# SOLID AND HAZARDOUS WASTE BRANCH

# **Underground Storage Tank Program**

2827 Waimano Home Road #100 • Pearl City, Hawaii 96782

Phone: 808 - 586- 4226 • Fax: 808-586-7509 • http://health.hawaii.gov/shwb/underground-storage-tanks/ CNRH LETTER 5750 SER N4/0533 OF MAY 15, 2019 IS INCORORATED BY REFERENCE AND MADE A PART OF THIS APPLICATION

# APPLICATION FOR AN UNDERGROUND STORAGE TANK PERMIT

Return completed form to	):			Sta	ate Use C	Only
Solid and Hazardous Waste Branch Underground Storage Tank Program 2827 Waimano Home Road #100 Pearl City, Hawaii 96782  Facility ID Number: 9-102271  Type Of Notification: Installation and Operation (\$300)  Operation (\$300)  Modification - except for temporary & permanent closure (\$200)			Permi Permi Date F	received: t Number: t Fee: Paid: pt Nunmber		
I.	LOCATION OF	TANK	(S)			
Red Hill Bulk Fuel Storage Facility				John Floy	rd.	
Facility Name or Company Site identifiers					Location	Contact Person
Red Hill Location Address (P.O. Box not acceptable)	Aiea City	1002.0	awaii State	96701 Zip Code	Oahu Island	- Tax Map Key #
Location Address (P.O. Box not acceptable)	City	,	State	200 25 30 200 30		
Location Address (P.O. Box not acceptable)  (808) 473-7801	City (808) 4		State	Zip Code		
Location Address (P.O. Box not acceptable)	City		State	Zip Code		
Location Address (P.O. Box not acceptable)  (808) 473-7801  Location Phone # (w/ area code)	City (808) 4	173-78 <sup>2</sup> # (w/ ai	State 15 rea code	Zip Code		
Location Address (P.O. Box not acceptable)  (808) 473-7801  Location Phone # (w/ area code)	City (808) 4 Location Fax	173-78 <sup>2</sup> # (w/ ai	State 15 rea code	Zip Code		Tax Map Key #
Location Address (P.O. Box not acceptable)  (808) 473-7801  Location Phone # (w/ area code)	City (808) 4 Location Fax	173-78 <sup>2</sup> # (w/ ai	State 15 rea code	Zip Code  P)  FANK(S)  Regional	Island	Tax Map Key #
Location Address (P.O. Box not acceptable)  (808) 473-7801  Location Phone # (w/ area code)  II. CONTACT	City (808) 4 Location Fax	173-78 <sup>2</sup> # (w/ ai	State  15 rea code	Zip Code  P)  FANK(S)  Regional	Island	Tax Map Key #
Location Address (P.O. Box not acceptable)  (808) 473-7801  Location Phone # (w/ area code)  II. CONTAC  LCDR Blake Whittle  Name  1942 Gaffney Street, Suite 100	City  (808) 4  Location Fax  T PERSON IN C	# (w/ ai <b>:HARG</b>	State  15 rea code	Zip Code  FANK(S)  Regional  Job / I	Island Fuels Office Position Title	Tax Map Key #  cer  96860 Zip Code

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	III. OWNER OF TANK(S)		
US Navy - COMNAVREG HI			
Owner Name (Corporation, Individual, Public Agence	y, or Other Entity)		
850 Ticonderoga Street, Suite 110  Mailing Address	JBPHH City	HI State	96860 Zip Code
Mailing Address	City	State	Zip Code
(808) 471-3926 (808	) 473-5024	marc.delao@navy.mil	
Phone # (w/ area code)	ax # (w/ area code)	E-mail Address	
IV. OPERATOR OF	TANK(S) (if same as Section III,	, check here )	
Naval Supply Systems Command Fleet Logistics	, , ,		
Operator Name (Corporation, Individual, Public Age			
	3,		
1942 Gaffney Street, Suite 100	JBPHH	H	96860
Mailing Address	City	State	Zip Code
(808) 473-7833 (808	) 473-7815	blake.whittle1@navy.mi	Ī
	ax # (w/ area code)	E-mail Address	
	V. CONTRACTOR		
N/A Company Name		Contact Person Name	
N/A Mailing Address	N/A City	N/A State	Zip Code
Mailing / Mariess	Oity	Otato	Zip Ocac
		N/A	
Phone # (w/ area code)	ax # (w/ area code)	E-mail Address	*
	VI. TYPE OF OWNER		
Federal Government (Military)	ederal Government (Non-Military)	State Government	
Local Government Ma	arketer	Non-Marketer	
VIII T/DE 05 5401	ITT/ (0   1/4   1/	119 1 191 1	
WII. TYPE OF FACIL	LITY (Select the appropriate fac	ility description)	
Airline Contractor	Petroleum Distributor	Service Centers/Auto Repair/N	Maintenance
		Turnelin a /Turnen and a v	
Auto Dealership Farm	Police Station	Trucking/Transporter	
	Police Station Residential	Utilities Utilities	
Auto Dealership Farm			
Auto Dealership Farm  Baseyard Fire Station	Residential Resort/Hotel School	Utilities	

VIII. FINANCIAL RESPONSIBILITY (Check all that apply)							
Commercial Insurance Financial Test of Self Insurance Guarantee	Letter of Credit Surety Bond Trust Fund	Local Government Bond Rating Test  Other Method Allowed (Specify)  ✓ Exempt: State or ✓ Federal Agency	_				

#### IX. FACILITY DRAWING

Include a drawing showing the general layout of the facility. This drawing should be no larger than 11 by 17 inches and preferably to scale. This drawing should show the following:

- A. The property boundaries of the facility;
- B. Identification of streets, roads and nearby bodies of water;
- C. Identification of nearby facilities;
- D. Tax Map Key (TMK) Numbers;
- E. Location of buildings at the facility;
- F. The approximate dimensions of the property boundaries and major buildings;
- G. Location of all USTs and dispenser pumps (identified <u>by number/s</u> consistent with the tank & dispenser pump numbers in Sections XI and XII), and associated pipings; and
- H. Indication of North/South direction.

