

III. OWNER OF TANK(S)

US Navy - COMNAVREG HI

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

Zip Code

E-mail Address

IV. OPERATOR OF TANK(S) (if same as Section III, check here ☐)

Naval Supply Systems Command Fleet Logistics Center Pearl Harbor

Operator Name (Corporation, Individual, Public Agency, or Other Entity)

Zip Code

E-mail Address

V. CONTRACTOR

Zip Code

E-mail Address

VI. TYPE OF OWNER

☐ Non-Marketer

VII. TYPE OF FACILITY (Select the appropriate facility description)

☒ Other (Explain) Fuel Storage and Airfield Hydrant System

VIII. FINANCIAL RESPONSIBILITY (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Local Government Bond Rating Test |
| <input type="checkbox"/> Financial Test of Self Insurance | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Other Method Allowed (Specify) _____ |
| <input type="checkbox"/> Guarantee | <input type="checkbox"/> Trust Fund | <input checked="" type="checkbox"/> Exempt: <input type="checkbox"/> State or <input checked="" type="checkbox"/> 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:

- The property boundaries of the facility;
- Identification of streets, roads and nearby bodies of water;
- Identification of nearby facilities;
- Tax Map Key (TMK) Numbers;
- Location of buildings at the facility;
- The approximate dimensions of the property boundaries and major buildings;
- Location of all USTs and dispenser pumps (identified by number/s consistent with the tank & dispenser pump numbers in Sections XI and XII), and associated pipings; and
- 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. <u>F-1</u>	Tank No. <u>F-2</u>	Tank No. <u>F-3</u>	Tank No. <u>F-4</u>	Tank No. <u>F-5</u>
1. Status of Tank (Mark only one)					
A. Currently in Use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Temporarily Out of Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Gasohol (Including ethanol blends) Specify product grade	N/A	N/A	N/A	N/A	N/A
D. Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Number	Tank No. <u>F-1</u>	Tank No. <u>F-2</u>	Tank No. <u>F-3</u>	Tank No. <u>F-4</u>	Tank No. <u>F-5</u>
E. Used Oil/Waste Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. JP-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	EMPTY	F-24	F-24	F-24	EMPTY
5. 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 Tank					
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
iii. Other, please specify.					
D. Secondary Containment Material					
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Other, please specify.	N/A	N/A	N/A	N/A	N/A
iv. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Corrosion Protection (except Fiberglass reinforced plastic tanks)					
i. Fiberglass coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Double-walled steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Impressed current system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Sacrificial anode system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Corrosion expert determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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. <u>F-1</u>	Tank No. <u>F-2</u>	Tank No. <u>F-3</u>	Tank No. <u>F-4</u>	Tank No. <u>F-5</u>
C. Primary Containment Material or Single-Walled Piping					
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Flex piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
iv. Other, please specify.	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground
D. Secondary Containment Material					
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Flex piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Lined trench	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Other, please specify.					
v. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Corrosion Protection (except fiberglass reinforced plastic piping)					
i. Fiberglass coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Impressed current system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Sacrificial anode system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Corrosion expert determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Safe Suction (no valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D. Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Spill prevention equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. Manufacturer and Model	N/A	N/A	N/A	N/A	N/A
B. Capacity (gallons)					
10. Overfill prevention equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
A. Automatic shutoff device (flapper) Make and Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Overfill alarm Make and Model	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	See cover letter	See cover letter	See cover letter	See cover letter	See cover letter
C. Ball float valve Make and Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

XII. DESCRIPTION OF DISPENSER AND UNDER DISPENSER CONTAINMENT

(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)

- | | | |
|---|---|--|
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Local Government Bond Rating Test |
| <input type="checkbox"/> Financial Test of Self Insurance | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Other Method Allowed (Specify) _____ |
| <input type="checkbox"/> Guarantee | <input type="checkbox"/> Trust Fund | <input checked="" type="checkbox"/> Exempt: <input type="checkbox"/> State or <input checked="" type="checkbox"/> 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:

- The property boundaries of the facility;
- Identification of streets, roads and nearby bodies of water;
- Identification of nearby facilities;
- Tax Map Key (TMK) Numbers;
- Location of buildings at the facility;
- The approximate dimensions of the property boundaries and major buildings;
- Location of all USTs and dispenser pumps (identified by number/s consistent with the tank & dispenser pump numbers in Sections XI and XII), and associated pipings; and
- 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. <u>F-6</u>	Tank No. <u>F-7</u>	Tank No. <u>F-8</u>	Tank No. <u>F-9</u>	Tank No. <u>F-10</u>
1. Status of Tank (Mark only one)					
A. Currently in Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B. Temporarily Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Gasohol (Including ethanol blends) Specify product grade	N/A	N/A	N/A	N/A	N/A
D. Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Number	Tank No. <u>F-6</u>	Tank No. <u>F-7</u>	Tank No. <u>F-8</u>	Tank No. <u>F-9</u>	Tank No. <u>F-10</u>
E. Used Oil/Waste Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. JP-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	JP-5	JP-5	JP-5
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
iii. Other, please specify.					
D. Secondary Containment Material					
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Other, please specify.	N/A	N/A	N/A	N/A	N/A
iv. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Corrosion Protection (except Fiberglass reinforced plastic tanks)					
i. Fiberglass coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Double-walled steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Impressed current system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Sacrificial anode system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Corrosion expert determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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-Walled Piping					
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Flex piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
iv. Other, please specify.	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground
D. Secondary Containment Material					
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Flex piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Lined trench	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Other, please specify.					
v. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Corrosion Protection (except fiberglass reinforced plastic piping)					
i. Fiberglass coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Impressed current system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Sacrificial anode system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Corrosion expert determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Safe Suction (no valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D. Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Spill prevention equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. Manufacturer and Model	N/A	N/A	N/A	N/A	N/A
B. Capacity (gallons)					
10. Overfill prevention equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
A. Automatic shutoff device (flapper) Make and Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Overfill alarm Make and Model	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	See cover letter	See cover letter	See cover letter	See cover letter	See cover letter
C. Ball float valve Make and Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

XII. DESCRIPTION OF DISPENSER AND UNDER DISPENSER CONTAINMENT

(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)

- | | | |
|---|---|--|
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Local Government Bond Rating Test |
| <input type="checkbox"/> Financial Test of Self Insurance | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Other Method Allowed (Specify) _____ |
| <input type="checkbox"/> Guarantee | <input type="checkbox"/> Trust Fund | <input checked="" type="checkbox"/> Exempt: <input type="checkbox"/> State or <input checked="" type="checkbox"/> 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:

- The property boundaries of the facility;
- Identification of streets, roads and nearby bodies of water;
- Identification of nearby facilities;
- Tax Map Key (TMK) Numbers;
- Location of buildings at the facility;
- The approximate dimensions of the property boundaries and major buildings;
- Location of all USTs and dispenser pumps (identified by number/s consistent with the tank & dispenser pump numbers in Sections XI and XII), and associated pipings; and
- 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. <u>F-11</u>	Tank No. <u>F-12</u>	Tank No. <u>F-13</u>	Tank No. <u>F-14</u>	Tank No. <u>F-15</u>
1. Status of Tank (Mark only one)					
A. Currently in Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Temporarily Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation (month/year)	02/1943	03/1943	03/1943	03/1943	04/1943
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Gasohol (Including ethanol blends) Specify product grade	N/A	N/A	N/A	N/A	N/A
D. Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Number	Tank No. <u>F-11</u>	Tank No. <u>F-12</u>	Tank No. <u>F-13</u>	Tank No. <u>F-14</u>	Tank No. <u>F-15</u>
E. Used Oil/Waste Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. JP-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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
5. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
iii. Other, please specify.					
D. Secondary Containment Material					
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Other, please specify.	N/A	N/A	N/A	N/A	N/A
iv. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Corrosion Protection (except Fiberglass reinforced plastic tanks)					
i. Fiberglass coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Double-walled steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Impressed current system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Sacrificial anode system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Corrosion expert determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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-Walled Piping					
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Flex piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
iv. Other, please specify.	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground
D. Secondary Containment Material					
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Flex piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Lined trench	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Other, please specify.					
v. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Corrosion Protection (except fiberglass reinforced plastic piping)					
i. Fiberglass coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Impressed current system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Sacrificial anode system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Corrosion expert determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Safe Suction (no valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D. Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Spill prevention equipment					
A. Manufacturer and Model	N/A	N/A	N/A	N/A	N/A
B. Capacity (gallons)					
10. Overfill prevention equipment					
A. Automatic shutoff device (flapper) Make and Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Overfill alarm Make and Model	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter
C. Ball float valve Make and Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

