<u>Cancelled by Nicky 2/8</u> <u>3-1-00 AM</u>

INSPECTION NOTICE

DATE NOTICE RECEIVED: 2-8-00

TIME: 2/8

FACILITY LOCATION: _____

ADDRESS: _____

CITY: Orwego COUNTY: _____

PHONE: _____

CONTACT: _____

NUMBER AND SIZE OF TANKS: _____

OWNER'S NAME: _____

CONTRACTOR'S NAME: _____

INFORMATION FORWARDED TO:

DPCS SPECIALIST: Ken

DATE: 2/8 TIME: js



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
 Division of Petroleum & Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

FOR OFFICE USE ONLY	
Facility #	<u>2-039335</u>
Permit #	<u>1343-2000 I.N.S.</u>
Schedule Date	<u>4-7-00 Holiday</u>

Cancelled per Mark 3/31
~~4-24-00 Air on p. 105~~
~~4-4-00 I.N.S. Holiday~~
~~4-7-00 I.N.S. Holiday~~
~~5-5-00 Am # iron pipes~~

INSPECTION NOTICE

DATE NOTICE RECEIVED: _____

TIME: 3/31
3/31

FACILITY LOCATION: _____

ADDRESS: _____

CITY: Oswego COUNTY: _____

PHONE: _____

CONTACT: _____

NUMBER AND SIZE OF TANKS: _____

OWNER'S NAME: _____

CONTRACTOR'S NAME: _____

INFORMATION FORWARDED TO:

DPCS SPECIALIST: Ken

DATE: 3/8 TIME: _____

3/27 jo



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
Division of Petroleum & Chemical Safety
1035 Stevenson Drive
Springfield, Illinois 62703-4259
(217) 785-1020 or (217) 785-5878
Fax (217) 524-9284

APPROVED BY: *Deane*
DATE: *7-27-11*

FOR OFFICE USE ONLY
Facility # _____
Permit # _____

REQUIRED JOB SCHEDULE FOR UNDERGROUND PIPING UPGRADE, LEAK DETECTION, SPILL AND OVERFILL PREVENTION

All time certain activities must be performed between 10:00 a.m. and 3:30 p.m. on scheduled working days

(1) **FACILITY** - name and address where tanks are located:

Speedway # 1417
Name
4032 Rt 34
Street Address
Oswego Kendall 60543
City County Zip
00491-2011UPG 2-039335
Permit Number Facility Number
6/8/11
Permit Approval Date

(2) **CONTRACTOR** - person firm or company performing work:

DRW Services, Inc.
Name
600 E. Joe Orr Rd.
Street Address
Chicago Heights IL 60411
City State Zip
Doug Harmon (708) 758-3222 (708) 758-9137
Contact Phone Fax
7/27/11
Job Schedule Submission Date

First allowable Job Schedule Revision

Last allowable Job Schedule Revision

If upgrading leak detection, spill and overfill prevention, complete items 3 & 7 only!

(3) Excavation Start: *7/28/11*

Date Mo./Day/Year
(Excavation Start will be no less than 5 working days from Permit Approval or no less than 2 working days from Submission Date)

(4) Air Test Primary:

N/A *N/A* *N/A*
Date Mo./Day/Year Time Begin Test - End Test AM/PM
(Air test for primary pipe performed from Begin Test time and to stay on at least two hours to End Test time.)

(5) Test Secondary:

N/A
Date Mo./Day/Year
(Test Secondary if necessary to be performed after Air Test Primary)

(6) Containment Test Final:

N/A *N/A* *N/A*
Date Mo./Day/Year Time Begin Final - End Final AM/PM

(7) Final:

9/8/11 *10:00 am* *12:00 pm*
Date Mo./Day/Year Time Begin Final - End Final AM/PM
(Representative of Contractor to be present for two hours between the Begin Final and End Final)

No permitted and scheduled Time Certain or Date Certain activity is to be performed outside of the schedule without the prior notice to the Office of the State Fire Marshal, Department of Petroleum and Chemical Safety. Changes made to Time Certain and Date Certain schedules will occur a maximum of two times. These changes must be received, using the appropriate form (by mail, express mail or package service, fax, or e-mail) a minimum of one working day, or eight working hours before the event is scheduled. A new Time Certain or Date Certain cannot be scheduled prior to three working days or twenty-four working hours from the submission date of the revised Job Schedule. The DPCS will transmit a stamped acknowledgement receipt of the revised Job Schedule back to the contractor within one working day. Time or Date Certain activities will not resume until the contractor obtains this receipt. A copy of the revised Job Schedule Receipt will be kept along with the original Job Schedule Receipt and copy of the permit on site during all permitted activities.

(Job Schedule for piping upgrade)
Revised 10/03

Jul 22 11 11:24a Doug Harmon

RECEIVED 07/22/2011 11:36
(708) 758-9137

p.3

CANCELLED
7-26-11



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
Division of Petroleum & Chemical Safety
1035 Stevenson Drive
Springfield, Illinois 62703-4259
(217) 785-1020 or (217) 785-5878
Fax (217) 524-9284

FOR OFFICE USE ONLY
Facility # 2039335
Permit # _____

REQUIRED JOB SCHEDULE FOR UNDERGROUND PIPING UPGRADE, LEAK DETECTION, SPILL AND OVERVILL PREVENTION

All time certain activities must be performed between 10:00 a.m. and 3:30 p.m. on scheduled working days

(1) **FACILITY** - name and address where tanks are located:

Speedway 1417
Name
4032 Rt 34
Street Address
Oswego Kendall 60543
City County Zip
00491-2011UPG 2-039335
Permit Number Facility Number
6/8/11
Permit Approval Date

(2) **CONTRACTOR** - person firm or company performing work:

DRW Services, Inc.
Name
600 E. Joe Orr Rd.
Street Address
Chicago Heights IL 60411
City State Zip
Doug Harmon (708) 758-3222 (708) 758-9137
Contact Phone Fax
7/22/11
Job Schedule Submission Date

First allowable Job Schedule Revision

Last allowable Job Schedule Revision

If upgrading leak detection, spill and overfill prevention, complete items 3 & 7 only!

(3) Excavation Start: 7/27/11

Date Mo./Day/Year
(Excavation Start will be no less than 5 working days from Permit Approval or no less than 2 working days from Submission Date)

(4) Air Test Primary:

Date Mo./Day/Year Time Begin Test End Test AM/PM
N/A N/A N/A
(Air test for primary pipe performed from Begin Test time and to stay on at least two hours to End Test time.)

(5) Test Secondary:

Date Mo./Day/Year
(Test Secondary if necessary to be performed after Air Test Primary)

(6) Containment Test Final:

Date Mo./Day/Year Time Begin Final End Final AM/PM
N/A N/A N/A

(7) Final:

Date Mo./Day/Year Time Begin Final End Final AM/PM
8/10/11 Cancel 7/27/11 12:00 am 12:00 pm
(Representative of Contractor to be present for two hours between the Begin Final and End Final)

CANCELLED
(7) Final:

No permitted and scheduled Time Certain or Date Certain activity is to be performed outside of the schedule without the prior notice to the Office of the State Fire Marshal, Department of Petroleum and Chemical Safety. Changes made to Time Certain and Date Certain schedules will occur a maximum of two times. These changes must be received, using the appropriate form (by mail, express mail or package service, fax, or e-mail) a minimum of one working day, or eight working hours before the event is scheduled. A new Time Certain or Date Certain cannot be scheduled prior to three working days or twenty-four working hours from the submission date of the revised Job Schedule. The DPCS will transmit a stamped acknowledgment receipt of the revised Job Schedule back to the contractor within one working day. Time or Date Certain activities will not resume until the contractor obtains this receipt. A copy of the revised Job Schedule Receipt will be kept along with the original Job Schedule Receipt and copy of the permit on site during all permitted activities.

(Job Schedule for piping upgrade)
Revised 10/03

See Revised Final Schedule Following

APPROVED
BY: SD
DATE: 7/22/11



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
Division of Petroleum & Chemical Safety
1035 Stevenson Drive
Springfield, Illinois 62703-4259
(217) 785-1020 or (217) 785-5878
Fax (217) 524-9284

FOR OFFICE USE ONLY
Facility # 2039335
Permit # 00491-2011 UPG

REQUIRED JOB SCHEDULE FOR UNDERGROUND PIPING UPGRADE, LEAK DETECTION, SPILL AND OVERVILL PREVENTION

All time certain activities must be performed between 10:00 a.m. and 3:30 p.m. on scheduled working days

(1) FACILITY - name and address where tanks are located:

Speedway 1417
Name
4032 Rt 34
Street Address
Oswego Kendall 60543
City County Zip
00491-2011UPG 2-039335
Permit Number Facility Number
6/8/11
Permit Approval Date

(2) CONTRACTOR - person firm or company performing work:

DRW Services, Inc.
Name
600 E. Joe Orr Rd.
Street Address
Chicago Heights IL 60411
City State Zip
Doug Harmon (708) 758-3222 (708) 758-9137
Contact Phone Fax
7/22/11
Job Schedule Submission Date

First allowable Job Schedule Revision

Last allowable Job Schedule Revision

If upgrading leak detection, spill and overfill prevention, complete items 3 & 7 only!

(3) Excavation Start: 7/27/11
Date Mo./Day/Year
(Excavation Start will be no less than 5 working days from Permit Approval or no less than 2 working days from Submission Date)

(4) Air Test Primary: N/A
Date Mo./Day/Year Time Begin Test End Test AM/PM
(Air test for primary pipe performed from Begin Test time and to stay on at least two hours to End Test time.)

(5) Test Secondary: N/A
Date Mo./Day/Year
(Test Secondary if necessary to be performed after Air Test Primary)

(6) Containment Test Final: N/A
Date Mo./Day/Year Time Begin Final End Final AM/PM

(7) Final: 8/10/11 10:00 am 12:00 pm
Date Mo./Day/Year Time Begin Final End Final AM/PM
(Representative of Contractor to be present for two hours between the Begin Final and End Final)

No permitted and scheduled Time Certain or Date Certain activity is to be performed outside of the schedule without the prior notice to the Office of the State Fire Marshal, Department of Petroleum and Chemical Safety. Changes made to Time Certain and Date Certain schedules will occur a maximum of two times. These changes must be received, using the appropriate form (by mail, express mail or package service, fax, or e-mail) a minimum of one working day, or eight working hours before the event is scheduled. A new Time Certain or Date Certain cannot be scheduled prior to three working days or twenty-four working hours from the submission date of the revised Job Schedule. The DPCS will transmit a stamped acknowledgement receipt of the revised Job Schedule back to the contractor within one working day. Time or Date Certain activities will not resume until the contractor obtains this receipt. A copy of the revised Job Schedule Receipt will be kept along with the original Job Schedule Receipt and copy of the permit on site during all permitted activities.

(Job Schedule for piping upgrade)
Revised 10/03

APPROVED
BY: SD
DATE: 7/22/11

State of Illinois
Office of the State Fire Marshal



Required Job Schedule for Underground Piping Upgrade, Leak Detection, Spill and Overfill Prevention

APPROVED

BY: SB
DATE: 12/6/11

Division of Petroleum and Chemical Safety
1035 Stevenson Drive
Springfield, Illinois 62703-4259
(217) 785-1020 or (217) 785-5878
Fax (217) 524-9284

FOR OFFICE USE ONLY
Facility #: 2039335
Permit #: 00708-2011UPB

Job Schedule Submission Date: 12/6/11

All time certain activities must be performed between 10:00 a.m. and 3:30 p.m. on scheduled working days

(1) FACILITY - name and address where tanks are located:

Name: SPEEDWAY # 1417
Street Address: 4032 ROUTE 34
City: OSWEGO County: KENDALL
Permit #: 00708-2011UPG Facility #: 2-039335
Permit Approval Date: 8/2/11

(2) LICENSED CONTRACTOR:

Name: DRW SERVICES INC
Street Address: 600 E JOE ORR RD
City: CHICAGO HEIGHTS State: IL Zip: 60411
Contact Name: DOUG HARMON
Phone #: 708-758-3222 X 12 Fax #: 708-758-9137

First Allowable Job Schedule Revision

Last Allowable Job Schedule Revision

IF UPGRADING LEAK DETECTION, SPILL AND OVERFILL PREVENTION, COMPLETE ITEMS 3 & 7 ONLY!

(3) Excavation Start Date: 9/13/11

(Excavation start will be no less than five (5) working days from permit approval or no less than two (2) working days from submission date)

(4) Date of Air Test Primary: N/A Begin Time: _____ End Time: _____

(Air test for primary pipe performed from begin time and to stay on at least two hours to end time)

(5) Date of Secondary Test: N/A

(Test secondary, if necessary, to be performed after air test primary)

(6) Date of Containment Test: N/A Begin Time: _____ End Time: _____

(7) Date of Final: 12/16/11 Begin Time: 10:00AM End Time: 12:00PM

(Representative of contractor to be present for two hours between the begin time and end time)

No permitted and scheduled time certain or date certain activity is to be performed outside of the schedule without the prior notice to the Office of the State Fire Marshal, Division of Petroleum and Chemical Safety (DPCS). Changes made to time certain and date certain schedules will occur a maximum of two times. These changes must be received, using the appropriate form (by mail, express mail, package service, fax or e-mail) a minimum of one (1) working day, or eight (8) working hours before the event is scheduled. A new time certain or date certain cannot be scheduled prior to three (3) working days or twenty-four (24) working hours from the submission date of the revised job schedule. The DPCS will transmit a stamped acknowledgement receipt of the revised job schedule back to the contractor within one working day. Time or date certain activities will not resume until the contractor obtains this receipt. A copy of the revised job schedule receipt will be kept along with the original job schedule receipt and copy of the permit on site during all permitted activities.

APPROVED
OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
Division of Petroleum & Chemical Safety
1035 Stevenson Drive
Springfield, Illinois 62703-4259
(217) 785-1020 or (217) 785-5878
Fax (217) 524-9384
DATE: 8-10-11

CANCELLED
8-29-11

FOR OFFICE USE ONLY
Facility # 2039335
Permit # 00708-2011 URG

REQUIRED JOB SCHEDULE FOR UNDERGROUND PIPING UPGRADE, LEAK DETECTION, SPILL AND OVERFILL PREVENTION

All time certain activities must be performed between 10:00 a.m. and 3:30 p.m. on scheduled working days

(1) **FACILITY** - name and address where tanks are located:

Speedway # 1417
Name
4032 Route 34
Street Address
Oswego Kendall 60543
City County Zip
00708-2011 UPG 2-039335
Permit Number Facility Number
8/1/11
Permit Approval Date

(2) **CONTRACTOR** - person firm or company performing work:

DRW Services, Inc.
Name
600 E. Joe Orr Rd.
Street Address
Chicago Heights IL 60411
City State Zip
Doug Harmon (708) 758-3222 (708) 758-9137
Contact Phone Fax
8/9/11
Job Schedule Submission Date

First allowable Job Schedule Revision

Last allowable Job Schedule Revision

If upgrading leak detection, spill and overfill prevention, complete items 3 & 7 only!

(3) Excavation Start: 8/15/11

Date Mo./Day/Year
(Excavation Start will be no less than 5 working days from Permit Approval or no less than 2 working days from Submission Date)

(4) Air Test Primary:

Date Mo./Day/Year Time Begin Test End Test AM/PM
N/A N/A N/A
(Air test for primary pipe performed from Begin Test time and to stay on at least two hours to End Test time.)

(5) Test Secondary:

Date Mo./Day/Year
(Test Secondary if necessary to be performed after Air Test Primary)

(6) Containment Test Final:

Date Mo./Day/Year Time Begin Final End Final AM/PM
N/A N/A N/A
8/30/11 10:00 am 12:00 pm
Date Mo./Day/Year Time Begin Final End Final AM/PM
(Representative of Contractor to be present for two hours between the Begin Final and End Final)

CANCELLED
8-29-11

No permitted and scheduled Time Certain or Date Certain activity is to be performed outside of the schedule without the prior notice to the Office of the State Fire Marshal, Department of Petroleum and Chemical Safety. Changes made to Time Certain and Date Certain schedules will occur a maximum of two times. These changes must be received, using the appropriate form (by mail, express mail or package service, fax, or e-mail) a minimum of one working day, or eight working hours before the event is scheduled. A new Time Certain or Date Certain cannot be scheduled prior to three working days or twenty-four working hours from the submission date of the revised Job Schedule. The DPCS will transmit a stamped acknowledgement receipt of the revised Job Schedule back to the contractor within one working day. Time or Date Certain activities will not resume until the contractor obtains this receipt. A copy of the revised Job Schedule Receipt will be kept along with the original Job Schedule Receipt and copy of the permit on site during all permitted activities.

(Job Schedule for piping upgrade)
Revised 10/02



APPROVED

OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
Division of Petroleum & Chemical Safety
1035 Stevenson Drive
Springfield, Illinois 62703-4259
(217) 785-1020 or (217) 785-5878
Fax (217) 524-9284

DATE: 8-10-11

FOR OFFICE USE ONLY	
Facility #	<u>2039335</u>
Permit #	<u>00708-2011UPG</u>

REQUIRED JOB SCHEDULE FOR UNDERGROUND PIPING UPGRADE, LEAK DETECTION, SPILL AND OVERVILL PREVENTION

All time certain activities must be performed between 10:00 a.m. and 3:30 p.m. on scheduled working days

(1) **FACILITY** - name and address where tanks are located:

Speedway # 1417

Name
4032 Route 34

Street Address
Oswego Kendall 60543

City County Zip
00708-2011UPG 2-039335

Permit Number Facility Number
8/1/11

Permit Approval Date

(2) **CONTRACTOR** - person firm or company performing work:

DRW Services, Inc.

Name
600 E. Joe Orr Rd.

Street Address
Chicago Heights IL 60411

City State Zip
Doug Harmon (708) 758-3222 (708) 758-9137

Contact Phone Fax
8/9/11

Job Schedule Submission Date

First allowable Job Schedule Revision

Last allowable Job Schedule Revision

If upgrading leak detection, spill and overfill prevention, complete items 3 & 7 only!

(3) **Excavation Start:** 8/15/11

Date Mo./Day/Year
(Excavation Start will be no less than 5 working days from Permit Approval or no less than 2 working days from Submission Date)

(4) **Air Test Primary:** N/A N/A N/A

Date Mo./Day/Year Time Begin Test - End Test AM/PM
(Air test for primary pipe performed from Begin Test time and to stay on at least two hours to End Test time.)

(5) **Test Secondary:** N/A

Date Mo./Day/Year
(Test Secondary if necessary to be performed after Air Test Primary)

(6) **Containment Test Final:** N/A N/A N/A

Date Mo./Day/Year Time Begin Final - End Final AM/PM

(7) **Final:** 8/30/11 10:00 am 12:00 pm

Date Mo./Day/Year Time Begin Final - End Final AM/PM
(Representative of Contractor to be present for two hours between the Begin Final and End Final)

No permitted and scheduled Time Certain or Date Certain activity is to be performed outside of the schedule without the prior notice to the Office of the State Fire Marshal, Department of Petroleum and Chemical Safety. Changes made to Time Certain and Date Certain schedules will occur a maximum of two times. These changes must be received, using the appropriate form (by mail, express mail or package service, fax, or e-mail) a minimum of one working day, or eight working hours before the event is scheduled. A new Time Certain or Date Certain cannot be scheduled prior to three working days or twenty-four working hours from the submission date of the revised Job Schedule. The DPCS will transmit a stamped acknowledgement receipt of the revised Job Schedule back to the contractor within one working day. Time or Date Certain activities will not resume until the contractor obtains this receipt. A copy of the revised Job Schedule Receipt will be kept along with the original Job Schedule Receipt and copy of the permit on site during all permitted activities.

(Job Schedule for piping upgrade)
Revised 10/03



RECEIVED
MAR 10 2009

Office of the Illinois State Fire Marshal
Division of Petroleum and Chemical Safety
1035 Stevenson Drive
Springfield, Illinois 62703-4259

E20090491

Facility#:	2-039335
Date:	02/27/09
	Y N
Notification Form Rec'd	<input type="checkbox"/> <input checked="" type="checkbox"/>

NOTICE OF VIOLATION (UST)

DIV. OF PETROLEUM
CHEMICAL SAFETY

OWNER OF TANKS

GAS CITY LTD
Name
160 S. LA GRANGE ROAD
Street Address
FRANKFORT IL 60423
City State Zip
LEN MC ENERY 815/ 469-9000
Contact Person Phone

FACILITY

GAS CITY #34
Name
4032 ROUTE 34
Street Address
OSWEGO IL 60543 KENDALL
City State Zip County
MANAGER 630/ 551-3310
Contact Person Phone

Violations of 41 Ill. Adm Code 170 of the Office of the Illinois State Fire Marshal on these premises are hereby called to your attention. The violations found and/or corrections to be made have been identified below or stated in remarks section. Any repairs, modifications or alterations to the tank system must be performed by a contractor licensed by this office.

****Please contact the Inspector listed below when said violations are corrected.****

SECTION A. TANK RELEASE DETECTION (Section 170.510(a))

Tank ID# _____ Not Maintained Records Missing
Remarks: _____

SECTION B. PIPING RELEASE DETECTION (Section 170.510(b))

Tank ID# _____ Not Maintained Records Missing
Remarks: _____

SECTION C. SPILL PREVENTION (Section 170.450)

Tank ID# _____ Not Maintained
Remarks: _____

SECTION D. OVERFILL PREVENTION (Section 170.450)

Tank ID# _____ Not Maintained
Remarks: _____

SECTION E. TANK CORROSION PROTECTION (Section 170.460)

Tank ID# _____ Not Maintained Records Missing
Remarks: _____

SECTION F. PIPING CORROSION PROTECTION (Section 170.460)

Tank ID# _____ Not Maintained Records Missing
Remarks: _____

SECTION G. MISCELLANEOUS

Tank ID# 3,5 Submit Notification Form _____
 Tank ID# _____
 Tank ID# _____
 Tank ID# _____ Remove Tanks O/S >5 years Date Last Used: _____
 Tank ID# _____ Failed Internal Inspection Must Remove By: _____
 Tank ID# _____ Remove Tanks-Does Not Comply with 170.411 Must Remove By: _____

Remarks: MUST SUBMIT NOTIFICATION FORM SHOWING UST #3 IS NOW E-85 (8,000g) AND UST #5 IS KERSONE (2,000g).

(NOTE: If any equipment fails or identified as deficient during testing, it must be repaired or replaced to comply with this violation).

RICH _____ MANAGER
Exit interview given to _____ Title
(nov-ust.doc 04/14/08)

Storage Tank Safety Specialist (Signature)
Phone Number 630/ 399-4518



Office of the Illinois
State Fire Marshal

"Partnering With the Fire Service to Protect Illinois"

CERTIFIED MAIL - RECEIPT REQUESTED #7008 1140 0004 7341 8604

TIMELY COMPLIANCE OPPORTUNITY

March 16, 2009

Gas City, Ltd.
160 South LaGrange Road
Frankfort, IL 60423

In Re: NOV No.E00000020090491
Facility No. 2-039335
Gas City #34
4032 Route 34
Oswego, Kendall Co., IL

To Whom It May Concern:

On 02/27/2009, a representative of the Division of Petroleum and Chemical Safety conducted an on-site inspection of the above referenced facility and issued a Notice of Violation (NOV). The purpose of the inspection was to determine compliance with all Illinois Administrative Code 170 and 171 regulations and 40 CFR Parts 280 and 281 Federal Register requirements.

Our office has reviewed your case and determined you qualify as a candidate for the Timely Compliance Opportunity (TCO) program. You are allowed a one time, 60-day, window to come into compliance effective from the date of this letter. **If compliance is not made by May 15, 2009, your underground storage tank system will be RED TAGGED. You are prohibited from having product placed into the UST system when a RED TAG exists. This case will then be forwarded to the Illinois Attorney General's Office for prosecution with the possibility of fines and/or removal of the UST system.**

Please note: If a permit is required to correct the violation(s), please have a licensed contractor submit a permit application immediately in order for you to meet the 60-day window. If you already have a granted permit to comply the violation(s), you must have your contractor schedule it and get the work completed within this 60-day period.

Enclosed with this letter is a copy of the NOV.

Your cooperation in this matter is greatly appreciated. Contact Aaron Siegler at 630-399-4518, if you have any questions or when said violations are corrected.

Sincerely,

A handwritten signature in cursive script that reads "Shelly Bradley".

Shelly Bradley
Division Manager
Division of Petroleum and Chemical Safety

cc: Facility File
STSS



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

Facility#:	2-039335
Inspection#:	E20090491
NOV Date:	2/27/09
Date:	05/05/09

NOV - PROGRESS REPORT

Underground (UST)

Self-Service (SS)

Unattended (USS)

OWNER OF TANKS

GAS CITY LTD
 Name
 160 S. LA GRANGE ROAD
 Street Address
 FRANKFORT IL 60423
 City State Zip
 LEN MC ENERY 815/ 469-9000
 Contact Person Phone

FACILITY

GAS CITY #34
 Name
 4032 ROUTE 34
 Street Address
 OSWEGO IL 60543 KENDALL
 City State Zip County
 MANAGER 630/ 551-3310
 Contact Person Phone

RECEIVED
 MAY 11 2009

DIV. OF PETROLEUM
 CHEMICAL SAFETY

NOV Section	Compliant	Non-Compliant	Rescind	Closed
Section A				
Item 1				
Item 2				
Item 3				
Item 4				
Section B				
Item 1				
Item 2				
Item 3				
Item 4				
Item 5				
Item 6				
Item 7				
Section C				
Item 1				
Item 2				
Item 3				
Item 4				
Item 5				
Item 6				

NOV Section	Compliant	Non-Compliant	Rescind	Closed
Section D				
Item 1				
Item 2				
Item 3				
Item 4				
Section E				
Item 1				
Item 2				
Item 3				
Item 4				
Item 5				
Item 6				
Section F				
Item 1				
Section G				
Item 1	XXXXX			
Item 2				

Remarks: ALL VIOLATIONS COMPLIED.

COMPLY: RESCIND: REFER TO LEGAL:

RICH STRONG
 Person Interviewed
 (progress.doc rev. 8/07)

MANAGER
 Title

Storage Tank Safety Specialist



Office of the Illinois
State Fire Marshal

"Partnering With the Fire Service to Protect Illinois"

May 18, 2009

Gas City, Ltd.
160 South LaGrange Road
Frankfort, IL 60423

In Re: NOV No. E00000020090491
 Facility No. 2-039335
 Gas City #34
 4032 Route 34
 Oswego, Kendall Co., IL

To Whom It May Concern:

This letter is being sent as a follow-up to the Notice of Violation dated 02/27/2009. It appears that you have complied with this Notice.

Your cooperation in this matter has been greatly appreciated. If we can be of any further assistance, please contact this Office.

Sincerely,

A handwritten signature in black ink that reads "Shelly Bradley". The signature is written in a cursive, slightly slanted style.

Shelly Bradley
Division Manager
Division of Petroleum and Chemical Safety

cc: Facility File
 STSS



Office of the Illinois
State Fire Marshal

"Partnering With the Fire Service to Protect Illinois"

CERTIFIED MAIL - RECEIPT REQUESTED #7007 1490 0002 6872 3848

TIMELY COMPLIANCE OPPORTUNITY

September 24, 2007

Gas City, Ltd.
160 S. LaGrange Road
Frankfort, IL 60423

In Re: Inspection No. E00000020072496
 Facility No. 2-039335
 Gas City #34
 4032 Rt 34
 Oswego, Kendall Co., IL

To Whom It May Concern:

On 08/03/2007, a representative of the Division of Petroleum and Chemical Safety conducted an on-site inspection of the above referenced facility and issued a Notice of Violation (NOV). The purpose of the inspection was to determine compliance with the Illinois Administrative Code 170.150 and 170.310 regulations.

Our office has reviewed your case and determined you qualify as a candidate for the Timely Compliance Opportunity (TCO) program. You are allowed a one time, 60-day, window to come into compliance effective from the date of this letter. **If compliance is not made by November 23, 2007, your case will then be forwarded to the Illinois Attorney General's Office for prosecution with the possibility of fines and penalties.**

Enclosed with this letter is a copy of the NOV.

Your cooperation in this matter is greatly appreciated. Contact Aaron Siegler at 630-399-4518, if you have any questions or when said violations are corrected.

Sincerely,

Shelly Bradley
Division Manager
Division of Petroleum and Chemical Safety

cc: Facility File
 STSS

Notification for Underground Storage Tanks

OFFICE USE ONLY

- A separate form must be used for each site.
- If you have more than five tanks, photocopy pages 1-5 and attach to this notification form.
- Please type, or print in ink; the signature under "certification" (section IX) must be signed in Ink.

ID NUMBER 2-039335

DATE RECEIVED
RECEIVED

APR 24 2000

Facility I.D. # (if known) 2-039335 Owner I.D. # (if known) _____
DIV. OF PETROLEUM & CHEMICAL SAFETY

TYPE OF NOTIFICATION

- New Facility Amended (Changes/Corrections/Additional Tanks) Mark all that apply:
- _____ Owner Address Change (this facility only) _____ Tanks Relined (Permit # _____)
- _____ Owner Address Change (all facilities owned) _____ Tanks Installed (Permit # _____)
- _____ New Owner _____ Tanks Upgraded/Repaired (Permit # _____)
- Tank(s) Removed (Permit # 00245-2000) _____ Abandonment Notice (Permit # _____)
- _____ Other _____

I. Ownership of Tank(s)

II. Location of Tank(s)

(If same as Section I, Mark box)

GAS CITY, LTD.	GAS CITY, LTD.
Owner Name (Corp., Individual., Public Agency or other Entity)	Facility Name or Company Site Identifier, as applicable
160 S. LAGRANGE ROAD	RT. 34 & WOLF'S CROSSING ROAD
Mailing Address	Street Address or State Road, as applicable (exact address)
FRANKFORT IL 60423	OSWEGO IL
City State Zip	City State Zip
WILL	KENDALL
County	County
LEN McENERY (815) 469-9000	LEN McENERY (815) 469-9000
Contact Name (Area Code) Phone	Contact Name (Area Code) Phone

III. TYPE OF OWNERSHIP (mark all that apply)

- Current Owner of Tanks Date Purchased / / Ownership Uncertain _____
- Former Owner Other _____

IV. TYPE OF FACILITY

Type of Facility: (Circle correct code)

- | | | | |
|---|-----------------------------|---------------------------|------------------------------------|
| A. Service Station | G. Industrial/Manufacturing | M. City/Town | S. Port District |
| B. Bulk Plant | H. Private Institution | N. County | T. Utility District |
| C. Petroleum Distributor | I. Residence (Non-Farm) | O. State | U. Fire Dept. |
| D. Convenience Store | J. Farm | P. Federal (Military) | V. Other Special Service Districts |
| E. Auto Dealer | K. Airport | Q. Federal (Non-Military) | W. Other _____ |
| <input checked="" type="radio"/> F. Commercial/Retail | L. Marina | R. School District | (Please Specify) |

V. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>17</u>	Tank No. <u> </u>			
1. Status of Tanks Currently in use <input type="checkbox"/> Temporarily out of use <input type="checkbox"/> (Section 2 must be completed) Permanently out of use <input type="checkbox"/> (Section 2 must be completed) Removed <input checked="" type="checkbox"/> (Section 3 must be completed) Abandoned in place <input type="checkbox"/> (Section 4 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tanks Permanently & Temporarily Out of Use Estimated date last used	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
3. Tanks Removed Date tank(s) removed Estimated date last used	03 / 01 / 00 12 / 31 / 73	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
4. Abandoned in Place Date tanks filled Tank filled with: Inert materials (sand, etc.) <input type="checkbox"/> Water <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<u> </u> / <u> </u> / <u> </u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u> </u> / <u> </u> / <u> </u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u> </u> / <u> </u> / <u> </u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u> </u> / <u> </u> / <u> </u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u> </u> / <u> </u> / <u> </u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Age of Tank Date tank installed Date product placed in tank	<u> </u> / <u> </u> / <u> </u> <u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u> <u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u> <u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u> <u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u> <u> </u> / <u> </u> / <u> </u>
6. Estimated Total Capacity (gallons)	<u> 550 </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
7. Substances Currently or Last Stored: Petroleum Diesel <input type="checkbox"/> Kerosene <input type="checkbox"/> Gasoline <input type="checkbox"/> Used oil <input type="checkbox"/> Other (Please specify) <input type="checkbox"/> Heating Oil Petroleum Use (if applicable): Heating oil <input type="checkbox"/> (consumptive use on premises) Back-up generator <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Hazardous Substance: Name of principal CERCLA substance <u> </u> Chemical Abstract Service (CAS No.) <u> </u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>Heating Oil</u> <input type="checkbox"/> <input type="checkbox"/> <u> </u> <u> </u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u> </u> <input type="checkbox"/> <input type="checkbox"/> <u> </u> <u> </u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u> </u> <input type="checkbox"/> <input type="checkbox"/> <u> </u> <u> </u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u> </u> <input type="checkbox"/> <input type="checkbox"/> <u> </u> <u> </u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u> </u> <input type="checkbox"/> <input type="checkbox"/> <u> </u> <u> </u>

RECEIVED
 APR 24 2000
 DIV. OF PETROLEUM
 CHEMICAL SAFETY

VII. Certification of Compliance (Complete for all new, upgraded and relined tanks at this location)

Installation (mark all that apply)					
Installer certified by tank and piping manufacturers	<input type="checkbox"/>				
Installer certified or licensed by implementing agency	<input type="checkbox"/>				
Installer registered by implementing agency	<input type="checkbox"/>				
Installer is the owner of the tank(s)	<input type="checkbox"/>				
Installation inspected by a registered engineer	<input type="checkbox"/>				
Installation inspected & approved by implementing agency	<input type="checkbox"/>				
Manufacturer's installation checklists have been completed	<input type="checkbox"/>				
Another method allowed by state agency (please specify)	_____	_____	_____	_____	_____

OATH: I certify the information that is provided in section VII is true to the best of my knowledge, and certify that the installation was performed in accordance with all applicable state and federal laws and regulations. **(THIS SECTION MAY ONLY BE COMPLETED BY THE CONTRACTOR. SEPARATE OATH MUST BE SUBMITTED FOR EACH ACTIVITY PERFORMED BY DIFFERENT CONTRACTOR.)**

Tank No. _____ Permit No. _____

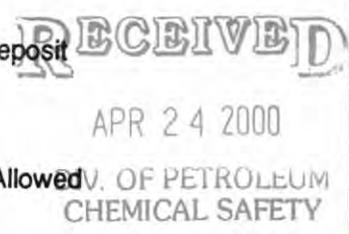
Contractor: _____
 Name _____ Signature (must be original) _____ Date _____
 Position _____ Company _____

VIII. Financial Responsibility

Mark all that apply:

<input type="checkbox"/> Self-Insurance	<input type="checkbox"/> Guarantee	<input type="checkbox"/> Certificate of Deposit
<input type="checkbox"/> Commercial Insurance	<input type="checkbox"/> Surety Bond	<input type="checkbox"/> Trust Fund
<input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Letter of Credit	<input type="checkbox"/> Other Method Allowed

(please specify) _____



IX. Certification (Read and sign after completing all sections)

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 immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete

LEN MCENERY G.M. Len McEnery 4/19/00
 Name and official title of owner or owner's authorized representative (print) Signature (must be original) Date Signed

V. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. <u>4</u>	Tank No. <u>5</u>
1. Status of Tanks					
Currently in use	<input checked="" type="checkbox"/>				
Temporarily out of use (Section 2 must be completed)	<input type="checkbox"/>				
Permanently out of use (Section 2 must be completed)	<input type="checkbox"/>				
Removed (Section 3 must be completed)	<input type="checkbox"/>				
Abandoned in place (Section 4 must be completed)	<input type="checkbox"/>				
2. Tanks Permanently & Temporarily Out of Use					
Estimated date last used	/ /	/ /	/ /	/ /	/ /
3. Tanks Removed					
Date tank(s) removed	/ /	/ /	/ /	/ /	/ /
Estimated date last used	/ /	/ /	/ /	/ /	/ /
4. Abandoned in Place					
Date tanks filled	/ /	/ /	/ /	/ /	/ /
Tank filled with:					
Inert materials (sand, etc.)	<input type="checkbox"/>				
Water	<input type="checkbox"/>				
Unknown	<input type="checkbox"/>				
Other (please specify)	_____	_____	_____	_____	_____
5. Age of Tank					
Date tank installed	4/7/00	4/7/00	4/7/00	4/7/00	4/7/00
Date product placed in tank	4/7/00	4/7/00	4/7/00	4/7/00	4/7/00
6. Estimated Total Capacity (gallons)	12,000	8,000	8,000	8,000	2,000
7. Substances Currently or Last Stored:					
Petroleum					
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gasoline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used oil	<input type="checkbox"/>				
Other (Please specify)	_____	_____	_____	_____	_____
Petroleum Use (if applicable):					
Heating oil (consumptive use on premises)	<input type="checkbox"/>				
Back-up generator	<input type="checkbox"/>				
Other (please specify)	_____	_____	_____	_____	_____
Hazardous Substance:					
Name of principal CERCLA substance	_____	_____	_____	_____	_____
Chemical Abstract Service (CAS No.)	_____	_____	_____	_____	_____

V. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>6</u>	Tank No. <u> </u>			
1. Status of Tanks					
Currently in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily out of use (Section 2 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently out of use (Section 2 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removed (Section 3 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandoned in place (Section 4 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tanks Permanently & Temporarily Out of Use					
Estimated date last used	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
3. Tanks Removed					
Date tank(s) removed	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
Estimated date last used	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
4. Abandoned in Place					
Date tanks filled	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
Tank filled with:					
Inert materials (sand, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
5. Age of Tank					
Date tank installed	<u>4/7/00</u>	<u> / / </u>			
Date product placed in tank	<u>4/7/00</u>	<u> / / </u>			
6. Estimated Total Capacity (gallons)	<u>2,000</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
7. Substances Currently or Last Stored:					
Petroleum					
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Petroleum Use (if applicable):					
Heating oil (consumptive use on premises)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back-up generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Hazardous Substance:					
Name of principal CERCLA substance	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Chemical Abstract Service (CAS No)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