#### X. LOCATION MAP

Include a map showing the location of the tanks with respect to nearby landmarks. The map should indicate roads and landmarks to a level of detail such that the site would be easily located.

## XI. DESCRIPTION OF TANK(S) (Complete for each tank at this location)

Tank Number	Tank No. F-1	Tank No. F-2	Tank No. F-3	Tank No. F-4	Tank No. F-5
Status of Tank (Mark only one)					
A. Currently in Use		<b>√</b>	<b>√</b>	<b>√</b>	
B. Temporarily Out of Use	<b>√</b>				<b>√</b>
2. Date of Installation (month/year)	10/1942	09/1942	01/1943	11/1942	12/1942
3. Estimated Capacity (gallons)	12,000,000	12,000,000	12,000,000	12,000,000	12,700,000
A. Compartmentalized? Yes/No	No	No	No	No	No
Estimated compartment capacity (gallons)					
B. Manifolded? Yes/No	No	No	No	No	No
4. Substance Stored					
A. Gasoline (Specify product grade)	N/A	N/A	N/A	N/A	N/A
B. Diesel					
C. Gasohol (Including ethanol blends) Specify product grade	N/A	N/A	N/A	N/A	N/A
D. Kerosene					

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Tank Number	Tank No. F-1	Tank No. F-2	Tank No. F-3	Tank No. F-4	Tank No. F-5
E. Used Oil/Waste Oil					
F. JP-4					
G. Non-Petroleum Hazardous Substance (CERCLA name and/or CAS#)	N/A	N/A	N/A	N/A	N/A
H. Mixture of Substances (Please specify)	N/A	N/A	N/A	N/A	N/A
Other, please specify.	EMPTY	F-24	F-24	F-24	EMPTY
Substance Compatible with     Tank and Piping? Yes/No	N/A	Yes	Yes	Yes	N/A
6. Tank (Mark all that apply)					
A. Manufacturer and Model	Field- constructed	Field- constructed	Field- constructed	Field- constructed	Field- constructed
B. Underwriters Laboratory No.	N/A	N/A	N/A	N/A	N/A
C. Primary Containment Material or Single-	Walled ⊺ank				
i. Fiberglass reinforced plastic					
ii. Steel	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>
iii. Other, please specify.					
D. Secondary Containment Material					
i. Fiberglass reinforced plastic					
ii. Steel					
iii. Other, please specify.	N/A	N/A	N/A	N/A	N/A
iv. None	<b>✓</b>	<b>√</b>	<b>√</b>	<b>✓</b>	<b>V</b>
E. Corrosion Protection (except Fiberglass	reinforced plastic	tanks)		•	•
i. Fiberglass coated steel					
ii. Double-walled steel					
iii. Impressed current system					
iv. Sacrificial anode system					
v. Corrosion expert determination					
vi. Other, please specify.	N/A	N/A	N/A	N/A	N/A
7. Piping					
A. Manufacturer and Model	Unknown	Unknown	Unknown	Unknown	Unknown
B. Underwriters Laboratory No.	Unknown	Unknown	Unknown	Unknown	Unknown

Tank Number	Tank No. F-1	Tank No. F-2	Tank No. F-3	Tank No. F-4	Tank No. F-5
C. Primary Containment Material or Single-	Walled Piping			•	
i. Fiberglass reinforced plastic					
ii. Flex piping					
iii. Steel	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>
iv. Other, please specify.	Piping is above ground				
D. Secondary Containment Material					
i. Fiberglass reinforced plastic					
ii. Flex piping					
iii. Lined trench					
iv. Other, please specify.					
v. None	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>
E. Corrosion Protection (except fiberglass r	einforced plastic	piping)			
i. Fiberglass coated steel					
ii. Impressed current system					
iii. Sacrificial anode system					
iv. Corrosion expert determination					
v. Other, please specify.	N/A	N/A	N/A	N/A	N/A
8. Method of Product Dispensing					
A. Unsafe Suction (valve at tank)					
B. Safe Suction (no valve at tank)					
C. Pressure	<b>✓</b>	<b>√</b>	<b>✓</b>	<b>√</b>	<b>√</b>
D. Not Applicable					
Spill prevention equipment					
A. Manufacturer and Model	N/A	N/A	N/A	N/A	N/A
B. Capacity (gallons)					
10. Overfill prevention equipment	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>
A. Automatic shutoff device (flapper) Make and Model					
B. Overfill alarm Make and Model	See cover letter				
C. Ball float valve Make and Model					

Tank Number	Tank N	lo. <u>F-1</u>	Tank N	lo. <u>F-2</u>	Tank N	o. <u>F-3</u>	Tank N	lo. <u>F-4</u>	Tank N	lo. <u>F-5</u>
11. Release Detection (Mark all that apply)	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
A. Manual tank gauging		NA		NA		NA		NA		NA
B. Tank tightness testing		NA	<b>✓</b>	NA	<b>√</b>	NA	<b>✓</b>	NA	<b>✓</b>	NA
C. Inventory control		NA		NA		NA		NA		NA
D. Automatic tank gauging		NA		NA		NA		NA		NA
E. Vapor monitoring										
F. Groundwater monitoring										
G. Interstitial monitoring										
H. Statistical inventory reconciliation										
I. Automatic line leak detectors (Yes/No)	NA	No	NA	No	NA	No	NA	No	NA	No
If <b>YES</b> , specify type.										
J. Line tightness testing	NA		NA		NA		NA		NA	
K. Other method approved by the Department. Please specify										

(Attach additional sheet if necessary.)

