

APPENDIX I--NOTIFICATION FOR UNDERGROUND STORAGE TANKS Form No. I (6/99)

Solid and Hazardous Waste Branch, 919 Ala Moana Blvd., Room 212, Honolulu, Hawaii 96814

REASON FOR NOTIFICATION (Check all that apply)

☐ New Notification ☐ Change of Owner ☐ Change of Operator ☒ UST Closure (temporary & permanent)
Modification. Specify _____ Other: _____

STATE USE ONLY

Facility ID Number _____ Date Received _____
Date Entered into Computer _____ Data Entry Clerk Initials _____

Please type or print in ink all items except "signature" in section XIII. This form must be completed for each location containing underground storage tanks. For tanks requiring a permit use Form #'s II and III.

I. LOCATION OF TANK(S)

RED HILL UNDERGROUND FUEL STORAGE

Facility Name or Company Site identifiers, as applicable Location Contact

RGD HILL 808-471-0830
Location Address (P.O. Box not acceptable) Location Phone # (w/ area code) Fax # (w/ area code)
HONOLULU HI 96819 OAHU 9-9-010:006
City State Zip Code Island Tax Map Key #

II. CONTACT PERSON IN CHARGE OF TANK(S)

TODD CHIPMAN LT COMMANDER 1942 GAFFNEY ST, SUITE 100
Name Job Title Address
808-473-7801 808-473-7817
Phone # (with area code) Fax # (with area code)

III. OWNER OF TANK(S) (If same as Section I, check here ☐)

NAVY REGION HAWAII
Owner Name (Corporation, Individual, Public Agency, or Other Entity)
850 TICONDEROGA ST
Mailing Address
PEARL HARBOR HI 96860
City State Zip Code Phone # (w/ area code) Fax # (w/ area code)

IV. OPERATOR OF TANK(S) (If same as Section I, check here ☐)

FLEET ? INDUSTRIAL SUPPLY
Operator Name (Corporation, Individual, Public Agency, or Other Entity)
1942 GAFFNEY ST
Mailing Address
PEARL HARBOR HI 96860 808-473-7802 808-473-7817
City State Zip Code Phone # (w/ area code) Fax # (w/ area code)

V. TYPE OF OWNER

☒ Federal Government--Military ☐ Federal Government--Non-Military ☐ State Government
☐ Local Government ☐ Marketer ☐ Non-Marketer

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

☐ Airline ☐ Auto Dealership ☐ Baseyard ☐ Car Rental ☐ Cleaner/Laundromat ☐ Communication Sites
☐ Contractor ☐ Farm ☐ Fire Station ☐ Gas Station ☐ Golf Course ☐ Hospital
☒ Petroleum Distributor ☐ Police Station ☐ Residential ☐ Resort/Hotel ☐ School
☐ Service Centers/Auto Repair/Maintenance ☐ Trucking/Transporter ☐ Utilities
☐ Wastewater Treatment Plants ☐ Wholesaler/Retailer ☐ Other (Explain) _____

VII. FINANCIAL RESPONSIBILITY (Check all that apply)

☐ Self Insurance ☐ Commercial Insurance ☐ Risk Retention Group ☐ Guarantee ☐ Surety Bond
☐ Letter of Credit ☐ Trust Fund ☒ Exempt: State or Federal Agency
☐ Other Method Allowed (Specify) _____

VIII. DESCRIPTION OF TANK(S) (Complete for each at this location)

Tank Number	Tank No. <u>1</u>	Tank No. <u>19</u>	Tank No. <u> </u>	Tank No. <u> </u>	Tank No. <u> </u>
1. Status of Tank (Mark only one)					
A. Currently in Use					
B. Temporarily Out of Use (Also complete Section IX)					
C. Permanently Out of Use (Also complete Section IX)	<u>X</u>	<u>X</u>			

