



DEPARTMENT OF THE NAVY

COMMANDER
NAVY REGION HAWAII
850 TICONDEROGA ST STE 110
JBPHH, HAWAII 96860-5101

2
MAY 23 2019

5750
Ser N4/0533
May 15, 2019

CERTIFIED NO: 7016 0910 0001 0891 7390

Ms. Roxanne Kwan
Hawaii State Department of Health
Environmental Management Division
Solid and Hazardous Waste Branch
Underground Storage Tank Section
2827 Waimano Home Road #100
Pearl City, HI 96782

Dear Ms. Kwan:

SUBJECT: UST PERMIT APPLICATION FOR RED HILL BULK FUEL STORAGE FACILITY, JBPHH, OAHU, DOH FACILITY ID NO. 9-102271

The Navy submitted a permit application on 13 March 2019 for Red Hill Bulk Fuel Storage Facility (RHBFSF). Based upon DOH feedback, the application has been revised and shall replace the original submittal.

This letter and its enclosures provide information that does not fit into the application form "Application for an Underground Storage Tank Permit – Form No. 2" and are incorporated into the permit application.

The confidential/redacted information has been provided in full to the DOH; however, the Navy considers this information to be confidential under the Hawaii Revised Statutes (HRS) 342L-15 and does not concur with and will not allow its public release. The documents containing the exact location of the sensitive infrastructure comprising the system to include pipelines, hydrants, fill stands, etc. is for official use only and cannot be disclosed to the public because the impact of any damage caused to this system is so great, that it could cause irreparable harm to the government. Additionally, the technology and methodology used in these reports is proprietary to the contractor. Disclosure of their processes and procedures would result in significant competitive harm to the contractors. The government is bound not to disclose the information for other than official use by contract, federal law, and the Trade Secrets Act.

The revised Application for an Underground Storage Tank Permit – Form No. 2 is being submitted as Enclosure 1.

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A Location Map of the Red Hill storage tanks is provided as Enclosure 2. A Location Map of the surge tanks and piers is provided as Enclosure 3. A Location Map of the Hickam airfield hydrant system, which includes hydrant pits and product recovery tanks, is provided as Enclosure 4.

Primary Containment Material

The RHBFSF tanks F-1 to F-20 and F-ST1 to F-ST4 are constructed of reinforced concrete and lined with steel. The primary containment material is steel.

Facility Piping

Tank and piping diagrams for Defense Fuel Support Point (DFSP) Pearl Harbor and Hickam Airfield Hydrant System are provided as Enclosure 5. The diagrams indicate which segments of piping are in contact with the ground and have corrosion protection (dashed line), and which segments are above ground (solid line). All piping is single wall steel.

Piping - Release Detection

The piping for tanks F-1 to F-20 and F-ST1 to F-ST4 that is located between the tank and the first valve (nozzle piping) is considered and tested as part of the RHBFSF tanks. Information on tank tightness testing is presented in the "Tanks - Release Detection" section, below.

The piping located inside the RHBFSF tunnel is above ground; therefore, no release detection method for this above ground piping is checked in Section XI.11 on pages 6, 10, 14, 18, and 22 of the permit application form.

A line tightness test is performed annually on petroleum pipeline segments located outside the RHBFSF tunnel and fully or partially in contact with the ground. In January 2019, the leak detection rate per test section volume met the requirements of HAR §11-280.1-44(4)(A)(i), except for one pipeline section. This pipeline section was subsequently removed from service until it is repaired by replacement. See excerpts from the *2019 Annual Leak Detection Testing Report of Sections (b) (3) (A) of Petroleum Pipelines* of March 2019, which are provided as Enclosure 6. Information on the petroleum pipeline segments located outside the RHBFSF tunnel and fully or partially in contact with the ground is presented on pages 19 to 22 of the permit application form, in the column labeled "Pipelines Located Outside Tunnel."

An annual static liquid pressure test is performed on pier pipelines to confirm that no leaks occur under static liquid pressure at least 1.5 times the maximum allowable working pressure as required in 33 CFR 156.170. This meets the requirements of HAR §11-280.1-44(4)(A)(i). In January 2019, the pier pipelines passed the annual static pressure testing. See excerpts from the

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2019 Annual Static Liquid Pressure Testing Report of (b) (3) (A) Sections (b) (3) (A) of Petroleum Pier Pipelines of March 2019, which are provided as Enclosure 7.