Dispenser Unit	Manufacturer of Dispenser	Dispenser Serial #	Under Dispenser Containment installed (Yes/No) - Installation Date
1			N/A
2			N/A
3			N/A
4			N/A
5			N/A
6			N/A
7			N/A
8			N/A
9			N/A
10			N/A
11			N/A
12			N/A

VIII. FINANCIAL RESPONSIBILITY (Check all that apply)							
Commercial Insurance Financial Test of Self Insurance Guarantee	Letter of Credit Surety Bond Trust Fund	□ Local Government Bond Rating Test □ Other Method Allowed (Specify)  Exempt: □ State or ▼ Federal Agency					

#### IX. FACILITY DRAWING

Include a drawing showing the general layout of the facility. This drawing should be no larger than 11 by 17 inches and preferably to scale. This drawing should show the following:

- A. The property boundaries of the facility;
- B. Identification of streets, roads and nearby bodies of water;
- C. Identification of nearby facilities;
- D. Tax Map Key (TMK) Numbers;
- E. Location of buildings at the facility;
- F. The approximate dimensions of the property boundaries and major buildings;
- G. Location of all USTs and dispenser pumps (identified <u>by number/s</u> consistent with the tank & dispenser pump numbers in Sections XI and XII), and associated pipings; and
- H. Indication of North/South direction.

#### X. LOCATION MAP

Include a map showing the location of the tanks with respect to nearby landmarks. The map should indicate roads and landmarks to a level of detail such that the site would be easily located.

## XI. DESCRIPTION OF TANK(S) (Complete for each tank at this location)

Tank Number	Tank No. F-6	Tank No. F-7	Tank No. F-8	Tank No. F-9	Tank No. F-10
Status of Tank (Mark only one)					
A. Currently in Use	<b>√</b>	<b>√</b>	<b>✓</b>	<b>√</b>	<b>√</b>
B. Temporarily Out of Use					
2. Date of Installation (month/year)	12/1942	05/1943	03/1943	02/1943	01/1943
3. Estimated Capacity (gallons)	12,700,000	12,700,000	12,700,000	12,700,000	12,700,000
A. Compartmentalized? Yes/No	No	No	No	No	No
Estimated compartment capacity (gallons)					
B. Manifolded? Yes/No	No	No	No	No	No
4. Substance Stored			•		•
A. Gasoline (Specify product grade)	N/A	N/A	N/A	N/A	N/A
B. Diesel					
C. Gasohol (Including ethanol blends) Specify product grade	N/A	N/A	N/A	N/A	N/A
D. Kerosene					

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Tank Number	Tank No. F-6	Tank No. F-7	Tank No. F-8	Tank No. F-9	Tank No. F-10
E. Used Oil/Waste Oil					
F. JP-4					
G. Non-Petroleum Hazardous Substance (CERCLA name and/or CAS#)	N/A	N/A	N/A	N/A	N/A
H. Mixture of Substances (Please specify)	N/A	N/A	N/A	N/A	N/A
Other, please specify.	F-24	JP-5	JP-5	JP-5	JP-5
Substance Compatible with     Tank and Piping? Yes/No	Yes	Yes	Yes	Yes	Yes
6. Tank (Mark all that apply)					
A. Manufacturer and Model	Field- constructed	Field- constructed	Field- constructed	Field- constructed	Field- constructed
B. Underwriters Laboratory No.	N/A	N/A	N/A	N/A	N/A
C. Primary Containment Material or Single-	Walled Tank				
i. Fiberglass reinforced plastic					
ii. Steel	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>
iii. Other, please specify.					
D. Secondary Containment Material					
i. Fiberglass reinforced plastic					
ii. Steel					
iii. Other, please specify.	N/A	N/A	N/A	N/A	N/A
iv. None	<b>√</b>	<b>√</b>	<b>✓</b>	<b>√</b>	<b>V</b>
E. Corrosion Protection (except Fiberglass	reinforced plastic	tanks)		ı	
i. Fiberglass coated steel					
ii. Double-walled steel					
iii. Impressed current system					
iv. Sacrificial anode system					
v. Corrosion expert determination					
vi. Other, please specify.	N/A	N/A	N/A	N/A	N/A
7. Piping					
A. Manufacturer and Model	Unknown	Unknown	Unknown	Unknown	Unknown
B. Underwriters Laboratory No.	Unknown	Unknown	Unknown	Unknown	Unknown