XII. DESCRIPTION OF DISPENSER AND UNDER DISPENSER CONTAINMENT

(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)

- | | | |
|---|---|--|
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Local Government Bond Rating Test |
| <input type="checkbox"/> Financial Test of Self Insurance | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Other Method Allowed (Specify) _____ |
| <input type="checkbox"/> Guarantee | <input type="checkbox"/> Trust Fund | <input checked="" type="checkbox"/> Exempt: <input type="checkbox"/> State or <input checked="" type="checkbox"/> 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:

- The property boundaries of the facility;
- Identification of streets, roads and nearby bodies of water;
- Identification of nearby facilities;
- Tax Map Key (TMK) Numbers;
- Location of buildings at the facility;
- The approximate dimensions of the property boundaries and major buildings;
- Location of all USTs and dispenser pumps (identified by number/s consistent with the tank & dispenser pump numbers in Sections XI and XII), and associated pipings; and
- 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. <u>F-16</u>	Tank No. <u>F-17</u>	Tank No. <u>F-18</u>	Tank No. <u>F-19</u>	Tank No. <u>F-20</u>
1. Status of Tank (Mark only one)					
A. Currently in Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Temporarily Out of Use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Gasohol (Including ethanol blends) Specify product grade	N/A	N/A	N/A	N/A	N/A
D. Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Number	Tank No. <u>F-16</u>	Tank No. <u>F-17</u>	Tank No. <u>F-18</u>	Tank No. <u>F-19</u>	Tank No. <u>F-20</u>
E. Used Oil/Waste Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. JP-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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-76	EMPTY	JP-5	EMPTY	JP-5
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
iii. Other, please specify.					
D. Secondary Containment Material					
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Other, please specify.	N/A	N/A	N/A	N/A	N/A
iv. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Corrosion Protection (except Fiberglass reinforced plastic tanks)					
i. Fiberglass coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Double-walled steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Impressed current system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Sacrificial anode system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Corrosion expert determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Flex piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
iv. Other, please specify.	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground
D. Secondary Containment Material					
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Flex piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Lined trench	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Other, please specify.					
v. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Corrosion Protection (except fiberglass reinforced plastic piping)					
i. Fiberglass coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Impressed current system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Sacrificial anode system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Corrosion expert determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Safe Suction (no valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D. Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Spill prevention equipment					
A. Manufacturer and Model	N/A	N/A	N/A	N/A	N/A
B. Capacity (gallons)					
10. Overfill prevention equipment					
A. Automatic shutoff device (flapper) Make and Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Overfill alarm Make and Model	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter	<input checked="" type="checkbox"/> See cover letter
C. Ball float valve Make and Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

XII. DESCRIPTION OF DISPENSER AND UNDER DISPENSER CONTAINMENT

(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)

- | | | |
|---|---|--|
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Local Government Bond Rating Test |
| <input type="checkbox"/> Financial Test of Self Insurance | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Other Method Allowed (Specify) _____ |
| <input type="checkbox"/> Guarantee | <input type="checkbox"/> Trust Fund | <input checked="" type="checkbox"/> Exempt: <input type="checkbox"/> State or <input checked="" type="checkbox"/> 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:

- The property boundaries of the facility;
- Identification of streets, roads and nearby bodies of water;
- Identification of nearby facilities;
- Tax Map Key (TMK) Numbers;
- Location of buildings at the facility;
- The approximate dimensions of the property boundaries and major buildings;
- Location of all USTs and dispenser pumps (identified by number/s consistent with the tank & dispenser pump numbers in Sections XI and XII), and associated pipings; and
- 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. <small>F-ST1</small>	Tank No. <small>F-ST2</small>	Tank No. <small>F-ST3</small>	Tank No. <small>F-ST4</small>	Pipelines Located Outside Tunnel
1. Status of Tank (Mark only one)					
A. Currently in Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B. Temporarily Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Gasohol (Including ethanol blends) Specify product grade	N/A	N/A	N/A	N/A	N/A
D. Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Number	Tank No. <small>F-ST1</small>	Tank No. <small>F-ST2</small>	Tank No. <small>F-ST3</small>	Tank No. <small>F-ST4</small>	Pipelines Located Outside Tunnel
E. Used Oil/Waste Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. JP-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iii. Other, please specify.					
D. Secondary Containment Material					
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Other, please specify.	N/A	N/A	N/A	N/A	
iv. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Corrosion Protection (except Fiberglass reinforced plastic tanks)					
i. Fiberglass coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Double-walled steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Impressed current system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Sacrificial anode system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Corrosion expert determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 No. <small>F-ST1</small>	Tank No. <small>F-ST2</small>	Tank No. <small>F-ST3</small>	Tank No. <small>F-ST4</small>	Pipelines Located Outside Tunnel
C. Primary Containment Material or Single-Walled Piping					
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Flex piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
iv. Other, please specify.	Piping is above ground	Piping is above ground	Piping is above ground	Piping is above ground	
D. Secondary Containment Material					
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Flex piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Lined trench	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Other, please specify.					
v. None	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Corrosion Protection (except fiberglass reinforced plastic piping)					
i. Fiberglass coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Impressed current system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iii. Sacrificial anode system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Corrosion expert determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Other, please specify.	N/A	N/A	N/A	N/A	
8. Method of Product Dispensing					
A. Unsafe Suction (valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Safe Suction (no valve at tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. Not Applicable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Spill prevention equipment					
A. Manufacturer and Model	N/A	N/A	N/A	N/A	N/A
B. Capacity (gallons)					
10. Overfill prevention equipment					
A. Automatic shutoff device (flapper) Make and Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Overfill alarm Make and Model	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	See cover letter	See cover letter	See cover letter	See cover letter	
C. Ball float valve Make and Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Number	Tank No. F-ST1		Tank No. F-ST2		Tank No. F-ST3		Tank No. F-ST4		Pipelines Located Outside Tunnel	
	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
11. Release Detection (Mark all that apply)										
A. Manual tank gauging	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA
B. Tank tightness testing	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>	NA
C. Inventory control	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA
D. Automatic tank gauging	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA
E. 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"/>
F. 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"/>
G. Interstitial 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"/>
H. Statistical inventory reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Automatic line leak detectors (Yes/No) If YES, specify type.	NA	No	NA	No	NA	No	NA	No	NA	N/A
J. Line tightness testing	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input checked="" type="checkbox"/>
K. Other method approved by the Department. Please specify										

XII. DESCRIPTION OF DISPENSER AND UNDER DISPENSER CONTAINMENT

(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)

- | | | |
|---|---|--|
| <input type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Local Government Bond Rating Test |
| <input type="checkbox"/> Financial Test of Self Insurance | <input type="checkbox"/> Surety Bond | <input type="checkbox"/> Other Method Allowed (Specify) _____ |
| <input type="checkbox"/> Guarantee | <input type="checkbox"/> Trust Fund | <input checked="" type="checkbox"/> Exempt: <input type="checkbox"/> State or <input checked="" type="checkbox"/> 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:

- The property boundaries of the facility;
- Identification of streets, roads and nearby bodies of water;
- Identification of nearby facilities;
- Tax Map Key (TMK) Numbers;
- Location of buildings at the facility;
- The approximate dimensions of the property boundaries and major buildings;
- Location of all USTs and dispenser pumps (identified by number/s consistent with the tank & dispenser pump numbers in Sections XI and XII), and associated pipings; and
- 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. <small>PRT-Diamond Head</small>	Tank No. <small>PRT-Ewa</small>	Tank No. <small>Diamond Head Piping Loop</small>	Tank No. <small>Ewa Piping Loop</small>	Tank No. _____
1. Status of Tank (Mark only one)					
A. Currently in Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Temporarily Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation (month/year)	07/2010	05/2006	09/2011	06/2006	
3. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Gasohol (Including ethanol blends) Specify product grade	N/A	N/A	N/A	N/A	N/A
D. Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank Number	Tank No. <small>PRT-Diamond-Head</small>	Tank No. <small>PRT-Ewa</small>	Tank No. <small>Diamond-Head Piping Loop</small>	Tank No. <small>Ewa Piping Loop</small>	Tank No. _____
E. Used Oil/Waste Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. JP-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Non-Petroleum Hazardous Substance (CERCLA name and/or CAS #)	N/A	N/A	N/A	N/A	
H. Mixture of Substances (Please specify)	N/A	N/A	N/A	N/A	
I. Other, please specify.	F-24	F-24	F-24	F-24	
5. Substance Compatible with Tank and Piping? Yes/No	Yes	Yes	Yes	Yes	N/A
6. Tank (Mark all that apply)					
A. Manufacturer and Model	Steel Tank Institute/STI-P3	Steel Tank Institute/STI-P3	N/A	N/A	
B. Underwriters Laboratory No.	UL-58	UL-58	N/A	N/A	
C. Primary Containment Material or Single-Walled Tank					
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Other, please specify.	N/A	N/A	N/A	N/A	
D. Secondary Containment Material					
i. Fiberglass reinforced plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Other, please specify.	N/A	N/A			
iv. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Corrosion Protection (except Fiberglass reinforced plastic tanks)					
i. Fiberglass coated steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Double-walled steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Impressed current system	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Sacrificial anode system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Corrosion expert determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Other, please specify.	N/A	N/A			
7. Piping					
A. Manufacturer and Model	Unknown	Unknown	Unknown	Unknown	
B. Underwriters Laboratory No.	Unknown	Unknown	Unknown	Unknown	

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

Tank Number	Tank No. <small>PRT-Diamond Head</small>		Tank No. <small>PRT-Ewa</small>		Tank No. <small>Diamond Head Piping Loop</small>		Tank No. <small>Ewa Piping Loop</small>		Tank No. _____	
	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
11. Release Detection (Mark all that apply)										
A. Manual tank gauging	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA
B. Tank tightness testing	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA
C. Inventory control	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA
D. Automatic tank gauging	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA
E. 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"/>
F. 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"/>
G. Interstitial monitoring	<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"/>
H. Statistical inventory reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Automatic line leak detectors (Yes/No) If YES, specify type.	NA	No	NA	No	NA	N/A	NA	N/A	NA	N/A
J. Line tightness testing	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NA	<input type="checkbox"/>
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		

XII. DESCRIPTION OF DISPENSER AND UNDER DISPENSER CONTAINMENT

(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 WhittleRegional Fuels Officer

Name of operator or operator's authorized representative (Print or Type)

Official Title

Signature

Date Signed

Status of Signatory (Mark as appropriate)

- | | | |
|----|----------------------|--|
| 1. | Corporation: | <input type="checkbox"/> principal executive officer |
| | | <input type="checkbox"/> duly authorized representative |
| 2. | Partnership: | <input type="checkbox"/> general partner |
| 3. | Sole proprietorship: | <input type="checkbox"/> proprietor |
| 4. | Government entity: | <input type="checkbox"/> principal executive officer |
| | | <input type="checkbox"/> ranking elected official |
| | | <input checked="" type="checkbox"/> duly authorized employee |

XIV. OWNER'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.

CAPT Marc DelaoRegional Engineer

Name of owner or owner's authorized representative (Print or Type)

Official Title

Signature

Date Signed

Status of Signatory (Mark as appropriate)

- | | | |
|----|----------------------|---|
| 1. | Corporation: | <input type="checkbox"/> principal executive officer |
| | | <input type="checkbox"/> duly authorized representative |
| 2. | Partnership: | <input type="checkbox"/> general partner |
| 3. | Sole proprietorship: | <input type="checkbox"/> proprietor |
| 4. | Government entity: | <input checked="" type="checkbox"/> principal executive officer |
| | | <input type="checkbox"/> ranking elected official |
| | | <input type="checkbox"/> duly authorized employee |

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