The annual line tightness test of the piping associated with tanks PRT-Diamond Head and PRT-Ewa meets the requirements of HAR §11-280.1-44(4)(A)(i). Results for the January 2019 leak detection testing are presented in Table 2-1 of Enclosure 6. Test Section 10, "Type III PRT Issue," is the piping associated with tank PRT-Ewa, and Test Section 13, "AMC PRT Issue," is the piping associated with tank PRT-Diamond Head.

Piping - Cathodic Protection

All piping segments that are in contact with the ground are protected by an impressed current cathodic protection system. A detailed description of the system, including a description of rectifiers, system drawings, and location of anode beds, can be found in the two most recent Annual Pearl Harbor Cathodic Protection Survey Reports and Annual Hickam Cathodic Protection Survey Reports. Excerpts from these reports are provided as Enclosures 8 and 9, respectively.

Product Recovery Tanks

Tanks PRT-Diamond Head and PRT-Ewa are protected by an impressed current cathodic protection system. A detailed description of the system, including a description of the rectifiers, system drawings, and location of anode beds, can be found in the two most recent Hickam Cathodic Protection Survey Reports. Excerpts from these reports are provided as Enclosure 9.

Tanks - Release Detection

A tank tightness test is performed on tanks F-2 to F-18 and F-20, and tanks F-ST1 to F-ST4 semi-annually, unless they have been emptied for the Clean, Inspect, Repair (CIR) process. The tank tightness test meets the 0.5 gallon per hour leak rate as specified in HAR §11-280.1-43(10)(A). See excerpts from the *Final 2018 Annual Leak Detection Testing Report of 17 Bulk Field-Constructed Underground Storage Tanks at Red Hill Fuel Storage Complex* of January 2019, which are provided as Enclosure 10.

Method of Product Dispensing

Tanks F-ST1 to F-ST4 are not storage nor dispensing tanks, instead they serve as surge tanks to allow for the buffering of product pressure throughout the system during product movement. They have no ability to dispense fuel.

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Overfill Prevention Equipment

Tanks F-1 to F-20 and F-ST1 to F-ST4 are equipped with an Automated Fuel Handling Equipment (AFHE) Industrial Control System (ICS) inventory monitoring based on Automatic Tank Gauging (ATG) equipment overflow protection sensors and equipment that de-energizes the pump and shuts an isolation valve to prevent overfilling each UST once the fuel level in the tank reaches no more than 95% full.

The AFHE system operates 24 hours a day, 365 days a year, and is a continuously manned and monitored system, equipped with both a high and high-high level alarm, with high alarms set at a level of no more than 90% full.

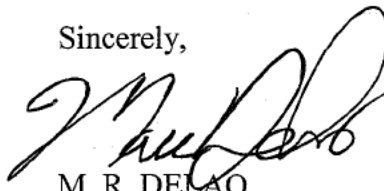
Airfield Piping

Information on the airfield piping has been added to pages 23 to 26 of the UST permit application form. All of the piping is underground, as shown in Enclosure 5 and the figures of Enclosure 6. Table 2-1 of Enclosure 6 provides a summary of the 2019 annual leak detection testing results for each of the 21 sections of airfield piping. Test sections 11, 12, 13, 14, 15, 20 and 21 are associated with the Diamond Head Piping Loop. The other fourteen sections are associated with the Ewa Piping Loop.

If you have any questions regarding this matter or need any additional information, contact

(b) (6) (b) (6) or by email at
(b) (6)

Sincerely,



M. R. DELAO
Captain, CEC, U.S. Navy
Regional Engineer
By direction of the
Commander

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Enclosures:

1. Revised DOH Form No. 2, Application for an Underground Storage Tank Permit for Red Hill Bulk Fuel Storage Facility, DOH Facility ID No. 9-102271 of May 15, 2019
2. Location Map of Red Hill Storage Tanks
3. Location Map of Surge Tanks and Piers
4. Location Map of Hickam Airfield Hydrant System
5. REDACTED – Tank and Piping Diagrams for DFSP Pearl Harbor and Hickam Airfield Hydrant System
6. REDACTED – Excerpts from *2019 Annual Leak Detection Testing Report of (b) (3) Sections (b) (3) (A) of Petroleum Pipelines* of 14 March 2019, prepared for Defense Logistics Agency Energy, submitted by Michael Baker International
7. REDACTED – Excerpts from *2019 Annual Static Liquid Pressure Testing Report of (b) (3) (A) Sections (b) (3) (A) of Petroleum Pier Pipelines of March 2019*, prepared for Defense Logistics Agency Energy, submitted by Michael Baker International
8. REDACTED – Excerpts from July 2017 and February 2018 Annual Pearl Harbor Cathodic Protection Survey Reports
9. REDACTED – Excerpts from September 2016 and January 2018 Annual Hickam Cathodic Protection Survey Reports
10. REDACTED – Excerpts from *Final 2018 Annual Leak Detection Testing Report of 17 Bulk Field-Constructed Underground Storage Tanks at Red Hill Fuel Storage Complex, Joint Base Pearl Harbor-Hickam, Hawaii* of 23 January 2019, prepared for Defense Logistics Agency Energy, submitted by Michael Baker International

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Blind copy (via email) to:

(b) (6) ██████████, NAVSUP FLC Pearl Harbor

(b) (6) ██████████ NAVSUP FLC Pearl Harbor

(b) (6) ██████████, NAVSUP FLC Pearl Harbor

NAVFAC HI Counsel

Enclosure 1

SOLID AND HAZARDOUS WASTE BRANCH

Underground Storage Tank Program

MAY 23 2019 *AA*

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:

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)

State Use Only

Date received: _____

Permit Number: _____

Permit Fee: _____

Date Paid: _____

Receipt Number: _____

Comments: _____

I. LOCATION OF TANK(S)

Red Hill Bulk Fuel Storage Facility (b) (6)
 Facility Name or Company Site identifiers Location Contact Person

Red Hill Aiea Hawaii 96701 Oahu 99010006, 99010001, 11012003, 11012004
 Location Address (P.O. Box not acceptable) City State Zip Code Island Tax Map Key #

(b) (6) (808) 473-7815
 Location Phone # (w/ area code) Location Fax # (w/ area code)

II. CONTACT PERSON IN CHARGE OF TANK(S)

(b) (6) Regional Fuels Officer
 Name Job / Position Title

1942 Gaffney Street, Suite 100 JBPHH HI 96860
 Mailing Address City State Zip Code

(b) (6) (808) 473-7815 (b) (6)
 Phone # (w/ area code) Fax # (w/ area code) E-mail Address

III. OWNER OF TANK(S)

US Navy - COMNAVREG HI

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

850 Ticonderoga Street, Suite 110 JBPHH HI 96860
 Mailing Address City State Zip Code

(808) 471-3926 (808) 473-5024 marc.delao@navy.mil
 Phone # (w/ area code) Fax # (w/ area 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)

1942 Gaffney Street, Suite 100 JBPHH HI 96860
 Mailing Address City State Zip Code

(b) (6) (808) 473-7815 (b) (6)
 Phone # (w/ area code) Fax # (w/ area code) E-mail Address

V. CONTRACTOR

N/A N/A
 Company Name Contact Person Name

N/A N/A N/A N/A
 Mailing Address City State Zip Code

N/A
 Phone # (w/ area code) Fax # (w/ area code) E-mail Address

VI. TYPE OF OWNER

- Federal Government (Military) Federal Government (Non-Military) State Government
 Local Government Marketer Non-Marketer

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

- | | | | |
|--|---------------------------------------|---|--|
| <input type="checkbox"/> Airline | <input type="checkbox"/> Contractor | <input type="checkbox"/> Petroleum Distributor | <input type="checkbox"/> Service Centers/Auto Repair/Maintenance |
| <input type="checkbox"/> Auto Dealership | <input type="checkbox"/> Farm | <input type="checkbox"/> Police Station | <input type="checkbox"/> Trucking/Transporter |
| <input type="checkbox"/> Baseyard | <input type="checkbox"/> Fire Station | <input type="checkbox"/> Residential | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Car Rental | <input type="checkbox"/> Gas Station | <input type="checkbox"/> Resort/Hotel | <input type="checkbox"/> Wastewater Treatment Plants |
| <input type="checkbox"/> Cleaner/Laundromat | <input type="checkbox"/> Golf Course | <input type="checkbox"/> School | <input type="checkbox"/> Wholesaler/Retailer |
| <input type="checkbox"/> Communication Sites | <input type="checkbox"/> Hospital | <input checked="" type="checkbox"/> Other (Explain) <u>Fuel Storage and Airfield Hydrant System</u> | |