Tank Number	Tank No. F-6	Tank No. F-7	Tank No. F-8	Tank No. F-9	Tank No. F-10
C. Primary Containment Material or Single-		Talik 110	Tallk 110	Talik 140	Talik 140
	vvalled Fibring				
				$\vdash$	
ii. Flex piping iii. Steel	<u> </u>	<u> </u>	7	<u> </u>	<u> </u>
	Piping is	Piping is	Piping is	Piping is	Piping is
iv. Other, please specify.	above ground	above ground	above ground	above ground	above ground
D. Secondary Containment Material					
i. Fiberglass reinforced plastic			<u> </u>		
ii. Flex piping					
iii. Lined trench					
iv. Other, please specify.					
v. None	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>	✓
E. Corrosion Protection (except fiberglass r	einforced plastic p	piping)			
i. Fiberglass coated steel					
ii. Impressed current system					
iii. Sacrificial anode system					
iv. Corrosion expert determination					
v. Other, please specify.	N/A	N/A	N/A	N/A	N/A
Method of Product Dispensing					
A. Unsafe Suction (valve at tank)					
B. Safe Suction (no valve at tank)					
C. Pressure	<u> </u>	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>
D. Not Applicable					
Spill prevention equipment					
A. Manufacturer and Model	N/A	N/A	N/A	N/A	N/A
B. Capacity (gallons)					
10. Overfill prevention equipment	$\checkmark$	<b>√</b>	<b>✓</b>	$\checkmark$	$\checkmark$
A. Automatic shutoff device (flapper)     Make and Model					
B. Overfill alarm Make and Model	See cover letter	See cover letter	See cover letter	See cover letter	See cover letter
C. Ball float valve Make and Model					

Tank Number	Tank N	lo. <u>F-6</u>	Tank N	lo. <u>F-7</u>	Tank N	lo. <u>F-8</u>	Tank N	lo. <u>F-9</u>	Tank N	lo. <u>F-10</u>
11. Release Detection (Mark all that apply)	TANK	PIPE								
A. Manual tank gauging		NA								
B. Tank tightness testing	<b>√</b>	NA	<b>✓</b>	NA	<b>√</b>	NA	<b>✓</b>	NA	<b>✓</b>	NA
C. Inventory control		NA								
D. Automatic tank gauging		NA								
E. Vapor monitoring										
F. Groundwater monitoring										
G. Interstitial monitoring										
H. Statistical inventory reconciliation										
I. Automatic line leak detectors (Yes/No)	NA	No								
If <b>YES</b> , specify type.										
J. Line tightness testing	NA									
K. Other method approved by the Department. Please specify										

(Attach additional sheet if necessary.)

Dispenser Unit	Manufacturer of Dispenser	Dispenser Serial #	Under Dispenser Containment installed (Yes/No) - Installation Date
1			N/A
2			N/A
3			N/A
4			N/A
5			N/A
6			N/A
7			N/A
8			N/A
9			N/A
10			N/A
11			N/A
12			N/A

VIII. FINANCIAL RESPONSIBILITY (Check all that apply)								
Commercial Insurance Financial Test of Self Insurance Guarantee	Letter of Credit Surety Bond Trust Fund	□ Local Government Bond Rating Test □ Other Method Allowed (Specify)  Exempt: □ State or ▼ Federal Agency						

#### IX. FACILITY DRAWING

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- B. Identification of streets, roads and nearby bodies of water;
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- E. Location of buildings at the facility;
- F. The approximate dimensions of the property boundaries and major buildings;
- G. Location of all USTs and dispenser pumps (identified <u>by number/s</u> consistent with the tank & dispenser pump numbers in Sections XI and XII), and associated pipings; and
- H. Indication of North/South direction.

#### X. LOCATION MAP

Include a map showing the location of the tanks with respect to nearby landmarks. The map should indicate roads and landmarks to a level of detail such that the site would be easily located.

## XI. DESCRIPTION OF TANK(S) (Complete for each tank at this location)

Tank Number	Tank No. F-11	Tank No. F-12	Tank No. F-13	Tank No. F-14	Tank No. F-15
Status of Tank (Mark only one)					
A. Currently in Use	<b>√</b>	<b>✓</b>			<b>✓</b>
B. Temporarily Out of Use			<b>√</b>	<b>√</b>	
2. Date of Installation (month/year)	02/1943	03/1943	03/1943	03/1943	04/1943
Estimated Capacity (gallons)	12,700,000	12,700,000	12,700,000	12,700,000	12,700,000
A. Compartmentalized? Yes/No	No	No	No	No	No
Estimated compartment capacity (gallons)					
B. Manifolded? Yes/No	No	No	No	No	No
4. Substance Stored					
A. Gasoline (Specify product grade)	N/A	N/A	N/A	N/A	N/A
B. Diesel					
C. Gasohol (Including ethanol blends) Specify product grade	N/A	N/A	N/A	N/A	N/A
D. Kerosene					

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Tank Number	Tank No. F-11	Tank No. F-12	Tank No. F-13	Tank No. F-14	Tank No. F-15
E. Used Oil/Waste Oil					
F. JP-4					
G. Non-Petroleum Hazardous Substance (CERCLA name and/or CAS#)	N/A	N/A	N/A	N/A	N/A
H. Mixture of Substances (Please specify)	N/A	N/A	N/A	N/A	N/A
I. Other, please specify.	JP-5	JP-5	EMPTY	EMPTY	F-76
Substance Compatible with     Tank and Piping? Yes/No	Yes	Yes	N/A	N/A	Yes
6. Tank (Mark all that apply)					
A. Manufacturer and Model	Field- constructed	Field- constructed	Field- constructed	Field- constructed	Field- constructed
B. Underwriters Laboratory No.	N/A	N/A	N/A	N/A	N/A
C. Primary Containment Material or Single-	Walled Tank				
i. Fiberglass reinforced plastic					
ii. Steel	<b>✓</b>	<b>√</b>	<b>✓</b>	<b>√</b>	<b>✓</b>
iii. Other, please specify.					
D. Secondary Containment Material					
i. Fiberglass reinforced plastic					
ii. Steel					
iii. Other, please specify.	N/A	N/A	N/A	N/A	N/A
iv. None	<b>✓</b>	<b>√</b>	<b>✓</b>	<b>√</b>	<b>V</b>
E. Corrosion Protection (except Fiberglass	reinforced plastic	tanks)			
i. Fiberglass coated steel					
ii. Double-walled steel					
iii. Impressed current system					
iv. Sacrificial anode system					
v. Corrosion expert determination					
vi. Other, please specify.	N/A	N/A	N/A	N/A	N/A
7. Piping					
A. Manufacturer and Model	Unknown	Unknown	Unknown	Unknown	Unknown
B. Underwriters Laboratory No.	Unknown	Unknown	Unknown	Unknown	Unknown