2. A. Date of Installation (mo./year)	1942	1942			
B. Date of Activity (Modification, Change in owner, etc.) (mo./day/year)					
3. Estimated Total Capacity (gallons)	12.6M	12.6M			
4. Substance Currently or Last Stored in Greatest Quantity by Volume					
A. Gasoline					
B. Diesel					
C. Gasohol					
D. Kerosene					
E. Used Oil					
F. JP-4					
G. Non-Petroleum Hazardous Substance (CERCLA name and/or CAS #)					
H. Mixture of Substances, Please specify					
I. Other, Please specify JP-5	X	X			
5. Substance Compatible with Tank and Piping (Y/N)	Y	Y			
6. Tank (Mark all that apply)					
A. Primary Containment Material or Single Walled Tank					
i. Fiberglass reinforced plastic (FRP)					
ii. Steel	X	X			
iii. Other, Please specify					
B. Secondary Containment Material					
i. Double walled					
a. FRP					
b. Steel					
c. Other, Please specify					
ii. Other secondary containment					
a. FRP					
b. Other, Please specify	Concrete	Concrete			
iii. None					
C. Corrosion Protection (except FRP 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										
vii. None	X	X								
7. Piping (Mark all that apply)										
A. Primary Containment Material or Single Walled Piping										
i. Rigid fiberglass										
ii. Flex piping										
iii. Steel	X	X								
iv. Other										
B. Type of Secondary Containment										
i. Lined trench										
ii. Rigid double walled piping										
iii. Flex double walled piping										
iv. Other Tunnel/Trench	X	X								
v. None										
C. Corrosion Protection (except FRP piping)										
i. Fiberglass coated steel										
ii. Impressed current system										
iii. Sacrificial anode system										
iv. Corrosion expert determination										
v. Other, Please specify										
vi. None	X	X								
8. Method of Product Dispensing										
A. Suction										
B. Safe Suction										
C. Pressure (Gravity)	X	X								
D. Not Applicable										
9. Spill and Overfill Protection										
A. Overfill device installed	X	X								
i. Automatic shutoff device	X	X								
ii. Overfill alarm	X	X								
iii. Ball float valve										
B. Spill device installed										
10. 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 controls	X	NA	X	NA		NA		NA		NA
D. Automatic tank gauging	X	NA	X	NA		NA		NA		NA
E. Vapor monitoring										
F. Groundwater monitoring	X	X	X	X						

G. Interstitial monitoring										
H. Statistical inventory reconciliation										
I. Automatic line lead detectors										
J. Line tightness testing	NA	X	NA	X	NA		NA		NA	
K. Other method approved by the department. Please specify										
11. Tank or Pipe Repaired (Y/N)	N	N	N	N						
A. Date										
B. Description of repair										

IX. TANK(S) OUT OF USE OR CHANGE IN SERVICE

Tank Number	Tank No. <u>1</u>	Tank No. <u>19</u>	Tank No. _____	Tank No. _____	Tank No. _____
1. Closing of Tank					
A. Estimated date last used (mo./day/year)	<u>10/97</u>	<u>12/86</u>			
B. Estimated date tank closed (mo./day/year)	<u>3/07</u>	<u>3/07</u>			
C. Tank was removed from ground	<u>N</u>	<u>N</u>			
D. Tank was closed in ground	<u>Y</u>	<u>Y</u>			
E. Tank filled with inert material Describe	<u>N</u>	<u>N</u>			
F. Change in service	<u>N</u>	<u>N</u>			
2. Site Assessment Completed (Y/N)	<u>Ongoing</u>	<u>Ongoing</u>			
3. Evidence of a Leak Detected (Y/N)	<u>Y</u>	<u>Y</u>			

X. 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 (identified by number consistent with the tank numbers in Sections VIII - IX), dispenser pumps, and associated pipings; and
- Indication of North/South direction.

XI. 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.

XII. CERTIFICATION OF COMPLIANCE FOR MODIFIED TANKS (Complete for each at this location)

Tank Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
1. Installation					
A. Installation certified by tank and piping manufacturers					
B. Installation inspected by a registered engineer					
C. Installation inspected and approved by the department					
D. Manufacturer's installation checklists have been completed and documented					
E. Another method allowed by the department. Please specify					