VI. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. <u>4</u>	Tank No. <u>5</u>
1. Material of Construction (mark all that apply)					
Asphalt coated or bare steel	<input type="checkbox"/>				
Cathodically protected steel	<input type="checkbox"/>				
Dielectric coated steel	<input type="checkbox"/>				
Composite (steel with fiberglass)	<input checked="" type="checkbox"/>				
Fiberglass reinforced plastic	<input type="checkbox"/>				
Lined interior	<input type="checkbox"/>				
Double-walled	<input checked="" type="checkbox"/>				
Secondary containment	<input type="checkbox"/>				
Steel STI-P3	<input type="checkbox"/>				
Other (please specify)	_____	_____	_____	_____	_____
2. Piping Materials (mark all that apply)					
Bare steel	<input type="checkbox"/>				
Galvanized steel	<input type="checkbox"/>				
Fiberglass reinforced plastic	<input type="checkbox"/>				
Cathodically protected	<input type="checkbox"/>				
Double-walled	<input checked="" type="checkbox"/>				
Secondary containment	<input type="checkbox"/>				
Dielectric coating	<input type="checkbox"/>				
Other (please specify)	<u>Geoflex</u>	<u>Geoflex</u>	<u>Geoflex</u>	<u>Geoflex</u>	<u>Geoflex</u>
3. Piping Type (mark all that apply)					
European suction	<input type="checkbox"/>				
American suction	<input type="checkbox"/>				
Pressure	<input checked="" type="checkbox"/>				
Gravity feed	<input type="checkbox"/>				
Other (please specify)	_____	_____	_____	_____	_____

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CHEMICAL SAFETY

Tank Identification Number	Tank No. <u>1</u>		Tank No. <u>2</u>		Tank No. <u>3</u>		Tank No. <u>4</u>		Tank No. <u>5</u>	
4. Release Detection (Mark all that apply)	Tank	Piping								
Manual tank gauging	<input type="checkbox"/>									
Inventory controls	<input checked="" type="checkbox"/>									
Automatic tank gauging	<input checked="" type="checkbox"/>									
Vapor monitoring	<input type="checkbox"/>									
Groundwater monitoring	<input type="checkbox"/>									
Interstitial monitoring double-walled tank/piping	<input checked="" type="checkbox"/>									
Interstitial monitoring /secondary containment	<input type="checkbox"/>									
Tank tightness testing	<input type="checkbox"/>									
Automatic line leak detector		<input checked="" type="checkbox"/>								
Line tightness testing		<input type="checkbox"/>								
Automatic shut-off device		<input type="checkbox"/>								
Continuous alarm system		<input checked="" type="checkbox"/>								
No requirements (european suction)		<input type="checkbox"/>								
Other (please specify)	_____		_____		_____		_____		_____	
5. Corrosion Protection (mark all that apply)	Tank	Piping								
Cathodic protection	<input type="checkbox"/>									
Impressed current	<input type="checkbox"/>									
Secondary containment	<input type="checkbox"/>									
Exterior coating	<input type="checkbox"/>									
Fiberglass reinforced plastic	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Double-walled	<input checked="" type="checkbox"/>									
Interior lining	<input type="checkbox"/>									
Other (please specify)	_____		_____		_____		_____		_____	
6. Spill & Overfill Prevention (Mark all that apply)										
Overfill device	<input type="checkbox"/>									
Automatic shut-off	<input checked="" type="checkbox"/>									
Overfill Alarm	<input type="checkbox"/>									
Ball float valve	<input type="checkbox"/>									
Spill containment device	<input checked="" type="checkbox"/>									
Other (Please specify)	_____		_____		_____		_____		_____	

VI. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>6</u>	Tank No. <u> </u>			
1. Material of Construction (mark all that apply) <ul style="list-style-type: none"> Asphalt coated or bare steel <input type="checkbox"/> Cathodically protected steel <input type="checkbox"/> Dielectric coated steel <input type="checkbox"/> Composite (steel with fiberglass) <input checked="" type="checkbox"/> Fiberglass reinforced plastic <input type="checkbox"/> Lined interior <input type="checkbox"/> Double-walled <input checked="" type="checkbox"/> Secondary containment <input type="checkbox"/> Steel STI-P3 <input type="checkbox"/> Other (please specify) _____ 					
2. Piping Materials (mark all that apply) <ul style="list-style-type: none"> Bare steel <input type="checkbox"/> Galvanized steel <input type="checkbox"/> Fiberglass reinforced plastic <input type="checkbox"/> Cathodically protected <input type="checkbox"/> Double-walled <input checked="" type="checkbox"/> Secondary containment <input type="checkbox"/> Dielectric coating <input type="checkbox"/> Other (please specify) <u>Geoflex</u> _____ 					
3. Piping Type (mark all that apply) <ul style="list-style-type: none"> European suction <input type="checkbox"/> American suction <input type="checkbox"/> Pressure <input checked="" type="checkbox"/> Gravity feed <input type="checkbox"/> Other (please specify) _____ 					

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JUL 12 2000

DIV. OF PETROLEUM
CHEMICAL SAFETY

Tank Identification Number	Tank No. <u>6</u>		Tank No. ___		Tank No. ___		Tank No. ___		Tank No. ___	
4. Release Detection (Mark all that apply)	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"/>	
Inventory controls	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic tank gauging	<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 tank/piping	<input checked="" type="checkbox"/>	<input checked="" 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"/>
Tank tightness testing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic line leak detector		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Line tightness testing		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Automatic shut-off device		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Continuous alarm system		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
No requirements (european suction)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify)	_____		_____		_____		_____		_____	
5. Corrosion Protection (mark all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Cathodic protection	<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	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior coating	<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"/>
Fiberglass reinforced plastic	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
Interior lining	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (please specify)	_____		_____		_____		_____		_____	
6. Spill & Overfill Prevention (Mark all that apply)										
Overfill device	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic shut-off	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input 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"/>	
Ball float valve	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Spill containment device	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (Please specify)	_____		_____		_____		_____		_____	

VII. Certification of Compliance (Complete for all new, upgraded and relined tanks at this location)

Installation (mark all that apply)	1	2	3	4	5/6
Installer certified by tank and piping manufacturers	<input checked="" type="checkbox"/>				
Installer certified or licensed by implementing agency	<input checked="" type="checkbox"/>				
Installer registered by implementing agency	<input type="checkbox"/>				
Installer is the owner of the tank(s)	<input type="checkbox"/>				
Installation inspected by a registered engineer	<input type="checkbox"/>				
Installation inspected & approved by implementing agency	<input checked="" type="checkbox"/>				
Manufacturer's installation checklists have been completed	<input type="checkbox"/>				
Another method allowed by state agency (please specify)	_____	_____	_____	_____	_____

OATH: I certify the information that is provided in section VII is true to the best of my knowledge, and certify that the installation was performed in accordance with all applicable state and federal laws and regulations. (THIS SECTION MAY ONLY BE COMPLETED BY THE CONTRACTOR. SEPARATE OATH MUST BE SUBMITTED FOR EACH ACTIVITY PERFORMED BY DIFFERENT CONTRACTOR.)

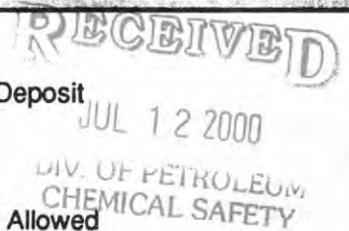
Tank No. 1,2,3,4,5,6 Permit No. 00343 - 2000 INS
 Contractor: Mark Romiti Mark Cornith 6/30/00
 Name Signature (must be original) Date
Estimator A.B.D. Tank and Pump
 Position Company

VIII. Financial Responsibility

Mark all that apply:

- Self-Insurance
- Commercial Insurance
- Risk Retention Group
- Guarantee
- Surety Bond
- Letter of Credit
- Certificate of Deposit
- Trust Fund
- Other Method Allowed

(please specify) LUST FUND



IX. Certification (Read and sign after completing all sections)

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 immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

LEN MCENERY G.M. Len McEnery 7/7/00
 Name and official title of owner or owner's authorized representative Signature Date Signed
 (print) (must be original)

IL	Notification for Underground Storage Tanks	OFFICE USE ONLY
-----------	---	------------------------

- A separate form must be used for each site.
- If you have more than five tanks, photocopy pages 1-5 and attach to this notification form.
- Please type, or print in ink; the signature under "certification" (section IX) must be signed in Ink.

ID NUMBER 2-039335
 DATE RECEIVED
 RECEIVED
 DEC 05 2005

Facility I.D. # (if known) 2-039335 Owner I.D. # (if known) _____

TYPE OF NOTIFICATION

- New Facility Amended (Changes/Corrections/Additional Tanks) Mark all that apply:
- _____ Owner Address Change (this facility only) _____ Tanks Relined (Permit # _____)
- _____ Owner Address Change (all facilities owned) _____ Tanks Installed (Permit # _____)
- _____ New Owner _____ Tanks Upgraded/Repaired (Permit # _____)
- _____ Tank(s) Removed (Permit # _____) _____ Abandonment Notice (Permit # _____)
- X Other Product Change

I. Ownership of Tank(s)

II. Location of Tank(s)
(if same as Section I, Mark box)

<u>Gas City, Ltd.</u> Owner Name (Corp., Individual., Public Agency or other Entity)	<u>Gas City #34</u> Facility Name or Company Site Identifier, as applicable
<u>160 S. LaGrange Road</u> Mailing Address	<u>4032 Route 34</u> Street Address or State Road, as applicable (exact address)
<u>Frankfort</u> <u>IL</u> <u>60425</u> City State Zip	<u>Oswego</u> <u>IL</u> <u>60545</u> City State Zip
<u>Will</u> County	<u>Kendall</u> County
<u>L. Mc Enery</u> <u>815 469-9000</u> Contact Name (Area Code) Phone	<u>L. Mc Enery</u> <u>815 469-9000</u> Contact Name (Area Code) Phone

III. TYPE OF OWNERSHIP (mark all that apply)

- Current Owner of Tanks Ownership Uncertain _____
 Date Purchased _____
- Former Owner Other _____

IV. TYPE OF FACILITY

- Type of Facility: (Circle correct code)
- | | | | |
|---|-----------------------------|---------------------------|------------------------------------|
| A. Service Station | G. Industrial/Manufacturing | M. City/Town | S. Port District |
| B. Bulk Plant | H. Private Institution | N. County | T. Utility District |
| C. Petroleum Distributor | I. Residence (Non-Farm) | O. State | U. Fire Dept. |
| <input checked="" type="radio"/> D. Convenience Store | J. Farm | P. Federal (Military) | V. Other Special Service Districts |
| E. Auto Dealer | K. Airport | Q. Federal (Non-Military) | W. Other _____ |
| F. Commercial/Retail | L. Marina | R. School District | (Please Specify) |

V. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>5</u>	Tank No. ___	Tank No. ___	Tank No. ___	Tank No. ___
1. Status of Tanks					
Currently in use	<input type="checkbox"/>				
Temporarily out of use (Section 2 must be completed)	<input type="checkbox"/>				
Permanently out of use (Section 2 must be completed)	<input type="checkbox"/>				
Removed (Section 3 must be completed)	<input type="checkbox"/>				
Abandoned in place (Section 4 must be completed)	<input type="checkbox"/>				
2. Tanks Permanently & Temporarily Out of Use					
Estimated date last used	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
3. Tanks Removed					
Date tank(s) removed	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Estimated date last used	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
4. Abandoned in Place					
Date tanks filled	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Tank filled with:					
Inert materials (sand, etc.)	<input type="checkbox"/>				
Water	<input type="checkbox"/>				
Unknown	<input type="checkbox"/>				
Other (please specify)	_____	_____	_____	_____	_____
5. Age of Tank					
Date tank installed	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Date product placed in tank	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
6. Estimated Total Capacity (gallons)	_____	_____	_____	_____	_____
7. Substances Currently or Last Stored:					
Petroleum					
Diesel	<input type="checkbox"/>				
Kerosene	<input type="checkbox"/>				
Gasoline	<input type="checkbox"/>				
Used oil	<input type="checkbox"/>				
Other (Please specify)	<u>E-85</u>	_____	_____	_____	_____
Petroleum Use (if applicable):					
Heating oil (consumptive use on premises)	<input type="checkbox"/>				
Back-up generator	<input type="checkbox"/>				
Other (please specify)	_____	_____	_____	_____	_____
Hazardous Substance:					
Name of principal CERCLA substance	_____	_____	_____	_____	_____
Chemical Abstract Service (CAS No.)	_____	_____	_____	_____	_____

VII. Certification of Compliance (Complete for all new, upgraded and relined tanks at this location)

Installation (mark all that apply)

Installer certified by tank and piping manufacturers	<input type="checkbox"/>				
Installer certified or licensed by implementing agency	<input type="checkbox"/>				
Installer registered by implementing agency	<input type="checkbox"/>				
Installer is the owner of the tank(s)	<input type="checkbox"/>				
Installation inspected by a registered engineer	<input type="checkbox"/>				
Installation inspected & approved by implementing agency	<input type="checkbox"/>				
Manufacturer's installation checklists have been completed	<input type="checkbox"/>				
Another method allowed by state agency (please specify)	_____	_____	_____	_____	_____

DEC 05 2005

OATH: I certify the information that is provided in section VII is true to the best of my knowledge, and certify that the installation was performed in accordance with all applicable state and federal laws and regulations. **(THIS SECTION MAY ONLY BE COMPLETED BY THE CONTRACTOR. SEPARATE OATH MUST BE SUBMITTED FOR EACH ACTIVITY PERFORMED BY DIFFERENT CONTRACTOR.)**

Tank No. _____ Permit No. _____

Contractor: _____
 Name Signature (must be original) Date

 Position Company

VIII. Financial Responsibility

Mark all that apply:

- Self-Insurance Guarantee Certificate of Deposit
 Commercial Insurance Surety Bond Trust Fund
 Risk Retention Group Letter of Credit Other Method Allowed
 (please specify) _____

IX. Certification (Read and sign after completing all sections)

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 immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Len McENERY V.P. Len McENERY 12/2/05
 Name and official title of owner or owner's authorized representative (print) Signature (must be original) Date Signed

DEC 05 2005

ILLINOIS PETROLEUM
AND CHEMICAL SAFETY

STATEMENT OF COMPATABILITY

Both State and Federal regulations require that all regulated underground storage tank systems must be compatible with the product being stored in them. Most underground storage tanks in existence today are compatible with the majority of the liquid petroleum fuels on the market. This is not true with E-85 (85% Ethanol and 15% Gasoline) that is emerging today as an alternative fuel available to the general public.

The State of Illinois, Office of the State Fire Marshal is asking all underground storage tank owners who are storing E-85, either in existing or new storage tanks to certify that all components of their tank systems are compatible with E-85. Please complete the information below and submit to our office within 30 days of the storage of E-85.

Date 12/01/2005

Facility Number (if known) 2-039335

Facility Name GAS CITY

Facility Address 4032 Route 34

Oswego IL Zip Code 60543

Number of USTs storing E-85 at this facility 1

I, Len McEnery, do hereby attest that I have
(Name of Owner or Agent)

researched all the various components of the underground storage tank systems at the above noted facility which are currently, or will be storing E-85 liquid fuels; and certify that all components are compatible with E-85 fuels. Components may include, but are not limited to fill pipe/drop tubes, auto shut off or overfill valves, the tank itself, internal lining materials, submersible pumps, gaskets, bushings, couplings and other fittings, line leak detectors, tank leak detectors, all types of product piping, pipe adhesives/glues, flex connectors, grommets, filters, dispensers, hoses, nozzles, spill containments, and sumps.

Signature Len McEnery

(If you are an Agent for the tank owner, please give your relationship to the owner, i.e. employee, contractor, consultant, etc.)

SUBMIT TO: Office of the State Fire Marshal
Division of Petroleum and Chemical Safety
1035 Stevenson Drive
Springfield, IL 62703-4259

V. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>3</u>	Tank No. <u>5</u>	Tank No. <u> </u>	Tank No. <u> </u>	Tank No. <u> </u>
1. Status of Tanks					
Currently in use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily out of use (Section 2 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently out of use (Section 2 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removed (Section 3 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandoned in place (Section 4 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tanks Permanently & Temporarily Out of Use					
Estimated date last used	/ /	/ /	/ /	/ /	/ /
3. Tanks Removed					
Date tank(s) removed	/ /	/ /	/ /	/ /	/ /
Estimated date last used	/ /	/ /	/ /	/ /	/ /
4. Abandoned in Place					
Date tanks filled	/ /	/ /	/ /	/ /	/ /
Tank filled with:					
inert materials (sand, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Age of Tank					
Date tank installed	/ /	/ /	/ /	/ /	/ /
Date product placed in tank	/ /	/ /	/ /	/ /	/ /
6. Estimated Total Capacity (gallons)	<u>8000</u>	<u>7000</u>	_____	_____	_____
7. Substances Currently or Last Stored:					
Petroleum					
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)	<u>E-95</u>	_____	_____	_____	_____
Petroleum Use (if applicable):					
Heating oil (consumptive use on premises)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back-up generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Substance:					
Name of principal CERCLA substance	_____	_____	_____	_____	_____
Chemical Abstract Service (CAS No)	_____	_____	_____	_____	_____

VII. Certification of Compliance (Complete for all new, upgraded and relined tanks at this location)

Installation (mark all that apply)

- Installer certified by tank and piping manufacturers
- Installer certified or licensed by implementing agency
- Installer registered by implementing agency
- Installer is the owner of the tank(s)
- Installation inspected by a registered engineer
- Installation inspected & approved by implementing agency
- Manufacturer's installation checklists have been completed
- Another method allowed by state agency (please specify)

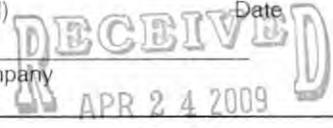
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

OATH: I certify the information that is provided in section VII is true to the best of my knowledge, and certify that the installation was performed in accordance with all applicable state and federal laws and regulations. **(THIS SECTION MAY ONLY BE COMPLETED BY THE CONTRACTOR. SEPARATE OATH MUST BE SUBMITTED FOR EACH ACTIVITY PERFORMED BY DIFFERENT CONTRACTOR.)**

Tank No. _____ Permit No. _____

Contractor: _____
 Name Signature (must be original) Date

 Position Company



VIII. Financial Responsibility

Mark all that apply:

- Self-Insurance
- Commercial Insurance
- Risk Retention Group
- Guarantee
- Surety Bond
- Letter of Credit
- Certificate of Deposit
- Trust Fund
- Other Method Allowed

(please specify) LUST

DIV. OF PETROLEUM
CHEMICAL SAFETY

IX. Certification (Read and sign after completing all sections)

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 immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

LEN McENERY
 Name and official title of owner or owner's authorized representative (print)

Len McEnery
 Signature (must be original)

3/24/09
 Date Signed

3-29-11

IL Notification for Underground Storage Tanks **OFFICE USE ONLY**

- A separate form must be used for each site.
- If you have more than five tanks, photocopy pages 1-5 and attach to this notification form.
- Please type, or print in ink; the signature under "certification" (section IX) must be signed in Ink.

ID NUMBER _____
 DATE RECEIVED **RECEIVED**
 APR - 4 2011
 DIV. OF PETROLEUM
 CHEMICAL SAFETY

Facility I.D. # (if known) 2-039335 Owner I.D. # (if known) _____

TYPE OF NOTIFICATION

- New Facility Amended (Changes/Corrections/Additional Tanks) Mark all that apply:
- ____ Owner Address Change (this facility only) ____ Tanks Relined (Permit # _____)
- ____ Owner Address Change (all facilities owned) ____ Tanks Installed (Permit # _____)
- ____ New Owner ____ Tanks Upgraded/Repaired (Permit # _____)
- ____ Tank(s) Removed (Permit # _____) ____ Abandonment Notice (Permit # _____)
- ____ Other PRODUCT CHANGES

I. Ownership of Tank(s)			II. Location of Tank(s) (if same as Section I, Mark box) <input type="checkbox"/>		
Owner Name (Corp., Individual., Public Agency or other Entity) <u>GAS CITY LTD</u>			Facility Name or Company Site Identifier, as applicable <u>GAS CITY 34</u>		
Mailing Address <u>21660 S. LAGRANGE Rd</u>			Street Address or State Road, as applicable (exact address) <u>4032 ROUTE 34</u>		
City <u>FRANKFORT</u>	State <u>IL</u>	Zip <u>60423</u>	City <u>OSWEGO</u>	State <u>IL</u>	Zip <u>60543</u>
County <u>WILL</u>	815 <u>LEN McENERY 469-9000</u>		County <u>KENDALL</u>	815 <u>LEN McENERY 469-9000</u>	
Contact Name	(Area Code) Phone		Contact Name	(Area Code) Phone	

III. TYPE OF OWNERSHIP (mark all that apply)

- Current Owner of Tanks Ownership Uncertain _____
 Date Purchased _____
- Former Owner Other _____

IV. TYPE OF FACILITY

- Type of Facility: (Circle correct code)
- | | | | |
|---|-----------------------------|---------------------------|------------------------------------|
| <input checked="" type="radio"/> A. Service Station | G. Industrial/Manufacturing | M. City/Town | S. Port District |
| B. Bulk Plant | H. Private Institution | N. County | T. Utility District |
| <input type="radio"/> C. Petroleum Distributor | I. Residence (Non-Farm) | O. State | U. Fire Dept. |
| <input checked="" type="radio"/> D. Convenience Store | J. Farm | P. Federal (Military) | V. Other Special Service Districts |
| E. Auto Dealer | K. Airport | Q. Federal (Non-Military) | W. Other _____ |
| F. Commercial/Retail | L. Marina | R. School District | (Please Specify) |

V. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>5</u>	Tank No. <u>6</u>	Tank No. <u> </u>	Tank No. <u> </u>	Tank No. <u> </u>
1. Status of Tanks					
Currently in use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily out of use (Section 2 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently out of use (Section 2 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removed (Section 3 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandoned in place (Section 4 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tanks Permanently & Temporarily Out of Use					
Estimated date last used	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
3. Tanks Removed					
Date tank(s) removed	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
Estimated date last used	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
4. Abandoned in Place					
Date tanks filled	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
Tank filled with:					
Inert materials (sand, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
5. Age of Tank					
Date tank installed	<u>4/7/00</u>	<u>4/7/00</u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
Date product placed in tank	<u>4/7/00</u>	<u>4/7/00</u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
6. Estimated Total Capacity (gallons)	<u>2000</u>	<u>2000</u>	<u> </u>	<u> </u>	<u> </u>
7. Substances Currently or Last Stored:					
Petroleum					
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Petroleum Use (if applicable):					
Heating oil (consumptive use on premises)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back-up generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Hazardous Substance:					
Name of principal CERCLA substance	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Chemical Abstract Service (CAS No)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

RECEIVED
APR - 4 2011

VI. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>5</u>	Tank No. <u>6</u>	Tank No. ___	Tank No. ___	Tank No. ___
1. Material of Construction (mark all that apply) <ul style="list-style-type: none"> Asphalt coated or bare steel <input type="checkbox"/> Cathodically protected steel <input type="checkbox"/> Dielectric coated steel <input type="checkbox"/> Composite (steel with fiberglass) <input checked="" type="checkbox"/> Fiberglass reinforced plastic <input type="checkbox"/> Lined interior <input type="checkbox"/> Double-walled <input checked="" type="checkbox"/> Secondary containment <input type="checkbox"/> Steel STI-P3 <input type="checkbox"/> Other (please specify) _____ 					
2. Piping Materials (mark all that apply) <ul style="list-style-type: none"> Bare steel <input type="checkbox"/> Galvanized steel <input type="checkbox"/> Fiberglass reinforced plastic <input type="checkbox"/> Cathodically protected <input type="checkbox"/> Double-walled <input checked="" type="checkbox"/> Secondary containment <input type="checkbox"/> Dielectric coating <input type="checkbox"/> Other (please specify) _____ 					
3. Piping Type (mark all that apply) <ul style="list-style-type: none"> European suction <input type="checkbox"/> American suction <input type="checkbox"/> Pressure <input checked="" type="checkbox"/> Gravity feed <input type="checkbox"/> Other (please specify) _____ 					


 APR 4 2011
 DIV. OF PETROLEUM
 CHEMICAL SAFETY

Tank Identification Number	Tank No. <u>5</u>	Tank No. <u>6</u>	Tank No. <u> </u>	Tank No. <u> </u>	Tank No. <u> </u>					
4. Release Detection (Mark all that apply)	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"/>	
Inventory controls	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic tank gauging	<input checked="" 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 tank/piping	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>
Tank tightness testing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic line leak detector		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Line tightness testing		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Automatic shut-off device		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Continuous alarm system		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
No requirements (European suction)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify)	_____		_____		_____		_____		_____	
5. Corrosion Protection (mark all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Cathodic protection	<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	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior coating	<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"/>
Fiberglass reinforced plastic	<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"/>	<input type="checkbox"/>
Double-walled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Interior lining	<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 (please specify)	_____		_____		_____		_____		_____	
6. Spill & Overfill Prevention (Mark all that apply)										
Overfill device	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic shut-off	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input 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"/>	
Ball float valve	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Spill containment device	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (Please specify)	_____		_____		_____		_____		_____	



 APR - 4 2011

VII. Certification of Compliance (Complete for all new, upgraded and relined tanks at this location)

Installation (mark all that apply)					
Installer certified by tank and piping manufacturers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer certified or licensed by implementing agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer registered by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer is the owner of the tank(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation inspected by a registered engineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation inspected & approved by implementing agency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer's installation checklists have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another method allowed by state agency (please specify)	_____	_____	_____	_____	_____

OATH: I certify the information that is provided in section VII is true to the best of my knowledge, and certify that the installation was performed in accordance with all applicable state and federal laws and regulations. **(THIS SECTION MAY ONLY BE COMPLETED BY THE CONTRACTOR. SEPARATE OATH MUST BE SUBMITTED FOR EACH ACTIVITY PERFORMED BY DIFFERENT CONTRACTOR.)**

Tank No. _____ Permit No. _____

Contractor: _____
 Name Signature (must be original) Date

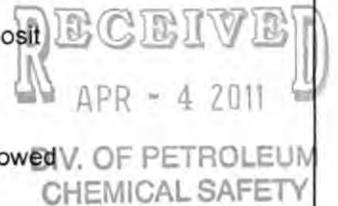
 Position Company

VIII. Financial Responsibility

Mark all that apply:

- Self-Insurance Guarantee Certificate of Deposit
 Commercial Insurance Surety Bond Trust Fund
 Risk Retention Group Letter of Credit Other Method Allowed

(please specify) _____



IX. Certification (Read and sign after completing all sections)

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 immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

LEN McENERY

Name and official title of owner or owner's authorized representative (print)

Len McEnery

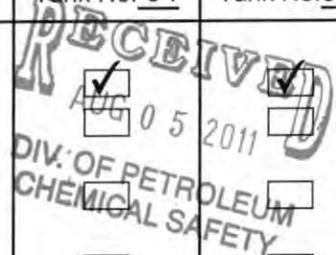
Signature (must be original)

MARCH 30, 2011

Date Signed

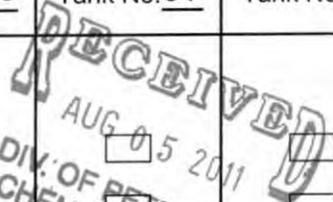
V. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>01</u>	Tank No. <u>02</u>	Tank No. <u>03</u>	Tank No. <u>04</u>	Tank No. <u>05</u>
1. Status of Tanks Currently in use Temporarily out of use (Section 2 must be completed) Permanently out of use (Section 2 must be completed) Removed (Section 3 must be completed) Abandoned in place (Section 4 must be completed)	<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"/>	<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"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tanks Permanently & Temporarily Out of Use Estimated date last used	/ /	/ /	/ /	/ /	/ /
3. Tanks Removed Date tank(s) removed Estimated date last used	/ / / /	/ / / /	/ / / /	/ / / /	/ / / /
4. Abandoned in Place Date tanks filled Tank filled with: Inert materials (sand, etc.) Water Unknown Other (please specify)	/ / <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"/> <input type="checkbox"/> <input type="checkbox"/> _____	/ / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
5. Age of Tank Date tank installed Date product placed in tank	4/7 /00 / /	4 / 7 /00 / /	4 / 7 /00 / /	4/7 /00 / /	4 / 7 /00 / /
6. Estimated Total Capacity (gallons)	12000	8000	8000	8000	2000
7. Substances Currently or Last Stored: Petroleum Diesel Kerosene Gasoline Used oil Other (Please specify)	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> E-85	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Racing Fuel
Petroleum Use (if applicable): Heating oil (consumptive use on premises) Back-up generator Other (please specify)	<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"/> _____
Hazardous Substance: Name of principal CERCLA substance Chemical Abstract Service (CAS No)	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____



VI. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>01</u>	Tank No. <u>02</u>	Tank No. <u>03</u>	Tank No. <u>04</u>	Tank No. <u>05</u>
<p>1. Material of Construction (mark all that apply)</p> <p>Asphalt coated or bare steel <input type="checkbox"/></p> <p>Cathodically protected steel <input type="checkbox"/></p> <p>Dielectric coated steel <input type="checkbox"/></p> <p>Composite (steel with fiberglass) <input checked="" type="checkbox"/></p> <p>Fiberglass reinforced plastic <input type="checkbox"/></p> <p>Lined interior <input type="checkbox"/></p> <p>Double-walled <input checked="" type="checkbox"/></p> <p>Secondary containment <input type="checkbox"/></p> <p>Steel STI-P3 <input type="checkbox"/></p> <p>Other (please specify) _____</p>					
<p>2. Piping Materials (mark all that apply)</p> <p>Bare steel <input type="checkbox"/></p> <p>Galvanized steel <input type="checkbox"/></p> <p>Fiberglass reinforced plastic <input type="checkbox"/></p> <p>Cathodically protected <input type="checkbox"/></p> <p>Double-walled <input checked="" type="checkbox"/></p> <p>Secondary containment <input type="checkbox"/></p> <p>Dielectric coating <input type="checkbox"/></p> <p>Other (please specify) _____</p>	<p align="center"><u>Flexible</u></p>				
<p>3. Piping Type (mark all that apply)</p> <p>European suction <input type="checkbox"/></p> <p>American suction <input type="checkbox"/></p> <p>Pressure <input checked="" type="checkbox"/></p> <p>Gravity feed <input type="checkbox"/></p> <p>Other (please specify) _____</p>					


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VI. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>06</u>	Tank No. <u> </u>			
1. Material of Construction (mark all that apply) <ul style="list-style-type: none"> Asphalt coated or bare steel <input type="checkbox"/> Cathodically protected steel <input type="checkbox"/> Dielectric coated steel <input type="checkbox"/> Composite (steel with fiberglass) <input checked="" type="checkbox"/> Fiberglass reinforced plastic <input type="checkbox"/> Lined interior <input type="checkbox"/> Double-walled <input checked="" type="checkbox"/> Secondary containment <input type="checkbox"/> Steel STI-P3 <input type="checkbox"/> Other (please specify) _____ 					
2. Piping Materials (mark all that apply) <ul style="list-style-type: none"> Bare steel <input type="checkbox"/> Galvanized steel <input type="checkbox"/> Fiberglass reinforced plastic <input type="checkbox"/> Cathodically protected <input type="checkbox"/> Double-walled <input checked="" type="checkbox"/> Secondary containment <input type="checkbox"/> Dielectric coating <input type="checkbox"/> Other (please specify) <u>Flexible</u> 					
3. Piping Type (mark all that apply) <ul style="list-style-type: none"> European suction <input type="checkbox"/> American suction <input type="checkbox"/> Pressure <input checked="" type="checkbox"/> Gravity feed <input type="checkbox"/> Other (please specify) _____ 					

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Tank Identification Number	Tank No. <u>01</u>		Tank No. <u>02</u>		Tank No. <u>03</u>		Tank No. <u>04</u>		Tank No. <u>05</u>	
4. Release Detection (Mark all that apply)	Tank	Piping								
Manual tank gauging	<input type="checkbox"/>									
Inventory controls	<input type="checkbox"/>									
Automatic tank gauging	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Vapor monitoring	<input type="checkbox"/>									
Groundwater monitoring	<input type="checkbox"/>									
Interstitial monitoring double-walled tank/piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Interstitial monitoring /secondary containment	<input type="checkbox"/>									
Tank tightness testing	<input type="checkbox"/>									
Automatic line leak detector	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Line tightness testing	<input type="checkbox"/>									
Automatic shut-off device	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Continuous alarm system	<input type="checkbox"/>									
No requirements (european suction)	<input type="checkbox"/>									
Other (please specify)	_____		_____		_____		_____		_____	
5. Corrosion Protection (mark all that apply)	Tank	Piping								
Cathodic protection	<input type="checkbox"/>									
Impressed current	<input type="checkbox"/>									
Secondary containment	<input type="checkbox"/>									
Exterior coating	<input type="checkbox"/>									
Fiberglass reinforced plastic	<input type="checkbox"/>									
Double-walled	<input checked="" type="checkbox"/>									
Interior lining	<input type="checkbox"/>									
Other (please specify)	_____		_____		_____		_____		_____	
6. Spill & Overfill Prevention (Mark all that apply)										
Overfill device	<input checked="" type="checkbox"/>									
Automatic shut-off	<input checked="" type="checkbox"/>									
Overfill Alarm	<input type="checkbox"/>									
Ball float valve	<input type="checkbox"/>									
Spill containment device	<input type="checkbox"/>									
Other (Please specify)	_____		_____		_____		_____		_____	

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VII. Certification of Compliance (Complete for all new, upgraded and relined tanks at this location)

Installation (mark all that apply)					
Installer certified by tank and piping manufacturers	<input type="checkbox"/>				
Installer certified or licensed by implementing agency	<input type="checkbox"/>				
Installer registered by implementing agency	<input type="checkbox"/>				
Installer is the owner of the tank(s)	<input type="checkbox"/>				
Installation inspected by a registered engineer	<input type="checkbox"/>				
Installation inspected & approved by implementing agency	<input type="checkbox"/>				
Manufacturer's installation checklists have been completed	<input type="checkbox"/>				
Another method allowed by state agency (please specify)	_____	_____	_____	_____	_____

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OATH: I certify the information that is provided in section VII is true to the best of my knowledge, and certify that the installation was performed in accordance with all applicable state and federal laws and regulations. **(THIS SECTION MAY ONLY BE COMPLETED BY THE CONTRACTOR. SEPARATE OATH MUST BE SUBMITTED FOR EACH ACTIVITY PERFORMED BY DIFFERENT CONTRACTOR.)**

Tank No. _____ Permit No. _____

Contractor: _____
 Name Signature (must be original) Date

 Position Company

VIII. Financial Responsibility

Mark all that apply:

- Self-Insurance Guarantee Certificate of Deposit
 Commercial Insurance Surety Bond Trust Fund
 Risk Retention Group Letter of Credit Other Method Allowed

(please specify) _____

IX. Certification (Read and sign after completing all sections)

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 immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Michelle L McKee, Environmental Compliance Manager

Michelle McKee

7/28/11

Name and official title of owner or owner's authorized representative (print)

Signature (must be original)

Date Signed



V. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>01</u>	Tank No. <u>02</u>	Tank No. <u>03</u>	Tank No. <u>04</u>	Tank No. <u>05</u>
1. Status of Tanks					
Currently in use	<input checked="" type="checkbox"/>				
Temporarily out of use (Section 2 must be completed)	<input type="checkbox"/>				
Permanently out of use (Section 2 must be completed)	<input type="checkbox"/>				
Removed (Section 3 must be completed)	<input type="checkbox"/>				
Abandoned in place (Section 4 must be completed)	<input type="checkbox"/>				
2. Tanks Permanently & Temporarily Out of Use					
Estimated date last used	/ /	/ /	/ /	/ /	/ /
3. Tanks Removed					
Date tank(s) removed	/ /	/ /	/ /	/ /	/ /
Estimated date last used	/ /	/ /	/ /	/ /	/ /
4. Abandoned in Place					
Date tanks filled	/ /	/ /	/ /	/ /	/ /
Tank filled with:					
Inert materials (sand, etc.)	<input type="checkbox"/>				
Water	<input type="checkbox"/>				
Unknown	<input type="checkbox"/>				
Other (please specify)	_____	_____	_____	_____	_____
5. Age of Tank					
Date tank installed	4 / 7 / 00	4 / 7 / 00	4 / 7 / 00	4 / 7 / 00	4 / 7 / 00
Date product placed in tank	/ /	/ /	/ /	/ /	/ /
6. Estimated Total Capacity (gallons)	12000	8000	8000	8000	2000
7. Substances Currently or Last Stored:					
Petroleum					
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>				
Gasoline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Used oil	<input type="checkbox"/>				
Other (Please specify)	_____	_____	_____	_____	E-85
Petroleum Use (if applicable):					
Heating oil (consumptive use on premises)	<input type="checkbox"/>				
Back-up generator	<input type="checkbox"/>				
Other (please specify)	_____	_____	_____	_____	_____
Hazardous Substance:					
Name of principal CERCLA substance	_____	_____	_____	_____	_____
Chemical Abstract Service (CAS No)	_____	_____	_____	_____	_____

V. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>06</u>	Tank No. <u> </u>			
1. Status of Tanks Currently in use Temporarily out of use (Section 2 must be completed) Permanently out of use (Section 2 must be completed) Removed (Section 3 must be completed) Abandoned in place (Section 4 must be completed)	<input checked="" 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"/>			
2. Tanks Permanently & Temporarily Out of Use Estimated date last used	/ /	/ /	/ /	/ /	/ /
3. Tanks Removed Date tank(s) removed Estimated date last used	/ / / /	/ / / /	/ / / /	/ / / /	/ / / /
4. Abandoned in Place Date tanks filled Tank filled with: Inert materials (sand, etc.) Water Unknown Other (please specify)	/ / <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"/> <input type="checkbox"/> <input type="checkbox"/> _____	/ / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
5. Age of Tank Date tank installed Date product placed in tank	4/7 /00 / /	/ / / /	/ / / /	/ / / /	/ / / /
6. Estimated Total Capacity (gallons)	2000	_____	_____	_____	_____
7. Substances Currently or Last Stored: Petroleum Diesel Kerosene Gasoline Used oil Other (Please specify) Petroleum Use (if applicable): Heating oil (consumptive use on premises) Back-up generator Other (please specify) Hazardous Substance: Name of principal CERCLA substance Chemical Abstract Service (CAS No)	<input checked="" 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"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ _____ _____			

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VI. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>01</u>	Tank No. <u>02</u>	Tank No. <u>03</u>	Tank No. <u>04</u>	Tank No. <u>05</u>
<p>1. Material of Construction (mark all that apply)</p> <p>Asphalt coated or bare steel <input type="checkbox"/></p> <p>Cathodically protected steel <input type="checkbox"/></p> <p>Dielectric coated steel <input type="checkbox"/></p> <p>Composite (steel with fiberglass) <input checked="" type="checkbox"/></p> <p>Fiberglass reinforced plastic <input type="checkbox"/></p> <p>Lined interior <input type="checkbox"/></p> <p>Double-walled <input checked="" type="checkbox"/></p> <p>Secondary containment <input type="checkbox"/></p> <p>Steel STI-P3 <input type="checkbox"/></p> <p>Other (please specify) _____</p>				<p align="center">RECEIVED JUN 17 2014 DIV. OF PETROLEUM CHEMICAL SAFETY</p>	
<p>2. Piping Materials (mark all that apply)</p> <p>Bare steel <input type="checkbox"/></p> <p>Galvanized steel <input type="checkbox"/></p> <p>Fiberglass reinforced plastic <input type="checkbox"/></p> <p>Cathodically protected <input type="checkbox"/></p> <p>Double-walled <input checked="" type="checkbox"/></p> <p>Secondary containment <input type="checkbox"/></p> <p>Dielectric coating <input type="checkbox"/></p> <p>Other (please specify) _____</p>	<p align="center">Flexible</p>	<p align="center">Flexible</p>	<p align="center">Flexible</p>	<p align="center">Flexible</p>	<p align="center">Flexible</p>
<p>3. Piping Type (mark all that apply)</p> <p>European suction <input type="checkbox"/></p> <p>American suction <input type="checkbox"/></p> <p>Pressure <input checked="" type="checkbox"/></p> <p>Gravity feed <input type="checkbox"/></p> <p>Other (please specify) _____</p>					

VI. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>06</u>	Tank No. ___	Tank No. ___	Tank No. ___	Tank No. ___
<p>1. Material of Construction (mark all that apply)</p> <p>Asphalt coated or bare steel <input type="checkbox"/></p> <p>Cathodically protected steel <input type="checkbox"/></p> <p>Dielectric coated steel <input type="checkbox"/></p> <p>Composite (steel with fiberglass) <input checked="" type="checkbox"/></p> <p>Fiberglass reinforced plastic <input type="checkbox"/></p> <p>Lined interior <input type="checkbox"/></p> <p>Double-walled <input checked="" type="checkbox"/></p> <p>Secondary containment <input type="checkbox"/></p> <p>Steel STI-P3 <input type="checkbox"/></p> <p>Other (please specify) _____</p>					
<p>2. Piping Materials (mark all that apply)</p> <p>Bare steel <input type="checkbox"/></p> <p>Galvanized steel <input type="checkbox"/></p> <p>Fiberglass reinforced plastic <input type="checkbox"/></p> <p>Cathodically protected <input type="checkbox"/></p> <p>Double-walled <input checked="" type="checkbox"/></p> <p>Secondary containment <input type="checkbox"/></p> <p>Dielectric coating <input type="checkbox"/></p> <p>Other (please specify) <u>Flexible</u></p>					
<p>3. Piping Type (mark all that apply)</p> <p>European suction <input type="checkbox"/></p> <p>American suction <input type="checkbox"/></p> <p>Pressure <input checked="" type="checkbox"/></p> <p>Gravity feed <input type="checkbox"/></p> <p>Other (please specify) _____</p>					

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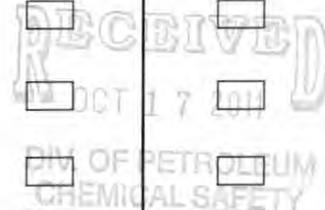
Tank Identification Number	Tank No. <u>01</u>		Tank No. <u>02</u>		Tank No. <u>03</u>		Tank No. <u>04</u>		Tank No. <u>05</u>	
4. Release Detection (Mark all that apply)	Tank	Piping								
Manual tank gauging	<input type="checkbox"/>									
Inventory controls	<input type="checkbox"/>									
Automatic tank gauging	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Vapor monitoring	<input type="checkbox"/>									
Groundwater monitoring	<input type="checkbox"/>									
Interstitial monitoring double-walled tank/piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Interstitial monitoring /secondary containment	<input type="checkbox"/>									
Tank tightness testing	<input type="checkbox"/>									
Automatic line leak detector	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Line tightness testing	<input type="checkbox"/>									
Automatic shut-off device	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Continuous alarm system	<input type="checkbox"/>									
No requirements (european suction)	<input type="checkbox"/>									
Other (please specify)	_____		_____		_____		_____		_____	
5. Corrosion Protection (mark all that apply)	Tank	Piping								
Cathodic protection	<input type="checkbox"/>									
Impressed current	<input type="checkbox"/>									
Secondary containment	<input type="checkbox"/>									
Exterior coating	<input type="checkbox"/>									
Fiberglass reinforced plastic	<input type="checkbox"/>									
Double-walled	<input checked="" type="checkbox"/>									
Interior lining	<input type="checkbox"/>									
Other (please specify)	_____		_____		_____		_____		_____	
6. Spill & Overfill Prevention (Mark all that apply)										
Overfill device	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Automatic shut-off	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Overfill Alarm	<input type="checkbox"/>									
Ball float valve	<input type="checkbox"/>									
Spill containment device	<input type="checkbox"/>									
Other (Please specify)	_____		_____		_____		_____		_____	

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VII. Certification of Compliance (Complete for all new, upgraded and relined tanks at this location)

Installation (mark all that apply)

Installer certified by tank and piping manufacturers	<input type="checkbox"/>				
Installer certified or licensed by implementing agency	<input type="checkbox"/>				
Installer registered by implementing agency	<input type="checkbox"/>				
Installer is the owner of the tank(s)	<input type="checkbox"/>				
Installation inspected by a registered engineer	<input type="checkbox"/>				
Installation inspected & approved by implementing agency	<input type="checkbox"/>				
Manufacturer's installation checklists have been completed	<input type="checkbox"/>				
Another method allowed by state agency (please specify)	_____	_____	_____	_____	_____



OATH: I certify the information that is provided in section VII is true to the best of my knowledge, and certify that the installation was performed in accordance with all applicable state and federal laws and regulations. **(THIS SECTION MAY ONLY BE COMPLETED BY THE CONTRACTOR. SEPARATE OATH MUST BE SUBMITTED FOR EACH ACTIVITY PERFORMED BY DIFFERENT CONTRACTOR.)**

Tank No. _____ Permit No. _____

Contractor: _____
 Name Signature (must be original) Date

 Position Company

VIII. Financial Responsibility

Mark all that apply:

- Self-Insurance
- Guarantee
- Certificate of Deposit
- Commercial Insurance
- Surety Bond
- Trust Fund
- Risk Retention Group
- Letter of Credit
- Other Method Allowed

(please specify) _____

IX. Certification (Read and sign after completing all sections)

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 immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Michelle L McKee, Environmental Compliance Manager

Michelle McKee

10/11/11

Name and official title of owner or owner's authorized representative (print)

Signature (must be original)

Date Signed

V. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>6</u>	Tank No. <u> </u>			
1. Status of Tanks Currently in use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Temporarily out of use <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Section 2 must be completed) Permanently out of use <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Section 2 must be completed) Removed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Section 3 must be completed) Abandoned in place <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Section 4 must be completed)					
2. Tanks Permanently & Temporarily Out of Use Estimated date last used	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
3. Tanks Removed Date tank(s) removed Estimated date last used	<u> / / </u> <u> / / </u>	<u> / / </u> <u> / / </u>	<u> / / </u> <u> / / </u>	<u> / / </u> <u> / / </u>	<u> / / </u> <u> / / </u>
4. Abandoned in Place Date tanks filled Tank filled with: Inert materials (sand, etc.) <input type="checkbox"/> Water <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<u> / / </u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u> / / </u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u> / / </u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u> / / </u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u> / / </u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Age of Tank Date tank installed Date product placed in tank	<u> / / </u> <u> / / </u>	<u> / / </u> <u> / / </u>	<u> / / </u> <u> / / </u>	<u> / / </u> <u> / / </u>	<u> / / </u> <u> / / </u>
6. Estimated Total Capacity (gallons)	<u>2,000</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
7. Substances Currently or Last Stored: Petroleum Diesel <input type="checkbox"/> Kerosene <input type="checkbox"/> Gasoline <input type="checkbox"/> Used oil <input checked="" type="checkbox"/> Other (Please specify) <u>E-85</u> Petroleum Use (if applicable): Heating oil <input type="checkbox"/> (consumptive use on premises) Back-up generator <input type="checkbox"/> Other (please specify) <u> </u> Hazardous Substance: Name of principal CERCLA substance <u> </u> Chemical Abstract Service (CAS No) <u> </u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <u>E-85</u> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u> </u> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u> </u> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u> </u> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u> </u> <input type="checkbox"/> <input type="checkbox"/>

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Tank Identification Number	Tank No. <u>6</u>		Tank No. <u> </u>		Tank No. <u> </u>		Tank No. <u> </u>		Tank No. <u> </u>	
4. Release Detection (Mark all that apply)	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"/>	
Inventory controls	<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 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 tank/piping	<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"/>
Tank tightness testing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic line leak detector		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Line tightness testing		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Automatic shut-off device		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Continuous alarm system		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
No requirements (european suction)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify)	_____		_____		_____		_____		_____	
5. Corrosion Protection (mark all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Cathodic protection	<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	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior coating	<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"/>
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"/>	<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"/>
Interior lining	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (please specify)	_____		_____		_____		_____		_____	
6. Spill & Overfill Prevention (Mark all that apply)										
Overfill device	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic shut-off	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input 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"/>	
Ball float valve	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Spill containment device	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (Please specify)	_____		_____		_____		_____		_____	

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VII. Certification of Compliance (Complete for all new, upgraded and relined tanks at this location)

Installation (mark all that apply)					
Installer certified by tank and piping manufacturers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer certified or licensed by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer registered by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer is the owner of the tank(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation inspected by a registered engineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation inspected & approved by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer's installation checklists have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another method allowed by state agency (please specify)					

OATH: I certify the information that is provided in section VII is true to the best of my knowledge, and certify that the installation was performed in accordance with all applicable state and federal laws and regulations. **(THIS SECTION MAY ONLY BE COMPLETED BY THE CONTRACTOR. SEPARATE OATH MUST BE SUBMITTED FOR EACH ACTIVITY PERFORMED BY DIFFERENT CONTRACTOR.)**

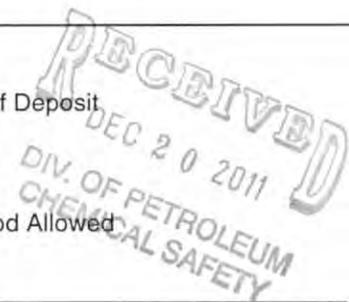
Tank No. 6 Permit No. 00708-2011UPG
 Contractor: DOUG HARMON  12/16/11
 Name Signature (must be original) Date
GENERAL MANAGER DRW Services, Inc.
 Position Company

VIII. Financial Responsibility

Mark all that apply:

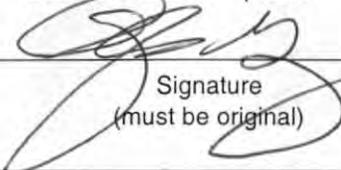
- Self-Insurance Guarantee Certificate of Deposit
 Commercial Insurance Surety Bond Trust Fund
 Risk Retention Group Letter of Credit Other Method Allowed

(please specify) _____



IX. Certification (Read and sign after completing all sections)

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 immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Douglas Gray  12/16/11
 Name and official title of owner or owner's authorized representative (print) Signature (must be original) Date Signed

V. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. <u>4</u>	Tank No. <u>5</u>
1. Status of Tanks Currently in use Temporarily out of use (Section 2 must be completed) Permanently out of use (Section 2 must be completed) Removed (Section 3 must be completed) Abandoned in place (Section 4 must be completed)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Tanks Permanently & Temporarily Out of Use Estimated date last used	 / / 	 / / 	 / / 	 / / 	 / /
3. Tanks Removed Date tank(s) removed Estimated date last used	 / / / / 	 / / / / 	 / / / / 	 / / / / 	 / / / /
4. Abandoned in Place Date tanks filled Tank filled with: Inert materials (sand, etc.) Water Unknown Other (please specify)	 / / / / / / 	 / / / / / / 	 / / / / / / 	 / / / / / / 	 / / / / / /
5. Age of Tank Date tank installed Date product placed in tank	 / / / / 	 / / / / 	 / / / / 	 / / / / 	 / / / /
6. Estimated Total Capacity (gallons)	12,000	8,000	8,000	8,000	2,000
7. Substances Currently or Last Stored: Petroleum Diesel Kerosene Gasoline Used oil Other (Please specify) Petroleum Use (if applicable): Heating oil (consumptive use on premises) Back-up generator Other (please specify) Hazardous Substance: Name of principal CERCLA substance Chemical Abstract Service (CAS No)	<input 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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> E-85 	<input checked="" 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"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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VI. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. <u>4</u>	Tank No. <u>5</u>
<p>1. Material of Construction (mark all that apply)</p> <p>Asphalt coated or bare steel <input type="checkbox"/></p> <p>Cathodically protected steel <input type="checkbox"/></p> <p>Dielectric coated steel <input type="checkbox"/></p> <p>Composite (steel with fiberglass) <input checked="" type="checkbox"/></p> <p>Fiberglass reinforced plastic <input type="checkbox"/></p> <p>Lined interior <input type="checkbox"/></p> <p>Double-walled <input checked="" type="checkbox"/></p> <p>Secondary containment <input type="checkbox"/></p> <p>Steel STI-P3 <input type="checkbox"/></p> <p>Other (please specify) _____</p>					
<p>2. Piping Materials (mark all that apply)</p> <p>Bare steel <input type="checkbox"/></p> <p>Galvanized steel <input type="checkbox"/></p> <p>Fiberglass reinforced plastic <input type="checkbox"/></p> <p>Cathodically protected <input type="checkbox"/></p> <p>Double-walled <input checked="" type="checkbox"/></p> <p>Secondary containment <input type="checkbox"/></p> <p>Dielectric coating <input type="checkbox"/></p> <p>Other (please specify) <u>Environ Flexible</u> _____</p>					
<p>3. Piping Type (mark all that apply)</p> <p>European suction <input type="checkbox"/></p> <p>American suction <input type="checkbox"/></p> <p>Pressure <input checked="" type="checkbox"/></p> <p>Gravity feed <input type="checkbox"/></p> <p>Other (please specify) _____</p>					


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Tank Identification Number	Tank No. 1		Tank No. 2		Tank No. 3		Tank No. 4		Tank No. 5	
4. Release Detection (Mark all that apply)	Tank	Piping								
Manual tank gauging	<input type="checkbox"/>									
Inventory controls	<input type="checkbox"/>									
Automatic tank gauging	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Vapor monitoring	<input type="checkbox"/>									
Groundwater monitoring	<input type="checkbox"/>									
Interstitial monitoring double-walled tank/piping	<input checked="" type="checkbox"/>									
Interstitial monitoring /secondary containment	<input type="checkbox"/>									
Tank tightness testing	<input type="checkbox"/>									
Automatic line leak detector	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Line tightness testing	<input type="checkbox"/>									
Automatic shut-off device	<input type="checkbox"/>									
Continuous alarm system	<input type="checkbox"/>									
No requirements (european suction)	<input type="checkbox"/>									
Other (please specify)	Added Electronic		Line Leak		to existing TLS-350		with Risk Mgmt.		Software	
5. Corrosion Protection (mark all that apply)	Tank	Piping								
Cathodic protection	<input type="checkbox"/>									
Impressed current	<input type="checkbox"/>									
Secondary containment	<input type="checkbox"/>									
Exterior coating	<input type="checkbox"/>									
Fiberglass reinforced plastic	<input type="checkbox"/>									
Double-walled	<input checked="" type="checkbox"/>									
Interior lining	<input type="checkbox"/>									
Other (please specify)										
6. Spill & Overfill Prevention (Mark all that apply)										
Overfill device	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Automatic shut-off	<input type="checkbox"/>									
Overfill Alarm	<input type="checkbox"/>									
Ball float valve	<input type="checkbox"/>									
Spill containment device	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Other (Please specify)	Existing									

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VII. Certification of Compliance (Complete for all new, upgraded and relined tanks at this location)

Installation (mark all that apply)					
Installer certified by tank and piping manufacturers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer certified or licensed by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer registered by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer is the owner of the tank(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation inspected by a registered engineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation inspected & approved by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer's installation checklists have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another method allowed by state agency (please specify)	_____				

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OATH: I certify the information that is provided in section VII is true to the best of my knowledge, and certify that the installation was performed in accordance with all applicable state and federal laws and regulations. **(THIS SECTION MAY ONLY BE COMPLETED BY THE CONTRACTOR. SEPARATE OATH MUST BE SUBMITTED FOR EACH ACTIVITY PERFORMED BY DIFFERENT CONTRACTOR.)**

Tank No. 1,2,3,4,5 Permit No. 00491-2011UPG
 Contractor: Doug Harmon  9/8/11
 Name Position Signature (must be original) Date
Manager DRW Services, Inc.

VIII. Financial Responsibility

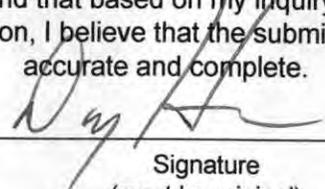
Mark all that apply:

<input type="checkbox"/> Self-Insurance	<input checked="" type="checkbox"/> Guarantee	<input type="checkbox"/> Certificate of Deposit
<input type="checkbox"/> Commercial Insurance	<input checked="" type="checkbox"/> Surety Bond	<input type="checkbox"/> Trust Fund
<input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Letter of Credit	<input type="checkbox"/> Other Method Allowed

(please specify) _____

IX. Certification (Read and sign after completing all sections)

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 immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Doug Harmon  9/8/11
 Name and official title of owner or owner's authorized representative (print) Signature (must be original) Date Signed

V. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>6</u>	Tank No. <u> </u>			
1. Status of Tanks					
Currently in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily out of use (Section 2 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently out of use (Section 2 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removed (Section 3 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandoned in place (Section 4 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tanks Permanently & Temporarily Out of Use					
Estimated date last used	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
3. Tanks Removed					
Date tank(s) removed	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
Estimated date last used	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
4. Abandoned in Place					
Date tanks filled	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
Tank filled with:					
Inert materials (sand, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
5. Age of Tank					
Date tank installed	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
Date product placed in tank	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
6. Estimated Total Capacity (gallons)	2,000	<u> </u>	<u> </u>	<u> </u>	<u> </u>
7. Substances Currently or Last Stored:					
Petroleum					
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Petroleum Use (if applicable):					
Heating oil (consumptive use on premises)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back-up generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Hazardous Substance:					
Name of principal CERCLA substance	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Chemical Abstract Service (CAS No.)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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VI. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>6</u>	Tank No. <u> </u>	Tank No. <u> </u>	Tank No. <u> </u>	Tank No. <u> </u>
<p>1. Material of Construction (mark all that apply)</p> <p>Asphalt coated or bare steel <input type="checkbox"/></p> <p>Cathodically protected steel <input type="checkbox"/></p> <p>Dielectric coated steel <input type="checkbox"/></p> <p>Composite (steel with fiberglass) <input checked="" type="checkbox"/></p> <p>Fiberglass reinforced plastic <input type="checkbox"/></p> <p>Lined interior <input type="checkbox"/></p> <p>Double-walled <input checked="" type="checkbox"/></p> <p>Secondary containment <input type="checkbox"/></p> <p>Steel STI-P3 <input type="checkbox"/></p> <p>Other (please specify) _____</p>				<p align="center">RECEIVED SEP 13 2011 DIV. OF PETROLEUM CHEMICAL SAFETY</p>	
<p>2. Piping Materials (mark all that apply)</p> <p>Bare steel <input type="checkbox"/></p> <p>Galvanized steel <input type="checkbox"/></p> <p>Fiberglass reinforced plastic <input type="checkbox"/></p> <p>Cathodically protected <input type="checkbox"/></p> <p>Double-walled <input checked="" type="checkbox"/></p> <p>Secondary containment <input type="checkbox"/></p> <p>Dielectric coating <input type="checkbox"/></p> <p>Other (please specify) <u>Environ Flexible</u> _____</p>					
<p>3. Piping Type (mark all that apply)</p> <p>European suction <input type="checkbox"/></p> <p>American suction <input type="checkbox"/></p> <p>Pressure <input checked="" type="checkbox"/></p> <p>Gravity feed <input type="checkbox"/></p> <p>Other (please specify) _____</p>					

Tank Identification Number	Tank No. <u>6</u>		Tank No. _____		Tank No. _____		Tank No. _____		Tank No. _____	
4. Release Detection (Mark all that apply)	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"/>
Inventory controls	<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 tank gauging	<input checked="" 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"/>
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 tank/piping	<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"/>	<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"/>
Tank 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"/>	<input type="checkbox"/>
Automatic line leak detector	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line 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"/>	<input type="checkbox"/>
Automatic shut-off device	<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"/>
Continuous alarm system	<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"/>
No requirements (european suction)	<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 (please specify)	<u>Added Electronic</u>		<u>Line Leak</u>		<u>to existing TLS-350</u>		<u>with Risk Mgmt.</u>		<u>Software</u>	
5. Corrosion Protection (mark all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Cathodic protection	<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	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior coating	<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"/>
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"/>	<input type="checkbox"/>
Double-walled	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior lining	<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 (please specify)	_____		_____		_____		_____		_____	
6. Spill & Overfill Prevention (Mark all that apply)										
Overfill device	<input checked="" 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 shut-off	<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"/>
Overfill Alarm	<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"/>
Ball float valve	<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"/>
Spill containment device	<input checked="" 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 (Please specify)	<u>Existing</u>		_____		_____		_____		_____	

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VII. Certification of Compliance (Complete for all new, upgraded and relined tanks at this location)

Installation (mark all that apply)					
Installer certified by tank and piping manufacturers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer certified or licensed by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer registered by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installer is the owner of the tank(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation inspected by a registered engineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation inspected & approved by implementing agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer's installation checklists have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another method allowed by state agency (please specify)					

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OATH: I certify the information that is provided in section VII is true to the best of my knowledge, and certify that the installation was performed in accordance with all applicable state and federal laws and regulations. **(THIS SECTION MAY ONLY BE COMPLETED BY THE CONTRACTOR. SEPARATE OATH MUST BE SUBMITTED FOR EACH ACTIVITY PERFORMED BY DIFFERENT CONTRACTOR.)**

Tank No. 6 Permit No. 00491-2011UPG
 Contractor: Doug Harmon Signature (must be original) [Signature] Date 9/8/11
 Name Manager Position DRW Services, Inc. Company

VIII. Financial Responsibility

Mark all that apply:

- Self-Insurance
- Guarantee
- Certificate of Deposit
- Commercial Insurance
- Surety Bond
- Trust Fund
- Risk Retention Group
- Letter of Credit
- Other Method Allowed

(please specify) _____

IX. Certification (Read and sign after completing all sections)

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 immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Doug Harmon Signature (must be original) [Signature] Date Signed 9/8/11
 Name and official title of owner or owner's authorized representative (print)

V. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. 01	Tank No. 02	Tank No. 03	Tank No. 04	Tank No. 05
1. Status of Tanks					
Currently in use	<input checked="" type="checkbox"/>				
Temporarily out of use (Section 2 must be completed)	<input type="checkbox"/>				
Permanently out of use (Section 2 must be completed)	<input type="checkbox"/>				
Removed (Section 3 must be completed)	<input type="checkbox"/>				
Abandoned in place (Section 4 must be completed)	<input type="checkbox"/>				
2. Tanks Permanently & Temporarily Out of Use					
Estimated date last used	/ /	/ /	/ /	/ /	/ /
3. Tanks Removed					
Date tank(s) removed	/ /	/ /	/ /	/ /	/ /
Estimated date last used	/ /	/ /	/ /	/ /	/ /
4. Abandoned in Place					
Date tanks filled	/ /	/ /	/ /	/ /	/ /
Tank filled with:					
Inert materials (sand, etc.)	<input type="checkbox"/>				
Water	<input type="checkbox"/>				
Unknown	<input type="checkbox"/>				
Other (please specify)	_____	_____	_____	_____	_____
5. Age of Tank					
Date tank installed	4/7 /00	4 / 7 /00	4 / 7 /00	4/7 /00	4 / 7 /00
Date product placed in tank	/ /	/ /	/ /	/ /	/ /
6. Estimated Total Capacity (gallons)	12000	8000	8000	8000	2000
7. Substances Currently or Last Stored:					
Petroleum					
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>				
Gasoline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Used oil	<input type="checkbox"/>				
Other (Please specify)	_____	_____	E-85	_____	Racing Fuel
Petroleum Use (if applicable):					
Heating oil (consumptive use on premises)	<input type="checkbox"/>				
Back-up generator	<input type="checkbox"/>				
Other (please specify)	_____	_____	_____	_____	_____
Hazardous Substance:					
Name of principal CERCLA substance	_____	_____	_____	_____	_____
Chemical Abstract Service (CAS No)	_____	_____	_____	_____	_____

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V. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>06</u>	Tank No. <u> </u>			
1. Status of Tanks Currently in use Temporarily out of use (Section 2 must be completed) Permanently out of use (Section 2 must be completed) Removed (Section 3 must be completed) Abandoned in place (Section 4 must be completed)	<input checked="" 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"/>			
2. Tanks Permanently & Temporarily Out of Use Estimated date last used	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
3. Tanks Removed Date tank(s) removed Estimated date last used	<u> / / </u> <u> / / </u>	<u> / / </u> <u> / / </u>	<u> / / </u> <u> / / </u>	<u> / / </u> <u> / / </u>	<u> / / </u> <u> / / </u>
4. Abandoned in Place Date tanks filled Tank filled with: Inert materials (sand, etc.) Water Unknown Other (please specify)	<u> / / </u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u> </u>	<u> / / </u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u> </u>	<u> / / </u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u> </u>	<u> / / </u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u> </u>	<u> / / </u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u> </u>
5. Age of Tank Date tank installed Date product placed in tank	<u>4/7 /00</u> <u> / / </u>	<u> / / </u> <u> / / </u>	<u> / / </u> <u> / / </u>	<u> / / </u> <u> / / </u>	<u> / / </u> <u> / / </u>
6. Estimated Total Capacity (gallons)	<u>2000</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
7. Substances Currently or Last Stored: Petroleum Diesel Kerosene Gasoline Used oil Other (Please specify) Petroleum Use (if applicable): Heating oil (consumptive use on premises) Back-up generator Other (please specify) Hazardous Substance: Name of principal CERCLA substance Chemical Abstract Service (CAS No)	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u> </u> <input type="checkbox"/> <input type="checkbox"/> <u> </u> <u> </u> <u> </u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u> </u> <input type="checkbox"/> <input type="checkbox"/> <u> </u> <u> </u> <u> </u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u> </u> <input type="checkbox"/> <input type="checkbox"/> <u> </u> <u> </u> <u> </u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u> </u> <input type="checkbox"/> <input type="checkbox"/> <u> </u> <u> </u> <u> </u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u> </u> <input type="checkbox"/> <input type="checkbox"/> <u> </u> <u> </u> <u> </u>

VI. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>01</u>	Tank No. <u>02</u>	Tank No. <u>03</u>	Tank No. <u>04</u>	Tank No. <u>05</u>
1. Material of Construction (mark all that apply)					
Asphalt coated or bare steel	<input type="checkbox"/>				
Cathodically protected steel	<input type="checkbox"/>				
Dielectric coated steel	<input type="checkbox"/>				
Composite (steel with fiberglass)	<input checked="" type="checkbox"/>				
Fiberglass reinforced plastic	<input type="checkbox"/>				
Lined interior	<input type="checkbox"/>				
Double-walled	<input checked="" type="checkbox"/>				
Secondary containment	<input type="checkbox"/>				
Steel STI-P3	<input type="checkbox"/>				
Other (please specify)	_____	_____	_____	_____	_____
2. Piping Materials (mark all that apply)					
Bare steel	<input type="checkbox"/>				
Galvanized steel	<input type="checkbox"/>				
Fiberglass reinforced plastic	<input type="checkbox"/>				
Cathodically protected	<input type="checkbox"/>				
Double-walled	<input checked="" type="checkbox"/>				
Secondary containment	<input type="checkbox"/>				
Dielectric coating	<input type="checkbox"/>				
Other (please specify)	<u>Flexible</u>	<u>Flexible</u>	<u>Flexible</u>	<u>Flexible</u>	<u>Flexible</u>
3. Piping Type (mark all that apply)					
European suction	<input type="checkbox"/>				
American suction	<input type="checkbox"/>				
Pressure	<input checked="" type="checkbox"/>				
Gravity feed	<input type="checkbox"/>				
Other (please specify)	_____	_____	_____	_____	_____

VI. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>06</u>	Tank No. <u> </u>			
<p>1. Material of Construction (mark all that apply)</p> <p>Asphalt coated or bare steel <input type="checkbox"/></p> <p>Cathodically protected steel <input type="checkbox"/></p> <p>Dielectric coated steel <input type="checkbox"/></p> <p>Composite (steel with fiberglass) <input checked="" type="checkbox"/></p> <p>Fiberglass reinforced plastic <input type="checkbox"/></p> <p>Lined interior <input type="checkbox"/></p> <p>Double-walled <input checked="" type="checkbox"/></p> <p>Secondary containment <input type="checkbox"/></p> <p>Steel STI-P3 <input type="checkbox"/></p> <p>Other (please specify) _____</p>					
<p>2. Piping Materials (mark all that apply)</p> <p>Bare steel <input type="checkbox"/></p> <p>Galvanized steel <input type="checkbox"/></p> <p>Fiberglass reinforced plastic <input type="checkbox"/></p> <p>Cathodically protected <input type="checkbox"/></p> <p>Double-walled <input checked="" type="checkbox"/></p> <p>Secondary containment <input type="checkbox"/></p> <p>Dielectric coating <input type="checkbox"/></p> <p>Other (please specify) <u>Flexible</u></p>					
<p>3. Piping Type (mark all that apply)</p> <p>European suction <input type="checkbox"/></p> <p>American suction <input type="checkbox"/></p> <p>Pressure <input checked="" type="checkbox"/></p> <p>Gravity feed <input type="checkbox"/></p> <p>Other (please specify) _____</p>					

Tank Identification Number	Tank No. <u>01</u>		Tank No. <u>02</u>		Tank No. <u>03</u>		Tank No. <u>04</u>		Tank No. <u>05</u>	
4. Release Detection (Mark all that apply)	Tank	Piping								
Manual tank gauging	<input type="checkbox"/>									
Inventory controls	<input type="checkbox"/>									
Automatic tank gauging	<input checked="" type="checkbox"/>									
Vapor monitoring	<input type="checkbox"/>									
Groundwater monitoring	<input type="checkbox"/>									
Interstitial monitoring double-walled tank/piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Interstitial monitoring /secondary containment	<input type="checkbox"/>									
Tank tightness testing	<input type="checkbox"/>									
Automatic line leak detector		<input checked="" type="checkbox"/>								
Line tightness testing		<input type="checkbox"/>								
Automatic shut-off device		<input type="checkbox"/>								
Continuous alarm system		<input type="checkbox"/>								
No requirements (european suction)		<input type="checkbox"/>								
Other (please specify)	_____		_____		_____		_____		_____	
5. Corrosion Protection (mark all that apply)	Tank	Piping								
Cathodic protection	<input type="checkbox"/>									
Impressed current	<input type="checkbox"/>									
Secondary containment	<input type="checkbox"/>									
Exterior coating	<input type="checkbox"/>									
Fiberglass reinforced plastic	<input type="checkbox"/>									
Double-walled	<input checked="" type="checkbox"/>									
Interior lining	<input type="checkbox"/>									
Other (please specify)	_____		_____		_____		_____		_____	
6. Spill & Overfill Prevention (Mark all that apply)										
Overfill device	<input checked="" type="checkbox"/>									
Automatic shut-off	<input checked="" type="checkbox"/>									
Overfill Alarm	<input type="checkbox"/>									
Ball float valve	<input type="checkbox"/>									
Spill containment device	<input type="checkbox"/>									
Other (Please specify)	_____		_____		_____		_____		_____	

Tank Identification Number	Tank No. <u>06</u>	Tank No. <u> </u>	Tank No. <u> </u>	Tank No. <u> </u>	Tank No. <u> </u>					
4. Release Detection (Mark all that apply)	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"/>	
Inventory controls	<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 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 tank/piping	<input checked="" 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"/>
Tank tightness testing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic line leak detector		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Line tightness testing		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Automatic shut-off device		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Continuous alarm system		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
No requirements (european suction)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify)	_____		_____		_____		_____		_____	
5. Corrosion Protection (mark all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Cathodic protection	<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	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior coating	<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"/>
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"/>	<input type="checkbox"/>
Double-walled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
Interior lining	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (please specify)	_____		_____		_____		_____		_____	
6. Spill & Overfill Prevention (Mark all that apply)										
Overfill device	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic shut-off	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input 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"/>	
Ball float valve	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Spill containment device	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (Please specify)	_____		_____		_____		_____		_____	

VII. Certification of Compliance (Complete for all new, upgraded and relined tanks at this location)

Installation (mark all that apply)					
Installer certified by tank and piping manufacturers	<input type="checkbox"/>				
Installer certified or licensed by implementing agency	<input type="checkbox"/>				
Installer registered by implementing agency	<input type="checkbox"/>				
Installer is the owner of the tank(s)	<input type="checkbox"/>				
Installation inspected by a registered engineer	<input type="checkbox"/>				
Installation inspected & approved by implementing agency	<input type="checkbox"/>				
Manufacturer's installation checklists have been completed	<input type="checkbox"/>				
Another method allowed by state agency (please specify)	_____	_____	_____	_____	_____

OATH: I certify the information that is provided in section VII is true to the best of my knowledge, and certify that the installation was performed in accordance with all applicable state and federal laws and regulations. **(THIS SECTION MAY ONLY BE COMPLETED BY THE CONTRACTOR. SEPARATE OATH MUST BE SUBMITTED FOR EACH ACTIVITY PERFORMED BY DIFFERENT CONTRACTOR.)**

Tank No. _____ Permit No. _____

Contractor: _____
 Name Signature (must be original) Date

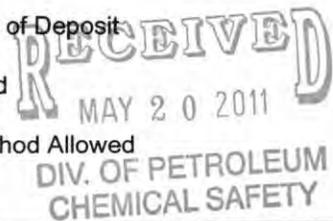
 Position Company

VIII. Financial Responsibility

Mark all that apply:

- Self-Insurance
- Guarantee
- Certificate of Deposit
- Commercial Insurance
- Surety Bond
- Trust Fund
- Risk Retention Group
- Letter of Credit
- Other Method Allowed

(please specify) _____



IX. Certification (Read and sign after completing all sections)

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 immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Michelle L McKee, Environmental Compliance Manager

Name and official title of owner or owner's authorized representative (print)

Michelle McKee
 Signature (must be original)

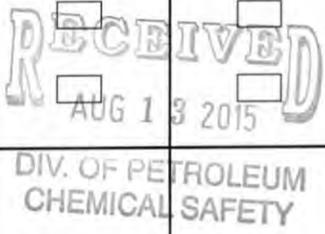
5/18/11
 Date Signed

V. Description of Underground Storage Tanks (Complete entire column for each tank)

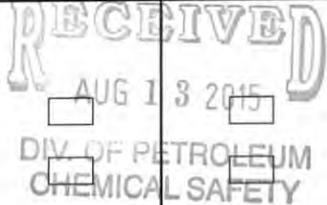
Tank Identification Number	Tank No. <u>01</u>	Tank No. <u>02</u>	Tank No. <u>03</u>	Tank No. <u>04</u>	Tank No. <u>05</u>
1. Status of Tanks Currently in use <input checked="" type="checkbox"/> <input type="checkbox"/> Temporarily out of use (Section 2 must be completed) <input type="checkbox"/> Permanently out of use (Section 2 must be completed) <input type="checkbox"/> Removed (Section 3 must be completed) <input type="checkbox"/> Abandoned in place (Section 4 must be completed) <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Tanks Permanently & Temporarily Out of Use Estimated date last used _____	_____	_____	_____	_____	_____
3. Tanks Removed Date tank(s) removed _____ Estimated date last used _____	_____	_____	_____	_____	_____
4. Abandoned in Place Date tanks filled <u> / / </u> Tank filled with: Inert materials (sand, etc.) <input type="checkbox"/> Water <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please specify) _____	<u> / / </u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u> / / </u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
5. Age of Tank Date tank installed <u> / / </u> Date product placed in tank <u> / / </u>	<u>4/7/2000</u> <u> / / </u>	<u>4/7/2000</u> <u> / / </u>	<u>4/7/2000</u> <u> / / </u>	<u>4/7/2000</u> <u> / / </u>	<u>4/7/2000</u> <u> / / </u>
6. Estimated Total Capacity (gallons)	<u>12000</u>	<u>8000</u>	<u>8000</u>	<u>8000</u>	<u>2000</u>
7. Substances Currently or Last Stored: Petroleum Diesel <input type="checkbox"/> Kerosene <input type="checkbox"/> Gasoline <input checked="" type="checkbox"/> Used oil <input type="checkbox"/> Other (Please specify) _____ Petroleum Use (if applicable): Heating oil (consumptive use on premises) <input type="checkbox"/> Back-up generator <input type="checkbox"/> Other (please specify) _____ Hazardous Substance: Name of principal CERCLA substance _____ Chemical Abstract Service (CAS No) _____	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> _____	<input 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"/> Bio DSL - 11%	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> E-85