Tank Number	Tank No. F-11	Tank No. F-12	Tank No. F-13	Tank No. F-14	Tank No. F-15
C. Primary Containment Material or Single-					
i. Fiberglass reinforced plastic					
ii. Flex piping					
iii. Steel	<u> </u>	<b>√</b>	<b>✓</b>	<u> </u>	<b>√</b>
iv. Other, please specify.	Piping is above ground				
D. Secondary Containment Material	•				
i. Fiberglass reinforced plastic					
ii. Flex piping					
iii. Lined trench					
iv. Other, please specify.					
v. None	<b>V</b>	<b>✓</b>	<b>✓</b>	<b>√</b>	<b>√</b>
E. Corrosion Protection (except fiberglass r	einforced plastic	piping)			
i. Fiberglass coated steel					
ii. Impressed current system					
iii. Sacrificial anode system					
iv. Corrosion expert determination					
v. Other, please specify.	N/A	N/A	N/A	N/A	N/A
8. Method of Product Dispensing		•			
A. Unsafe Suction (valve at tank)					
B. Safe Suction (no valve at tank)					
C. Pressure	<u> </u>	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>
D. Not Applicable					
Spill prevention equipment					
A. Manufacturer and Model	N/A	N/A	N/A	N/A	N/A
B. Capacity (gallons)					
10. Overfill prevention equipment	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>
A. Automatic shutoff device (flapper)  Make and Model					
B. Overfill alarm Make and Model	See cover letter				
C. Ball float valve Make and Model					

Tank Number	Tank N	lo. <u>F-11</u>	Tank N	lo. <u>F-12</u>	Tank N	lo. <u>F-13</u>	Tank N	lo. <u>F-14</u>	Tank N	lo. <u>F-15</u>
11. Release Detection (Mark all that apply)	TANK	PIPE								
A. Manual tank gauging		NA								
B. Tank tightness testing	<b>√</b>	NA	<b>✓</b>	NA	<b>√</b>	NA	<b>✓</b>	NA	<b>✓</b>	NA
C. Inventory control		NA								
D. Automatic tank gauging		NA								
E. Vapor monitoring										
F. Groundwater monitoring										
G. Interstitial monitoring										
H. Statistical inventory reconciliation										
I. Automatic line leak detectors (Yes/No)	NA	No								
If <b>YES</b> , specify type.										
J. Line tightness testing	NA									
K. Other method approved by the Department. Please specify										

(Attach additional sheet if necessary.)

Dispenser Unit	Manufacturer of Dispenser	Dispenser Serial #	Under Dispenser Containment installed (Yes/No) - Installation Date
1			N/A
2			N/A
3			N/A
4			N/A
5			N/A
6			N/A
7			N/A
8			N/A
9			N/A
10			N/A
11			N/A
12			N/A

VIII. FINANCIAL RESPONSIBILITY (Check all that apply)								
Commercial Insurance Financial Test of Self Insurance Guarantee	Letter of Credit Surety Bond Trust Fund	□ Local Government Bond Rating Test □ Other Method Allowed (Specify) □ Exempt: □ State or ▼ Federal Agency	-,					

#### IX. FACILITY DRAWING

Include a drawing showing the general layout of the facility. This drawing should be no larger than 11 by 17 inches and preferably to scale. This drawing should show the following:

- A. The property boundaries of the facility;
- B. Identification of streets, roads and nearby bodies of water;
- C. Identification of nearby facilities;
- D. Tax Map Key (TMK) Numbers;
- E. Location of buildings at the facility;
- F. The approximate dimensions of the property boundaries and major buildings;
- G. Location of all USTs and dispenser pumps (identified <u>by number/s</u> consistent with the tank & dispenser pump numbers in Sections XI and XII), and associated pipings; and
- H. Indication of North/South direction.

#### X. LOCATION MAP

Include a map showing the location of the tanks with respect to nearby landmarks. The map should indicate roads and landmarks to a level of detail such that the site would be easily located.

## XI. DESCRIPTION OF TANK(S) (Complete for each tank at this location)

Tank Number	Tank No. F-16	Tank No. F-17	Tank No. F-18	Tank No. F-19	Tank No. F-20
Status of Tank (Mark only one)					
A. Currently in Use	<b>√</b>		<b>✓</b>		<b>√</b>
B. Temporarily Out of Use		<b>√</b>		<b>√</b>	
2. Date of Installation (month/year)	05/1943	05/1943	05/1943	06/1943	07/1943
3. Estimated Capacity (gallons)	12,700,000	12,700,000	12,700,000	12,700,000	12,700,000
A. Compartmentalized? Yes/No	No	No	No	No	No
Estimated compartment capacity (gallons)					
B. Manifolded? Yes/No	No	No	No	No	No
4. Substance Stored		•	•		•
A. Gasoline (Specify product grade)	N/A	N/A	N/A	N/A	N/A
B. Diesel					
C. Gasohol (Including ethanol blends) Specify product grade	N/A	N/A	N/A	N/A	N/A
D. Kerosene					