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:

- 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 by number/s 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. <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. Manifolder? 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. 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	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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:

- 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 by number/s 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. <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. Manifolder? 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. F-6	Tank No. F-7	Tank No. F-8	Tank No. F-9	Tank No. F-10
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. <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>
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"/>	<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:

- 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 by number/s 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. <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. Manifolder? 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. <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>
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"/>	<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. <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>	
	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:

- 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 by number/s 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. <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. Manifolder? 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. <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>
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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. <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>	
	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:

- 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 by number/s 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. <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. Manifolder? 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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:

- 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 by number/s 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. <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. Manifolder? 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					
A. Manufacturer and Model	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"/> 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	PRT Diamond Head		PRT Ewa		Diamond Head Filling Loop		Ewa Filling Loop		Tank No.	
	Tank No.	PIPE	Tank No.	PIPE	Tank No.	PIPE	Tank No.	PIPE	Tank No.	PIPE
11. Release Detection (Mark all that apply)	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
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.

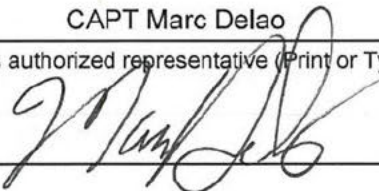
(b) (6)	Regional Fuels Officer
Name of operator or operator's authorized representative (Print or Type)	Official Title
(b) (6)	15 MAY 19
Signature	Date Signed

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 Delao	Regional Engineer
Name of owner or owner's authorized representative (Print or Type)	Official Title
	15 MAY 19
Signature	Date Signed

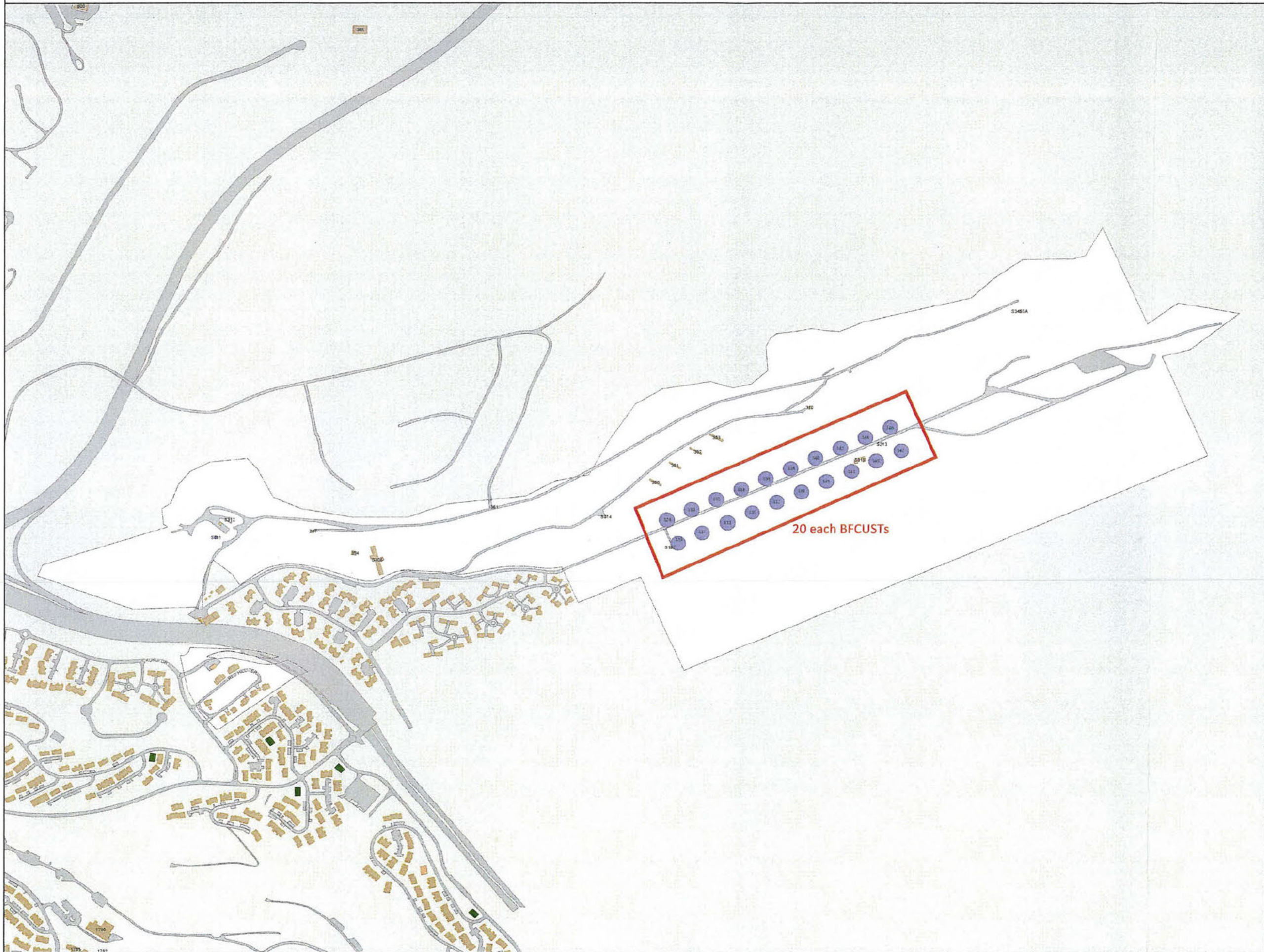
Status of Signatory (Mark as appropriate)