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V. Description of Underground Storage Tanks (Complete entire column for each tank)

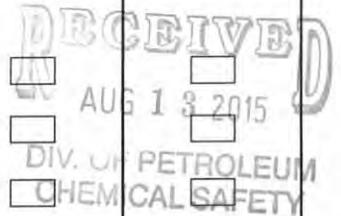
Tank Identification Number	Tank No. <u>06</u>	Tank No. <u> </u>	Tank No. <u> </u>	Tank No. <u> </u>	Tank No. <u> </u>
1. Status of Tanks Currently in use <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Temporarily out of use <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Section 2 must be completed) Permanently out of use <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Section 2 must be completed) Removed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Section 3 must be completed) Abandoned in place <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Section 4 must be completed)					
2. Tanks Permanently & Temporarily Out of Use Estimated date last used _____					
3. Tanks Removed Date tank(s) removed _____ Estimated date last used _____					
4. Abandoned in Place Date tanks filled <u> </u> / <u> </u> / <u> </u> <u> </u> / <u> </u> / <u> </u> Tank filled with: Inert materials (sand, etc.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (please specify) _____					
5. Age of Tank Date tank installed <u>4/7/2000</u> _____ Date product placed in tank <u> </u> / <u> </u> / <u> </u>					
6. Estimated Total Capacity (gallons) <u>2000</u> _____					
7. Substances Currently or Last Stored: Petroleum Diesel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kerosene <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gasoline <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Used oil <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (Please specify) _____ Petroleum Use (if applicable): Heating oil <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (consumptive use on premises) Back-up generator <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (please specify) _____ Hazardous Substance: Name of principal CERCLA substance _____ Chemical Abstract Service (CAS No) _____					

VI. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>01</u>	Tank No. <u>02</u>	Tank No. <u>03</u>	Tank No. <u>04</u>	Tank No. <u>05</u>
1. Material of Construction (mark all that apply)					
Asphalt coated or bare steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically protected steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (steel with fiberglass)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fiberglass reinforced plastic	<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"/>
Double-walled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Secondary containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steel STI-P3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	_____	_____	_____	_____	_____
2. Piping Materials (mark all that apply)					
Bare steel	<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"/>
Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-walled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Secondary containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric coating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<u>Flex</u>	<u>Flex</u>	<u>Flex</u>	<u>Flex</u>	<u>Flex</u>
3. Piping Type (mark all that apply)					
European suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American suction	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gravity feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	_____	_____	_____	_____	_____

VI. Description of Underground Storage Tanks (Complete entire column for each tank)

Tank Identification Number	Tank No. <u>06</u>	Tank No. ___	Tank No. ___	Tank No. ___	Tank No. ___
<p>1. Material of Construction (mark all that apply)</p> <p>Asphalt coated or bare steel <input type="checkbox"/></p> <p>Cathodically protected steel <input type="checkbox"/></p> <p>Dielectric coated steel <input type="checkbox"/></p> <p>Composite (steel with fiberglass) <input checked="" type="checkbox"/></p> <p>Fiberglass reinforced plastic <input type="checkbox"/></p> <p>Lined interior <input type="checkbox"/></p> <p>Double-walled <input checked="" type="checkbox"/></p> <p>Secondary containment <input type="checkbox"/></p> <p>Steel STI-P3 <input type="checkbox"/></p> <p>Other (please specify) _____</p>					
<p>2. Piping Materials (mark all that apply)</p> <p>Bare steel <input type="checkbox"/></p> <p>Galvanized steel <input type="checkbox"/></p> <p>Fiberglass reinforced plastic <input type="checkbox"/></p> <p>Cathodically protected <input type="checkbox"/></p> <p>Double-walled <input checked="" type="checkbox"/></p> <p>Secondary containment <input type="checkbox"/></p> <p>Dielectric coating <input type="checkbox"/></p> <p>Other (please specify) <u>Flex</u></p>					
<p>3. Piping Type (mark all that apply)</p> <p>European suction <input type="checkbox"/></p> <p>American suction <input type="checkbox"/></p> <p>Pressure <input checked="" type="checkbox"/></p> <p>Gravity feed <input type="checkbox"/></p> <p>Other (please specify) _____</p>					



Tank Identification Number	Tank No. <u>01</u>		Tank No. <u>02</u>		Tank No. <u>03</u>		Tank No. <u>04</u>		Tank No. <u>05</u>	
4. Release Detection (Mark all that apply)	Tank	Piping								
Manual tank gauging	<input type="checkbox"/>									
Inventory controls	<input type="checkbox"/>									
Automatic tank gauging	<input type="checkbox"/>									
Vapor monitoring	<input type="checkbox"/>									
Groundwater monitoring	<input type="checkbox"/>									
Interstitial monitoring double-walled tank/piping	<input checked="" type="checkbox"/>									
Interstitial monitoring /secondary containment	<input type="checkbox"/>									
Tank tightness testing	<input type="checkbox"/>									
Automatic line leak detector	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Line tightness testing	<input type="checkbox"/>									
Automatic shut-off device	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Continuous alarm system	<input type="checkbox"/>									
No requirements (european suction)	<input type="checkbox"/>									
Other (please specify)	_____		_____		_____		_____		_____	
5. Corrosion Protection (mark all that apply)	Tank	Piping								
Cathodic protection	<input type="checkbox"/>									
Impressed current	<input type="checkbox"/>									
Secondary containment	<input type="checkbox"/>									
Exterior coating	<input type="checkbox"/>									
Fiberglass reinforced plastic	<input type="checkbox"/>									
Double-walled	<input checked="" type="checkbox"/>									
Interior lining	<input type="checkbox"/>									
Other (please specify)	Flex _____									
6. Spill & Overfill Prevention (Mark all that apply)										
Overfill device	<input checked="" type="checkbox"/>									
Automatic shut-off	<input checked="" type="checkbox"/>									
Overfill Alarm	<input type="checkbox"/>									
Ball float valve	<input type="checkbox"/>									
Spill containment device	<input checked="" type="checkbox"/>									
Other (Please specify)	_____		_____		_____		_____		_____	

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Tank Identification Number	Tank No. <u>06</u>		Tank No. ____		Tank No. ____		Tank No. ____		Tank No. ____	
4. Release Detection (Mark all that apply)	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"/>	
Inventory controls	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic tank gauging	<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 tank/piping	<input checked="" type="checkbox"/>	<input checked="" 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"/>
Tank tightness testing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic line leak detector		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Line tightness testing		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Automatic shut-off device		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Continuous alarm system		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
No requirements (european suction)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify)	_____		_____		_____		_____		_____	
5. Corrosion Protection (mark all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Cathodic protection	<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	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior coating	<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"/>
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"/>	<input type="checkbox"/>
Double-walled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
Interior lining	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (please specify)	Flex _____		_____		_____		_____		_____	
6. Spill & Overfill Prevention (Mark all that apply)										
Overfill device	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic shut-off	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input 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"/>	
Ball float valve	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Spill containment device	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (Please specify)	_____		_____		_____		_____		_____	


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VII. Certification of Compliance (Complete for all new, upgraded and relined tanks at this location)

Installation (mark all that apply)

- Installer certified by tank and piping manufacturers
- Installer certified or licensed by implementing agency
- Installer registered by implementing agency
- Installer is the owner of the tank(s)
- Installation inspected by a registered engineer
- Installation inspected & approved by implementing agency
- Manufacturer's installation checklists have been completed
- Another method allowed by state agency (please specify)

<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

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OATH: I certify the information that is provided in section VII is true to the best of my knowledge, and certify that the installation was performed in accordance with all applicable state and federal laws and regulations. **(THIS SECTION MAY ONLY BE COMPLETED BY THE CONTRACTOR. SEPARATE OATH MUST BE SUBMITTED FOR EACH ACTIVITY PERFORMED BY DIFFERENT CONTRACTOR.)**

Tank No. _____ Permit No. _____

Contractor: _____
 Name Signature (must be original) Date

 Position Company

VIII. Financial Responsibility

Mark all that apply:

- Self-Insurance
- ~~Guarantee~~
- Certificate of Deposit
- Commercial Insurance
- Surety Bond
- Trust Fund
- Risk Retention Group
- Letter of Credit
- Other Method Allowed

(please specify) _____

IX. Certification (Read and sign after completing all sections)

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 immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Eric Swaisgood, Env Compliance Mgr
 Name and official title of owner or owner's authorized representative (print)

Eric Swaisgood
 Signature (must be original)

8/6/15
 Date Signed



OFFICE OF THE STATE FIRE MARSHAL 800656777
 DIVISION OF PETROLEUM AND CHEMICAL SAFETY
 1035 STEVENSON DRIVE
 SPRINGFIELD, ILLINOIS 62703-4259

FACILITY # 2-039335
 PERMIT # 00245-2000 Rem
 DATE REMOVED 3-1-00
 IEMA # 000347

LOG OF UNDERGROUND STORAGE TANK REMOVAL

OWNER	FACILITY
NAME: <u>GAS CITY LTD</u>	NAME: <u>GAS CITY</u>
ADDRESS: <u>160 S. LA GRANGE ROAD</u>	ADDRESS: <u>RT 34 + WOLF'S CROSSING Rd. (N.E. CORNER)</u>
CITY: <u>FRANKFORT</u>	CITY: <u>OSWEGO</u>
STATE: <u>IL</u> ZIP: <u>60423</u>	COUNTY: <u>KENDALL</u> ZIP: <u>60543</u>
PHONE: _____	PHONE: _____

STATUS: MINOR _____ SIGNIFICANT MAJOR _____ APPEARS TO BE NO RELEASE _____

AREA OF CONTAMINATION: TANK FLOOR WALLS _____ PIPE TRENCH _____ OTHER _____

GROUND WATER CONTAMINATED: YES _____ NO ANY WATER WELLS IN AREA? YES _____ NO

NUMBER OF TANKS REMOVED: 1

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SIZE OF EACH TANK REMOVED: 7 550 gal M _____ M _____ M _____ M _____ M _____ M _____ M _____

PRODUCT STORED: HEATING OIL _____

DOES THIS TANK APPEAR TO HAVE LEAKED? (Y OR N) Y _____

NUMBER OF TANKS TO REMAIN IN GROUND: -0- AT THIS TIME WILL BE INSTALLING NEW

SIZE OF EACH TANK: _____ M _____

PRODUCT STORED: _____

COMMENTS:
FIELD TESTS FOR CONTAMINATION WERE POSITIVE. HOLES WERE FOUND IN BOTTOM OF UST. TANK HAD BEEN PARTICULARLY FILLED WITH SAND AND STILL HAD SOME PRODUCT IN IT.

*GAVE CERTIFICATE OF REMOVAL TO MARK WASHBURN OF R. CARLSON + SON INC.

REMOVAL CONTRACTOR:
 NAME: R. CARLSON + SONS INC
 ADDRESS: 19140 104th AVENUE
 CITY: MOKENA STATE: IL
 PHONE: 708-479-2134 ZIP: 60448
 REGISTRATION #: IL-1313

Ken Altman
 STORAGE TANK SAFETY SPECIALIST

E00042801



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
Division of Petroleum & Chemical Safety
1035 Stevenson Drive
Springfield, Illinois 62703-4259

FOR OFFICE USE ONLY

Facility # 2-039335

Permit # 00343-2000/NS

UNDERGROUND TANK INSTALLATION INSPECTION

I. General Information

Owner

Facility

Name: GAS CITY LTD.

Name: GAS CITY (N.E. CORNER)

Address: 160 S. LAGRANGE ROAD

Address: RT 34 * WOLF'S CROSSING Rd.

City: FRANKFORT

City: OSWEGO

State: IL Zip: 60423

Zip: _____ County: KENDALL

Phone: 815-469-9000

Phone: 815-469-9000

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "NO", INSTALLATION MUST BE STOPPED UNTIL APPROVAL OR CORRECTION IS MADE.

- Is adequate construction equipment available to safely complete work necessary? Yes No
- Is installation location the same as shown on approved drawing? Yes No
- Is equipment, manufacturer, model, and materials the same as approved on permit? Yes No
- Were all sewer lines, wells, and property lines within 20' shown on approved drawing? Yes No
- Are mines or escape shafts more than 300' from tanks? Yes No
- Are schools, institutional occupancies, public assembly or theatres more than 85' from installation? Yes No
- Are tanks more than 20' from any buildings with basement located below tank grade? Yes No

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NOTE: If obvious contamination is witnessed from previous tanks or piping, check to see if site assessment was conducted or ESDA notified. Double wall systems with continuous monitoring can waive minimum setback distances.

II. Tanks

	1	2	3	4	5	6
1. Tank Manufacturer	(← MODERN WELDING GLASTEEL II →)					
2. Tank Size (gallons)	UL M836227 12,000	UL834975 8,000	UL834974 8,000	UL836226 8,000	UL836228 2000/2000	
3. Is tank UL labeled?	YES	YES	YES	YES	YES/YES	
4. Material of tank construction	(← GLASTEEL II →)					
5. Is tank single or double wall?	S <input checked="" type="checkbox"/> D	S <input checked="" type="checkbox"/> D	S <input checked="" type="checkbox"/> D	S <input checked="" type="checkbox"/> D	S <input checked="" type="checkbox"/> D	S <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> D
6. Type of corrosion protection and dielectric coating	(← COMPOSITE = (STEEL WITH FIBERGLASS COATING) →)					

7. Was tank damaged during shipping/installation? Yes No Yes No Yes No Yes No Yes No Yes No No
8. Are manufacturer's installation instructions and checklist on hand and followed? Yes No Yes No Yes No Yes No Yes No Yes No
9. Is tank used? Yes No Yes No Yes No Yes No Yes No Yes No No
- If yes, age? _____
- Is certification present? _____

II. Tanks (continued) 1 2 3 4 5 / 6

10. Was tank pressure tested soaped on site? (← VACUUM TEST ~~DIESEL~~ KEROSENE/GASOLINE →)
11. Who witnessed air test or checked dye? VACUUM TEST Date 4-7-2000
- If fiberglass tank, was deflection measured and recorded? Yes No Yes No Yes No Yes No Yes No
12. What product will be stored? GASOLINE GASOLINE GASOLINE DIESEL KEROSENE/GASOLINE
13. Was anchoring used and properly stored? Yes No Yes No Yes No Yes No Yes No Yes
14. Backfill used PEAGRAVEL
15. Was contractor reminded to send our Office a signed copy of manufacturers checklist when the job was completed? Yes No

III. Piping

1. Piping material ENVIRON GEO FLEX Type piping? suction pressurized
- Type of corrosion protection including dielectric coating _____
2. Length of pipe run 3 at 250 1-30ft 1-50-1-70 Diameter of pipe 2" & 1 1/2"
3. Was piping pressurized for 30 minutes? Yes No At What PSI? 50 PSI
(50 PSI-pressurized 7 PSI-suction)
4. Size of vent pipe? 2"
5. Was piping or coating damaged during shipping/installation? Yes No
6. If temperature was at or below 65 F what forced adhesive curing method was used for FRP piping?
NA Heat packs NA Heating blankets
7. Are pipes single or double wall? DOUBLE WALL
8. Backfill used? PEAGRAVEL
9. Were all manufacturers instructions followed? Yes No

IV. Vents

1. Does each tank have an individual vent line at least one-fourth inches in diameter, connected to top of tank and carried outside not less than twelve feet above fill cap, in a location that is at least four feet from all building openings and not in a vapor pocketing location? Yes No
2. Does the vent line have an updraft vent cap? Yes No
3. Are vapor recovery vent lines as approved on plans? Yes No ^{NA}

V. Leak Detection

1. Type of leak detection being used on tanks GILBARCO EMC AUTOMATIC TANK GAUGE AND INTERSTITIAL MONITOR
2. Type of leak detection being used on piping GILBARCO INTERSTITIAL PIPING SUMP SENSORS AND FE PETRO STP-MLD MECHANICAL LINE LEAK DETECTORS
3. Is European type suction piping which requires no leak detection being installed? Yes No
NOTE: Suction piping must be sloped toward tank and have only one check valve located under pump.

VI. Corrosion Protection

1. Are new steel tanks dielectrically coated and cathodically protected steel? Yes No GLASTEEL II DOUBLE WALL COMPOSITE
Is dielectric coating damaged? Yes No
(Note: existing steel tanks are not required to have dielectric coating)
Has plastic wrapper been removed from anodes? Yes No
Have cathodic protection test wires been brought up to grade? Yes No
Has impressed current been installed? Yes No
Are tanks fiberglass, fiberglass clad or in secondary containment? Yes No
2. Are tanks being relined? Yes No
Have relined tanks been inspected by contractor in accordance with API 1631? Yes No ^{NA}
Is material specified on permit being used to reline only those tanks listed on the permit? Yes No ^{NA}
(Note: relined tanks must be air tested before backfilling. Tanks out of use over 12 months cannot be relined.)
Is new metal piping dielectrically coated and cathodically protected? Yes No ^{NA}
(Note: Existing metal piping is not required to be dielectrically coated)
Is piping fiberglass or in secondary containment? Yes No
ENVIRON GEO FLEX

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CHEMICAL SAFETY

VII. Spill Containment Device

1. Are spill containment manholes being installed? Yes No

VIII. Overfill Prevention Device

- 1. Are automatic shut off devices installed? Yes ___ No
- 2. Are overfill alarms being installed? ___ Yes No
- 3. Are ball vent float valves being installed? ___ Yes No

IX. Other/Comments

NOTE: OSFM Inspectors, if you have any questions about an installation, upgrade, repair, or relining -- CALL OUR OFFICE!

Contractor

Name: ABD TANK & Pump Company INC

Address: 730 INDUSTRIAL DRIVE

City: ELMHURST State: IL Zip: 60126

Phone Number: (630) 530-9880

Registration Number: IL-1733

OSFM Inspector Signature Ken Oltran Date 4-7-2000 INSTALL

7-19-2000 FINAL



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259
 (217)785-1020 or (217)785-5878

2000 62700
 Facility # 2-039335
 Date 7-19-2000
 Current Decal # B002018
 Expiration Date 2003
 Decal # Removed - NEW
 Issued by K.O.

CERTIFICATION AUDIT

VISIT # 1

AUG 02 2000
 DIV OF PETROLEUM
 CHEMICAL SAFETY

OWNER OF TANKS

GAS CITY LTD
 Name
160 S. LA GRANGE ROAD
 Street Address
FRANKFORT, IL 60423
 City State Zip
LEN McENERY 815-469-9000
 Contact Person Phone

FACILITY

GAS CITY
 Name
Rt 34 * WOLF'S CROSSING Rd (N.E. CORNER)
 Street Address
OSWEGO, IL 60543 KENDALL
 City State Zip County
LEN McENERY 815-469-9000
 Contact Person Phone

SECTION A. TANK RELEASE DETECTION (Section 170.510 (a))

- A. Inventory Control or Manual Tank Gauging (with required tank tightness testing). Date of last test _____
 B. SIR with required tank tightness test. Date of last test _____
 C. Automatic tank gauging D. Vapor well monitoring E. Groundwater well monitoring F. Interstitial monitoring X. Non-compliance
 ?. Information not available COMMENTS _____

SECTION B. PIPING RELEASE DETECTION (Section 170.510 (b))

1. Pressurized Piping or 2. Suction Piping
 A. Vapor or groundwater monitoring wells B. Interstitial monitoring (double wall or secondary containment) C. Automatic line leak detector
 D. Automatic shut-off device E. Continuous alarm system F. Line tightness testing Date of Last Test _____ G. European suction
 X. Non-compliance ?. Information not available COMMENTS _____

SECTION C. SPILL PREVENTION (Section 170.450)

- A. Spill containment devices in place B. <25 Gallon fills X. Non-compliance ?. Information not available
 COMMENTS _____

SECTION D. OVERFILL PREVENTION (Section 170.450)

- A. Automatic shut-off B. Overfill alarm C. Ball float valve D. <25 Gallon fills X. Non-compliance
 ?. Information not available COMMENTS _____

SECTION E. TANK CORROSION PROTECTION (Section 170.460)

- A. Cathodic protection B. Impressed current C. Secondary containment D. Exterior coating E. Fiberglass reinforced plastic F. Double-walled
 G. Interior lining X. Non-compliance ?. Information not available COMMENTS GLASS STEEL II

SECTION F. PIPING CORROSION PROTECTION (Section 170.460)

- A. Cathodic protection B. Impressed current C. Secondary containment D. Flexible piping E. Fiberglass reinforced plastic F. Double-walled
 X. Non-compliance ?. Information not available COMMENTS _____

SUMMARY

Tank ID #	Capacity in Gallons	Product	Section A Tank Release Detection	Section B Piping Release Detection	Section C Spill Prevention	Section D Overfill Prevention	Section E Tank Corrosion Protection	Section F Piping Corrosion Protection	Red Tag Number	1998 Compliance (Y or N)
#1	12,000	gas	C	1-B	A	A	D-F	D-F	X	Y
#2	8,000	gas	C	1-B	A	A	D-F	D-F		Y
#3	8,000	gas	C	1-B	A	A	D-F	D-F		Y
#4	8,000	diesel	C	1-B	A	A	D-F	D-F		Y
#5	2,000	Kerosene	C	1-B	A	A	D-F	D-F		Y
#6	2,000	gas	C	1-B	A	A	D-F	D-F		Y

SPLIT

Person Interviewed (Printed) RETA ZOLA Title (Printed) MANAGER Storage Tank Safety Specialist Ken Altman



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259
 (217)785-1020 or (217)785-5878

I 00000020032853
 Facility # 2-039335
 Date 2-3-2003
 Current Decal # E-000764
 Expiration Date 12-31-2006
 Decal # Removed B002018
 Issued by K.O.

CERTIFICATION AUDIT

VISIT # 1

OWNER OF TANKS

GAS CITY LTD
 Name
160 S. LA GRANGE Rd.
 Street Address
FRANKFORT, IL 60423
 City State Zip
LEN McENERY 815-469-9000
 Contact Person Phone

FACILITY

GAS CITY
 Name
Rt 34 & WOLF'S CROSSING Rd. (N.W. CORNER)
 Street Address
OSWEGO, IL 60543 KENDALL
 City State Zip County
 Contact Person Phone

SECTION A. TANK RELEASE DETECTION (Section 170.510 (a))

- A. Inventory Control or Manual Tank Gauging (with required tank tightness testing). Date of last test _____
 B. SIR with required tank tightness test. Date of last test _____
 C. Automatic tank gauging D. Vapor well monitoring E. Groundwater well monitoring F. Interstitial monitoring X. Non-compliance
 ? Information not available COMMENTS _____

SECTION B. PIPING RELEASE DETECTION (Section 170.510 (b))

1. Pressurized Piping or 2. Suction Piping

- A. Vapor or groundwater monitoring wells B. Interstitial monitoring (double wall or secondary containment) C. Automatic line leak detector
 D. Automatic shut-off device E. Continuous alarm system F. Line tightness testing Date of Last Test 11-18-03 G. European suction
 X. Non-compliance ? Information not available COMMENTS _____

SECTION C. SPILL PREVENTION (Section 170.450)

- A. Spill containment devices in place B. <25 Gallon fills X. Non-compliance ? Information not available
 COMMENTS _____

SECTION D. OVERFILL PREVENTION (Section 170.450)

- A. Automatic shut-off B. Overfill alarm C. Ball float valve D. <25 Gallon fills X. Non-compliance
 ? Information not available COMMENTS _____

SECTION E. TANK CORROSION PROTECTION (Section 170.460)

- A. Cathodic protection B. Impressed current C. Secondary containment D. Exterior coating E. Fiberglass reinforced plastic F. Double-walled
 G. Interior lining X. Non-compliance ? Information not available COMMENTS GLASTEEL II

SECTION F. PIPING CORROSION PROTECTION (Section 170.460)

- A. Cathodic protection B. Impressed current C. Secondary containment D. Flexible piping E. Fiberglass reinforced plastic F. Double-walled
 X. Non-compliance ? Information not available COMMENTS _____

SUMMARY

Tank ID #	Capacity in Gallons	Product	Section A Tank Release Detection	Section B Piping Release Detection	Section C Spill Prevention	Section D Overfill Prevention	Section E Tank Corrosion Protection	Section F Piping Corrosion Protection	Red Tag Number	1998 Compliance (Y or N)
#1	12,000	gas	C-F	I-B-F	A	A	E-F	D-F	X	Y
#2	8,000	gas	C-F	I-B-F	A	A	E-F	D-F		Y
#3	8,000	gas	C-F	I-B-F	A	A	E-F	D-F		Y
#4	8,000	diesel	C-F	I-B-F	A	A	E-F	D-F		Y
#5	2,000	Kerosene	C-F	I-B-F	A	A	E-F	D-F		Y
#6	2,000	gas	C-F	I-B-F	A	A	E-F	D-F		Y

DONNA SERCIK
 Person Interviewed (Printed) (MANAGER)
 Title (Printed)

John Altman
 Storage Tank Safety Specialist

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 FEB 11 2003
 DIV. OF PETROLEUM
 CHEMICAL SAFETY



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

Facility#:	2-039335
Date:	02/16/06
Decal #:	H000762
Expiration:	2009
Total 170 Compliance	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

Page 1 of
 7000000 2006/020

CERTIFICATION AUDIT

VISIT# 1

OWNER OF TANKS

GAS CITY LTD
 Name
 160 S. LAGRANGE ROAD
 Street Address
 FRANKFORT IL 60423
 City State Zip
 LEN MC ENERY 815/469-9000
 Contact Person Phone

FACILITY

GAS CITY
 Name
 4032 RT. 34
 Street Address
 OSWEGO IL 60543 KENDALL
 City State Zip County
 MANAGER 630/ 551-3310
 Contact Person Phone

SECTION A. TANK RELEASE DETECTION (Section 170.510(a))

A. Inventory control or manual tank gauging (with required tank tightness testing) Tank test date: _____
 B. SIR with required tank tightness testing Tank test date: _____ C. Automatic tank gauge
 D. Vapor monitoring E. Groundwater well monitoring F. Interstitial monitoring X. Non-compliance
 Make and Model: Gilbarco/EMC with CSLD ATG Gilbarco/EMC Inter. Sensor

SECTION B. PIPING RELEASE DETECTION (Section 170.510(b))

Pressurized Piping Suction Piping
 A. Electronic line leak detector Functional test date: _____ B. Groundwater/vapor monitoring
 C. Mechanical line leak detector Line/detector test date: 4/4/05 D. European suction
 E. Interstitial monitoring Sensor test date: 4/4/05 X. Non-compliance
 Make and Model: Gilbarco/EMC Inter. Sensor FE Petro/STP MLLD

SECTION C. SPILL PREVENTION (Section 170.450)

A. Spill containment device X. Non-compliance
 Make and Model: OPW/1 Spill Containment Manhole

SECTION D. OVERFILL PREVENTION (Section 170.450)

A. Drop tube device B. Overfill alarm C. Ball float valve D. <25 gallon fill X. Non-compliance
 Make and Model: EBW/708 Auto Limiter Drop Tube Valve

SECTION E. TANK CORROSION PROTECTION (Section.460)

A. Cathodic protection Functional test date: _____ B. Secondary containment C. Exterior coating
 D. Impressed current Functional test date: _____ E. Fiberglass reinforced plastic F. Double-wall
 G. Interior lining 10/5 yr inspection date: _____ X. Non-compliance
 Make and Model: Composite

SECTION F. - PIPING CORROSION PROTECTION (Section 170.460)

A. Cathodic protection Functional test date: _____ B. Secondary containment C. Flexible piping
 D. Impressed current Functional test date: _____ E. Fiberglass reinforced plastic F. Double-wall
 X. Non-compliance
 Make and Model: Flexible/Double Wall

Tank ID	Capacity in Gallons	Product	Section A Tank Release Detection	Section B Piping Release Detection	Section C Spill Prevention	Section D Overfill Prevention	Section E Tank Corrosion Protection	Section F Piping Corrosion Protection	UST Compliance (Y or N)
1	12,000g	Gasoline-Reg	C/F	A/E	A	A	F	C/F	YES
2	8,000g	Gasoline-Mid	C/F	A/E	A	A	F	C/F	YES
3	8,000g	Gasoline-Prem.	C/F	A/E	A	A	F	C/F	YES
4	8,000g	Diesel	C/F	A/E	A	A	F	C/F	YES
5	2,000g	Kerosene	C	A/E	A	A	F	C/F	YES

KEVIN ANDERSON
 Person Interviewed
 (Audit.doc 6/1/05)

MANAGER
 Title

RECEIVED
 FEB 28 2006

Kevin Anderson
 Storage Tank Safety Specialist
 Phone Number 630/ 399-4518



Facility#:	2-039335
Date:	02/16/06
Decal #:	H000762
Expiration:	2009
Total 170 Compliance	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Page 2 of	

CERTIFICATION AUDIT

VISIT# 1

OWNER OF TANKS

GAS CITY LTD
 Name
 160 S. LAGRANGE ROAD
 Street Address
 FRANKFORT IL 60423
 City State Zip
 LEN MC ENERY 815/469-9000
 Contact Person Phone

FACILITY

GAS CITY
 Name
 4032 RT. 34
 Street Address
 OSWEGO IL 60543 KENDALL
 City State Zip County
 MANAGER 630/ 551-3310
 Contact Person Phone

SECTION A. TANK RELEASE DETECTION (Section 170.510(a))

A. Inventory control or manual tank gauging (with required tank tightness testing) Tank test date: _____
 B. SIR with required tank tightness testing Tank test date: _____ C. Automatic tank gauge
 D. Vapor monitoring E. Groundwater well monitoring F. Interstitial monitoring X. Non-compliance
 Make and Model: Gilbarco/EMC with CSLD ATG Gilbarco/EMC Inter. Sensor

SECTION B. PIPING RELEASE DETECTION (Section 170.510(b))

Pressurized Piping Suction Piping

A. Electronic line leak detector Functional test date: _____ B. Groundwater/vapor monitoring
 C. Mechanical line leak detector Line/detector test date: 4/5/05 D. European suction
 E. Interstitial monitoring Sensor test date: 4/5/05 X. Non-compliance
 Make and Model: FE Petro/STP MLLD Gilbarco/EMC Inter. Sensor

SECTION C. SPILL PREVENTION (Section 170.450)

A. Spill containment device X. Non-compliance
 Make and Model: OPW/1 Spill Containment Manhole

SECTION D. OVERFILL PREVENTION (Section 170.450)

A. Drop tube device B. Overfill alarm C. Ball float valve D. <25 gallon fill X. Non-compliance
 Make and Model: EBW/708 Auto Limiter Drop Tube Valve

SECTION E. TANK CORROSION PROTECTION (Section.460)

A. Cathodic protection Functional test date: _____ B. Secondary containment C. Exterior coating
 D. Impressed current Functional test date: _____ E. Fiberglass reinforced plastic F. Double-wall
 G. Interior lining 10/5 yr inspection date: _____ X. Non-compliance
 Make and Model: Composite

SECTION F. - PIPING CORROSION PROTECTION (Section 170.460)

A. Cathodic protection Functional test date: _____ B. Secondary containment C. Flexible piping
 D. Impressed current Functional test date: _____ E. Fiberglass reinforced plastic F. Double-wall
 X. Non-compliance
 Make and Model: Flexible/Double Wall

Tank ID	Capacity in Gallons	Product	Section A Tank Release Detection	Section B Piping Release Detection	Section C Spill Prevention	Section D Overfill Prevention	Section E Tank Corrosion Protection	Section F Piping Corrosion Protection	UST Compliance (Y or N)
6	2,000g	E-85	C	A/E	A	A	F	C/F	YES

KEVIN ANDERSON
 Person Interviewed
 (Audit2.doc 6/1/05)

MANAGER
 Title

RECEIVED
 FEB 28 2006

Kevin Anderson
 Storage Tank Safety Specialist
 Phone Number 630/ 399-4518



Facility#:	2-039335
Date:	08/03/07
Decal #:	I 001500
Expiration:	2009
Notification Form Rec'd	<input type="checkbox"/> Y <input type="checkbox"/> N
Page 1 of	

CERTIFICATION AUDIT

VISIT# 1

I20076171

OWNER OF TANKS

GAS CITY LTD
 Name
 160 S. LA GRANGE ROAD
 Street Address
 FRANKFORT IL 60423
 City State Zip
 LEN MC ENERY 815/ 469-9000
 Contact Person Phone

FACILITY

GAS CITY #34
 Name
 4032 ROUTE 34
 Street Address
 OSWEGO IL 60543 KENDALL
 City State Zip County
 MANAGER 630/ 551-3310
 Contact Person Phone

SECTION A. TANK RELEASE DETECTION (Section 170.510(a))

A. Inventory control or manual tank gauging (with required tank tightness testing) Tank test date: _____
 B. SIR with required tank tightness testing C. Interstitial monitoring Tank/Sensor test date: 4/11/07
 D. Vapor monitoring E. Groundwater well monitoring F. Automatic tank gauge X. Non-compliance
 Make and Model: Gilbarco/EMC with CSLD ATG

SECTION B. PIPING RELEASE DETECTION (Section 170.510(b))

Pressurized Piping Suction Piping
 A. Electronic line leak detector Functional test date: _____ B. Groundwater/vapor monitoring
 C. Mechanical line leak detector Line/detector test date: 4/11/07 D. European suction
 E. Interstitial monitoring Sensor test date: 4/11/07 X. Non-compliance
 F. American suction w/annual test Line test date: _____
 Make and Model: Gilbarco/EMC Inter. Sensor FE Petro/STP MLLD

SECTION C. SPILL PREVENTION (Section 170.450)

A. Spill containment device X. Non-compliance
 Make and Model: OPW/1 Spill Containment Manhole

SECTION D. OVERFILL PREVENTION (Section 170.450)

A. Drop tube device B. Overfill alarm C. Ball float valve D. <25 gallon fill X. Non-compliance
 Make and Model: EBW/708 Auto Limiter Drop Tube Valve

SECTION E. TANK CORROSION PROTECTION (Section.460)

A. Cathodic protection Functional test date: _____ B. Secondary containment
 D. Impressed current Functional test date: _____ E. Fiberglass reinforced plastic
 G. Interior lining 10/5 yr inspection date: _____ X. Non-compliance
 Make and Model: Glasteel II/Double Wall Composite

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 AUG 13 2007

SECTION F. - PIPING CORROSION PROTECTION (Section 170.460)

A. Cathodic protection Functional test date: _____ B. Secondary containment
 D. Impressed current Functional test date: _____ E. Fiberglass reinforced plastic
 X. Non-compliance F. Double-wall
 Make and Model: Enviorn/Geo Flex Flexible Double Wall

DIV. OF PETROLEUM
 CHEMICAL SAFETY

Tank ID	Capacity in Gallons	Product	Section A Tank Release Detection	Section B Piping Release Detection	Section C Spill Prevention	Section D Overfill Prevention	Section E Tank Corrosion Protection	Section F Piping Corrosion Protection	UST Compliance (Y or N)
1	12,000g	Gasoline-Reg	C/F	C/E	A	A	F	C/F	YES
2	8,000g	Gasoline-Mid	C/F	C/E	A	A	F	C/F	YES
3	8,000g	Gasoline-Prem.	C/F	C/E	A	A	F	C/F	YES
4	8,000g	Diesel	C/F	C/E	A	A	F	C/F	YES
5	2,000g	E-85	C/F	C/E	A	A	F	C/F	YES

0 Person Interviewed
 0 Title
 (Audit.doc 11/06)

[Signature]
 Storage Tank Safety Specialist
 Phone Number 630/ 399-4518



Facility#: 2-039335
 Date: 08/03/07
 Decal #: I 001500
 Expiration: 2009
 Notification Form Rec'd Y N
 Page 2 of 2

CERTIFICATION AUDIT

VISIT# 1

OWNER OF TANKS

GAS CITY LTD
 Name
 160 S. LA GRANGE ROAD
 Street Address
 FRANKFORT IL 60423
 City State Zip
 LEN MC ENERY 815/ 469-9000
 Contact Person Phone

FACILITY

GAS CITY #34
 Name
 4032 ROUTE 34
 Street Address
 OSWEGO IL 60543 KENDALL
 City State Zip County
 MANAGER 630/ 551-3310
 Contact Person Phone

SECTION A. TANK RELEASE DETECTION (Section 170.510(a))

A. Inventory control or manual tank gauging (with required tank tightness testing) Tank test date: _____
 B. SIR with required tank tightness testing C. Interstitial monitoring Tank/Sensor test date: 4/11/07
 D. Vapor monitoring E. Groundwater well monitoring F. Automatic tank gauge X. Non-compliance
 Make and Model: Gilbarco/EMC with CSLD ATG Gilbarco/EMC Inter. Sensor

SECTION B. PIPING RELEASE DETECTION (Section 170.510(b))

Pressurized Piping Suction Piping
 A. Electronic line leak detector Functional test date: _____ B. Groundwater/vapor monitoring
 C. Mechanical line leak detector Line/detector test date: 4/11/07 D. European suction
 E. Interstitial monitoring Sensor test date: 4/11/07 X. Non-compliance
 F. American suction w/annual test Line test date: _____
 Make and Model: FE Petro/STP MLLD FE Petro/STP MLLD

SECTION C. SPILL PREVENTION (Section 170.450)

A. Spill containment device X. Non-compliance
 Make and Model: OPW/1 Spill Containment Manhole

SECTION D. OVERFILL PREVENTION (Section 170.450)

A. Drop tube device B. Overfill alarm C. Ball float valve D. <25 gallon fill X. Non-compliance
 Make and Model: EBW/708 Auto Limiter Drop Tube Valve

SECTION E. TANK CORROSION PROTECTION (Section.460)

A. Cathodic protection Functional test date: _____ B. Secondary containment
 D. Impressed current Functional test date: _____ E. Fiberglass reinforced plastic
 G. Interior lining 10/5 yr inspection date: _____ X. Non-compliance
 Make and Model: Glasteel II/Double Wall Composite

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 AUG 13 2007

SECTION F. - PIPING CORROSION PROTECTION (Section 170.460)

A. Cathodic protection Functional test date: _____ B. Secondary containment
 D. Impressed current Functional test date: _____ E. Fiberglass reinforced plastic
 X. Non-compliance F. Double-wall
 Make and Model: Enviorn/Geo Flex Flexible Double Wall

DIV. OF PETROLEUM
 CHEMICAL SAFETY

Tank ID	Capacity in Gallons	Product	Section A Tank Release Detection	Section B Piping Release Detection	Section C Spill Prevention	Section D Overfill Prevention	Section E Tank Corrosion Protection	Section F Piping Corrosion Protection	UST Compliance (Y or N)
6	2,000g	Racing Fuel	C/F	C/E	A	A	F	C/F	YES

0 Person Interviewed
 0 Title
 (Audit2.doc 11/06)

Kevin Lopez
 Storage Tank Safety Specialist
 Phone Number 630/ 399-4518



Office of the Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

Facility#: 2-039335
 Date: 02/27/09
 Decal #: I 001500
 Expiration: 12/31/2009
 Page 1 of 2
 Notification Form Rec'd Y N

CERTIFICATION AUDIT

VISIT# 1 SOC# 3
 FACILITY TYPE: Self-Service Station

±00200901115

OWNER OF TANKS

GAS CITY LTD
 Name
 160 S. LA GRANGE ROAD
 Street Address
 FRANKFORT IL 60423
 City State Zip
 LEN MC ENERY 815/ 469-9000
 Contact Person Phone

FACILITY

GAS CITY #34
 Name
 4032 ROUTE 34
 Street Address
 OSWEGO IL 60543 KENDALL
 City State Zip County
 MANAGER 630/ 551-3310
 Contact Person Phone

SECTION A. TANK RELEASE DETECTION (Section 170.510(a))

A. Inventory control or manual tank gauging (with required tank tightness testing) Tank test date: _____
 B. SIR with required tank tightness testing C. Interstitial monitoring Tank/Sensor test date: 3/14/08
 D. Vapor monitoring E. Groundwater well monitoring F. Automatic tank gauge X. Non-compliance
 Make and Model: Gilbarco/EMC with CSLD ATG Gilbarco/EMC Inter. Sensor

SECTION B. PIPING RELEASE DETECTION (Section 170.510(b))

Pressurized Piping Suction Piping
 A. Electronic line leak detector Functional test date: _____ B. Groundwater/vapor monitoring
 C. Mechanical line leak detector Line/detector test date: 3/14/08 D. European suction
 E. Interstitial monitoring Sensor test date: 3/14/08 X. Non-compliance
 F. American suction w/annual test Line test date: _____
 Make and Model: FE Petro/STP MLLD Gilbarco/EMC Inter. Sensor

SECTION C. SPILL PREVENTION (Section 170.450)

A. Spill containment device X. Non-compliance
 Make and Model: OPW/1 Spill Containment Manhole

SECTION D. OVERFILL PREVENTION (Section 170.450)

A. Drop tube device B. Overfill alarm C. Ball float valve D. <25 gallon fill X. Non-compliance
 Make and Model: EBW/708 Auto Limiter Drop Tube Valve

SECTION E. TANK CORROSION PROTECTION (Section 170.460)

A. Cathodic protection Functional test date: _____ B. Secondary containment C. Exterior coating
 D. Impressed current Functional test date: _____ E. Fiberglass reinforced plastic F. Double-wall
 G. Interior lining 10/5 yr inspection date: _____ X. Non-compliance
 Make and Model: Glasteel II/Double Wall Composite

SECTION F. PIPING CORROSION PROTECTION (Section 170.460)

A. Cathodic protection Functional test date: _____ B. Secondary containment C. Flexible piping
 D. Impressed current Functional test date: _____ E. Fiberglass reinforced plastic F. Double-wall
 X. Non-compliance
 Make and Model: Enviorn/Geo Flex Flexible Double Wall

Tank ID	Capacity in Gallons	Product	Section A Tank Release Detection	Section B Piping Release Detection	Section C Spill Prevention	Section D Overfill Prevention	Section E Tank Corrosion Protection	Section F Piping Corrosion Protection	UST Compliance (Y or N)
1	12,000g	Gasoline-Reg	C/F	C/E	A	A	F	C/F	NO
2	8,000g	Gasoline-Prem.	C/F	C/E	A	A	F	C/F	NO
3	8,000g	E-85	C/F	C/E	A	A	F	C/F	NO
4	8,000g	Diesel	C/F	C/E	A	A	F	C/F	NO
5	2,000g	Kerosene	C/F	C/E	A	A	F	C/F	NO

RICH _____ MANAGER _____
 Person Interviewed Title
 (Audit.doc 07/08) Storage Tank Safety Specialist
 Phone Number 630/ 399-4518

RECEIVED
 MAR 10 2009

DIV. OF PETROLEUM
 CHEMICAL SAFETY



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259
 (217)785-1020 or (217)785-5878

Facility # 2-039335
 Permit # 03462-1999INS
 Request Rec'd 11/16/1999
 Amended Date
 Approval Date 11/17/1999 ETR
 Permit Expires 05/17/2000

Permit for INSTALLATION of Underground Storage Tank(s) and Piping for Petroleum and Hazardous Substances.