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Tank Number	Tank No. F-16	Tank No. F-17	Tank No. F-18	Tank No. F-19	Tank No. F-20
E. Used Oil/Waste Oil					
F. JP-4					
G. Non-Petroleum Hazardous Substance (CERCLA name and/or CAS#)	N/A	N/A	N/A	N/A	N/A
H. Mixture of Substances (Please specify)	N/A	N/A	N/A	N/A	N/A
Other, please specify.	F-76	EMPTY	JP-5	EMPTY	JP-5
Substance Compatible with     Tank and Piping? Yes/No	Yes	N/A	Yes	N/A	Yes
6. Tank (Mark all that apply)					
A. Manufacturer and Model	Field- constructed	Field- constructed	Field- constructed	Field- constructed	Field- constructed
B. Underwriters Laboratory No.	N/A	N/A	N/A	N/A	N/A
C. Primary Containment Material or Single-	Walled Tank				
i. Fiberglass reinforced plastic					
ii. Steel	<b>✓</b>	<b>√</b>	<b>√</b>	<b>√</b>	<b>✓</b>
iii. Other, please specify.					
D. Secondary Containment Material					
i. Fiberglass reinforced plastic					
ii. Steel					
iii. Other, please specify.	N/A	N/A	N/A	N/A	N/A
iv. None	<b>✓</b>	<b>√</b>	<b>✓</b>	<b>√</b>	<b>✓</b>
E. Corrosion Protection (except Fiberglass	reinforced plastic	tanks)			
i. Fiberglass coated steel					
ii. Double-walled steel					
iii. Impressed current system					
iv. Sacrificial anode system					
v. Corrosion expert determination					
vi. Other, please specify.	N/A	N/A	N/A	N/A	N/A
7. Piping					
A. Manufacturer and Model	Unknown	Unknown	Unknown	Unknown	Unknown
B. Underwriters Laboratory No.	Unknown	Unknown	Unknown	Unknown	Unknown

Tank Number	Tank No. F-16	Tank No. F-17	Tank No. F-18	Tank No. F-19	Tank No. F-20
C. Primary Containment Material or Single-	Walled Piping				
i. Fiberglass reinforced plastic					
ii. Flex piping					
iii. Steel	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>√</b>	<b>✓</b>
iv. Other, please specify.	Piping is above ground	Piping is above ground			
D. Secondary Containment Material					
i. Fiberglass reinforced plastic					
ii. Flex piping					
iii. Lined trench					
iv. Other, please specify.					
v. None	<b>✓</b>	<b>√</b>	<b>✓</b>	<b>✓</b>	<b>√</b>
E. Corrosion Protection (except fiberglass r	einforced plastic	piping)			
i. Fiberglass coated steel					
ii. Impressed current system					
iii. Sacrificial anode system					
iv. Corrosion expert determination					
v. Other, please specify.	N/A	N/A	N/A	N/A	N/A
8. Method of Product Dispensing					
A. Unsafe Suction (valve at tank)					
B. Safe Suction (no valve at tank)					
C. Pressure	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>
D. Not Applicable					
Spill prevention equipment					
A. Manufacturer and Model	N/A	N/A	N/A	N/A	N/A
B. Capacity (gallons)					
10. Overfill prevention equipment	<b>✓</b>	<b>✓</b>	$\checkmark$	$\checkmark$	<b>√</b>
A. Automatic shutoff device (flapper)     Make and Model					
B. Overfill alarm Make and Model	See cover letter				
C. Ball float valve Make and Model					

Tank Number	Tank N	lo. <u>F-16</u>	Tank N	lo. <u>F-17</u>	Tank N	lo. <u>F-18</u>	Tank N	lo. <u>F-19</u>	Tank N	lo. <u>F-20</u>
11. Release Detection (Mark all that apply)	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
A. Manual tank gauging		NA		NA		NA		NA		NA
B. Tank tightness testing	<b>√</b>	NA	<b>✓</b>	NA	<b>√</b>	NA		NA	<b>✓</b>	NA
C. Inventory control		NA		NA		NA		NA		NA
D. Automatic tank gauging		NA		NA		NA		NA		NA
E. Vapor monitoring										
F. Groundwater monitoring										
G. Interstitial monitoring										
H. Statistical inventory reconciliation										
I. Automatic line leak detectors (Yes/No)	NA	No	NA	No	NA	No	NA	No	NA	No
If <b>YES</b> , specify type.										
J. Line tightness testing	NA		NA		NA		NA		NA	
K. Other method approved by the Department. Please specify										

(Attach additional sheet if necessary.)

Dispenser Unit	Manufacturer of Dispenser	Dispenser Serial #	Under Dispenser Containment installed (Yes/No) - Installation Date
1			N/A
2			N/A
3			N/A
4			N/A
5			N/A
6			N/A
7			N/A
8			N/A
9			N/A
10			N/A
11			N/A
12			N/A

		Facility ID No					
VIII. FINANCIAL RESPONSIBILITY (Check all that apply)							
Commercial Insurance Financial Test of Self Insurance Guarantee	Letter of Credit Surety Bond Trust Fund	Local Government Bond Rating Test  ☐ Other Method Allowed (Specify)  ☑ Exempt: ☐ State or ☑ Federal Agency					
	IX. FACILIT	Y DRAWING					
scale. This drawing should show the fol A. The property boundaries of the B. Identification of streets, roads a C. Identification of nearby facilities D. Tax Map Key (TMK) Numbers; E. Location of buildings at the faci F. The approximate dimensions o	lowing: facility; and nearby bodies of water; s; lity; f the property boundaries and ser pumps (identified by no						

## X. LOCATION MAP

Include a map showing the location of the tanks with respect to nearby landmarks. The map should indicate roads and landmarks to a level of detail such that the site would be easily located.