- | | | | |
|----|----------------------|-------------------------------------|--------------------------------|
| 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 |

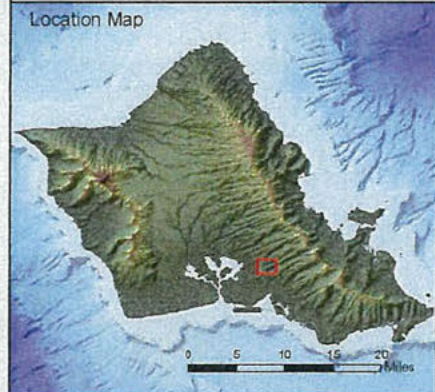
CNRH LETTER 5750 SER N4/0533 OF MAY 15, 2019 IS INCORORATED BY REFERENCE AND MADE A PART OF THIS APPLICATION

Enclosure 2

JBPHH - Red Hill and Red Hill Tank Site

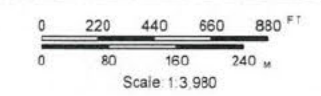


JOINT BASE PEARL HARBOR-HICKAM REGIONAL BASE MAP



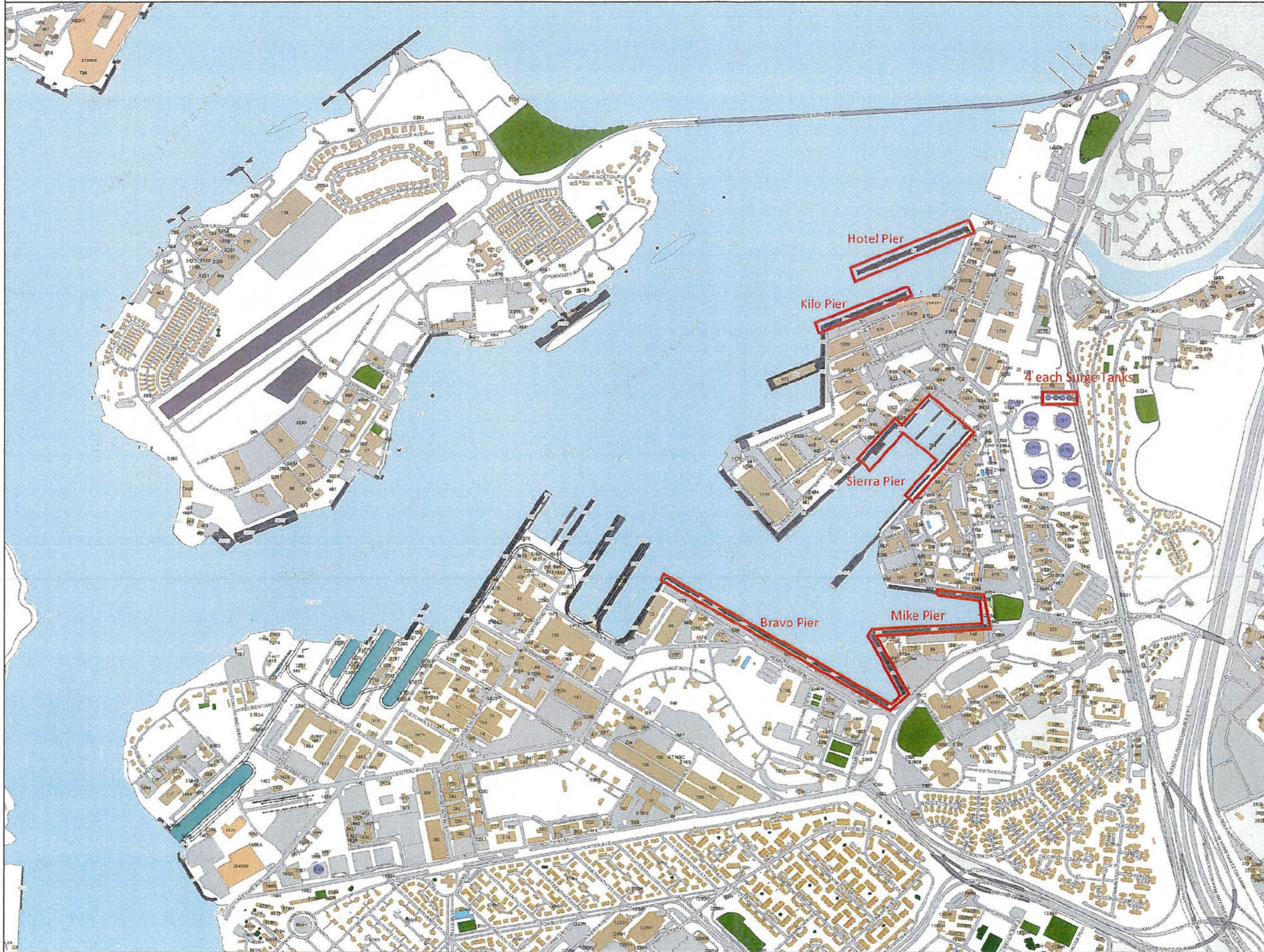
- Legend**
- Rail / Crane Track
 - Installation Boundary
 - Buildings
 - Structures
 - Golf Course
 - Recreation / Athletic Field
 - Playground
 - Storage Tank
 - Swimming Pool
 - Airfield
 - Bridge
 - Road
 - Docks and Warfs
 - Drydock
 - Sunken Vessel

Geographic Coordinate System
Datum: WGS 1984



PREPARED BY:
Naval Facilities Engineering Command Hawaii
Asset Utilization Branch, AM4
DATE: August 28, 2018
Contact: GeoReadiness Center (808) 471-3871

Enclosure 3



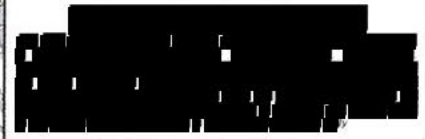
- Legend**
- Rail / Crane Track
 - Installation Boundary
 - Buildings
 - Structures
 - Golf Course
 - Recreation / Athletic Field
 - Playground
 - Storage Tank
 - Swimming Pool
 - Airfield
 - Bridge
 - Road
 - Docks and Warfs
 - Drydock
 - Sunken Vessel

Geographic Coordinate System
Datum: WGS 1984

0 325 650 975 1,300 FT
0 125 250 375 M
Scale 1:5,980



PREPARED BY:
Naval Facilities Engineering Command Hawaii
Asset Utilization Branch AM4
DATE August 28 2018
Contact: GeoReadiness Center (808) 471-3871