Permission to install underground storage tank(s) or piping is hereby granted. Such installation must be in complete accordance with acceptable materials as specified in the Federal Register, Part II Environmental Protection Agency, 40 CFR Parts 280 and 281, and also with all sections of 41 Illinois Administrative Code, Part 170. The contractor the permit was issued to or an employee of that contractor (this does not include a subcontractor) shall establish a date certain to perform the UST activity by contacting the Office of the State Fire Marshal, Division of Petroleum and Chemical Safety, by telephone at the Springfield office between 8:30 a.m. and 12:00 p.m., at which time a mutually agreed upon date and time for the UST activity shall be scheduled. **THIS PERMIT IS VALID FOR SIX MONTHS FROM THE APPROVAL DATE.**

<p>(1) OWNER OF TANKS - Corporation, partnership, or other business entity:</p> <p>Gas City Ltd 160 S. LaGrange Road Frankfort, IL 60423</p> <p>Contact: Len McEnergy (815) 469-9000</p>	<p>(2) FACILITY - name and address where tanks are located:</p> <p>Gas City Rt. 34 & Wolf's Crossing Rd. (NE corner) Oswego, Kendall Co., IL</p> <p>Contact: Len McEnergy (815) 469-9000</p>
---	---

(3) INSTALLATION OF TANKS:

- (a) *Number and size of tanks being installed:* (TK # 1) - 20,000 gallons, (TK # 2, 3, 4) - 12,000 gallons, (TK # 5, 6) - 2,000 gallons
 - (b) *Type of tanks:* (TK # 1, 2, 3, 4, 5, 6) - Galsteel II double wall composite
 - (c) *Type of piping:* (TK # 1, 2, 3, 4, 5, 6) - Environ Geo Flex flexible double wall
 - (d) *Product to be stored in each tank:* (TK # 1, 2, 3, 6) - Gasoline, (TK # 4) - Diesel, (TK # 5) - Kerosene
 - (e) *Type of leak detection being used:*
 - Tank:* (TK # 1, 2, 3, 4, 5, 6) - Gilbarco EMC automatic tank gauge, (TK # 1, 2, 3, 4, 5, 6) - Interstitial monitoring
 - Piping:* (TK # 1, 2, 3, 4, 5, 6) - Gilbarco EMC Interstitial Piping Sump Sensors, (TK # 1, 2, 3, 4, 5, 6) - FE Petro STP-MLD Mechanical Line Leak Detector
 - (f) *Corrosion Protection being used:*
 - Tank:* (TK # 1, 2, 3, 4, 5, 6) - Composite
 - Piping:* (TK # 1, 2, 3, 4, 5, 6) - Non-corrosive flexible
 - (g) *Spill containment devices:* (TK # 1, 2, 3, 4, 5, 6) - EBW 725 Spill Containment Manhole
 - (h) *Overfill prevention devices:* (TK # 1, 2, 3, 4, 5, 6) - OPW 61SO Drop Tube Overfill Valve
- (4) Owner must notify this Office when completion of tank installation has occurred, on the Notification Form for Underground Storage Tank Form. Please note a form has been forwarded to the name and address shown in Item 1 (All pages of this form must be completed).
- (5) **SPECIAL CONTINGENCIES:** Tks # 5 & 6 are a 4000 gal compartment tank consisting of two 2000 gal compartments. The kerosene dispenser must be located on an island separate from all other products.

<p>(6) PERSON, FIRM OR COMPANY PERFORMING WORK:</p>	
<p>ABD Tank & Pump Company Inc 730 Industrial Drive Elmhurst, IL 60126</p>	<p>Contact Person: Mark Romiti Phone: (630) 530-9880 Contractor Registration # IL-1733 Exp. 02/21/2000</p>

Sincerely, W. Dale Tanke
 W. Dale Tanke, Storage Tank Safety Engineer

cc: Storage Tank Safety Specialist - Oltman
 Fire Department -
 Office Coordinator - js
 Division File
 (Rev. - 1/98)

WDT:



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259
 (217)785-1020 or (217)785-5878

FOR OFFICE USE ONLY
 Facility # 2039335
 Permit # T199911162874
03462-99INS

RECEIVED
 NOV 16 1999
 DIVISION OF PETROLEUM
 CHEMICAL SAFETY

APPLICATION for Permit for **INSTALLATION** of Underground Storage Tanks. Complete in triplicate (one original and two copies) and file with site plans at the above address.

(1) **OWNER OF TANKS** - Corporation, partnership, or other business entity: (Must be mailing address)

Gas City Ltd.
 Name
160 S. Lagrange Road
 Street Address
Frankfort IL 60423
 City State Zip
L. McEnery 815-469-9000
 Contact Person Phone

(2) **FACILITY** - Facility ID # _____
 (Name and address where tanks are located:)

Gas City
 Name
NE corner Rt. 34 & Wolf's Crossing Rd.
 Street Address
Oswego IL Kendall
 City State Zip County
 Contact Person Phone

(3) **CONTRACTOR:** 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 all information submitted is true, accurate and complete.

Company Name A.B.D. Tank & Pump Co., Inc. Address 730 Industrial Drive
 City Elmhurst State Illinois Zip 60126
 Telephone # 630-530-9880 Fax # 630-530-9860 Contractor License # IL 1733 Expiration Date 2/21/00
 Name of Authorized Representative Mark Romiti Title or Position Estimator
 Signature Mark Romiti Date November 8, 1999

(4) **SITE STATUS** - Check one: New Site Existing Site

(5) **TYPE OF SYSTEM** - Check whichever applies - Separate information is required for each type of system:

- Motor Fuel Waste Oil Stand-by Generator Heating Oil Marina Hazardous Substance
 Other (explain) kerosene

(6) Provide a **SUMMARY OF WORK** to be performed and explain any unusual circumstances on a separate sheet.

(7) **GENERAL INFORMATION** - Check whichever applies and fill in the appropriate blanks for the UST system(s) that will be installed. Attach additional sheet(s) if more space is needed.

(a) **TANK(S):**

# of Tanks	Capacity in Gallons	Product	Single Wall	Double Wall	FRP	STI P3 Steel	Composite	Other
1 #1	20,000	gasoline		X			X	RUL
1 #2	12,000	gasoline		X			X	MUL
1 #3	12,000	gasoline		X			X	PUL
1 #4	12,000	diesel		X			X	DSL
1 #5, #6	2,000/2,000	ker./gas.		X			X	2 compartment

(b) **ISLANDS:** Existing to remain Installing new Reconstructing (explain below) None

(c) **CANOPY:** Existing to remain Installing new Replacing (explain below) None

The OSFM REQUIRES the disclosure of the requested information to issue this permit, pursuant to 430 ILCS, ACT 15, Gasoline Storage Act. Failure to provide the requested information will result in this permit application not being processed. Such failure will result in the application being returned - it will be returned to the applicant only once (without being denied) and if resubmitted, is REQUIRED to be done so within 14 days from the date of return. This form has been approved by the Forms Management Center.

(Complete the back side)

Use this space for explanation for (b) & (c) above: Kerosene and Racing Gas will be compartments of a 2 compartment tank.

Tanks will be Modern Welding Glasteel II. Installing containment sumps for all STPs and dispensers.

(8) TANK(S) COMPLIANCE INFORMATION - (New tanks must be U.L. approved. Used tanks must have OSFM approved recertification). Check whichever applies and use the space provided to describe the work to be performed or the methods to be used and give the manufacturer and any equipment, consoles, probes, sensors, etc. to be installed (do not give catalog numbers). Attach additional sheet(s) if more space is needed.

(a) **RELEASE DETECTION:** Inventory Control Manual Tank Gauging Automatic Tank Gauging Interstitial Monitoring
 Groundwater Monitoring Vapor Monitoring SIR Other (explain below)

Equipment and/or explanation: Gilbarco EMC with ATG and tank interstitial sensors.

(b) **CORROSION PROTECTION:** STI-P3 Composite Fiberglass Other (explain below)

Equipment and/or explanation: Modern Welding Glasteel II tanks.

(c) **SPILL PREVENTION:** Spill Containment Manhole Field Constructed Containment Other (explain below)

Equipment and/or explanation: EBW 25 gallon grade level. Model # 725-471.

(d) **OVERFILL PREVENTION:** Drop Tube Valve Float Vent Valve Alarm and/or shutoff Other (explain below)

Equipment and/or explanation: OPW 61SO.

(9) PIPING COMPLIANCE INFORMATION - Check whichever applies and use the space provided to describe the work to be performed or the methods to be used and give the manufacturer and model of any equipment, consoles, probes, sensors, etc. to be installed (do not give catalog numbers). Attach additional sheet(s) if more space is needed.

(a) **PIPING:** Single Wall Double Wall Fiberglass Steel Other Environ Geoflex doublewall.
 Existing to remain Installing new Installing partial

(b) **RELEASE DETECTION:**

1. **Pressurized Piping:** Line Leak Detector with Annual Line Test Continuous Line Pressure Monitor Interstitial Monitoring
 Groundwater Monitoring Vapor Monitoring Other (explain below)

2. **Suction Piping:** Interstitial Monitoring Groundwater Monitoring Vapor Monitoring Line Test Every Three Years
 European (Safe) Suction Other (explain below)

Equipment and/or explanation: FE Petro MLD for gas; MLD-D for kerosene & diesel. Gilbarco EMC sensors in all sumps.

(c) **CORROSION PROTECTION:** Dielectric Coating Sacrificial Anode(s) Impressed Current Fiberglass Other
(Cathodic Protection must be designed by a corrosion expert or corrosion engineer) (explain below)

Equipment and/or explanation: Environ Geoflex non-metallic piping.

(10) SITE PLANS - Drawings of the site must accompany the application forms. They must show the entire UST system (tanks, piping, vents, islands, dispensers or other appurtenances) in relation to all buildings, structures and objects with specified setback distances. All objects on the site plans must be named and must be labeled as existing or as proposed. Site plans are not required if only installing equipment for leak detection (except monitoring wells), or spill & overfill prevention. The maximum site plans size allowed is 11" x 17". Blueprints are not acceptable.

(11) MINIMUM SETBACKS - Clearance distances must be given on the site plans as dimensions from the UST system to all buildings, structures and objects with a setback requirement. The minimum setback requirements for all tanks and all piping are at least:

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	20 feet to property lines or right of way lines
<input type="checkbox"/>	<input checked="" type="checkbox"/>	20 feet to storm sewers lines, sanitary sewer lines or similar underground drainage systems
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20 feet to basements or similar underground structures
<input checked="" type="checkbox"/>	<input type="checkbox"/>	300 feet to any mine shaft, air or escape shaft to a mine
<input checked="" type="checkbox"/>	<input type="checkbox"/>	85 feet to any school, institution, public assembly or theater occupancy as defined in 41 Ill. Adm. Code 100.30
<input checked="" type="checkbox"/>	<input type="checkbox"/>	400 feet to any potable wells on or near this facility. If no, contact IEPA Groundwater section at (217)785-4787 for well setbacks.

It must be noted on the site plans if none of the above apply to this site! There may be provisions to alter these requirements if certain conditions exist under 41 Ill. Adm. Code 170 or if conditions are to remain existing.

(12) AUXILIARY INFORMATION - Other supplemental information, detail drawings or supporting documents may be necessary depending on the type and complexity of the project.

(13) APPLICATION REJECTION - Insufficient information or illegibility can be cause for return or denial.

(14) PERMIT TO WORK - No work can proceed without a granted permit in hand and must be available upon request of the Storage Tank Safety Specialist.

(15) APPLICANT - The **RESPONSIBLE CONTRACTOR** must complete this application. A fee of \$100.00 for each site must accompany this application. (Checks or money orders are to be made payable to the Office of the State Fire Marshal. Do not send cash.)

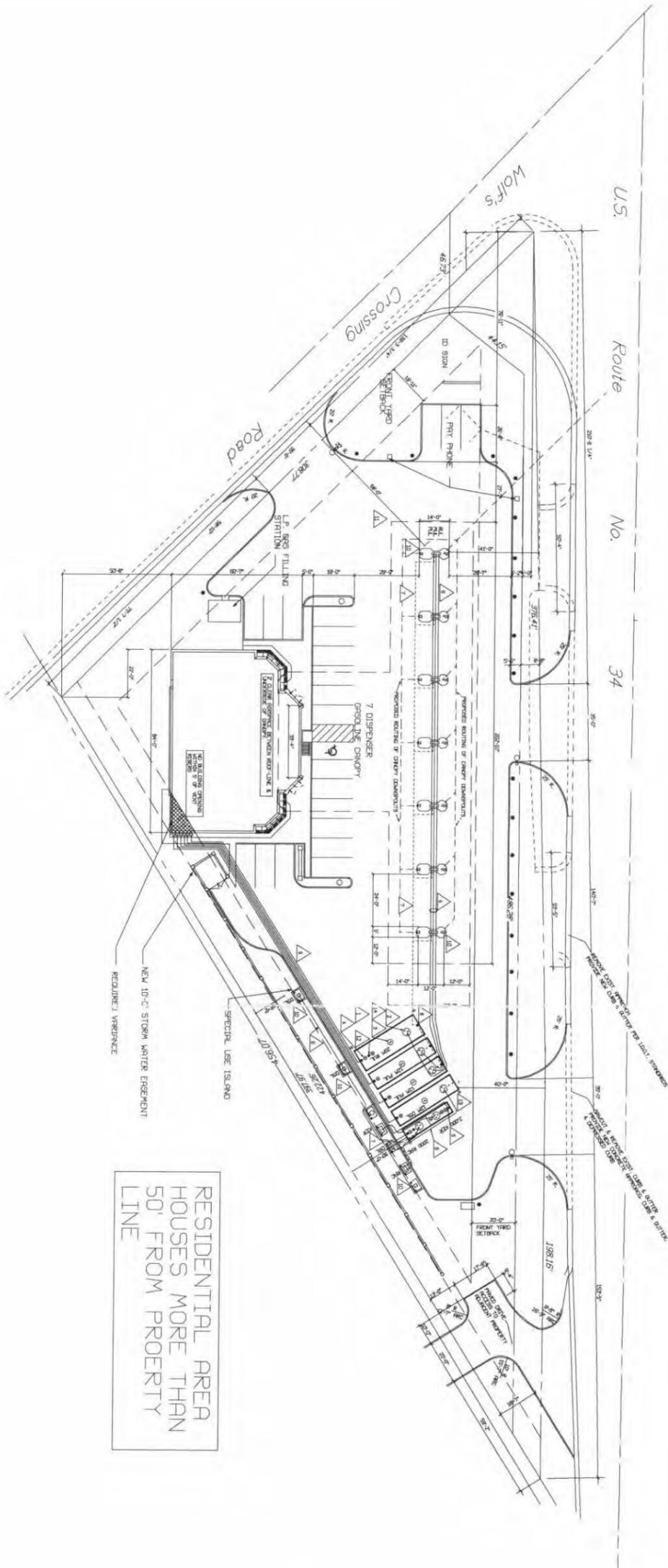
RECEIVED

NOV 16 1999

DIV. OF PETROLEUM
CHEMICAL SAFETY

LEGEND	
△	NEW GASOLINE II TANKS 20M ³ 12M ³ 12M ³ & 2 COMPARTMENT 4M ³ (2/2/2)
△	INSTALL NEW FE PETRO STPS WITH MECHANICAL LEAK DETECTORS AND SWAMP SENSORS INSIDE CONTAINMENT SUMPS.
△	GILBERTO TRNK GAUGE (TYPICAL OF 6)
△	NEW 36 GAL. GARGLE LEVEL SPILL CONT. AND 6M ³ OVERFILL VALVES
△	INSTALL EXTRACTORS 14/ 12" PROCESS PHONES & 7M ³ VENT HEADS ON NEW 2" FIBERGLASS VENTS.
△	INSTALL GOFLEX DOUBLEWELL PIPING
△	INSTALL NEW SINGLEWELL FIBERGLASS STAGE II VAPOR RECOVERY LINES
△	STAGE II VAPOR RECOVERY EXTRACTOR WITH 12" PROCESS MANHOLE
△	NEW 2" FIBERGLASS VENT PIPING
△	NEW RMPRO ISLAND FORMS WITH NEW ENVIKON DISPENSER SUMPS.
△	NEW CHNOPY
△	INSTALL DUAL POINT STAGE I VAPOR RECOVERY
△	12" OBSERVATION WELL (TYPICAL OF 4)
△	TRNK INTERSTITIAL SENSOR (TYPICAL OF 5)

General Notes		Yes	No
Tanks and Piping are:			
20' to Property Lines etc...?			X
20' to Storm Sewers etc...?		X	
20' to Basements etc...?		X	
300' to any Manholes etc...?		X	
95' to any School etc...?		X	
Comments:			
ALL TANKS AND PRODUCT LINES TO BE DOUBLE-WALLED WITH CONTINUOUS MONITORING OF SECONDARY CONTAINMENT.			



RESIDENTIAL AREA
HOUSES MORE THAN
50' FROM PROPERTY
LINE

FUEL SYSTEM PLAN

MAR

DATE: NOV. 4, 1999

A. B. J. TANK & PUMP CO.
730 INDUSTRIAL DR., ELKHART, IL 60126
TEL: 815-530-3800 FAX: 815-530-3850

SCALE: 1" = 30'-0"

1" = 30'-0"
0 30

SITE PLAN

PRELIMINARY SITE PLAN
GAS CITY
SEC. ROUTE 34 & WOLF'S CROSSING OSWEGO, IL

KURTZ ASSOCIATES ARCHITECTS
ARCHITECTURE ENGINEERING PLANNING INTERIOR ARCHITECTURE
455 STATE STREET 847/824-0132
DES PLAINES, IL 60016 FAX: 847/824-7906

date: 8-1-99
project no.: 98051
drawn: CM
sheet: 01.1
revision: 1" = 30'-0"

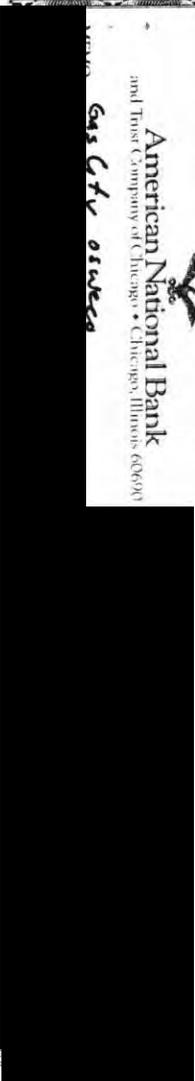
A.B.D. TANK & PUMP COMPANY
PERMIT ACCOUNT
730 INDUSTRIAL
ELMHURST, IL 60126
NOV 16 1999
DATE 11/8/99
PINs 271710
R039335
3274

PAY TO THE ORDER OF: Alvin's Inc \$ 100.00
DOLLARS

One hundred and 00/100

American National Bank
and Trust Company of Chicago • Chicago, Illinois 60690

Gas Ctr oswea





OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259
 (217)785-1020 or (217)785-5878

FOR OFFICE USE ONLY	
Facility #	2-039335
Permit #	00245-2000REM
Request Rec'd	02/02/2000
Amended Date	
Approval Date	02/04/2000
Permit Expires	08/04/2000
Commencement Date	02/03/2000

Permit for REMOVAL of Underground Storage Tank(s) and Piping for Petroleum and Hazardous Substances.

Permission to remove underground storage tank(s) or piping is hereby granted. Such removal shall not commence until. The contractor the permit was issued to or an employee of that contractor (this does not include a subcontractor) shall establish a date certain to perform the UST activity by contacting the Office of the State Fire Marshal, Division of Petroleum and Chemical Safety, by telephone at the Springfield office between 8:30 a.m. and 12:00 p.m., at which time a mutually agreed upon date and time for the UST activity shall be scheduled. **THIS PERMIT IS VALID FOR SIX MONTHS FROM THE APPROVAL DATE.**

<p>(1) OWNER OF TANKS - Corporation, partnership, or other business entity:</p> <p>Gas City Ltd 160 S. LaGrange Road Frankfort, IL 60423</p> <p>Contact: Len McEnery (815) 469-9000</p>	<p>(2) FACILITY - name and address where tanks are located:</p> <p>Gas City Rt. 34 & Wolf's Crossing Rd. (NE corner) Oswego, Kendall Co., IL</p> <p>Contact: Len McEnery (815) 469-9000</p>
--	--

(3) REMOVAL OF TANKS:

- (a) *Number and size of tanks being removed:* (TK # 7) - 550 gallons
- (b) *Product stored in each tank:* (TK # 7) - Heating Oil
- (c) *Reason of tanks being removed:* In the way of construction
- (d) *If tank(s) is leaking, indicate IEMA incident number:*
- (e) *Date each tank was last used:* (TK # 7) - 12/31/1973

(4) Owner must notify this Office when completion of tank removal has occurred, on the Notification Form for Underground Storage Tank Form. Please note a form has been forwarded to the name and address shown in Item 1 (All pages of this form must be completed).

(5) **SPECIAL CONTINGENCIES:** 30 days waived per Bill Alderson.

(6) PERSON, FIRM OR COMPANY PERFORMING WORK:

R Carlson & Sons Inc
 19140 104Th Avenue
 Mokena, IL 60448

Contact Person: William F Sieczkowski
 Phone: (708) 479-2134

Contractor Registration # IL-1313 Exp. 03/23/2000

Sincerely,

W. Dale Tanke, Storage Tank Safety Engineer

cc: Storage Tank Safety Specialist - Oltman
 Fire Department
 Office Coordinator - js
 Division File
 (Rev. - 1/98)

WDT:



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259
 (217)785-1020 or (217)785-5878

FOR OFFICE USE ONLY
 Facility # 2039335
 Permit # 20002020226
00245-2000 REM

RECEIVED
 FEB 02 2000
 DIV OF PETROLEUM
 CHEMICAL SAFETY

APPLICATION for Permit for **REMOVAL** of Underground Storage Tanks. (Please type or print clearly)

(1) **OWNER OF TANKS** - Corporation, partnership, or other business entity: (Must be mailing address)

Gas City, Ltd.

Name
160 South LaGrange Road

Street Address
Frankfort IL 60423

City State Zip
Len McEnergy (815) 469-9000

Contact Person Phone

(2) **FACILITY** - Facility ID # _____
 (Name and address where tanks are located:)

Gas City, Ltd.

Name
4028 Route 34 *212100 Computer add correct per Vicki@Carlson*

Street Address
Oswego IL 60543 Kendall

City State Zip County
Len McEnergy (815) 469-9000

Contact Person Phone

(3) **TANK(S)**: Fill in the appropriate blanks for the tank(s) to be removed. Attach additional sheet(s) if more space is needed.

# of Tanks	Capacity in gallons	Product to be stored	Date tank last used	# of Tanks	Capacity in gallons	Product to be stored	Date tank last used
1 #7	550	Heating Oil	Pre-1974				

(4) **CONTAMINATED SITE** (complete this section for sites where a release has been reported). Reminder: Releases or suspected releases must be reported to IEMA at (800)782-7860 within 24 hours:

IEMA Incident # _____

(5) **CONTRACTOR**: 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 all information submitted is true, accurate and complete.

R. CARLSON & SONS, INC.

Company Name

19140 104th Avenue

Address
Mokena IL 60448

City State Zip
(708) 479-2134 (708) 479-4303

Telephone # Fax #

IL 1313 03/23/00

Contractor License # Expiration Date

William Sieczkowski President

Name of Authorized Representative Title or Position

Signature William Sieczkowski 1-12-00
 Date

FOR OFFICE USE ONLY

After receiving an approved permit, the Contractor the permit was issued to or an employee of that contractor (this does not include a subcontractor) shall establish a date certain to perform the UST activity by contacting the Office of the State Fire Marshal, Division of Petroleum and Chemical Safety, by telephone at the Springfield office at (217)785-1020 or (217)785-5878 between 8:30 a.m. and 12:00 p.m., at which time a mutually agreed upon date and time for the UST activity shall be scheduled. **THIS PERMIT IS VALID FOR SIX MONTHS FROM THE APPROVAL DATE.**

Oltman JS

The OSFM REQUIRES the disclosure of the requested information to issue this permit, pursuant to 430 ILCS, Act 15, Gasoline Storage Act. Failure to provide the requested information will result in this permit application not being processed. Such failure will result in the application being returned - it will be returned to the applicant only once (without being denied) and if resubmitted, is expected to be done so within 14 days from the date of return. This form has been approved by the Forms Management Center.

(Complete the back side)

(6) REASON FOR REMOVAL:

in the way of construction

(7) NOTICE PRIOR TO REMOVAL - A 30 day written notice to the Office of the State Fire Marshal is required prior to removal. The notice begins on the date a properly completed Application and fee are received by this Office.

In the event of a reported release, the Office of the State Fire Marshal shall waive the 30 day notice requirement. (Incident number must be entered in Item #6 above).

(8) APPLICATION REJECTION - Insufficient information or illegibility can be cause for return or denial.

(9) PERMIT TO WORK - No work can proceed without a granted permit in hand and must be available upon request of the Storage Tank Safety Specialist.

(10) CODE COMPLIANCE - All work shall be performed per 41 Ill. Adm. Code 170 and shall otherwise be in compliance with any referenced codes and standards.

(11) APPLICANT - The *RESPONSIBLE CONTRACTOR* must complete this application. A fee of \$100.00 for each site must accompany this application. (Checks or money orders are to be made payable to the Office of the State Fire Marshal. Do not send cash).



Construction Managers — Excavators — Underground Tank Specialists — Site Developers

February 2, 2000

Office of the State Fire Marshal
103 Stevenson Drive
Springfield, IL 62703-4259
Attn: Sandy - Permits

Re: Gas City, Ltd.
Route 34 & Wolf's Crossing Road
Oswego, IL

Dear Sandy:

I am writing to you to request you to expedite this permit since this is holding up construction of a new gas station.

Thank you in advance. If you have any questions, please give me a call.

Sincerely,

R. CARLSON & SONS, INC.

Vicki Kapsalis
Administrative Assistant

Serving the Industry for Over 50 Years

CARLSON & SONS, INC.

19140 104TH AVENUE • MOKENA, IL 60448
(708) 479-2134

RECEIVED
70-160/719

FIRST MIDWEST BANK

PREM 2039335

26106

ONE HUNDRED AND 00/100 DOLLARS

FEB 02 2000

CHECK NO.

26106

DIV. OF PETROLEUM
CHEMICAL SAFETY

DATE

1/13/00

AMOUNT

\$ 100.00*

PAY TO THE ORDER OF

OFFICE OF THE STATE FIRE MARSHAL
1035 STEVENSON DRIVE
SPRINGFIELD IL 62703 -4259

R. CARLSON & SONS, INC.

(1520) OFFICE OF THE STATE FIRE MARSHAL

INVOICE #	DATE	PO/DESCRIPTION JOB/PHASE#	INVOICE AMT	DISCOUNT	PAYMENT AMOUNT
101300	1/13/00	99367/ 160	100.00	0.00	100.00

RECEIVED

FEB 02 2000

DIV. OF PETROLEUM
CHEMICAL SAFETY

1035 STEVENSON DRIVE
SPRINGFIELD IL 62703 -4259

TOTAL OF THIS CHECK ---->

100.00

0.00

100.00

CHECK#

26106 CHECK DATE:

1/13/00
26106

PRODUCT 8939 USE WITH 8980 DU-DU-QUE ENVELOPE

Security features. Details on back.



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
Division of Technical Services
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259
 (217)524-7605

<u>FOR OFFICE USE ONLY</u>
Facility # 2-039335
Permit # 00708-2011UPG
Request Rec'd 08/01/2011
Amended Date
Approval Date 8/2/2011 JC
Permit Expires 2/2/2012

Permit for UPGRADE or REPAIR of Underground Storage Tank(s) and Piping for Petroleum and Hazardous Substances.

Permission to upgrade or repair underground storage tank(s) or piping is hereby granted. Such upgrade or repair must be in complete accordance with acceptable materials as specified in the Federal Register, Part II Environmental Protection Agency, 40 CFR Parts 280 and 281, and also with all sections of 41 Illinois Administrative Code, Parts 174, 175 and 176. The contractor the permit was issued to or an employee of that contractor (this does not include a subcontractor) shall submit a required job schedule for underground piping upgrade, leak detection, spill and overfill prevention of underground storage tank(s) to the Office of the State Fire Marshal, Division of Petroleum and Chemical Safety. **THIS PERMIT IS VALID FOR SIX MONTHS FROM THE APPROVAL DATE.**

<p>(1) OWNER OF TANKS - Corporation, partnership, or other business entity: Speedway, LLC P.O. Box 1500 Springfield, OH 45501-1500 Contact: Michelle McKee (937) 864-3000</p>	<p>(2) FACILITY - name and address where tanks are located: Speedway #1417 4032 Route 34 Oswego, Kendall Co., IL Contact: Douglas Gray</p>
--	---

(3) UPGRADE OR REPAIR OF TANKS:

- (a) *Number and size of tanks being upgraded or repaired:* (TK # 6) - 2,000 gallons
- (b) *Type of tanks:*
- (c) *Type of piping:* (TK # 6) - (Installing) E-85 compatible Positive Shutoff Valves , (TK # 6) - (Installing) E-85 compatible Sheer Valve , (TK # 6) - (Installing) Other E-85 compatible submersible pump along with a new E-85 compatible dispenser top.
- (d) *Product to be stored in each tank:* (TK # 6) - Kerosene
- (e) *Type of leak detection being used:*
 - Tank:* (TK # 6) - (Installing) Automatic Tank Gauging Veeder Root TLS 350 E-85 compatible Mag Plus probe and alternative float fuel kit. The existing console will be used. , (TK # 6) - (Installing) Interstitial Monitoring Veeder Root TLS 350 E-85 compatible sensor.
 - Piping:* (TK # 6) - (Installing) Electronic Pressurized Line Leak Detection Veeder Root TLS 350 E-85 compatible. Contractor states there are existing interstitial sump sensors at the submersible and dispenser; however, the sensors are not third party approved specifically for E-85.
- (f) *Corrosion Protection being used:*
 - Tank:*
 - Piping:*
- (g) *Spill containment devices, piping, and dispenser containment devices:*
- (h) *Overfill prevention devices:* (TK # 6) - (Installing) Overfill Drop Tube Valve OPW 61SOM-412CEVR E-85 compatible drop tube overfill valve
- (i) *Manway accessible at grade:*

(4) The owner must notify this Office when completion of tank upgrade/repair has occurred, on the Notification for Underground Storage Tank Form and the licensed contractor must submit the required job schedule for underground piping upgrade, leak detection, spill and overfill prevention to the OSFM prior to the work being performed. Both forms can be obtained at www.sfm.illinois.gov or by calling (217)785-1020.

(5) **SPECIAL CONTINGENCIES: The contractor is converting the existing tank #6 kerosene to E-85. He is also converting the existing tank #3 E-85 to mid grade unleaded. The underground storage tank system for tank #6 must be compatible with E-85, as indicated in section 175.415 of Title 41 of the Illinois Administrative Code. Contractor notes the facility will conduct more frequent inspections of the unlisted equipment in accordance with rule requirements.**

<p>(6) PERSON, FIRM OR COMPANY PERFORMING WORK:</p>	
<p>DRW Services, Inc. 600 East Joe Orr Road Chicago Heights, IL 60411</p>	<p>Contact Person: Doug Harmon Phone: (708) 758-3222 Contractor Registration # IL-194 Exp. 03/10/2012</p>

Sincerely,

A handwritten signature in cursive script, reading "James J. Coffey", is written over a horizontal line.

Jim Coffey

cc: Storage Tank Safety Specialist -
Fire Department -
Office Coordinator -
Division File
(Rev. - 9/10)



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
 Division of Technical Services
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

FOR OFFICE USE ONLY
 Facility # 2039 335
 Permit # 00708-20114 PG

APPLICATION for Permit for **UPGRADE OR REPAIR** of Underground Storage Tanks. Complete in triplicate (one original and two copies) and file with triplicate site plans to: **Office of the State Fire Marshal, Division of Petroleum and Chemical Safety, 1035 Stevenson Drive, Springfield, IL 62703.**

(1) **OWNER OF TANKS** - Corporation, partnership, or other business entity: (Must be mailing address)

Speedway, LLC
 Name
 P.O. Box 1500
 Street Address
 Springfield OH 45501
 City State Zip
 Michelle McKee 937-864-3000
 Contact Person Phone

(2) **FACILITY** - Facility ID # 2-039335
 (Name and address where tanks are located:)

Speedway # 1417
 Name
 4032 Rt 34
 Street Address
 Oswego IL 60543 Kendall
 City State Zip County
 Manager
 Contact Person Phone

(3) **CONTRACTOR:** 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 all information submitted is true, accurate and complete.