# XI. DESCRIPTION OF TANK(S) (Complete for each tank at this location)

Tank Number	Tank No	Tank No. F-ST2	Tank No. F-ST3	Tank No. F-ST4	Pipelines Located Outside Tunnel
Status of Tank (Mark only one)					
A. Currently in Use	<b>√</b>	<b>✓</b>	<b>√</b>	$\checkmark$	<b>√</b>
B. Temporarily Out of Use					
2. Date of Installation (month/year)	07/1942	07/1942	07/1942	07/1942	
3. Estimated Capacity (gallons)	400,000	400,000	400,000	400,000	31,665
A. Compartmentalized? Yes/No	No	No	No	No	No
Estimated compartment capacity (gallons)					
B. Manifolded? Yes/No	No	No	No	No	No
4. Substance Stored		•	•		
A. Gasoline (Specify product grade)	N/A	N/A	N/A	N/A	N/A
B. Diesel					
C. Gasohol (Including ethanol blends) Specify product grade	N/A	N/A	N/A	N/A	N/A
D. Kerosene					

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H. Indication of North/South direction.

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Tank Number	Tank No. F-ST1	Tank No. F-ST2	Tank No. F-ST3	Tank No. F-ST4	Pipelines Located Outside Tunnel
E. Used Oil/Waste Oil					
F. JP-4					
G. Non-Petroleum Hazardous Substance (CERCLA name and/or CAS#)	N/A	N/A	N/A	N/A	N/A
H. Mixture of Substances (Please specify)	N/A	N/A	N/A	N/A	N/A
I. Other, please specify.	F-24	JP-5	F-76	F-76	F-24, F-76, JP-5
Substance Compatible with     Tank and Piping? Yes/No	Yes	Yes	Yes	Yes	Yes
6. Tank (Mark all that apply)					
A. Manufacturer and Model	Field- constructed	Field- constructed	Field- constructed	Field- constructed	N/A
B. Underwriters Laboratory No.	N/A	N/A	N/A	N/A	N/A
C. Primary Containment Material or Single-	Walled Tank	***************************************	***************************************	***************************************	***************************************
i. Fiberglass reinforced plastic					
ii. Steel	$\checkmark$	<b>√</b>	<b>√</b>	<b>V</b>	
iii. Other, please specify.					
D. Secondary Containment Material					
i. Fiberglass reinforced plastic					
ii. Steel					
iii. Other, please specify.	N/A	N/A	N/A	N/A	
iv. None	<b>V</b>	<b>V</b>	<b>V</b>	<b>V</b>	
E. Corrosion Protection (except Fiberglass	reinforced plastic	tanks)			
i. Fiberglass coated steel					
ii. Double-walled steel					
iii. Impressed current system					
iv. Sacrificial anode system					
v. Corrosion expert determination					
vi. Other, please specify.	N/A	N/A	N/A	N/A	
7. Piping					
A. Manufacturer and Model	Unknown	Unknown	Unknown	Unknown	Unknown
B. Underwriters Laboratory No.	Unknown	Unknown	Unknown	Unknown	Unknown

Tank Number	Tank N	lo_F-ST1	Tank N	lo. <sup>F-ST2</sup>	Tank N	lo. F-ST3	Tank N	lo. F-ST4		s Located Tunnel
11. Release Detection (Mark all that apply)	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
A. Manual tank gauging		NA		NA		NA		NA		NA
B. Tank tightness testing	V	NA	$\checkmark$	NA	V	NA	V	NA		NA
C. Inventory control		NA		NA		NA		NA		NA
D. Automatic tank gauging		NA		NA		NA		NA		NA
E. Vapor monitoring										
F. Groundwater monitoring										
G. Interstitial monitoring										
H. Statistical inventory reconciliation										
Automatic line leak detectors (Yes/No)	NA	No	NA	No	NA	No	NA	No	NA	N/A
If <b>YES</b> , specify type.										
J. Line tightness testing	NA		NA		NA		NA		NA	<b>√</b>
K. Other method approved by the Department. Please specify										

(Attach additional sheet if necessary.)

Dispenser Unit	Manufacturer of Dispenser	Dispenser Serial #	Under Dispenser Containment installed (Yes/No) - Installation Date
1			N/A
2			N/A
3			N/A
4			N/A
5			N/A
6			N/A
7			N/A
8			N/A
9			N/A
10			N/A
11			N/A
12			N/A

VIII. FINANCIAL RESPONSIBILITY (Check all that apply)							
Commercial Insurance Financial Test of Self Insurance Guarantee	Letter of Credit Surety Bond Trust Fund	□ Local Government Bond Rating Test □ Other Method Allowed (Specify) □ Exempt: □ State or ▼ Federal Agency					

#### IX. FACILITY DRAWING

Include a drawing showing the general layout of the facility. This drawing should be no larger than 11 by 17 inches and preferably to scale. This drawing should show the following:

- A. The property boundaries of the facility;
- B. Identification of streets, roads and nearby bodies of water;
- C. Identification of nearby facilities;
- D. Tax Map Key (TMK) Numbers;
- E. Location of buildings at the facility;
- F. The approximate dimensions of the property boundaries and major buildings;
- G. Location of all USTs and dispenser pumps (identified <u>by number/s</u> consistent with the tank & dispenser pump numbers in Sections XI and XII), and associated pipings; and
- H. Indication of North/South direction.