XIII. 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.

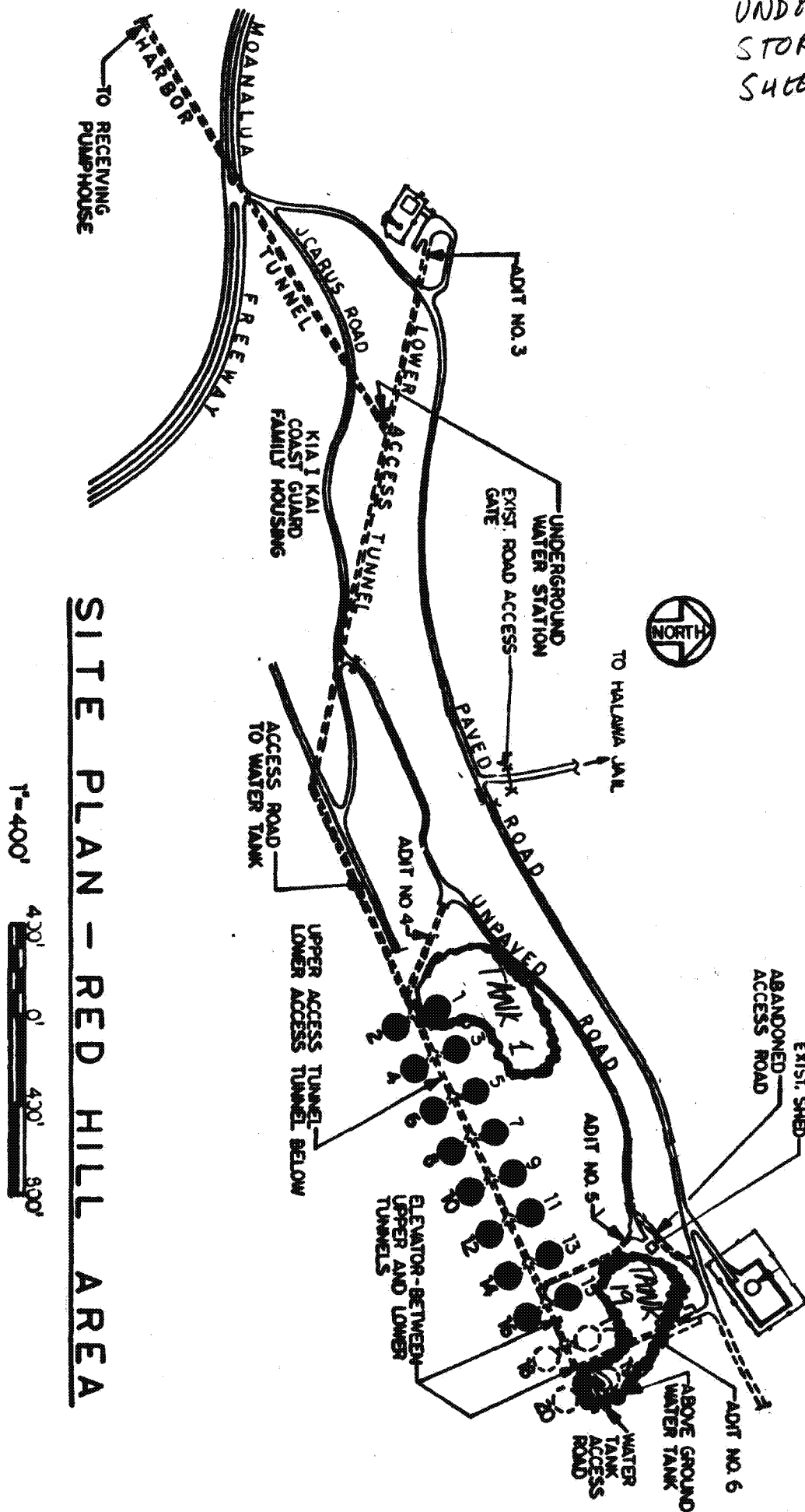
T. D. CHIPMAN, FUEL DIRECTOR, DEFENSE FUEL SUPPORT POINT, PEARL HARBOR
Name of owner or owner's authorized representative (Print or Type) Official Title