Company Name DRW Services, Inc. Address 600 E. Joe Orr Rd.
 City Chicago Heights State IL Zip 60411
 Telephone # 708-758-3222 Fax # 708-758-9137 Contractor License # IL 194 Expiration Date 03/10/12
 Name of Authorized Representative Doug Harmon Title or Position Office of the State Fire Marshal
 Signature [Signature] Date 7/28/11

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 AUG 01 2011

(4) **SITE STATUS** - Check one: Existing Site Emergency Repair Previously Requested

(5) **TYPE OF SYSTEM** - Check whichever applies - Separate information is required for each type of system:
 Motor Fuel Waste Oil Stand-by Generator Heating Oil Marina-Include Required Checklist for Marinas Hazardous Substance
 Other (explain) _____

(6) Provide a **SUMMARY OF WORK** to be performed and explain any unusual circumstances on a separate sheet.

(7) **GENERAL INFORMATION** - Check whichever applies and fill in the appropriate blanks for the UST system(s) that will be involved. Attach additional sheet(s) if more space is needed.

(a) **TANK(S):**

Tank ID #	Capacity in Gallons	Product	Double Wall	Composite	FRP	STI P3 Steel	Manufacturer	Length of Warranty
6	2,000	E-85	X	X			Modern Weld	

(b) **ISLANDS:** Existing to remain Installing new Reconstructing (explain below) None
 (c) **CANOPY:** Existing to remain Installing new Replacing (explain below) None

Use this space for explanation for (b) & (c) above: _____

The OSFM REQUIRES the disclosure of the requested information to issue this permit, pursuant to 430 ILCS, Act 15, Gasoline Storage Act. Failure to provide the requested information will result in this permit application not being processed. Such failure will result in the application being returned - it will be returned to the applicant only once (without being denied) and if resubmitted, is REQUIRED to be done within 14 days from the date of return.

(8) TANK(S) COMPLIANCE INFORMATION - (New tanks must be U.L. approved. Used tanks must have OSFM approved recertification). Check whichever applies and use the space provided to describe the work to be performed or the methods to be used and **give the manufacturer and model of any equipment**, consoles, probes, sensors, etc. to be installed (**do not give catalog numbers**). Attach additional sheet(s) if more space is needed.

- (a) **RELEASE DETECTION:** Manual Tank Gauging Automatic Tank Gauging Interstitial Monitoring
 Groundwater Monitoring Vapor Monitoring Other (explain below)

Equipment and/or explanation: Existing Veeder Root TLS-350 Will be upgrading to E-85 compatible probe, Interstitial and sump sensor & PLLD

- (b) **CORROSION PROTECTION:** STI-P3 Composite Fiberglass Other (explain below) **Note: CP Equip must use CP App.**

- (c) **SPILL PREVENTION:** Spill Containment Manhole Field Constructed Containment Other (explain below)
 Equipment and/or explanation: Existing

- (d) **OVERFILL PREVENTION:** Drop Tube Valve Float Vent Valve Alarm and/or shutoff Other (explain below)
 Equipment and/or explanation: New OPW 61SOM-412-EVR Overfill Drop tube E-85 Compatible

(9) PIPING COMPLIANCE INFORMATION - Check whichever applies and use the space provided to describe the work to be performed or the methods to be used and **give the manufacturer and model of any equipment**, consoles, probes, sensors, etc. to be installed (**do not give catalog numbers**). Indicate manufacturer of product piping, vent piping and remote fills. Attach additional sheet(s) if more space is needed.

- (a) **PIPING:** Single Wall Double Wall Fiberglass Steel Other _____
 Existing to remain Installing new Installing partial **Note: Removal or Abandonment Permit may be required**

Equipment and/or explanation _____

(b) RELEASE DETECTION:

1. **Pressurized Piping:** Line Leak Detector with Annual Line Test Continuous Line Pressure Monitor Interstitial Monitoring
 Groundwater Monitoring Vapor Monitoring Other (explain below)

2. **Suction Piping:** Interstitial Monitoring Groundwater Monitoring Vapor Monitoring Line Test Every Year
 European (Safe) Suction Other (explain below)

Equipment and/or explanation: Upgrading PLLD to E-85 Compatible

- (c) **CORROSION PROTECTION:** Dielectric Coating Sacrificial Anode(s) Impressed Current Fiberglass Other (explain below)

(Installation of Cathodic Protection Equipment must be submitted on a Cathodic Protection Application)

Equipment and/or explanation: _____

(10) ARE ALL UST COMPONENTS THIRD PARTY LISTED FOR THEIR INTENDED USE? Yes No

If "No" check one: Attaching a licensed P.E. approval statement for unlisted equipment; or

- Facility will conduct more frequent inspections of the unlisted equipment in accordance with rule requirements

If "No", have you verified that listed components are not available? Yes No

Explain equipment that will not be listed: All components are compatible with E-85 by the manufacture

(11) SITE PLANS - Drawings of the site must accompany the application forms. They must show the entire UST system (tanks, piping, vents, islands, dispensers or other appurtenances) in relation to all buildings, structures and objects with specified setback distances. All objects on the site plans must be named and must be labeled as existing or as proposed. Site plans are not required if only installing equipment for leak detection (except monitoring wells), or spill & overfill prevention. The maximum site plans size allowed is 8 1/2" x 11". Blueprints are not acceptable.

(12) MINIMUM SETBACKS - Clearance distances must be given on the site plans in dimensions from the UST system to all buildings, structures and objects with a setback requirement. The minimum setback requirements for all tanks and all piping are at least:

Yes No

20 feet to property lines or right of way lines

20 feet to storm sewers lines, sanitary sewer lines or similar underground drainage systems

20 feet to basements or similar underground structures

300 feet to any mine shaft, air or escape shaft to a mine

85 feet to any school, institution, public assembly or theater occupancy

400 feet to any potable wells on or near this facility. If no, contact IEPA Groundwater section at (217)785-4787.

AUG 01 2011

Office of the State Fire Marshal
 Technical Services Division

It must be noted on the site plans if none of the above apply to this site! There may be provisions to alter these requirements if certain conditions exist under 41 Ill. Adm. Code 175 or if conditions are to remain existing.

(13) AUXILIARY INFORMATION - Other supplemental information, detail drawings or supporting documents may be necessary depending on the type and complexity of the project.

(14) APPLICATION REJECTION - Insufficient information or illegibility can be cause for return or denial.

(15) PERMIT TO WORK - No work can proceed without a granted permit in hand and must be available upon request of the OSFM Storage Tank Safety Specialist.

(16) APPLICANT - The **RESPONSIBLE CONTRACTOR** must complete this application. A fee of **\$200.00** for each site must accompany this application. (Checks or money orders are to be made payable to the Office of the State Fire Marshal. Do not send cash.)



Services, Inc.

600 E. Joe Orr Road Chicago Heights, IL 60411

Ph. 708-758-3222

Fax 708-758-9137

July 27, 2011

Office of the State Fire Marshal
Division of Petroleum and Chemical Safety
1035 Stevenson Drive
Springfield, IL. 62703

Attn: Jim Coffey - Permit Department
Re.: Upgrade Permit Application
Location: Speedway # 1417 (Facility # 2-039335)
4032 Rt 34
Oswego, IL. 60543

IE: Upgrade to Existing E-85 Tank equipment

DRW Services, Inc. has been contracted to perform the following work:

#6

Attached is my permit to upgrade the existing E-85 tank ~~#8~~ by installing new E -85 compatible F.E.Petro submerge pump STPAGR75-VL2, Veeder Root Mag Plus probe 846400-004 with Alternative float kit, Interstitial tank sensor 329956-001, OPW 61SOM-412C-EVR, OPW 21BV 2" S.S. ball valve and OPW shear valve 10BP-0152. We will also be replacing the old dispenser with a new Gilbarco E-85 compatible unit.

All other tank sumps and piping will remain

Please Note: Owner will be converting tank # 3 which is listed E-85 currently to Mid Grade Unleaded and

Tank # 6 will be converted from Gasoline to E-85

Please call me with any questions. ^{Kerosene}

All City, State and Federal regulations to be met.

Sincerely,

Doug Harmon, Manager
Cell: 708-243-0193

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Office of the State Fire Marshal

AUG 01 2011

Technical Services Division

PuPg2039335

303345211



600 EAST JOE ORR ROAD
CHICAGO HEIGHTS, IL 60411
(708) 758-3222

GREAT LAKES BANK
HOMERWOOD, IL 60430
BLUE ISLAND, IL 60406

003736

Two Hundred and no/100

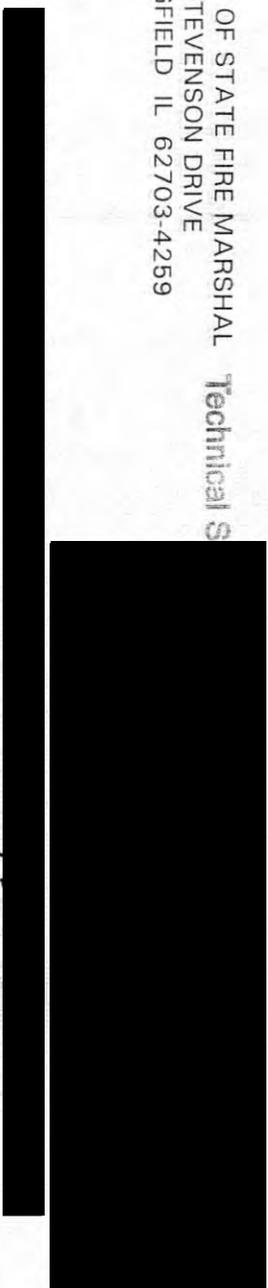
RECEIVED DATE 7/19/11
Office of the State Fire Marshal

AUG 01 2011

AMOUNT
200.00

Pay to the order of
OFFICE OF STATE FIRE MARSHAL
1035 STEVENSON DRIVE
SPRINGFIELD IL 62703-4259

Technical S





OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259
 (217)785-1020 or (217)785-5878

FOR OFFICE USE ONLY
 Facility # 2-039335
 Permit # 00343-2000INS
 Request Rec'd 02/17/2000
 Amended Date
 Approval Date 02/24/2000 ETR
 Permit Expires 08/24/2000

Permit for INSTALLATION of Underground Storage Tank(s) and Piping for Petroleum and Hazardous Substances.

Permission to install underground storage tank(s) or piping is hereby granted. Such installation must be in complete accordance with acceptable materials as specified in the Federal Register, Part II Environmental Protection Agency, 40 CFR Parts 280 and 281, and also with all sections of 41 Illinois Administrative Code, Part 170. The contractor the permit was issued to or an employee of that contractor (this does not include a subcontractor) shall establish a date certain to perform the UST activity by contacting the Office of the State Fire Marshal, Division of Petroleum and Chemical Safety, by telephone at the Springfield office between 8:30 a.m. and 12:00 p.m., at which time a mutually agreed upon date and time for the UST activity shall be scheduled. **THIS PERMIT IS VALID FOR SIX MONTHS FROM THE APPROVAL DATE.**

<p>(1) OWNER OF TANKS - Corporation, partnership, or other business entity:</p> <p>Gas City Ltd 160 S. LaGrange Road Frankfort, IL 60423</p> <p>Contact: Len McEnery (815) 469-9000</p>	<p>(2) FACILITY - name and address where tanks are located:</p> <p>Gas City Rt. 34 & Wolf's Crossing Rd. (NE corner) Oswego, Kendall Co., IL</p> <p>Contact: Len McEnery (815) 469-9000</p>
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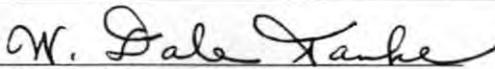
(3) INSTALLATION OF TANKS:

- (a) *Number and size of tanks being installed:* (TK # 1) - 12,000 gallons, (TK # 2, 3, 4) - 8,000 gallons, (TK # 5, 6) - 2,000 gallons
- (b) *Type of tanks:* (TK # 1, 2, 3, 4, 5, 6) - Glasteel II double wall composite
- (c) *Type of piping:* (TK # 1, 2, 3, 4, 5, 6) - Environ Geo Flex flexible double wall
- (d) *Product to be stored in each tank:* (TK # 1, 2, 3, 6) - Gasoline, (TK # 4) - Diesel, (TK # 5) - Kerosene
- (e) *Type of leak detection being used:*
 - Tank:* (TK # 1, 2, 3, 4, 5, 6) - Gilbarco EMC automatic tank gauge and interstitial monitor
 - Piping:* (TK # 1, 2, 3, 4, 5, 6) - Gilbarco EMC Interstitial Piping Sump Sensors, (TK # 1, 2, 3, 4, 5, 6) - FE Petro STP-MLD Mechanical Line Leak Detector
- (f) *Corrosion Protection being used:*
 - Tank:* (TK # 1, 2, 3, 4, 5, 6) - Composite
 - Piping:* (TK # 1, 2, 3, 4, 5, 6) - Non-corrosive flexible
- (g) *Spill containment devices:* (TK # 1, 2, 3, 4, 5, 6) - EBW 725 Spill Containment Manhole
- (h) *Overfill prevention devices:* (TK # 1, 2, 3, 4, 5, 6) - OPW 61SO Drop Tube Overfill Valve

(4) Owner must notify this Office when completion of tank installation has occurred, on the Notification Form for Underground Storage Tank Form. Please note a form has been forwarded to the name and address shown in Item 1 (All pages of this form must be completed).

(5) **SPECIAL CONTINGENCIES:** The kerosene dispenser must be on an island separate from all other products. Tanks # 5 & 6 are a 4000 gal compartment tank consisting of (2) 2000 gal compartments.

(6) PERSON, FIRM OR COMPANY PERFORMING WORK:	
<p>ABD Tank & Pump Company Inc 730 Industrial Drive Elmhurst, IL 60126</p>	<p>Contact Person: Mark Romiti Phone: (630) 530-9880 Contractor Registration # IL-1733 Exp. 02/21/2001</p>

Sincerely, 
 W. Dale Tanke, Storage Tank Safety Engineer

cc: Storage Tank Safety Specialist - Oltman
 Fire Department -
 Office Coordinator - js
 Division File
 (Rev. - 1/98)

WDT:



2/22

OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
Division of Petroleum and Chemical Safety
1035 Stevenson Drive
Springfield, Illinois 62763-4259
(217)785-1020 or (217)785-5878

RECEIVED
FEB 17 2000

FOR OFFICE USE ONLY
Facility # 2039335
Permit # 120002170316
00343-2000 INS

APPLICATION for Permit for **INSTALLATION** of Underground Storage Tanks. Complete in triplicate (one original and two copies) and file with site plans at the above address.

(1) **OWNER OF TANKS** - Corporation, partnership, or other business entity: (Must be mailing address)

Gas City Ltd.
Name
160 S. Lagrange Road
Street Address
Frankfort IL 60423
City State Zip
L. McEnery 815-469-9000
Contact Person Phone

(2) **FACILITY** - Facility ID # 2-039335
(Name and address where tanks are located:)

Gas City
Name
NE corner Rt. 34 & Wolf's Crossing Rd.
Street Address
Oswego IL Kendall
City State Zip County
Contact Person Phone

(3) **CONTRACTOR:** 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 all information submitted is true, accurate and complete.

Company Name A.B.D. Tank & Pump Co., Inc. Address 730 Industrial Drive
City Elmhurst State Illinois Zip 60126
Telephone # 630-530-9880 Fax # 630-530-9860 Contractor License # IL 1733 Expiration Date 2/21/00
Name of Authorized Representative Mark Romiti Title or Position Estimator
Signature Mark Romiti Date February 14, 2000

(4) **SITE STATUS** - Check one: New Site Existing Site

(5) **TYPE OF SYSTEM** - Check whichever applies - Separate information is required for each type of system:

- Motor Fuel Waste Oil Stand-by Generator Heating Oil Marina Hazardous Substance
 Other (explain) kerosene

(6) Provide a **SUMMARY OF WORK** to be performed and explain any unusual circumstances on a separate sheet.

(7) **GENERAL INFORMATION** - Check whichever applies and fill in the appropriate blanks for the UST system(s) that will be installed. Attach additional sheet(s) if more space is needed.

(a) **TANK(S):**

# of Tanks	Capacity in Gallons	Product	Single Wall	Double Wall	FRP	STI P3 Steel	Composite	Other
1 #1	12,000	gasoline		X			X	RUL
1 #2	8,000	gasoline		X			X	MUL
1 #3	8,000	gasoline		X			X	PUL
1 #4	8,000	diesel		X			X	DSL
1 #5, #6	2,000/2,000	ker./gas.		X			X	2 compartment

(b) **ISLANDS:** Existing to remain Installing new Reconstructing (explain below) None

(c) **CANOPY:** Existing to remain Installing new Replacing (explain below) None

The OSFM REQUIRES the disclosure of the requested information to issue this permit, pursuant to 430 ILCS, ACT 15, Gasoline Storage Act. Failure to provide the requested information will result in this permit application not being processed. Such failure will result in the application being returned - it will be returned to the applicant only once (without being denied) and if resubmitted, is REQUIRED to be done so within 14 days from the date of return. This form has been approved by the Forms Management Center.

(Complete the back side)

1744404947

Use this space for explanation for (b) & (c) above: Kerosene and Racing Gas will be compartments of a 2 compartment tank.

Tanks will be Modern Welding Glasteel II. Installing containment sumps for all STPs and dispensers.

(8) TANK(S) COMPLIANCE INFORMATION - (New tanks must be U.L. approved. Used tanks must have OSFM approved recertification). Check whichever applies and use the space provided to describe the work to be performed or the methods to be used and give the manufacturer and any equipment, consoles, probes, sensors, etc. to be installed (do not give catalog numbers). Attach additional sheet(s) if more space is needed.

(a) **RELEASE DETECTION:** Inventory Control Manual Tank Gauging Automatic Tank Gauging Interstitial Monitoring
 Groundwater Monitoring Vapor Monitoring SIR Other (explain below)
Equipment and/or explanation: Gilbarco EMC with ATG and tank interstitial sensors.

(b) **CORROSION PROTECTION:** STI-P3 Composite Fiberglass Other (explain below)
Equipment and/or explanation: Modern Welding Glasteel II tanks.

(c) **SPILL PREVENTION:** Spill Containment Manhole Field Constructed Containment Other (explain below)
Equipment and/or explanation: EBW 25 gallon grade level. Model # 725-471.

(d) **OVERFILL PREVENTION:** Drop Tube Valve Float Vent Valve Alarm and/or shutoff Other (explain below)
Equipment and/or explanation: OPW 61SO.

(9) PIPING COMPLIANCE INFORMATION - Check whichever applies and use the space provided to describe the work to be performed or the methods to be used and give the manufacturer and model of any equipment, consoles, probes, sensors, etc. to be installed (do not give catalog numbers). Attach additional sheet(s) if more space is needed.

(a) **PIPING:** Single Wall Double Wall Fiberglass Steel Other Environ Geoflex doublewall.
 Existing to remain Installing new Installing partial

(b) **RELEASE DETECTION:**

1. **Pressurized Piping:** Line Leak Detector with Annual Line Test Continuous Line Pressure Monitor Interstitial Monitoring
 Groundwater Monitoring Vapor Monitoring Other (explain below)

2. **Suction Piping:** Interstitial Monitoring Groundwater Monitoring Vapor Monitoring Line Test Every Three Years
 European (Safe) Suction Other (explain below)

Equipment and/or explanation: FE Petro MLD for gas; MLD-D for kerosene & diesel. Gilbarco EMC sensors in all sumps.

(c) **CORROSION PROTECTION:** Dielectric Coating Sacrificial Anode(s) Impressed Current Fiberglass Other
(Cathodic Protection must be designed by a corrosion expert or corrosion engineer) (explain below)
Equipment and/or explanation: Environ Geoflex non-metallic piping.

(10) SITE PLANS - Drawings of the site must accompany the application forms. They must show the entire UST system (tanks, piping, vents, islands, dispensers or other appurtenances) in relation to all buildings, structures and objects with specified setback distances. All objects on the site plans must be named and must be labeled as existing or as proposed. Site plans are not required if only installing equipment for leak detection (except monitoring wells), or spill & overfill prevention. The maximum site plans size allowed is 11" x 17". Blueprints are not acceptable.

(11) MINIMUM SETBACKS - Clearance distances must be given on the site plans as dimensions from the UST system to all buildings, structures and objects with a setback requirement. The minimum setback requirements for all tanks and all piping are at least:

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	20 feet to property lines or right of way lines
<input type="checkbox"/>	<input checked="" type="checkbox"/>	20 feet to storm sewers lines, sanitary sewer lines or similar underground drainage systems
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20 feet to basements or similar underground structures
<input checked="" type="checkbox"/>	<input type="checkbox"/>	300 feet to any mine shaft, air or escape shaft to a mine
<input checked="" type="checkbox"/>	<input type="checkbox"/>	85 feet to any school, institution, public assembly or theater occupancy as defined in 41 Ill. Adm. Code 100.30
<input checked="" type="checkbox"/>	<input type="checkbox"/>	400 feet to any potable wells on or near this facility. If no, contact IEPA Groundwater section at (217)785-4787 for well setbacks.

It must be noted on the site plans if none of the above apply to this site! There may be provisions to alter these requirements if certain conditions exist under 41 Ill. Adm. Code 170 or if conditions are to remain existing.

(12) AUXILIARY INFORMATION - Other supplemental information, detail drawings or supporting documents may be necessary depending on the type and complexity of the project.

(13) APPLICATION REJECTION - Insufficient information or illegibility can be cause for return or denial.

(14) PERMIT TO WORK - No work can proceed without a granted permit in hand and must be available upon request of the Storage Tank Safety Specialist.

(15) APPLICANT - The **RESPONSIBLE CONTRACTOR** must complete this application. A fee of \$100.00 for each site must accompany this application. (Checks or money orders are to be made payable to the Office of the State Fire Marshal. Do not send cash.)

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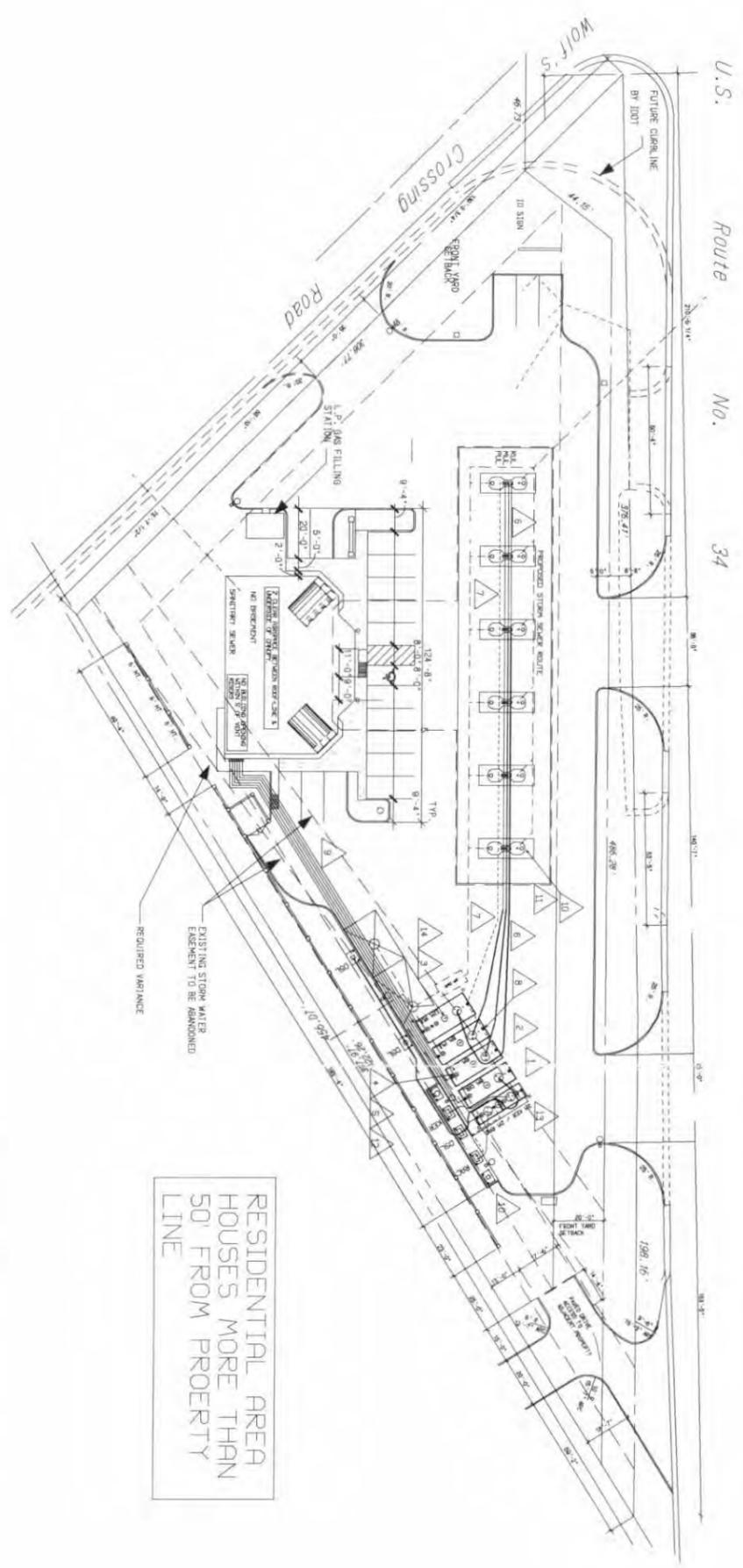
FEB 17 2000

DIV. OF PETROLEUM,
CHEMICAL SAFETY

LEGEND	
△	NEW GALSTEEL II TANKS: 12M, 8M, 8M, 8M AND 2 COMPARTMENT 4M (2M/2M)
△	INSTALL NEW FE PETRO STRIP WITH MECHANICAL LEAK DETECTION AND SUMP SENSORS INSIDE CONTAINMENT SUMP
△	CLERKHOOD TRUNK GRADE (TYPICAL OF 6)
△	END 25 GPM GRADE LEVEL SPILL CONT. AND OPA OVERFILL VALVES
△	INSTALL EXTRACTORS W/ 12" PROCESS MANIFOLDS & P/V VENT HEADS ON NEW 2" FIBERGLASS VENTS
△	INSTALL GEOTEKX DOUBLEWALL PIPING
△	INSTALL NEW SINGLEWALL FIBERGLASS STRAGE II VAPOR RECOVERY LINES
△	STRAGE II VAPOR RECOVERY EXTRACTOR WITH 12" ROCESS MANHOLE
△	NEW 2" FIBERGLASS VENT PIPING
△	NEW PAVING ISLAND TANKS WITH NEW ENVIRONMENT DISPENSER SUMPS
△	NEW CANOPY
△	INSTALL DUPL POINT STRGE I VAPOR RECOVERY
△	12" OBSERVATION WELL (TYPICAL OF 4)
△	TANK INTERSTITIAL SENSOR (TYPICAL OF 5)

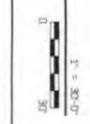
General Notes	Yes	No
Tanks and Piping are:		
20' to Property Lines etc.?		X
20' to Storm Sewers etc.?		X
20' to Basements etc.?		X
50' to any Manholes etc.?		X
85' to any School etc.?		X

Comments:
ALL TANKS AND PRODUCT LINES TO BE DOUBLE-WALLED WITH CONTINUOUS MONITORING OF SECONDARY CONTAINMENT.



FUEL SYSTEM PLAN
MAR DATE 2/19/2000
A.B.D. TANK & PUMP CO.
730 INDUSTRIAL DR. ELMHURST, IL 60126
PH: 508-500-2880 FAX: 508-500-9840
SCALE: 1" = 30'-0"

SITE PLAN



NOTE: THIS SITE PLAN DRAWN WITH INFORMATION FROM PLAT OF SURVEY BY JAMES M. OLSON ASSOCIATES, LTD., 100 WEST MADISON STREET, YORKVILLE, ILLINOIS. PLAT OF SURVEY DATED JANUARY 13, 1988.

NOTE: UNDERGROUND UTILITIES SHOWN HEREON, HAVE BEEN PLOTTED WITH THE AID OF AVAILABLE RECORDS. FOR LOCATIONS OF UNDERGROUND UTILITY MAINS, PLEASE CONTACT J.U.L.I.E. AT 1-800-882-0123.

KURTZ ASSOCIATES ARCHITECTS
ARCHITECTURE ENGINEERING PLANNING INTERIOR ARCHITECTURE
455 STATE STREET 847/824-0132
DES PLAINES, IL 60016 FAX: 847/824-7906

DATE: 2-9-00
PROJECT NO.: Z2005
DRAWN BY: K.M.

PRELIMINARY SITE PLAN
GAS CITY
SEC. ROUTE 34 & WOLF'S CROSSING OSWEGO, IL.

REVISION					

© DELUXE WALLET OR DUPLICATE

A.B.D. TANK & PUMP COMPANY

2-777-7110
04278496

3454

PERMIT ACCOUNT
730 INDUSTRIAL
ELMHURST, IL 60126

DATE 2/19/2000

PINS 3039335

PAY TO THE
ORDER OF

William Fire Market

\$ 100.00

One hundred and NO HUNDREDS

DOLLARS

American National Bank
and Trust Company of Chicago • Chicago, Illinois 60690

FEB 17 2000

MEMO

Gas City Oswego IL

DIV. OF P

SAFETY PAPER



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
 Division of Technical Services
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259
 (217)524-7605

FOR OFFICE USE ONLY
 Facility # 2-039335
 Permit # 00491-2011UPG
 Request Rec'd 06/08/2011
 Amended Date
 Approval Date 6/8/2011 JC
 Permit Expires 12/8/2011

Permit for UPGRADE or REPAIR of Underground Storage Tank(s) and Piping for Petroleum and Hazardous Substances.

Permission to upgrade or repair underground storage tank(s) or piping is hereby granted. Such upgrade or repair must be in complete accordance with acceptable materials as specified in the Federal Register, Part II Environmental Protection Agency, 40 CFR Parts 280 and 281, and also with all sections of 41 Illinois Administrative Code, Parts 174, 175 and 176. The contractor the permit was issued to or an employee of that contractor (this does not include a subcontractor) shall submit a required job schedule for underground piping upgrade, leak detection, spill and overfill prevention of underground storage tank(s) to the Office of the State Fire Marshal, Division of Petroleum and Chemical Safety. **THIS PERMIT IS VALID FOR SIX MONTHS FROM THE APPROVAL DATE.**

<p>(1) OWNER OF TANKS - Corporation, partnership, or other business entity: Speedway, LLC P.O. Box 1500 Springfield, OH 45501-1500 Contact: Michelle McKee (937) 864-3000</p>	<p>(2) FACILITY - name and address where tanks are located: Speedway #1417 4032 Route 34 Oswego, Kendall Co., IL Contact: Douglas Gray</p>
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(3) UPGRADE OR REPAIR OF TANKS:

- (a) *Number and size of tanks being upgraded or repaired:* (TK # 1) - 12,000 gallons, (TK # 2, 3, 4) - 8,000 gallons, (TK # 5, 6) - 2,000 gallons
- (b) *Type of tanks:*
- (c) *Type of piping:*
- (d) *Product to be stored in each tank:* (TK # 1, 2) - Gasoline, (TK # 3) - E-85, (TK # 4) - Diesel Fuel, (TK # 5) - Racing Fuel, (TK # 6) - Kerosene
- (e) *Type of leak detection being used:*
Tank: (TK # 1, 2, 3, 4, 5, 6) - (Installing) Automatic Tank Gauging Veeder Root Risk management software only, to the existing TLS 350 ATG CSLD system. The existing console and probes will remain.
Piping: (TK # 1, 2, 3, 4, 5, 6) - (Installing) Electronic Pressurized Line Leak Detection Veeder Root TLS 350
- (f) *Corrosion Protection being used:*
Tank:
Piping:
- (g) *Spill containment devices, piping, and dispenser containment devices:*
- (h) *Overfill prevention devices:*
- (i) *Manway accessible at grade:*

(4) The owner must notify this Office when completion of tank upgrade/repair has occurred, on the Notification for Underground Storage Tank Form and the licensed contractor must submit the required job schedule for underground piping upgrade, leak detection, spill and overfill prevention to the OSFM prior to the work being performed. Both forms can be obtained at www.sfm.illinois.gov or by calling (217)785-1020.

(5) **SPECIAL CONTINGENCIES: The underground storage tank system for tank #3 must be compatible with E-85, as indicated in section 175.415 of Title 41 of the Illinois Administrative Code.**

<p>(6) PERSON, FIRM OR COMPANY PERFORMING WORK:</p>	
<p>DRW Services, Inc. 600 East Joe Orr Road Chicago Heights, IL 60411</p>	<p>Contact Person: Doug Harmon Phone: (708) 758-3222 Contractor Registration # IL-194 Exp. 03/10/2012</p>

Sincerely,

Jim Coffey



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
 Division of Technical Services
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

FOR OFFICE USE ONLY
 Facility # 2039335
 Permit # 00491-2011UPG

APPLICATION for Permit for **UPGRADE OR REPAIR** of Underground Storage Tanks. Complete in triplicate (one original and two copies) and file with triplicate site plans to: **Office of the State Fire Marshal, Division of Petroleum and Chemical Safety, 1035 Stevenson Drive, Springfield, IL 62703.**

(1) **OWNER OF TANKS** - Corporation, partnership, or other business entity; (Must be mailing address)

Speedway, LLC
 Name
 P.O. Box 1500
 Street Address
 Springfield OH 45501
 City State Zip
 Michelle McKee 937-864-3000
 Contact Person Phone

(2) **FACILITY** - Facility ID # 2-039335
 (Name and address where tanks are located:)

Speedway # 1417
 Name
 4032 Route 34
 Street Address
 Oswego IL 60543 Kendall
 City State Zip County
 Manager
 Contact Person Phone

(3) **CONTRACTOR:** 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 all information submitted is true, accurate and complete.

Company Name DRW Services, Inc. Address 600 E. Joe Orr Rd.
 City Chicago Heights State IL Zip 60411
 Telephone # 708-758-3222 Fax # 708-758-9137 Contractor License # IL 194 Expiration Date 03/10/12
 Name of Authorized Representative Doug Harmon Title or Position Manager
 Signature [Signature] Date 6/4/11

RECEIVED
 Office of the State Fire Marshal
 JUN 08 2011

(4) **SITE STATUS** - Check one: Existing Site Emergency Repair Previously Requested **Technical Services Division**

(5) **TYPE OF SYSTEM** - Check whichever applies - Separate information is required for each type of system:
 Motor Fuel Waste Oil Stand-by Generator Heating Oil Marina-Include Required Checklist for Marinas Hazardous Substance
 Other (explain) _____

(6) Provide a **SUMMARY OF WORK** to be performed and explain any unusual circumstances on a separate sheet.

(7) **GENERAL INFORMATION** - Check whichever applies and fill in the appropriate blanks for the UST system(s) that will be involved. Attach additional sheet(s) if more space is needed.

(a) **TANK(S):**

Tank ID #	Capacity in Gallons	Product	Double Wall	Composite	FRP	STI P3 Steel	Manufacturer	Length of Warranty
1	12,000	RUL	X	X			ModernWeld	
2	8,000	PUL	X	X			"	
3	8,000	E-85	X	X			"	
4	8,000	Diesel	X	X			"	
5	8,000	Racing Gas	X	X			"	

(b) **ISLANDS:** Existing to remain Installing new Reconstructing (explain below) None
 (c) **CANOPY:** Existing to remain Installing new Replacing (explain below) None

Use this space for explanation for (b) & (c) above: _____

The OSFM REQUIRES the disclosure of the requested information to issue this permit, pursuant to 430 ILCS, Act 15, Gasoline Storage Act. Failure to provide the requested information will result in this permit application not being processed. Such failure will result in the application being returned - it will be returned to the applicant only once (without being denied) and if resubmitted, is REQUIRED to be done within 14 days from the date of return.

1169365545



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
Division of Technical Services
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

<u>FOR OFFICE USE ONLY</u>	
Facility # _____	
Permit # _____	

APPLICATION for Permit for **UPGRADE OR REPAIR** of Underground Storage Tanks. Complete in triplicate (one original and two copies) and file with triplicate site plans to: **Office of the State Fire Marshal, Division of Petroleum and Chemical Safety, 1035 Stevenson Drive, Springfield, IL 62703.**

(1) OWNER OF TANKS - Corporation, partnership, or other business entity: (Must be mailing address)

Speedway, LLC
 Name
 P.O. Box 1500
 Street Address
 Springfield OH 45501
 City State Zip
 Michelle McKee 937-864-3000
 Contact Person Phone

(2) FACILITY - Facility ID # 2-039335

(Name and address where tanks are located:)

Speedway # 1417
 Name
 4032 Route 34
 Street Address
 Oswego IL 60543 Kendall
 City State Zip County
 Manager
 Contact Person Phone

(3) CONTRACTOR: 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 all information submitted is true, accurate and complete.

Company Name DRW Services, Inc. Address 600 E. Joe Orr Rd.
 City Chicago Heights State IL Zip 60411
 Telephone # 708-758-3222 Fax # 708-758-9137 Contractor License # IL194 Expiration Date 08/10/12
 Name of Authorized Representative Doug Harmon Title or Position Manager
 Signature [Signature] Date 6/4/11

RECEIVED
 Office of the State Fire Marshal
 JUN 08 2011
 Technical Services Division

(4) SITE STATUS - Check one: Existing Site Emergency Repair Previously Requested
(5) TYPE OF SYSTEM - Check whichever applies - Separate information is required for each type of system:
 Motor Fuel Waste Oil Stand-by Generator Heating Oil Marina-Include Required Checklist for Marinas Hazardous Substance
 Other (explain) _____

(6) Provide a **SUMMARY OF WORK** to be performed and explain any unusual circumstances on a separate sheet.

(7) GENERAL INFORMATION - Check whichever applies and fill in the appropriate blanks for the UST system(s) that will be involved. Attach additional sheet(s) if more space is needed.