#### X. LOCATION MAP

Include a map showing the location of the tanks with respect to nearby landmarks. The map should indicate roads and landmarks to a level of detail such that the site would be easily located.

## XI. DESCRIPTION OF TANK(S) (Complete for each tank at this location)

	PRT-		Diamond	Ewa	
Tank Number	Tank No. Diamond Head	Tank No. PRT-	Tank No. Head Piping	Tank No. Piping Loop	Tank No
Status of Tank (Mark only one)					
A. Currently in Use	<b>✓</b>	<b>√</b>	<b>√</b>	<b>√</b>	
B. Temporarily Out of Use					
2. Date of Installation (month/year)	07/2010	05/2006	09/2011	06/2006	
Estimated Capacity (gallons)	2,000	4,000	236,579	59,500	
A. Compartmentalized? Yes/No	No	No	No	No	N/A
Estimated compartment capacity (gallons)					
B. Manifolded? Yes/No	No	No	No	No	N/A
4. Substance Stored					
A. Gasoline (Specify product grade)	N/A	N/A	N/A	N/A	N/A
B. Diesel					
C. Gasohol (Including ethanol blends) Specify product grade	N/A	N/A	N/A	N/A	N/A
D. Kerosene					

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Tank Number	Tank No. Diamond Head	Tank No. Ewa	Tank No. Loop	Tank No.	Tank No
C. Primary Containment Material or Single-	Nalled Piping				
i. Fiberglass reinforced plastic					
ii. Flex piping					
iii. Steel	<b>✓</b>	<b>✓</b>	<b>√</b>	<b>√</b>	
iv. Other, please specify.	N/A	N/A	N/A	N/A	
D. Secondary Containment Material					
i. Fiberglass reinforced plastic					
ii. Flex piping					
iii. Lined trench	<b>√</b>	<b>✓</b>			
iv. Other, please specify.	N/A	N/A	N/A	N/A	
v. None			<b>✓</b>	<b>✓</b>	
E. Corrosion Protection (except fiberglass re	einforced plastic p	piping)			
i. Fiberglass coated steel					
ii. Impressed current system	<b>√</b>	<b>√</b>	<b>√</b>	<b>V</b>	
iii. Sacrificial anode system					
iv. Corrosion expert determination					
v. Other, please specify.	N/A	N/A	N/A	N/A	
Method of Product Dispensing					
A. Unsafe Suction (valve at tank)					
B. Safe Suction (no valve at tank)					
C. Pressure			<b>√</b>	<b>√</b>	
D. Not Applicable	<b>✓</b>	<b>√</b>			
Spill prevention equipment					
A. Manufacturer and Model	N/A	N/A	N/A	N/A	
B. Capacity (gallons)					
10. Overfill prevention equipment	$\checkmark$	$\checkmark$			
A. Automatic shutoff device (flapper)     Make and Model					
B. Overfill alarm Make and Model	Veeder-Root TLS-350 PLUS	Veeder-Root TLS-350 PLUS			
C. Ball float valve Make and Model					

Tank Number	Tank N	lo. PRT- Diamond Head	Tank N	OPRT-	Tank N	Diamond Head Piping Loop	Tank N	lo. Ewa Piping	Tank N	lo
11. Release Detection (Mark all that apply)	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
A. Manual tank gauging		NA		NA		NA		NA		NA
B. Tank tightness testing		NA		NA		NA		NA		NA
C. Inventory control		NA		NA		NA		NA		NA
D. Automatic tank gauging		NA		NA		NA		NA		NA
E. Vapor monitoring										
F. Groundwater monitoring										
G. Interstitial monitoring	<b>√</b>		<b>✓</b>							
H. Statistical inventory reconciliation										
Automatic line leak detectors (Yes/No)	NA	No	NA	No	NA	N/A	NA	N/A	NA	N/A
If <b>YES</b> , specify type.										
J. Line tightness testing	NA	<b>√</b>	NA	<b>✓</b>	NA	<b>✓</b>	NA	<b>✓</b>	NA	
K. Other method approved by the Department. Please specify	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		

(Attach additional sheet if necessary.)

Dispenser Unit	Manufacturer of Dispenser	Dispenser Serial #	Under Dispenser Containment installed (Yes/No) - Installation Date
1			N/A
2			N/A
3			N/A
4			N/A
5			N/A
6			N/A
7			N/A
8			N/A
9			N/A
10			N/A
11			N/A
12			N/A

# XIII. OPERATOR'S 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 individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

LCDR Blake Whittle  Name of operator or operator's authorized representative (Print or Type)			Regional Fuels Officer Official Title
Status of Sign	atory (Mark as appropriate)		
1.	Corporation:	☐ principal executive officer☐ duly authorized representative	
2.	Partnership:	general partner	
3.	Sole proprietorship:	proprietor	
4.	Government entity:	principal executive officer	
		ranking elected official	
		☑duly authorized employee	
documents, a		personally examined and am familiar with the y of those individuals immediately responsible to d complete.	
CAPT Marc Delao			Regional Engineer
Name of owner or owner's authorized representative (Print or Type)			Official Title
Signature			Date Signed
01-1	-1		
Status of Sign 1.	natory (Mark as appropriate) Corporation:	☐principal executive officer☐duly authorized representative	
2.	Partnership:	general partner	
3.	Sole proprietorship:	proprietor	
4.	Government entity:	☑principal executive officer ☐ranking elected official ☐duly authorized employee	

CNRH LETTER 5750 SER N4/0533 OF MAY 15, 2019 IS INCORORATED BY REFERENCE AND MADE A PART OF THIS APPLICATION

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