T. D. Chipman LEDR, SL, USN
Signature Date Signed

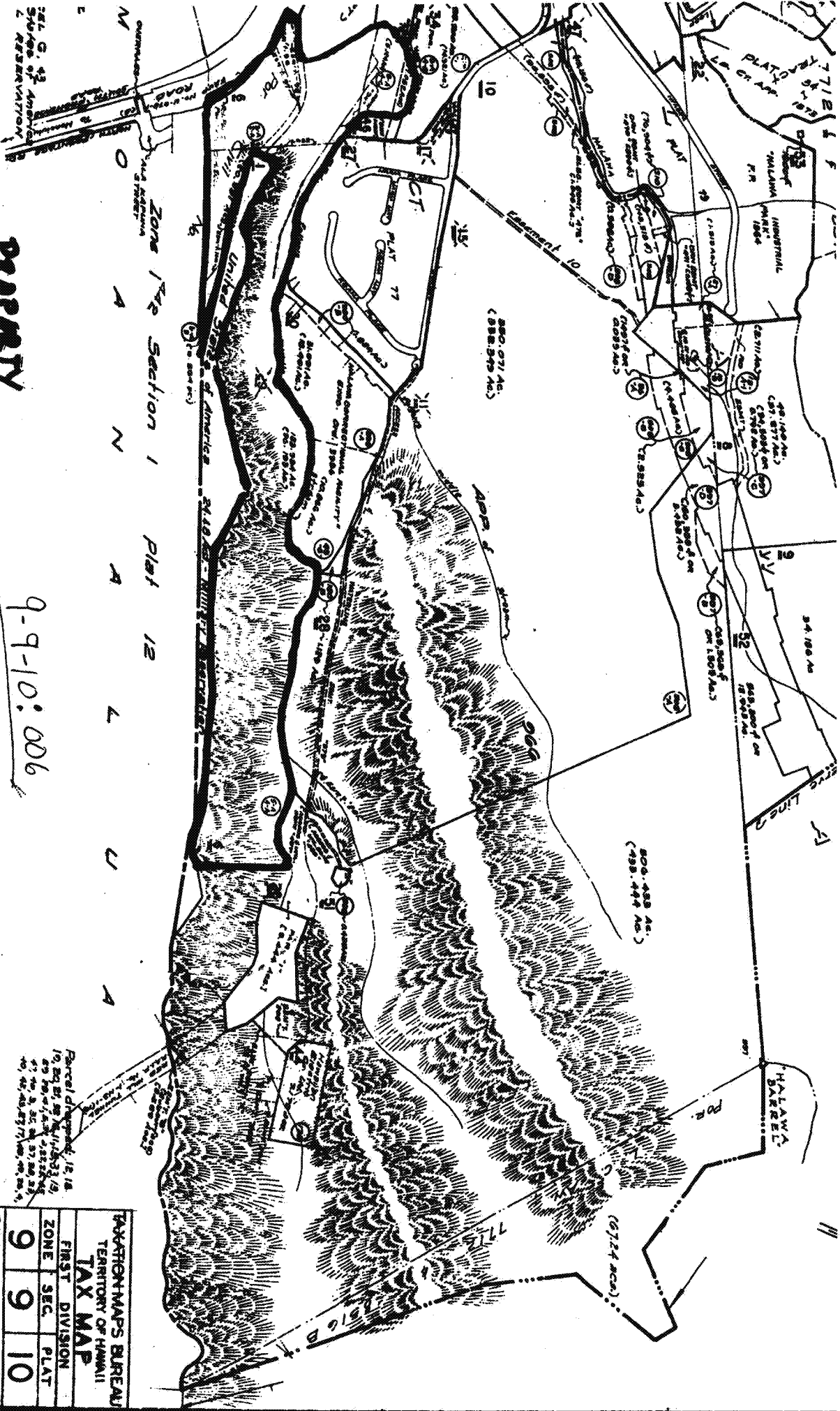
Status of Signatory (Mark as appropriate)--