(a) TANK(S):

Tank ID #	Capacity in Gallons	Product	Double Wall	Composite	FRP	STI P3 Steel	Manufacturer	Length of Warranty
6	2000	Kerosine	X	X			ModernWeld	

(b) ISLANDS: Existing to remain Installing new Reconstructing (explain below) None
(c) CANOPY: Existing to remain Installing new Replacing (explain below) None

Use this space for explanation for (b) & (c) above: _____

The OSFM REQUIRES the disclosure of the requested information to issue this permit, pursuant to 430 ILCS, Act 15, Gasoline Storage Act. Failure to provide the requested information will result in this permit application not being processed. Such failure will result in the application being returned - it will be returned to the applicant only once (without being denied) and if resubmitted, is REQUIRED to be done within 14 days from the date of return.

(8) TANK(S) COMPLIANCE INFORMATION - (New tanks must be U.L. approved. Used tanks must have OSFM approved recertification). Check whichever applies and use the space provided to describe the work to be performed or the methods to be used and **give the manufacturer and model of any equipment**, consoles, probes, sensors, etc. to be installed (**do not give catalog numbers**). Attach additional sheet(s) if more space is needed.

(a) **RELEASE DETECTION:** Manual Tank Gauging Automatic Tank Gauging Interstitial Monitoring
 Groundwater Monitoring Vapor Monitoring Other (explain below)
Equipment and/or explanation: Existing Veeder Root TLS-350 to remain. Adding Electronic Line Leak Detection w/Risk Mgmt. Software

(b) **CORROSION PROTECTION:** STI-P3 Composite Fiberglass Other (explain below) **Note: CP Equip must use CP App.**

(c) **SPILL PREVENTION:** Spill Containment Manhole Field Constructed Containment Other (explain below)
Equipment and/or explanation: Existing to remain

(d) **OVERFILL PREVENTION:** Drop Tube Valve Float Vent Valve Alarm and/or shutoff Other (explain below)
Equipment and/or explanation: Existing to remain

(9) PIPING COMPLIANCE INFORMATION - Check whichever applies and use the space provided to describe the work to be performed or the methods to be used and **give the manufacturer and model of any equipment**, consoles, probes, sensors, etc. to be installed (**do not give catalog numbers**). Indicate manufacturer of product piping, vent piping and remote fills. Attach additional sheet(s) if more space is needed.

(a) **PIPING:** Single Wall Double Wall Fiberglass Steel Other
 Existing to remain Installing new Installing partial **Note: Removal or Abandonment Permit may be required**
Equipment and/or explanation:

(b) **RELEASE DETECTION:**

1. **Pressurized Piping:** Line Leak Detector with Annual Line Test Continuous Line Pressure Monitor Interstitial Monitoring
 Groundwater Monitoring Vapor Monitoring Other (explain below)

2. **Suction Piping:** Interstitial Monitoring Groundwater Monitoring Vapor Monitoring Line Test Every Year
 European (Safe) Suction Other (explain below)

Equipment and/or explanation: Upgrading Veeder Root TLS-350 by adding Electronic Line Leak Detection w/ Risk Mgmt. Software & sensors

(c) **CORROSION PROTECTION:** Dielectric Coating Sacrificial Anode(s) Impressed Current Fiberglass Other (explain below)

(Installation of Cathodic Protection Equipment must be submitted on a Cathodic Protection Application)

Equipment and/or explanation:

(10) ARE ALL UST COMPONENTS THIRD PARTY LISTED FOR THEIR INTENDED USE? Yes No

If "No" check one: Attaching a licensed P.E. approval statement for unlisted equipment; or

Facility will conduct more frequent inspections of the unlisted equipment in accordance with rule requirements

If "No", have you verified that listed components are not available? Yes No

Explain equipment that will not be listed: For E-85 tank Veeder Root Line Sensor Only . All other existing E-85 tank equipment unknown

(11) SITE PLANS - Drawings of the site must accompany the application forms. They must show the entire UST system (tanks, piping, vents, islands, dispensers or other appurtenances) in relation to all buildings, structures and objects with specified setback distances. All objects on the site plans must be named and must be labeled as existing or as proposed. Site plans are not required if only installing equipment for leak detection (except monitoring wells), or spill & overfill prevention. The maximum site plans size allowed is 8 1/2" x 11". Blueprints are not acceptable.

(12) MINIMUM SETBACKS - Clearance distances must be given on the site plans in dimensions from the UST system to all buildings, structures and objects with a setback requirement. The minimum setback requirements for all tanks and all piping are at least:

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20 feet to property lines or right of way lines
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20 feet to storm sewers lines, sanitary sewer lines or similar underground drainage systems
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20 feet to basements or similar underground structures
<input checked="" type="checkbox"/>	<input type="checkbox"/>	300 feet to any mine shaft, air or escape shaft to a mine
<input checked="" type="checkbox"/>	<input type="checkbox"/>	85 feet to any school, institution, public assembly or theater occupancy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	400 feet to any potable wells on or near this facility. If no, contact IEPA Groundwater section at (217)785-4787.

It must be noted on the site plans if none of the above apply to this site! There may be provisions to alter these requirements if certain conditions exist under 41 Ill. Adm.Code 175 or if conditions are to remain existing.

(13) AUXILIARY INFORMATION - Other supplemental information, detail drawings or supporting documents may be necessary depending on the type and complexity of the project.

(14) APPLICATION REJECTION - Insufficient information or illegibility can be cause for return or denial.

(15) PERMIT TO WORK - No work can proceed without a granted permit in hand and must be available upon request of the OSFM Storage Tank Safety Specialist.

(16) APPLICANT - The **RESPONSIBLE CONTRACTOR** must complete this application. A fee of **\$200.00** for each site must accompany this application. (Checks or money orders are to be made payable to the Office of the State Fire Marshal. Do not send cash.)



Services, Inc. 600 E. Joe Orr Road Chicago Heights, IL 60411

Ph. 708-758-3222

Fax 708-758-9137

June 7, 2011

Office of the State Fire Marshal
Division of Petroleum and Chemical Safety
1035 Stevenson Drive
Springfield, IL. 62703

Attn: Jim Coffey - Permit Department
Re.: Upgrade Permit Application
Location: Speedway # 1417 (Facility # 2-039335)
4032 Rt 34
Oswego, IL. 60543

IE: Upgrade to Existing Tank Monitoring system

DRW Services, Inc. has been contracted to perform the following work:

Attached is my permit to upgrade the existing Veeder Root TLS-350 system by adding Electronic Line Leak Detection. It will include adding Risk Management Software and Line Leak Sensors.
Please call me with any questions.

All City, State and Federal regulations to be met.

Sincerely,

A handwritten signature in black ink, appearing to read 'Doug Harmon', written over a white background.

Doug Harmon, Manager
Cell: 708-243-0193

PuRg2039335

36 3345211



Services, Inc.

600 EAST JOE ORR ROAD
CHICAGO HEIGHTS, IL 60411
(708) 758-3222

Two Hundred and no/100

GREAT LAKES BANK
HOMERWOOD, IL 60430
BLUE ISLAND, IL 60408

RECEIVED

Office of the State Fire Marshal
06/08/11

JUN 08 2011

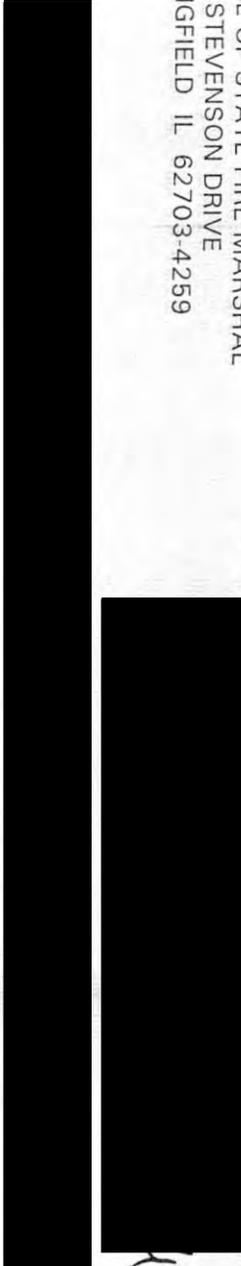
003521

AMOUNT
200.00

Pay
to the
order of

OFFICE OF STATE FIRE MARSHAL
1035 STEVENSON DRIVE
SPRINGFIELD IL 62703-4259

Technical Services Division





Office of the Illinois
State Fire Marshal

General Office

217-785-0969

FAX

217-782-1062

Divisions

ARSON INVESTIGATION
217-782-6855

BOILER and PRESSURE
VESSEL SAFETY
217-782-2696

FIRE PREVENTION
217-785-4714

MANAGEMENT SERVICES
217-782-9889

INFIRS
217-785-1016

PERSONNEL
217-785-1009

PERSONNEL STANDARDS
and EDUCATION
217-782-4542

PETROLEUM and
CHEMICAL SAFETY
217-785-5878

PUBLIC INFORMATION
217-785-1021

CERTIFIED MAIL - RECEIPT REQUESTED # Z 105 633 998

June 28, 1994

Jana Orel
Amoco Oil Co. #9524
2021 Spring Rd.
Oak Brook, IL 60521

In re:

Facility No. 2-023120
IEMA Incident No. 93-1874
Amoco Oil
Rt. 34 & 71
Oswego, KENDALL CO., IL

Dear Ms. Orel:

The Reimbursement Eligibility and Deductibility Application, received on 6-7-94 for the above referenced occurrence has been reviewed. The following determinations have been made based upon this review.

It has been determined that you are eligible to seek corrective action costs in excess of \$10,000. The costs must be in response to the occurrence referenced above and associated with the following tanks:

Eligible Tanks

Tank #1 - 500 gallon used oil
Tank #2 - 4,000 gallon gasoline
Tank #3 - 4,000 gallon gasoline
Tank #4 - 8,000 gallon gasoline
Tank #5 - 10,000 gallon gasoline

You must contact the Illinois Environmental Protection Agency to receive a packet of Agency billing forms for submitting your request for payment.

An owner or operator is eligible to access the Underground Storage Tank Fund if the eligibility requirements are satisfied:

1. Neither the owner nor the operator is the United States Government;

2. The tank does not contain fuel which is exempt from the Motor Fuel Tax Law;
3. The costs were incurred as a result of a confirmed release of any of the following substances:
 - "Fuel", as defined in Section 1.10 of the Motor Fuel Tax Law
 - Aviation fuel
 - Heating oil
 - Kerosene
 - Used oil, which has been refined from crude oil used in a motor vehicle, as defined in Section 1.3 of the Motor Fuel Tax Law.
4. The owner or operator registered the tank and paid all fees in accordance with the statutory and regulatory requirements of the Gasoline Storage Act.
5. The owner or operator notified the Illinois Emergency Management Agency of a confirmed release, the costs were incurred after the notification and the costs were a result of a release of a substance listed in this Section. Costs of corrective action or indemnification incurred before providing that notification shall not be eligible for payment.
6. The costs have not already been paid to the owner or operator under a private insurance policy, other written agreement, or court order.
7. The costs were associated with "corrective action".

This constitutes the final decision as it relates to your eligibility and deductibility. We reserve the right to change the deductible determination should additional information that would change the determination become available. An underground storage tank owner or operator may appeal the decision to the Illinois Pollution Control Board (Board), pursuant to Section 57.9 (c) (2). An owner or operator who seeks to appeal the decision shall file a petition for a hearing before the Board within 35 days of the date of mailing of the final decision (35 Illinois Administrative Code 105.102(a) (2)).

For information regarding the filing of an appeal, please contact:

Dorothy Gunn, Clerk
Illinois Pollution Control Board
State of Illinois Center
100 West Randolph, Suite 11-500
Chicago, Illinois 60601
(312)814-3620

The following tanks are also listed for this site:

Tank #6 - 12,000 gallon gasoline
Tank #7 - 12,000 gallon gasoline

Your application indicates that there has not been a release from these tanks. You may be eligible to seek payment of corrective action costs associated with these tanks if it is determined that there has been a release from one or more of these tanks. Once it is determined that there has been a release from one or more of these tanks you may submit a separate application for an eligibility determination to seek corrective action costs associated with this/these tanks.

If you have any questions regarding the eligibility or deductibility determinations, please contact our office at (217)785-1020 or (217)785-5878 between 2:00 - 4:00 p.m.

Sincerely,



James I. McCaslin
Director
Division of Petroleum and Chemical Safety

JIM:bc

cc: IEPA
Facility File

#6371

5-3-94E
2-023120



Amoco Oil Company

2021 Spring Road, Suite 400
Oakbrook, Illinois 60521-1857
Remediation Services Division
708-990-2343

April 27, 1994

Office of the State Fire Marshal
Petroleum & Chemical Safety
Eligibility & Deductible Det. Seciton
1035 Stevenson Drive
Springfield, Illinois 62703-4259

RE: Facility #2-023120
Amoco Oil Co. #9524
Rt. 34/Rt. 71
Oswego/Kendall County
Incident #931874

To Whom It May Concern:

Enclosed please find our reimbursement application for the above referenced site. Please process this application at your earliest convenience.

If you have any quetions, please do not hesitate to contact me at (708) 990-1046.

Sincerely,

Jana Orel

JO/me
enclosures

JUN 07 1994

DIV. OF PETROLEUM &
CHEMICAL SAFETY

MAY 03 1994

DIV. OF PETROLEUM &
CHEMICAL SAFETY



Office of the Illinois State Fire Marshal

General Office 217-785-0969

- Divisions: ARSON INVESTIGATION, BOILER and PRESSURE VESSEL SAFETY, FIRE PREVENTION, MANAGEMENT SERVICES, INFIRS, PERSONNEL, PERSONNEL STANDARDS and EDUCATION, PETROLEUM and CHEMICAL SAFETY, PUBLIC INFORMATION

Underground Storage Tank Fund Eligibility and Deductibility Application

This application must be submitted by all underground storage tank owners or operators planning to seek reimbursement of corrective action costs from the Underground Storage Tank (UST) Fund.

The application must be completed in its entirety. All signatures and seals must be originals signed in black ink. Incomplete applications will be returned to the applicant.

To ensure proper routing, DO NOT submit the application with reports, with copies of reports or inside reports. A duplicate copy of the application is not required.

Following the review of your application, you will receive a letter stating whether you are eligible and the applicable deductible amount.

OSFM Facility ID #: 2-023120

1. Name of Applicant: Amoco Oil Co. #9524

Tank Owner: X Tank Operator: (Check those that currently apply)

Mailing Address of Applicant: 2021 Spring Rd.

City: Oak Brook State: IL Zip: 60521

Contact Person: Jana Orel

2. Current Owner: Amoco Oil Co.

a.) Tank: X Property: Lessee: (Check those that currently apply)

Mailing Address: 2021 Spring Rd.

City: Oak Brook State: IL Zip: 60521

Phone: (708) 990-1046

b.) Date Facility Property Purchased: Nov. 1985

c.) Were tanks in the ground on date of purchase? Yes X No MAY 03 1994

d.) If no, were they installed after your purchase? n/a

e.) Have you ever operated these tanks: pumped product in or out during the ordinary course of operation? Yes No n/a

3. Previous owner/operator: Estate of Ira Stonier c/o Chas. Helmig, Esq

Tank: Property: Lessee: (Check those that currently apply)

Current mailing address: 1722 Fourth St.

City: Peru State: IL Zip: 61354

Phone: () _____

4. Facility Name: Amoco Oil

Facility Address: Rt. 34 + 71

City: Oswego County: Kendall

5. Occurrence for which you intend to seek reimbursement: Incident # 931874

Other incident numbers reported at the site: n/a

(A separate application must be filed for each occurrence. Please indicate if any of the additional incident numbers are erroneously reported incidents, or a second reporting of the same occurrence for which you intend to seek reimbursement.)

6. Person and official title notifying IEMA (previously ESDA) of the occurrence for which you intend to seek reimbursement: Jana Orel
(If notifier was not the owner/operator, submit a notarized letter from the owner/operator stating this person (by name and official title) was authorized by owner. This letter must be signed in black ink by owner/operator; owner/operator may not authorize anyone to sign this letter.)

7. Date IEMA notified of the occurrence for which you intend to seek reimbursement: 7/13/93

8. Number of USTs at the site: 7
(An UST release includes USTs presently at the site and USTs that have been removed).

9. Number of USTs at the site that have had a release: 5 (An UST release includes a leak from an underground tank, a release from underground piping associated with the tank, plus overfills of the UST during filling).

10. Type of release (check all that apply):

UST leak

Overfill of an UST during filling (assume)

Underground piping leak

Other (please attach description)

11. Is the UST owner or operator the U.S. government? Yes No

12. Is the UST owner or operator a rail carrier registered pursuant to Section 18c-7201 of the Illinois Vehicle Code?

Yes No

13. Is the UST located at an airport with over 300,000 operations per year and in a city of more than 1,000,000 inhabitants?

____ Yes X No

The following certification must be completed by the UST owner/operator:

I Gordon Terhune the Owner/ Operator of Amoco Oil Co. Leaking Underground Storage Tank site, do hereby certify under penalty of law, that this application and the supporting documentation attached hereto were prepared under my direction or supervision in accordance with a system designed to assure that quality personnel properly gathered and evaluated the information submitted therein. I affirm that the information is, to the best of my knowledge and belief, true, accurate and complete. Such affirmation is made under penalty of perjury as defined in Section 32-2 of the Criminal Code, 720 ILCS 5/32-2. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowingly committing violations. The "Eligibility and Deductibility Determination" decided pursuant to this document is subject to the costs being associated with "Corrective Action" of Title XVI, Petroleum USTs.

Signature (Owner/Operator): Gordon Terhune

Title: PROJECT ENGINEER

Date: 4/21 . 19 94

Subscribed and sworn to before me this 21 day of April, 19 94.
(Application must be notarized when the certificate is signed.)

Jana Orell
Notary Public



JUN 07 1994

DIV. OF PETROLEUM & CHEMICAL SAFETY

MAY 03 1994

DIV. OF PETROLEUM & CHEMICAL SAFETY

Note: Original signatures in black ink and seals are required for the certification and notarization. Attach the UST information sheet behind this page. This form may be reproduced on a copier but cannot be altered in any way. DO NOT reproduce on a computer; this will be grounds for rejection.

UST Information Sheet

The information below must be provided for each UST at the site (USTs presently at the site and USTs that have been removed).

Please photocopy this page if more space is needed.

All spaces must be completed for each tank. If you have any questions, please refer to the instructions.

OSFM Facility ID #: 2-023120

Tank	Product Code	Size (Gallons)	Date Installed	Date Out of Service	Date Removed	Date Registered	IEMA NUMBER	Date IEMA Notified	Registration Fees Paid		Has UST Had a Release		Is UST Legally Abandoned-In-Place (Filled)	
									Y	N	Y	N	Y	N
1	U	500	1971	1987	1987	4/25/86	931874	7/13/93	<input checked="" type="radio"/>	N	<input checked="" type="radio"/>	N	Y	<input checked="" type="radio"/>
2	G	4000	1972	1993	1993	4/25/86	931874	7/13/93	<input checked="" type="radio"/>	N	<input checked="" type="radio"/>	N	Y	<input checked="" type="radio"/>
3	G	4000	1972	1993	1993	4/25/86	931874	7/13/93	<input checked="" type="radio"/>	N	<input checked="" type="radio"/>	N	Y	<input checked="" type="radio"/>
4	G	8000	1972	1993	1993	4/25/86	931874	7/13/93	<input checked="" type="radio"/>	N	<input checked="" type="radio"/>	N	Y	<input checked="" type="radio"/>
5	G	10,000	1981	n/a	n/a	4/25/86	931874	7/13/93	<input checked="" type="radio"/>	N	<input checked="" type="radio"/>	N	Y	<input checked="" type="radio"/>
6	G	12,000	1993	n/a	n/a	4/18/94	n/a	n/a	<input checked="" type="radio"/>	N	Y	<input checked="" type="radio"/>	Y	<input checked="" type="radio"/>
7	G	12,000	1993	n/a	n/a	4/18/94	n/a	n/a	<input checked="" type="radio"/>	N	Y	<input checked="" type="radio"/>	Y	<input checked="" type="radio"/>
8									Y	N	Y	N	Y	N
9									Y	N	Y	N	Y	N
10									Y	N	Y	N	Y	N

Product Codes - (Refer to instructions for definitions): G - Gas, D - Diesel, A - Aviation fuels, K - Kerosene or U - Used oil; H - Heating oil; HAZ - Hazardous Substance; N - Any product not included under another code.

Comments: _____



State of Illinois ENVIRONMENTAL PROTECTION AGENCY

Mary A. Gade, Director

2200 Churchill Road, Springfield, IL 62794-9276

PRIVATE INSURANCE AFFIDAVIT

I, Gordon Terhune, a duly authorized representative of Amoco Oil Co., hereby certify that Amoco Oil Co. (owner/operator or firm's name)

does, [check] does not have private insurance coverage for all or part of the costs related to claim for payment of Amoco Oil Co (owner or firm's name)

study and/or remediation costs for work performed at Amoco (site name) located at 1334 W. Division/Nobel, Chicago (address)

I, Gordon Terhune Project Engineer of Amoco Oil Co. (name) (title) (Owner/operator or firm's name)

certify that as of this date, the above information is accurate and complete. Furthermore, I also agree to reimburse the Illinois EPA for any overpayment made by my private insurance company in excess of the deductible amount for each site.

Owner/Operator: GORDON TERHUNE Title: PROJECT ENGINEER Signature: Gordon Terhune Date: 4-21-94

Subscribed and sworn to before me the 21st day of April, 1994. (The Private Insurance Affidavit must be notarized when the affidavit is signed.)

Jana Orel (Notary Public)



Seal: JUN 07 1994 DIV. OF PETROLEUM & CHEMICAL SAFETY

The Agency is authorized to require this information under 415 ILCS 5/4 and 21. Disclosure of this information is required. Failure to do so may result in a penalty up to \$25,000.00 for each day the failure continues, a fine up to \$50,000.00 and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

IL 532-2008 LPC 419 Rev. Oct-93

MAY 03 1994 DIV. OF PETROLEUM & CHEMICAL SAFETY



OFFICE OF THE STATE FIRE MARSHAL
 DIVISION OF PETROLEUM AND CHEMICAL SAFETY
 1035 STEVENSON DRIVE
 SPRINGFIELD, ILLINOIS 62703-4259

FOR OFFICE USE ONLY

FACILITY # 2-023120

IMEA # 93-1874

DATE RECEIVED 5-3-94

DATE RETURNED 5-25-94

UST FUND

NAME: Amoco Oil Co. # 9524

ADDRESS: 2031 Spring Road

CITY: Chick Brook

STATE: IL ZIP: 60521

PHONE: (708) 990-1046

Contact Person: Jana Orel

IF YOU HAVE ANY QUESTIONS CALL:

Our Office AT (217)785-1020 OR
 (217)785-5878 BETWEEN THE HOURS OF 3:00 - 4:00 P.M.

PLEASE STATE YOUR CALL IS REGARDING ACCESSING UST FUND.

YOUR ELIGIBILITY AND DEDUCTIBILITY APPLICATION IS BEING RETURNED FOR YOUR FACILITY. YOU MUST RESUBMIT YOUR APPLICATION AND RESPONSE TO OUR OFFICE AS ONE PACKAGE; DO NOT SEND SEPARATELY. IF YOUR RESPONSE IS NOT RECEIVED WITHIN 60 DAYS YOUR APPLICATION WILL BE CONSIDERED WITHDRAWN AND A NEW (OSFM) APPLICATION MUST BE COMPLETED AND RESUBMITTED.

Before our Office can determine your eligibility to access the Underground Storage Tank Cleanup Fund you must respond to the following items checked below:

1. The annual and/or late registration fees for this facility have not been paid as required by state and federal law. All applicable fees must be paid before we can process your request. Please issue a check made payable to Illinois State Fire Marshal in the amount of \$ _____ for the annual tank and/or late registration fees and return along with your submittal.
2. _____ tank(s) are not registered with our Office as required by state and federal law. Tank(s) must be registered and applicable fees paid before we can process your request. Enclosed is a notification for underground storage tanks. Please complete and return with a check made payable to Illinois State Fire Marshal in the amount of \$ _____ for late fees (\$500 per tank) or annual fees (\$100 per tank). If you believe the tanks are exempt from registration, a letter of explanation signed by the tank owner must accompany your resubmittal; DO NOT send payment if you feel the tank is exempt.
3. The attached Notification of Underground Storage Tanks form must be completed and submitted to the Office of the State Fire Marshal as indicated below. You must resubmit your application and response to our Office as one package.

New Installation

Removal Notice

Upgrade/Repair

Abandonment In Place

Reline

New Owner Notification

Other We are in receipt of the removal notification of 4-29-94 indicating the removal of Tank # 1, 500 gallon →

4. Our Office requires applications to be complete before they are reviewed for eligibility. Any revision to the original application must be dated and initialed by the person entering the new information. This must be the same person who signs the application. Please revise your application to include the following information:

used oil tank, in 1987. However, this office requires the month and day as well as year of removal. Please complete the enclosed removal notification for tank #1, indicating the exact date of removal for this tank.

INSTALLED 5/11/1981 2-023120

Roy A. Nelson
Fire Safety Inspector

April 16, 1981

A.B.D. Tank & Pump Co.
8111 W. 47th Street
Lyons, Illinois 60534

Re: Standard Oil Co.
Rt. 71 & Rt. 34
Oswego, Illinois — KENDALL COUNTY

1 new 10,000 gallon underground fibreglass
gasoline storage tank for additional storage

2 new islands with pumps for dispensing of
fuels

Gentlemen:

Applications and drawings have been reviewed by this office, on April 16th, 1981, for above-captioned proposal, on the basis of showings, subject to full compliance with all rules and regulations relating to service station storage, pages 22 through 39, of the "GASOLINE AND VOLATILE OILS" rules.

The following shall also apply:

1. Approval does not extend to any deficiencies in the existing installation.

THE PROPOSAL WILL BE SUBJECT TO ANY VALID LOCAL ORDINANCE WHICH MAY APPLY.

One copy each of application and drawing as approved is enclosed. Copy of this letter and enclosure are being forwarded to Fire Safety Inspector, Roy A. Nelson, for his use in checking this installation. Please notify this office, when the work has been completed, and BEFORE TANK IS COVERED, so that an inspection may then be scheduled.

Sincerely,

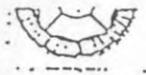
Dwight R. Elliott
Deputy State Fire Marshal

GM:gs

CC - Inspector Nelson
CC - Fire Chief Detzler

ST 1145 ET 1245
TT-25 M-4

2-023120



UNDERGROUND TANK INSTALLATION INSPECTION

I. General Information

1. Facility Computer Number 2-023120 Permit Number 8804-93-INS
2. OSFH Inspector Robert P. Cava
3. Local Inspector Rick Neitzer Address: 59 Main St
4. Location Name Amoco 559524 Address: Pt. 71 & Pt. 34
5. Installing Company A, B, D. Tank & Pump State Registration Number 363-01-9408
Foreman's name Hoytary, Hoyt
6. Who witnessed installation OSFH Inspector Local Inspector
 Other (explain _____)
7. Is installation location the same as shown on approved drawing? Yes No
8. Were all sewer lines, wells and property lines within 20' shown on approved drawing? Yes No
9. Are mines or escape shafts more than 300' from tanks? Yes No
10. Are schools, institutional occupancies, public assembly or theatres more than 85' from installation? Yes No
11. Are tanks more than 20' from any buildings with basement located below tank grade? Yes No
12. Are tanks located more than 300' of any water well? Yes No

RECEIVED

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DIVISION OF FIRE PREVENTION
CHICAGO
correction is made.

II. Tanks

	Permatank	Permatank			
1. Tank manufacturer	<u>Permatank</u>	<u>Permatank</u>			
2. Tank size (gallons)	<u>12,000</u>	<u>12,000</u>			
3. Is tank UL labeled?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No	<input checked="" 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
4. Material of tank construction	<u>Permatank Composite</u>	<u>Permatank Composite</u>			
5. Type of corrosion protection	<u>None</u>	<u>None</u>			
6. Was tank damaged during shipping/installation?	<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
If damaged, was repair made?	<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
7. Are installation instructions on hand?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No	<input checked="" 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
Does installation comply with manufacturer's instructions?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No	<input checked="" 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
8. Is tank single or double wall?	<input type="checkbox"/> S <input checked="" type="checkbox"/> D	<input type="checkbox"/> S <input checked="" type="checkbox"/> D	<input type="checkbox"/> S <input type="checkbox"/> D	<input type="checkbox"/> S <input type="checkbox"/> D	<input type="checkbox"/> S <input type="checkbox"/> D
9. Is overfill protection provided?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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
10. Is tank used?	<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
If yes, age?					
Is certification present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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

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BA

II. Tanks (continued)

11. Was tank pressure tested on site? YES No YES No YES No YES No YES No
- At what PSI? 5 PSI 5 PSI _____
- Was tank soaped? YES No YES No YES No YES No YES No
12. If fiberglass tank, was deflection measured? YES No YES No YES No YES No YES No
13. What product will be stored? GAS GAS _____

III. Piping

1. Piping Material Double wall Fiberglass
Type of corrosion protection (galvanizing alone is not sufficient) N/A
2. Length of pipe run 3" - 225' / 2" = 96' Diameter of pipe 3" leads to 9" Secondary
3. Was piping pressure tested? YES No At what PSI? 50-65 PSI
4. Size of vent pipe? 3"
5. Was piping or coating damaged during shipping/installation? Yes No
If yes, was it properly repaired? YES No
6. Are pipes single or double wall? Double

IV. Installation

1. Is 12" minimum of bedding provided? YES No
2. Distance between tanks? 3' Backfill material? Peagrowl
3. Is 36" minimum depth of cover provided? YES No
4. Are tanks or vents manifolded? Yes No
5. Are tanks anchored? Yes No If yes, anchored to what? _____
Are anchors isolated from tank? Yes No
6. Is secondary containment provided? Yes No If yes, type Ameron
7. Are monitoring wells installed? Yes No If yes, how many? 3 Diameter? 12"
Is depth at least 1' below tank bottom? YES No
8. Are other types of leak detection present? Yes No If yes, describe Emco Wheaton A1100
+ EBW 705-5

V. Other/Comments

SEP 13 1993

DIV. OF PETROLEUM & CHEMICAL SAFETY

VI. Signature Robert P. Carr

9-1-93

Inspection Signature

Date



Office of Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, IL 62703-4259

Cava

Same as installation ST-1145-ET1245 T.T. 25 M 4

FOR OFFICE USE ONLY	
Facility #	2-023120
Permit #	8803-93 HPG/REP
Request Rec'd	6-8-93
Approval Date	6-23-93 DT
Permit Expires	12-23-93

PERMIT FOR UPGRADE OR REPAIR OF UNDERGROUND STORAGE TANKS AND PIPING FOR PETROLEUM AND HAZARDOUS SUBSTANCES

Permission to upgrade or repair underground storage tank or tanks and piping is hereby granted. Such upgrade or repair must be in complete accordance with acceptable materials and procedures as specified in the Federal Register, Part II Environmental Protection Agency, 40 CFR Parts 280 and 281, and also with all sections of 41 Illinois Administrative Code, Part 170. A forty-eight (48) hour - 2 working day notice given by the contractor is required to confirm final date of the upgrade or repair for confirmation of our inspector to be on site. You must contact the Division of Fire Prevention by phone; Chicago 312/814-2693, Marion 618/997-4371 ext.210, Springfield 217/785-4713. THIS PERMIT IS VALID FOR 6 MONTHS FROM THE APPROVAL DATE.

1) Owner - corporation, partnership or other business entity:

Amoco Oil

Name 2021 Spring Rd. Suite 400
 Street Address Oakbrook IL 60521
 City 708-990-5722 State IL Zip 60521
 Phone 708-990-5722

2) Name and location of facility where installation is to occur:

Amoco SS 9524

Name Route 71 & Route 34
 Street Address Oswego IL 60543 Kendall
 City K. Abdullah State IL Zip 708-990-5722 County Kendall
 Contact Person Phone

3) Person, firm or company performing work:

A.B.D. Tank & Pump

Name 8111 W. 47th
 Street Address Lyons IL 60534
 City 708-442-5090 State IL Zip 60534
 Phone 708-442-5090 Registration No. 363-01-9409

This order completed Local F.D. Witnessed Robert Cava W.C. 9-1-93 RECEIVED

SEP 2 1993

4) Upgrade or Repair of tanks:

a) Number and size of tanks being upgraded or repaired (1) - 10,000 gallon

b) Type of tanks: Existing fiberglass

c) Type of piping: Installing new double wall fiberglass piping

d) Type of leak detection being installed for each tank and piping: Installing Veeder Root TLS 350 electronic tank gauge and V.R. TLS 350 electronic line leak detector and liquid piping sump sensor.

e) Product to be stored in each tank: Gasoline

f) Corrosion protection being installed for each tank system (including piping): New piping is fiberglass

g) Spill/Overfill prevention devices being installed for each tank: Installing EBW 705 BG spill containment manholes and Emco Wheaton All00 overfill prevention device. Installing containment sumps at existing submersible pumps and installing dispenser pans.

5) Owner must notify this office when completion of tank upgrade or repair has occurred, on USEPA Notification Form 7530-1. Please note a USEPA Form 7530-1 has been forwarded to the name and address shown in Item 1 (All pages of this form must be completed).

6) Special Contingencies _____

7) Minimum setback distances from all potable water wells must be maintained to underground tanks of more than 500 gallons, being installed or upgraded. Consult IEPA Groundwater Section (217)785-4787 for all inquiries pertaining to community wells on IDPH Division of Environmental Health (217)782-5830 for all private wells.

cc: Fire Prevention Region
 Fire Department
 Division File
 Rev. 8/91

Sincerely,
 Chicago

W. Dale Tanke
 W. Dale Tanke, Storage Tank Safety Engineer

SEP 13 1993

DIV. OF PETROLEUM & CHEMICAL SAFETY

BT



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259
 (217)785-1020 or (217)785-5878

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 SEP 02 1998

Facility # 2023120
 Date 8-24-98
 Decal # 08275
 Issued by K.O.

CERTIFICATION AUDIT
 DIV. OF PETROLEUM & CHEMICAL SAFETY

OWNER OF TANKS
Amoco Oil Company
 Name
28100 TORCH PARKWAY
 Street Address
WARRENVILLE IL 60555
 City State Zip
CHERYL KIRBY 630-836-5554
 Contact Person Phone

FACILITY
Amoco Food Shop ss# 9524 FAc. 11796
 Name
RT 34 #71
 Street Address
OSWEGO IL 60543 KENDALL
 City State Zip County
CHERYL KIRBY 630-836-5554
 Contact Person Phone

SECTION A. TANK RELEASE DETECTION (Section 170.510 (a))

- A. Inventory Control or Manual Tank Gauging (with required tank tightness testing). Date of last test 7-31-98
- B. SIR with required tank tightness test. Date of last test _____
- C. Automatic tank gauging D. Vapor well monitoring E. Groundwater well monitoring F. Interstitial monitoring X. Non-compliance
- ?. Information not available

SECTION B. PIPING RELEASE DETECTION (Section 170.510 (b))

- 1. Pressurized Piping or 2. Suction Piping
- A. Vapor or groundwater monitoring wells B. Interstitial monitoring (double wall or secondary containment)
- C. Automatic line leak detector D. Automatic shut-off device E. Continuous alarm system F. Line tightness testing
- G. European suction X. Non-compliance ?. Information not available

SECTION C. SPILL PREVENTION (Section 170.450)

- A. Spill containment devices in place B. <25 Gallon fills X. Non-compliance ?. Information not available

SECTION D. OVERFILL PREVENTION (Section 170.450)

- A. Overfill device B. Automatic shut-off C. Overfill alarm D. Ball float valve E. <25 Gallon fills X. Non-compliance
- ?. Information not available

SECTION E. TANK CORROSION PROTECTION (Section 170.460)

- A. Cathodic protection B. Impressed current C. Secondary containment D. Exterior coating E. Fiberglass reinforced plastic
- F. Double-walled G. Interior lining X. Non-compliance ?. Information not available

SECTION F. PIPING CORROSION PROTECTION (Section 170.460)

- A. Cathodic protection B. Impressed current C. Secondary containment D. Flexible piping E. Fiberglass reinforced plastic
- F. Double-walled X. Non-compliance ?. Information not available

SUMMARY

Tank ID Number	Capacity in Gallons	Product	Tank Release Detection	Piping Release Detection	Spill Prevention	Overfill Prevention	Tank Corrosion Protection	Piping Corrosion Protection	1998 Compliance (Y or N)
#5	10M	GAS	A-C-E	I-A-DEF	A- BD	A-C-D	E- F	E-F	Y
#6	12M	GAS	A-C-E	I-A-DEF	A- BD	A-C-D	E-F	E-F	Y
#7	12M	GAS	A-C-E	I-A-DEF	A- BD	A-C-D	E-F	E-F	Y

AZEEM
 Person Interviewed

Ken Oltman
 Storage Tank Safety Specialist



OFFICE OF THE STATE FIRE MARSHAL
 DIVISION OF PETROLEUM & CHEMICAL SAFETY
 1035 STEVENSON DRIVE
 SPRINGFIELD, ILLINOIS 62703-4259

FACILITY # 2023/20
 PERMIT # 0163-95 upg
 DATE 6-27-95

LOG OF UNDERGROUND STORAGE TANK

UPGRADE REPAIR RELINE

OWNER	LOCATION
Name <u>Amoco Oil Co</u>	Name <u>Amoco</u> # <u>9524</u>
Address <u>2021 Spring Rd Ste 400</u>	Address <u>Rts 71 & 34</u>
City <u>Oak Brook</u> State <u>IL</u>	City <u>Osage</u> County <u>Kendall</u>
Phone (<u>708</u>) <u>990 5721</u>	Phone (<u>708</u>) <u>990 5721</u>

(A) PIPING: NA

1. Piping material _____ Piping type? _____ suction _____ pressurized
 Type of corrosion protection including dielectric coating _____
2. Length of pipe run _____ Diameter of pipe _____
3. Was piping pressure tested for 30 minutes? _____ yes _____ no At what PSI? _____
 (50 PSI-pressurized 7 PSI-suction)
4. Size of vent pipe? _____
5. Was piping or coating damaged during shipping/installation? _____ yes _____ no
 If yes, was it properly repaired? _____ yes _____ no
6. If temperature was at or below 65° what forced adhesive curing method was used for FRP piping?
 heat packs _____ heating blankets _____
7. Are pipes single or double wall? _____
8. Backfill used? _____
9. Were all manufacturers instructions followed? _____ yes _____ no
10. Tanks affected: Size: _____
 Contents: _____

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JUN 27 1995
 DIV. OF PETROLEUM &
 CHEMICAL SAFETY

(B) LEAK DETECTION: NA

1. Type of leak detection being used on tanks _____

(OVER)

2. Type of leak detection being used on piping _____

3. Is European type suction piping which requires no leak detection being installed? _____ yes _____ no
NOTE: Suction piping must be sloped toward tank and have only one check valve located near pump.

4. Leak detection added to tank: Size: _____
Contents: _____

C) RELINED: *NA*

1. Are tanks being relined? _____ yes no

2. Does the contractor have a combustible gas indicator and oxygen monitor to perform periodic test on vapor and oxygen levels? _____ yes _____ no

3. Do the personnel that will be entering the tank have supplied air with full face enclosure, proper protective clothing. A safety harness connected to a safety line, and a tripod to lower personnel down into the tank? _____ yes _____ no

4. Has the tank been vapor freed to acceptable levels to allow for safe cutting of the entrance hole? _____ yes _____ no

5. Is the material specified on the permit used to reline only those tanks listed on the permit? _____ yes _____ no

6. Has the contractor arranged for a volumetric tank tightness test to check the quality of his work? _____ yes _____ no
Date tightness test will be performed _____

7. Tanks relined: Size: _____
Contents: _____

D) SPILL CONTAINMENT DEVICE: *NA*

1. Are spill containment manholes being installed? _____ yes _____ no

2. Tanks affected: Size: _____
Contents: _____

E) OVERFILL PROTECTION DEVICE:

1. Are automatic shut off devices installed? yes _____ no

2. Are overfill alarms being installed? _____ yes no

3. Are ball vent float valves being installed? _____ yes no

4. Tank upgrade: Size: *12 12 10* _____
Contents: *gasoline* _____

ABD Tank & Pump Inc
Name of contractor

730 Industrial Dr
Address

Elmhurst Ill 60126
City State Zip

708 530 9880 363 01 9409
Phone Registration number

Foreman's name

OTHER/COMMENTS:

NOTE: OSFM Inspectors, if you have any questions about an installation, upgrade, repair, or relining -- CALL THE OFFICE!

OSFM Inspector Signature Bruce [Signature] Date final 6-21-95

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JUN 27 1995
DIV. OF PETROLEUM &
CHEMICAL SAFETY



RECEIVED
 MAR 29 2000
 DIV OF PETROLEUM
 CHEMICAL SAFETY

OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259
 (217)785-1020 or (217)785-5878

CERTIFICATION AUDIT

VISIT # 2

2000 57347

Facility # 2023120
 Date 3-21-00
 Current Decal # 8001970
 Expiration Date 2003
 Decal # Removed 08275
 Issued by K.D.

OWNER OF TANKS

Amoco OIL Company
 Name
28100 TORCH PARKWAY
 Street Address
WARRENVILLE, IL 60555
 City State Zip
CHERYL KIRBY 630-836-5554
 Contact Person Phone

FACILITY

Amoco Food Shop 55#9524 FAC. 11796
 Name
Rta 34 & 71
 Street Address
OSWEGO, IL 60543 KENDALL
 City State Zip County
CHERYL KIRBY 630-836-5554
 Contact Person Phone

SECTION A. TANK RELEASE DETECTION (Section 170.510 (a))

- A. Inventory Control or Manual Tank Gauging (with required tank tightness testing). Date of last test _____
 B. SIR with required tank tightness test. Date of last test _____
 C. Automatic tank gauging D. Vapor well monitoring E. Groundwater well monitoring F. Interstitial monitoring X. Non-compliance
 ? Information not available COMMENTS _____

SECTION B. PIPING RELEASE DETECTION (Section 170.510 (b))

1. Pressurized Piping or 2. Suction Piping

- A. Vapor or groundwater monitoring wells B. Interstitial monitoring (double wall or secondary containment) C. Automatic line leak detector
 D. Automatic shut-off device E. Continuous alarm system F. Line tightness testing Date of Last Test _____ G. European suction
 X. Non-compliance ? Information not available COMMENTS _____

SECTION C. SPILL PREVENTION (Section 170.450)

- A. Spill containment devices in place B. <25 Gallon fills X. Non-compliance ? Information not available
 COMMENTS _____

SECTION D. OVERFILL PREVENTION (Section 170.450)

- A. Automatic shut-off B. Overfill alarm C. Ball float valve D. <25 Gallon fills X. Non-compliance
 ? Information not available COMMENTS _____

SECTION E. TANK CORROSION PROTECTION (Section 170.460)

- A. Cathodic protection B. Impressed current C. Secondary containment D. Exterior coating E. Fiberglass reinforced plastic F. Double-walled
 G. Interior lining X. Non-compliance ? Information not available COMMENTS _____

SECTION F. PIPING CORROSION PROTECTION (Section 170.460)

- A. Cathodic protection B. Impressed current C. Secondary containment D. Flexible piping E. Fiberglass reinforced plastic F. Double-walled
 X. Non-compliance ? Information not available COMMENTS _____

SUMMARY

Tank ID #	Capacity in Gallons	Product	Section A Tank Release Detection	Section B Piping Release Detection	Section C Spill Prevention	Section D Overfill Prevention	Section E Tank Corrosion Protection	Section F Piping Corrosion Protection	Red Tag Number	1998 Compliance (Y or N)
#5	10,000	Gas	F -C	B -C	A	C	E-F	E-F	X	Y
#6	12,000	Gas	F -C	B -C	A	C	E-F	E-F		Y
#7	12,000	Gas	F -C	B -C	A	C	E-F	E-F		Y

MATHEWS
 Person Interviewed (Printed)

MANAGER
 Title (Printed)

for Oltsman
 Storage Tank Safety Specialist

WHITE - AGENCY

CANARY - STSS

PINK - OWNER



OFFICE OF THE STATE FIRE MARSHAL
 DIVISION OF PETROLEUM & CHEMICAL SAFETY
 1035 STEVENSON DRIVE
 SPRINGFIELD, ILLINOIS 62703-4259

600570817
 FACILITY # 2-023120
 PERMIT # 00606-2001 REM
 DATE 5-15-2001
 IEMA # NA
 ARRIVAL TIME 10:00 AM
 DEPARTURE TIME 4:30 PM

LOG OF UNDERGROUND STORAGE TANK

REMOVAL ABANDONMENT IN PLACE
 (OPERATIONAL SAFETY INSPECTION)

RECEIVED

MAY 17 2001

OWNER

FACILITY

Name AMOCO OIL COMPANY
 Address 28100 TORCH PARKWAY, 3RD FLOOR
 City WARRENVILLE State IL
 Phone (630) 836-5975

DIV. OF PETROLEUM
 CHEMICAL SAFETY
 Name Amoco Ss #9524 FAC.#11796
 Address Rt 34 + 71
 City OSWEGO County KENDALL
 Phone () _____

CONTRACTOR:

NAME: ABD TANK & Pump Company INC.
 ADDRESS: 730 INDUSTRIAL DRIVE
 CITY: ELMHURST STATE: IL
 PHONE: 630-530-9880 ZIP: 60126
 IL NUMBER 1733 FSD CARDHOLDER JAMES VEVERKA

REMOVAL:

STATUS: MINOR SIGNIFICANT MAJOR APPEARS TO BE NO RELEASE
 AREA OF CONTAMINATION: TANK FLOOR WALLS PIPE TRENCH OTHER _____
 GROUND WATER CONTAMINATED: Yes No ANY WATER WELLS IN AREA? Yes No
 NUMBER OF TANKS REMOVED: 3
 PRINTOUT TANK ID NUMBER: 5 6 7 _____
 SIZE OF EACH TANK REMOVED: 10 M 12 M 12 M _____ M _____ M _____ M _____ M _____ M
 PRODUCT STORED: (GASOLINE) _____
 DOES THIS TANK APPEAR TO HAVE LEAKED? (Y OR N) N _____
 NUMBER OF TANKS TO REMAIN IN GROUND: - 0 -
 SIZE OF EACH TANK: _____ M _____ M
 PRODUCT STORED: _____

(OVER)

ABANDONMENT IN PLACE:

NUMBER OF TANKS ABANDONED: _____

PRINTOUT TANK ID NUMBER: _____

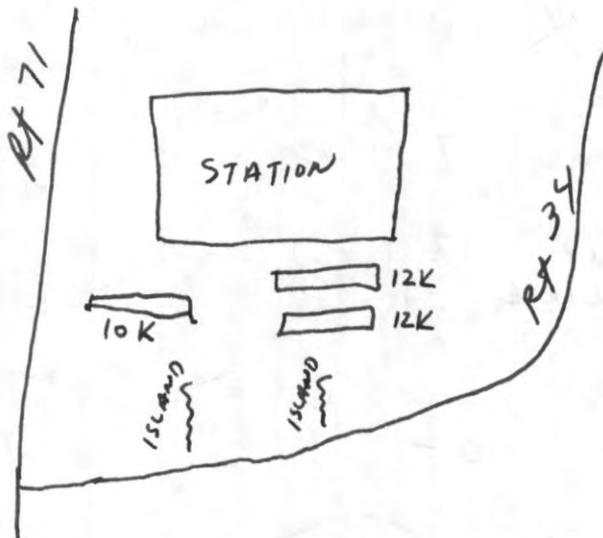
SIZE: _____

CONTENTS: _____

BRIEF DESCRIPTION OF METHOD OF ABANDONMENT: _____

REMOVAL OR ABANDONMENT COMMENTS: Delta Environmental on site. appeared to be no release

SKETCH OF SITE LAYOUT AND TANK LOCATIONS ON REMOVALS:



OSFM Inspector Signature Ken Olman

Date 5-15-2001



Illinois Emergency Management Agency

FIELD REPORT

Incident Number **931874**

Date: 7/13/93
Time: 3:45 p.m.
Received by: Ad

Notify: ILLINOIS EMERGENCY MANAGEMENT AGENCY
1 - 800 / 782 - 7860 or 217 / 782 - 7860

- 1. Caller: JANA OREL
- 2. Call back phone#: 708-990-1046
- 3. Caller represents: Amoco Oil
- 4. Type of incident: Fire Leak or Spill
 Explosion Water Involvement
 Gas or Vapor cloud Other _____
- 5. Incident Location:
Street Rt 34 + 71
City OSWEGO In Near
County Kendall
Milepost _____ RR River Highway
Sec. _____ Twp. _____ Range _____
- 6. Area Involved: Highway Rail Fixed Facility
 Waterway Air Other _____
- 7. Material (s) Involved: GASOLINE

- 14. On Scene Contact: _____
On Scene Phone#: _____
- 15. No. injured: -0- Haz-mat related
Where taken: _____
- 16. Public health risks and/or precautions taken,
including # evacuated: -0-

Gas Liquid Semi-Solid Solid
 Pesticide Radioactive
CAS #: _____
UN/NA #: _____
Is this a 302 (a) Extremely Hazardous Substance?
 Yes No Unknown
Is this a RCRA Hazardous Waste?
 Yes No Unknown
If Yes, is this a RCRA regulated facility?
 Yes No

17. Assistance needed from State Agencies: _____

18. Containment/cleanup actions and plans:
Yes

19. Weather: sunny overcast night
 pty. cldy. rain snow
Temp. _____ F wind dir. _____ speed _____ mph.

20. Responsible Party: Amoco Oil
Contact person: # 1
Phone #: # 2
Mailing address: 2021 Spring Rd
Ste 400
Oak Brook, IL 60521

Notifications: 1453 Faxed EPA/SPM

- 8. Container: Truck RR car Drum
 Aboveground tank Pipeline
 Underground tank Other _____
container size: _____
- 9. Amount released: UNK
Rate of release: _____ / min.
- 10. Cause of release: UNK
- 11. Estimated spill extent:
 square feet square yards
- 12. Occurred Date: ___/___/___ Time: _____
 Discovered Date: ___/___/___ Time: _____

- 13. Emergency units contacted
 Fire _____
 Sheriff _____
 Police _____
 ESDA _____
 Other _____

- On scene
 Fire _____
 Sheriff _____
 Police _____
 ESDA _____
 Other FIRE MARSHAL

JUL 14 1993

DIV. OF PETROLEUM & CHEMICAL SAFETY

Oltman



FOR OFFICE USE ONLY

Facility # 2-023120

Permit # 8804-93 INS

AFFIDAVIT TO BE COMPLETED BY CONTRACTOR AUTHORIZED BY THE STATE OF ILLINOIS TO INSTALL A UST. THIS FORM MUST BE RETURNED BY TANK OWNER WITHIN 30 DAYS OF COMPLETION OF INSTALLATION WITH THE AMENDED NOTIFICATION FORM.

STATE OF IL.

COUNTY OF KENDALL

AFFIDAVIT

I certify that the UST(s) installation, was done so in compliance with all applicable State of Illinois laws, regulations, and adopted standards.

Contractor: KEITH DAVIS 8/21/93
Name of authorized representative Date

Ke Da.
Signature

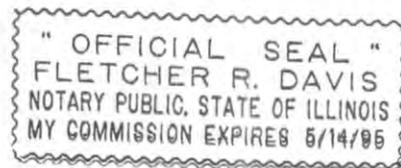
CONSTR. SUPER.
Position

A.B.D. TANK & PUMP CO.
Company

8111 W. 47TH ST., LYONS IL
Address

363-01-9409
Registration Number

SUBSCRIBED and sworn to before me this 21st day of August, 19 93.



Fletcher R. Davis
Notary Public



FOR OFFICE USE ONLY

Facility # 2-023120

Permit # 8803-93 UPG/REP

AFFIDAVIT TO BE COMPLETED BY CONTRACTOR AUTHORIZED BY THE STATE OF ILLINOIS TO UPGRADE A UST. THIS FORM MUST BE RETURNED BY TANK OWNER WITHIN 30 DAYS OF COMPLETION OF UPGRADE WITH THE AMENDED NOTIFICATION FORM .

STATE OF IL

COUNTY OF KENDALL

AFFIDAVIT

I certify that the UST(s) upgrade, was done so in compliance with all applicable State of Illinois laws, regulations, and adopted standards.

Contractor: KEITH DAVIS 8/21/93
Name of authorized representative Date

Keith Davis
Signature

CONSTR. SUPER.
Position

A.B.D. TANK & PUMP CO.
Company

8111 W. 47TH ST. LYONS, IL.
Address

363-01-9409
Registration Number

SUBSCRIBED and sworn to before me this 21st day of August, 19 93.



Fletcher R. Davis
Notary Public



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

DIV. OF PETROLEUM & CHEMICAL SAFETY



1998 UST UPGRADE DECLARATION

OWNER OF TANKS

Amoco Oil Co.
 Name 28100 Jorch Parkway
 Street Address Warrenville IL 60555
 City State Zip

FACILITY

Amoco Food Shop #9524
 Name Rt. 71 & Rt 34
 Street Address Oswego Dr. 60543
 City State Zip County

INSTRUCTIONS: Please choose a letter in each section that is applicable to your facility. Write that letter in the appropriate section box at the bottom of this form.

FACILITY # (IF KNOWN) 2023120

SECTION A. TANK RELEASE DETECTION (Section 178.518 (a))

- A. Inventory Control or Manual Tank Gauging (with required tank tightness testing). Date of last test July 31 1998
- B. UR with required tank tightness test. Date of last test _____
- C. Automatic tank gauging D. Vapor well monitoring E. Groundwater well monitoring F. Interstitial monitoring G. None

SECTION B. PIPING RELEASE DETECTION (Section 178.518 (b))

- A. Vapor or groundwater monitoring wells B. Interstitial monitoring (double wall or secondary containment)
- C. Automatic line leak detector D. Automatic shut-off device E. Continuous alarm system F. Line tightness testing
- G. European station H. None

SECTION C. SPILL PREVENTION (Section 178.450)

- A. Spill containment devices in place B. <25 Gallon fills C. None

SECTION D. OVERFILL PREVENTION (Section 178.450)

- A. Automatic shut-off B. Overfill alarm C. Ball float valve D. <25 Gallon fills E. None

SECTION E. TANK CORROSION PROTECTION (Section 178.460)

- A. Cathodic protection B. Impressed current C. Secondary containment D. Exterior coating E. Fiberglass reinforced plastic
- F. Double-walled G. Interior lining H. None

SECTION F. PIPING CORROSION PROTECTION (Section 178.460)

- A. Cathodic protection B. Impressed current C. Secondary containment D. Flexible piping E. Fiberglass reinforced plastic
- F. Double-walled G. None

Tank ID Number	Capacity in Gallons	Product	Section A Tank Release Detection	Section B Piping Release Detection	Section C Spill Prevention	Section D Overfill Prevention	Section E Tank Corrosion Protection	Section F Piping Corrosion Protection	1998 Compliance (Y or N)
1	12,000	Blue	T	T	F	X	T		
2	2,000	Silver	T	F	F	T	T		
3	10,000	Premium	T	F	T	X	T		
4									
5									
6									

This statement executed this 5th day of AUGUST 1998 under penalties of perjury, I state that I have examined this certification and to the best of my knowledge, it is true, correct and complete.

Signature of Tank Owner/Operator Mike Kocou Title Regional Eng

2023120



A BP Affiliated Company

BP Products North America Inc.
28100 Torch Parkway
Warrenville, IL 60555

10/7, 2008

Office of the Illinois State Fire Marshal
Division of Petroleum and Chemical Safety
1035 Stevenson Drive
Springfield, IL 62703-4259

To Whom It May Concern:

Re: BP's Sale of Service Station # 16899, 6501 Route 34 West, Oswego, IL to ORCHARD PETROLEUM, LLC.

On or about September 29, 2008, BP Products North America Inc., f/k/a Amoco Oil Company ("BP"), completed the sale of service station facility # 16899, at 6501 Route 34 West, Oswego, IL (the "Property") to ORCHARD PETROLEUM, LLC ("Buyer"), including all tank systems currently located at the Property. Revised tank systems registration forms have been, or will be, submitted under separate cover indicating the change in UST ownership to Buyer. Please direct any correspondence relating to any future facility operations to Buyer.

Please direct all future correspondence concerning the Property to Buyer's primary environmental contact at the following address:

Orchard Petroleum, LLC
3910 Reserve Lane
Joliet IL 60431
Attn: Nrupesh Desai
Telephone: 815-409-8181
Facsimile:

Thank you for your attention to this matter.

Sincerely,

[BP Employee / Title] Stephen Faletto
BP Products North America Inc. Divestment Manager

RECEIVED
NOV 11 2008
DIV. OF PETROLEUM
CHEMICAL SAFETY

BUYER HEREBY JOINS BP'S NOTICE TO THE AGENCY.

Desai M.
Orchard Petroleum, LLC
[Purchaser Name/Title] Nrupesh Desai, President

cc: Jane Bohn, Atlantic Richfield Company, 28100 Torch Parkway, Warrenville, IL 60555

INSTALLED 5/11/1981 2-023120

Roy A. Nelson
Fire Safety Inspector

✓

April 16, 1981

A.B.D. Tank & Pump Co.
8111 W. 47th Street
Lyons, Illinois 60534

Re: Standard Oil Co.
Rt. 71 & Rt. 34
Oswego, Illinois -- KENDALL COUNTY

1 new 10,000 gallon underground fibreglass
gasoline storage tank for additional storage

2 new islands with pumps for dispensing of
fuels

Gentlemen:

Applications and drawings have been reviewed by this office, on April 16th, 1981, for above-captioned proposal, on the basis of showings, subject to full compliance with all rules and regulations relating to service station storage, pages 22 through 39, of the "GASOLINE AND VOLATILE OILS" rules.

The following shall also apply:

1. Approval does not extend to any deficiencies in the existing installation.

THE PROPOSAL WILL BE SUBJECT TO ANY VALID LOCAL ORDINANCE WHICH MAY APPLY.

One copy each of application and drawing as approved is enclosed. Copy of this letter and enclosure are being forwarded to Fire Safety Inspector, Roy A. Nelson, for his use in checking this installation. Please notify this office, when the work has been completed, and BEFORE TANK IS COVERED, so that an inspection may then be scheduled.

Sincerely,

Dwight R. Elliott
Deputy State Fire Marshal

GM:gs
CC - Inspector Nelson
CC - Fire Chief Detzler

APPLICATION FOR SERVICE STATION APPROVAL
AND ALL UNDERGROUND TANKS FOR STORAGE OF VOLATILE LIQUIDS

To be executed in triplicate and filed with State Fire Marshal,
Division of Fire Prevention, 3150 Executive Park Drive, Spring-
field, IL. 62706 Telephone 217/782-7381

1. Name and address of person, firm or company proposing installations:

Name A.B.D. TANK & Pump Co. Phone 442-5090
Address 9111 W. 47th STREET LIONS IL. 60534
Street or P.O. Box City State Zip

2. Name of owner or operator:

STANDARD OIL Co. Phone 749-5033

3. Location of station RT. 71 & RT. 34 KENDALL OSWEGO
Street or Highways County City or Town

4. Are tanks new? YES (If it is proposed to use second hand tanks, approval will be withheld until certificate has been filed showing tanks safe and serviceable after approved test.)

5. Are tanks Underwriter's Labeled? YES (If not, approval will be withheld until manufacturer's certificate has been filed showing equivalent specifications.)

6. Will tanks and pumps be at least 300 feet from any mine shaft, air or escape shaft for any mine? YES

7. Will tanks and pumps be at least 85 feet from any schoolhouse, hospital or church?
YES

8. Are measurements in preceding two paragraphs taken from near points of tanks and pumps to near points of shafts and buildings in all directions? YES

9. Are tanks for additional storage? YES

10. Are tanks to replace existing tanks? No Are tanks leaking? No

11. Are tanks for the storage of fuel oil? No

12. Are tanks for the storage of fuel for standby generator? No

The undersigned being first duly sworn on his oath deposes and says that the information and statements contained in this application are true and correct and are made for the purpose of obtaining an approval from the Office of the State Fire Marshal. Division of Fire Prevention for the installation of underground storage tanks or remodeling of a gasoline service station, and THAT THE PLANS SUBMITTED WITH THIS APPLICATION ARE COMPLETE AND ACCURATE AND THAT THE INSTALLATION WILL BE MADE IN FULL ACCORD THEREWITH.

Name of Applicant (Same as Line #1 above) A.B.D. TANK & Pump Co.
By James Grosman Title Vice President
James R. Elliott (GM)
DIVISION OF FIRE PREVENTION
Office of the State Fire Marshal

State of Illinois
County of Cook

Subscribed and sworn to before me this 15 day of April

My Commission expires My Commission Expires May 22, 1983
Fletcher R. Davis
Notary Public



Office of the Illinois
State Fire Marshal

2-023120

Divisions

ARSON INVESTIGATION
312/917-3427

FIRE PREVENTION
312/917-2693

July 27, 1987

New Process Tank Systems
9100 Plainfield Road
Brookfield, Illinois 60513

In re: File #87-1-009623-U53-^{KC}CN-16-P
Amoco Oil
Rte 34 & Rte 71
Oswego, Illinois
Kendall ~~COOK COUNTY~~
2 existing 4000 gal underground
gasoline storage tank

Gentlemen:

This is to advise that your proposal has been approved on July 23rd, 1987, subject to full compliance with all valid local ordinances and all safety rules prescribed by State or local authorities for this type of operation. All tanks which have been repaired by "glass" lining, or other means, shall be air tested before being filled with product and returned to service.

A sump shall be dug adjacent to the leaking tanks. This sump shall extend at least one foot below the bottom of the tanks. The sump shall remain as a permanent installation.

This approval is not to be extended to cover any deficiencies that exist or may appear at said location but shall apply to the above-captioned proposal only.

page two

Amoco Oil
Rte. 34 & Rte 71
Oswego, Illinois

Please advise the Chicago Office when the work is to begin and an inspector will be present.

Sincerely,

Edmund R. Brezinski
Northern Area Administrator

ERB:KW:gs

XC: Insp. Kupfer
Supvr. Ahern
Fire Chief of Oswego

87-1-009623-456-KC-32-P

TANK RELINING

TO: New Process Tank Systems
9100 Plainfield Rd.
Brookfield IL
60513

RE: Amoco Oil
Rte 34 + Rte 71
OSWEGO IL
60543

This is to advise that your proposal to reline with an approved product known as Glass Armor, 2 existing 4-m gallon underground storage tank has been approved subject to a full compliance with all valid local ordinances and all safety rules prescribed by State or local authorities for this type of operation.

Please advise Fire Inspector _____ at (312) 917-2693, when work is completed in order that an inspection may be made.

1 New 10,000 gallon underground fiberglass gasoline storage tank for additional storage.

2 New islands with pumps for deepening of fuels.

approval does not extend to any deficiencies in the existing installation.



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

FOR OFFICE USE ONLY
 Facility # 2-023120
 Permit # 8799-93 REM

Application for Permit to REMOVE
 Underground Storage Tanks for Petroleum and Hazardous Substances

To be completed and filed with the Division of Petroleum and Chemical Safety, 1035 Stevenson Drive, Springfield, Illinois 62703-4259 (217/785-5878) or (217/785-1020)

1) (Owner of tanks) - Corporation, partnership or other business entity: (Must Be Mailing Address)

Amoco oil
 Name
2021 Spring Rd SUITE 400
 Street Address
DAK Brook IL 60521
 City State Zip
Kasib Abdullah 708-990-5722
 Contact Person Phone

2) (Facility) - name and address where tanks are located:

Amoco SS 9524
 Name
Route 71 3/4 ROUTE 34
 Street Address
Oswego IL 60543 Kendall
 City State Zip County
K. Abdullah 708 990 5722
 Contact Person Phone

3) (Contractor) - person, firm or company performing work:

A.B.D. Tank & Pump
 Name
8111 W 47th
 Street Address
Lyons IL 60534 Cook
 City State Zip County
708 442 5090 363 01 9409
 Phone Registration No.

Facility Registration I.D. Number

2-023120

FOR OFFICE USE ONLY

Permission to remove underground storage tank(s) is hereby granted. Such removal shall not commence until 6-16-93.

A seventy-two hour (3 working day) notice to this office is required to confirm final date of removal for our inspector to be on site.

5-20-93 W. Dale Tanke
 Approval Date Approved

11-20-93
 Permit Expires

You must notify ESDA 1-800-782-7860 within 24 hours of leaks or contaminated soil. Removal must be in accordance with acceptable closure requirements and procedure such as API Bulletin 1604. A site assessment must be conducted to determine if a release has occurred.

4) Removal of Tanks:

- a) Number and size of tanks being removed: 2 4,000 gal 1 8,000 gal
- b) Total number of all tanks removed: 3
- c) Reason for removal of tanks: Replacement
- d) If tank is leaking, give ESDA incident number: N.A.
- e) What products were stored in each tank? gasoline all 3
- f) If tanks contain products other than petroleum products, please indicate here: N.A.
- g) Date each tank was last used? still in use

h) A written notice of removal of tanks shall be given to the Office of the State Fire Marshal at least 30 days prior to the removal, giving location, number and size of tanks. This application will constitute that 30 day written notice. The 30 day period commences with this application appropriately completed and the fee received in our office.

(Over)

MAY 17 1993

DIV. OF PETROLEUM & CHEMICAL SAFETY

- 5) Insufficient information supplied for permit review or omission of permit fee is grounds for application rejection. No work is to commence without a granted permit in hand and must be available upon request of inspectors. All work must be done by contractors registered with the State Fire Marshal's Office or by the tank owner only.
- 6) A permit fee of \$100 for each facility must accompany this application. (Checks or money orders are to be made payable to Office of the State Fire Marshal, do not send cash.) Check Money Order
- 7) For each facility, [redacted] - Notification of Underground Storage Tanks must be completed and submitted to the Office of the State Fire Marshal after tanks are removed.

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 all submitted information is true, accurate and complete.

Name of Authorized Representative: Mark Romit Title and Company Represented: _____
Estimator A.B.D. Tank & Pump

Signature of Authorized Representative: Mark Romit Date: 5/14/93
 Date: _____

The Office of the State Fire Marshal is requesting information that is necessary to accomplish the statutory purpose as outlined in Illinois Revised Statutes, Chapter 127 1/2, Paragraph 9. Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed. This form has been approved by Forms Management Center. (Rev. 04/92) #3352

For Office Use

DPCS Specialist Oltman
 Fire Department
 Division File
 Dale Tanke
 Office Associate BAR

Permit to remove underground storage tanks is hereby granted. Such work shall not commence until _____
 A seventy-two hour (3 working day) notice to this office is required to confirm final date of removal for our inspector to be on site.

Approval Date _____
 Permit Expires _____

A. B. D. TANK & PUMP COMPANY *PREM 2-023120* 2375
PERMIT ACCOUNT
8111 WEST 47TH ST. PH. 708-442-5090
LYONS, ILL. 60534

5/14 19 *93* 70-390/719

PAY TO THE ORDER OF *office of State Fire Marshal* \$ *100.00*
One hundred and 00/100 DOLLARS

MAY 17 1993

BANK ONE.
BANK ONE, LAGRANGE
LaGrange, Illinois 60525

MEMO *Amoco 9524*

PETROLEUM &
SAFETY

DELUXE WALLET

SAFETY PAPER



Office of Illinois State Fire Marshal
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, IL 62703-4259

FOR OFFICE USE ONLY
 Facility # 2-023120
 Permit # 8803-93 UPG/REP
 Request Rec'd 6-8-93
 Approval Date 6-23-93 DT
 Permit Expires 12-23-93

PERMIT FOR UPGRADE OR REPAIR OF
 UNDERGROUND STORAGE TANKS AND PIPING FOR PETROLEUM AND HAZARDOUS SUBSTANCES

Permission to upgrade or repair underground storage tank or tanks and piping is hereby granted. Such upgrade or repair must be in complete accordance with acceptable materials and procedures as specified in the Federal Register, Part 11 Environmental Protection Agency, 40 CFR Parts 280 and 281, and also with all sections of 41 Illinois Administrative Code, Part 170. A forty-eight (48) hour - 2 working day notice given by the contractor is required to confirm final date of the upgrade or repair for confirmation of our Inspector to be on site. You must contact the Division of Fire Prevention by phone; Chicago 312/814-2693, Marion 618/997-4371 ext.210, Springfield 217/785-4713. THIS PERMIT IS VALID FOR 6 MONTHS FROM THE APPROVAL DATE.

1) Owner - corporation, partnership or other business entity:

Amoco Oil
 Name
2021 Spring Rd. Suite 400
 Street Address
Oakbrook IL 60521
 City State Zip
708-990-5722
 Phone

2) Name and location of facility where installation is to occur:

Amoco SS 9524
 Name
Route 71 & Route 34
 Street Address
Oswego IL 60543 Kendall
 City State Zip County
K. Abdullah 708-990-5722
 Contact Person Phone

3) Person, firm or company performing work:

A.B.D. Tank & Pump
 Name
8111 W. 47th
 Street Address
Lyons IL 60534
 City State Zip
708-442-5090 363-01-9409
 Phone Registration No.

4) Upgrade or Repair of tanks:

- a) Number and size of tanks being upgraded or repaired (1) - 10,000 gallon
- b) Type of tanks: Existing fiberglass
- c) Type of piping: Installing new double wall fiberglass piping
- d) Type of leak detection being installed for each tank and piping: Installing Veeder Root TLS 350 electronic tank gauge and V.R. TLS 350 electronic line leak detector and liquid piping sump sensor.
- e) Product to be stored in each tank: Gasoline
- f) Corrosion protection being installed for each tank system (including piping): New piping is fiberglass
- g) Spill/Overfill prevention devices being installed for each tank: Installing EBW 705 BG spill containment manholes and Emco Wheaton A1100 overfill prevention device. Installing containment sumps at existing submersible pumps and installing dispenser pans.

5) Owner must notify this office when completion of tank upgrade or repair has occurred, on USEPA Notification Form 7530-1. Please note a USEPA Form 7530-1 has been forwarded to the name and address shown in Item 1 (All pages of this form must be completed).

6) Special Contingencies _____

7) Minimum setback distances from all potable water wells must be maintained to underground tanks of more than 500 gallons, being installed or upgraded. Consult IEPA Groundwater Section (217)785-4787 for all inquiries pertaining to community wells on IDPH Division of Environmental Health (217)782-5830 for all private wells.

cc: Fire Prevention Region
 Fire Department
 Division File
 Rev. 8/91

Sincerely,
 Chicago

W. Dale Tanke
 W. Dale Tanke, Storage Tank Safety Engineer



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
 Division of Petroleum and Chemical Safety
 1035 Stevenson Drive
 Springfield, Illinois 62703-4259

FOR OFFICE USE ONLY

Facility # 2-023120
 Permit # 8803-93 UP6/REP

Application for Permit to UPGRADE or REPAIR
 Underground Storage Tanks for Petroleum and Hazardous Substances

To be completed in triplicate (one original and 2 copies) with site plans and filed with the Division of Petroleum and Chemical Safety, 1035 Stevenson Drive, Springfield, Illinois 62703-4259 (217/785-5878) or (217/785-1020)

1) (Owner of tanks) - Corporation, partnership or other business entity: (Must be mailing address)

Amoco oil
 Name 2021 Spring Rd SURE 400
 Street Address OAK Brook IL 60521
 City K Abdullah State IL Zip 7089905722
 Contact Person _____ Phone _____

2) (Facility) - name and address where tanks are located:

Amoco SS 9524
 Name ROUTE 71 & ROUTE 34
 Street Address OSWEGO IL 60543 Kendall
 City K Abdullah State IL Zip 7089905722 County _____
 Contact Person _____ Phone _____

Facility Registration I.D. Number

2-023120

3) (Contractor) - Person, firm or company performing work:

x A.B.D. Tank & Pump
 Name 8111 W 47th
 Street Address LYONS IL 60534 COOK
 City 7084425090 State IL Zip 363019409 County _____
 Phone _____ Registration No. _____

4) Upgrade or Repair

a) Number and size of tanks being upgraded or repaired: 1 10,000 gal

Are tanks being upgraded or repaired? ~~NO~~ YES upgrade If so, briefly explain on back: _____
 Is piping being upgraded? ~~NO~~ YES If so, briefly explain on back: _____
 Are new islands being installed? NO Are islands existing?: YES
 Are existing islands being reconstructed? NO Is this facility a marina? NO

b) Type of tanks: Fiberglass
 Type of piping: Double Wall Fiberglass

c) Type of leak detection being installed for each tank (manufacturer & model): Veeder Root
TLS 350 A.T.G.

Type of leak detection for piping (manufacturer & model): Veeder Root TLS 350 Electronic
line leak detector and Piping interstitial liquid sensor

d) Product to be stored in each tank: gasoline
 Hazardous substances must have CASRN number indicated: NA

e) Corrosion protection being installed for each tank: NONE
 Corrosion protection for piping: NONE

f) Spill containment devices being installed for each tank (manufacturer & model): EBW 705 BG

g) Overfill protection devices being installed for each tank (manufacturer & model): emco Wherton A1100

5) Are new tanks UL approved for underground use? N.A.

Used tanks must be recertified by written documentation from the manufacturer and submitted with this application and be approved by the Division of Petroleum and Chemical Safety before re-use.

COMPLETE THE INFORMATION ON OTHER SIDE

JUN 08 1993 MAY 17 1993

DIV. OF PETROLEUM & CHEMICAL SAFETY
 DIV. OF PETROLEUM & CHEMICAL SAFETY

- 6) Are tanks, pumps and piping: (Please answer all item 6) and 7) questions with YES or NO.)
- a) At least 300 feet from any mine shaft, air or escape shaft for any mine? YES
 - b) At least 85 feet from any schoolhouse, church, hospital or place of public assembly? YES
 - c) Minimum setback distances from all potable water wells must be maintained to underground tanks of more than 500 gallons, being installed or upgraded. Consult IEPA Groundwater Section (217) 785-4787 for all inquiries pertaining to community wells or IDPH Division of Environmental Health (217) 782-5830 for all private wells.
 - d) At least 20 feet from any basement? YES
 At least 20 feet from all sewers, manholes, catch-basins, cesspools, septic tanks or cisterns? YES
 At least 20 feet from any property line? YES
- 7) Are three site plans and application forms enclosed showing tanks, piping, buildings, sewers, wells and property lines with appropriate distances indicated on plans? YES
 Is permit signed by an authorized representative? YES
- 8) Insufficient information supplied for permit review or omission of permit fee is grounds for application rejection. No work is to commence without a granted permit in hand and must be available upon request of inspectors. All work must be done by contractors registered with the State Fire Marshal's Office or by the tank owner only.
- 9) A permit fee of \$100 for each facility must accompany this application. (Checks or money orders are to be made payable to Office of the State Fire Marshal, do not send cash.) Check Money Order

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 all submitted information is true, accurate and complete.

Name of Authorized Representative: Mark Romiti Title and Company Represented: _____
ESTIMATOR A.B.D. Tank & Pump

Signature of Authorized Representative: Mark Romiti Date: 5-14-93

The Office of the State Fire Marshal is requesting information that is necessary to accomplish the statutory purpose as outlined in Illinois Revised Statutes, Chapter 127 1/2, Paragraph 9. Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed. This form has been approved by Forms Management Center.

Use this space below to give a brief summary of all work being done applicable to this permit:

(Rev. 09/92)

- 1) INSTALL NEW double wall fiberglass discharge piping
- 2) INSTALL ENVIRON piping sump for S.T.P.
- 3) INSTALL ENVIRON dispenser pans
- 4) Install Veeder Root TDS 350 leak detection SYSTEM
- 5) install spill containment manhole and overflow prevention drop tube