- 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

FACILITY DRAWING
RED HILL
UNDERGROUND FUEL
STORAGE
SHEET 1 OF 2



LOCATION
MAP
RED HILL
UNDERGROUND
FUEL
STORAGE
SHEET
1 OF 2



PROPERTY

Boundary

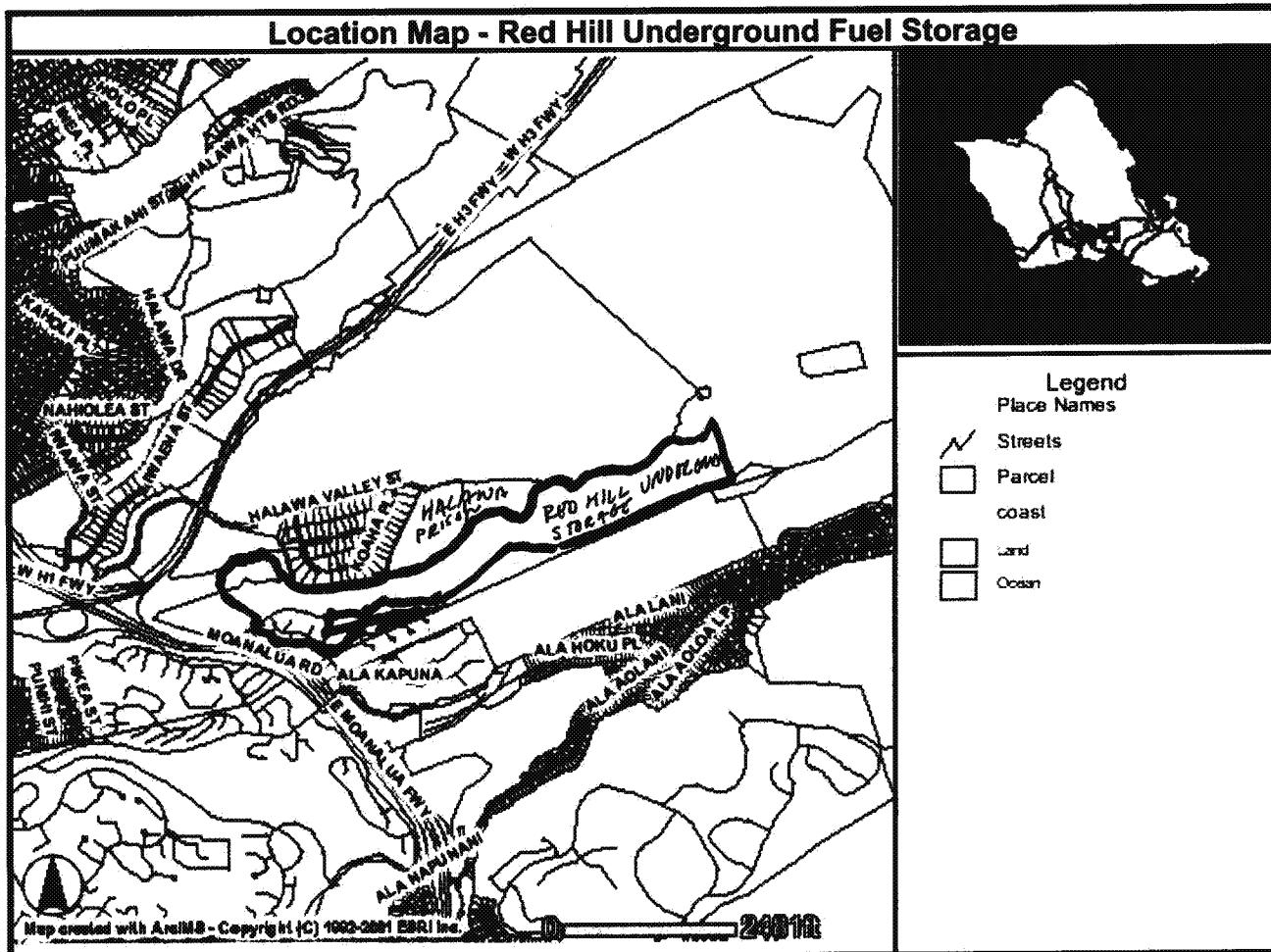
9-9-10:006

9-9-10:006

SUBJECT TO CHANGE

TERRITORY MAPS BUREAU			
TERRITORY OF HAWAII			
TAX MAP			
FIRST DIVISION	ZONE	SEC.	PLAT
	9	9	10
CONTAINING PARCELS			

Parcel depicted, 12, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.



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