Enclosure 4

JOINT BASE
PEARL HARBOR-HICKAM
REGIONAL BASE MAP



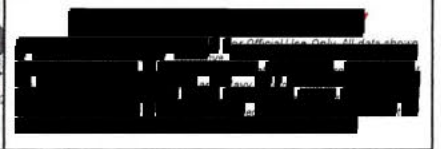
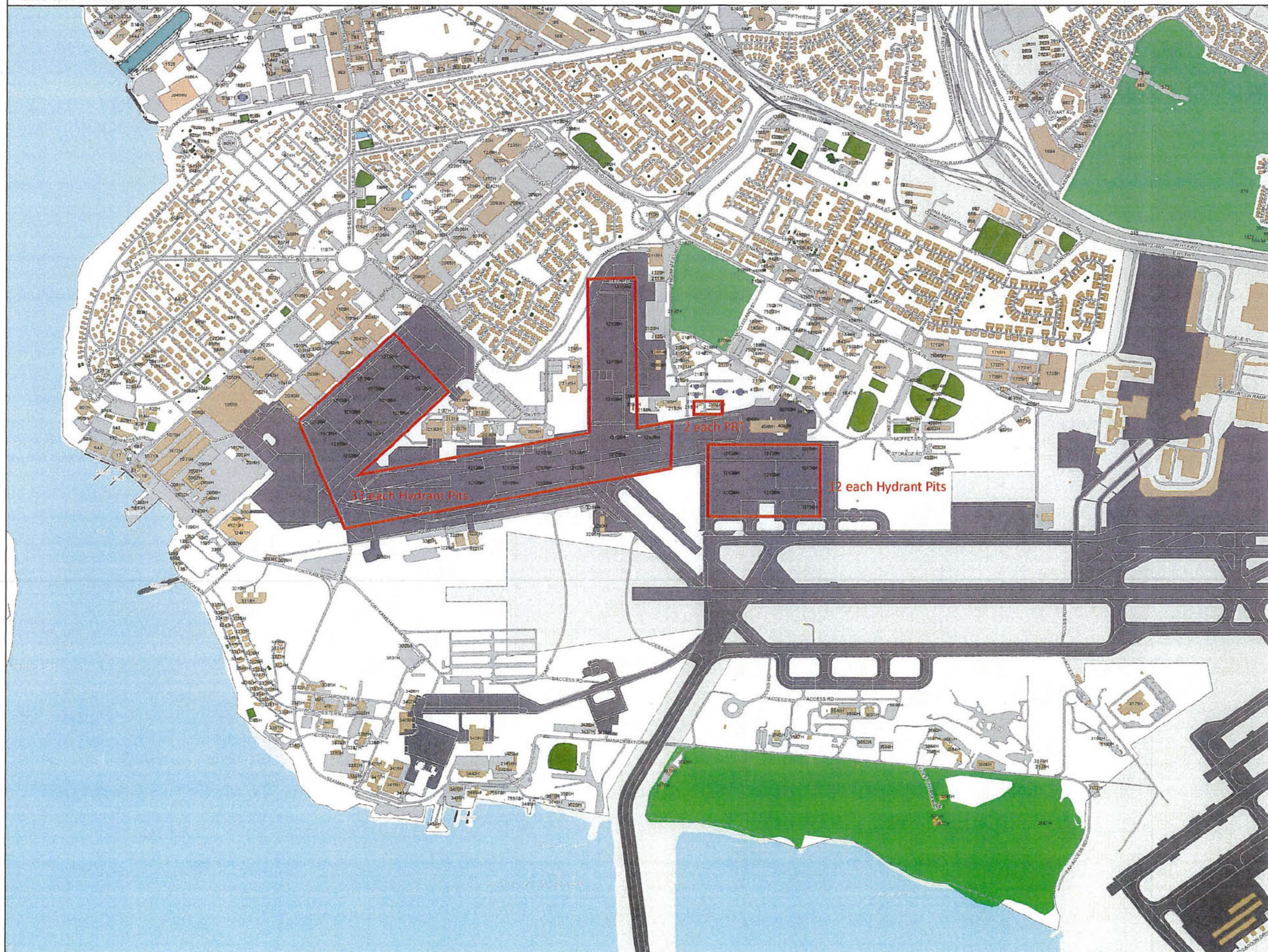
- Legend
- Rail / Crane Track
 - Installation Boundary
 - Buildings
 - Structures
 - Golf Course
 - Recreation / Athletic Field
 - Playground
 - Storage Tank
 - Swimming Pool
 - Airfield
 - Bridge
 - Road
 - Docks and Warfs
 - Drydock
 - Sunken Vessel

Geographic Coordinate System
Datum: WGS 1984

0 390 780 1,170 1,560 FT
0 150 300 450 M
Scale: 1:7,240

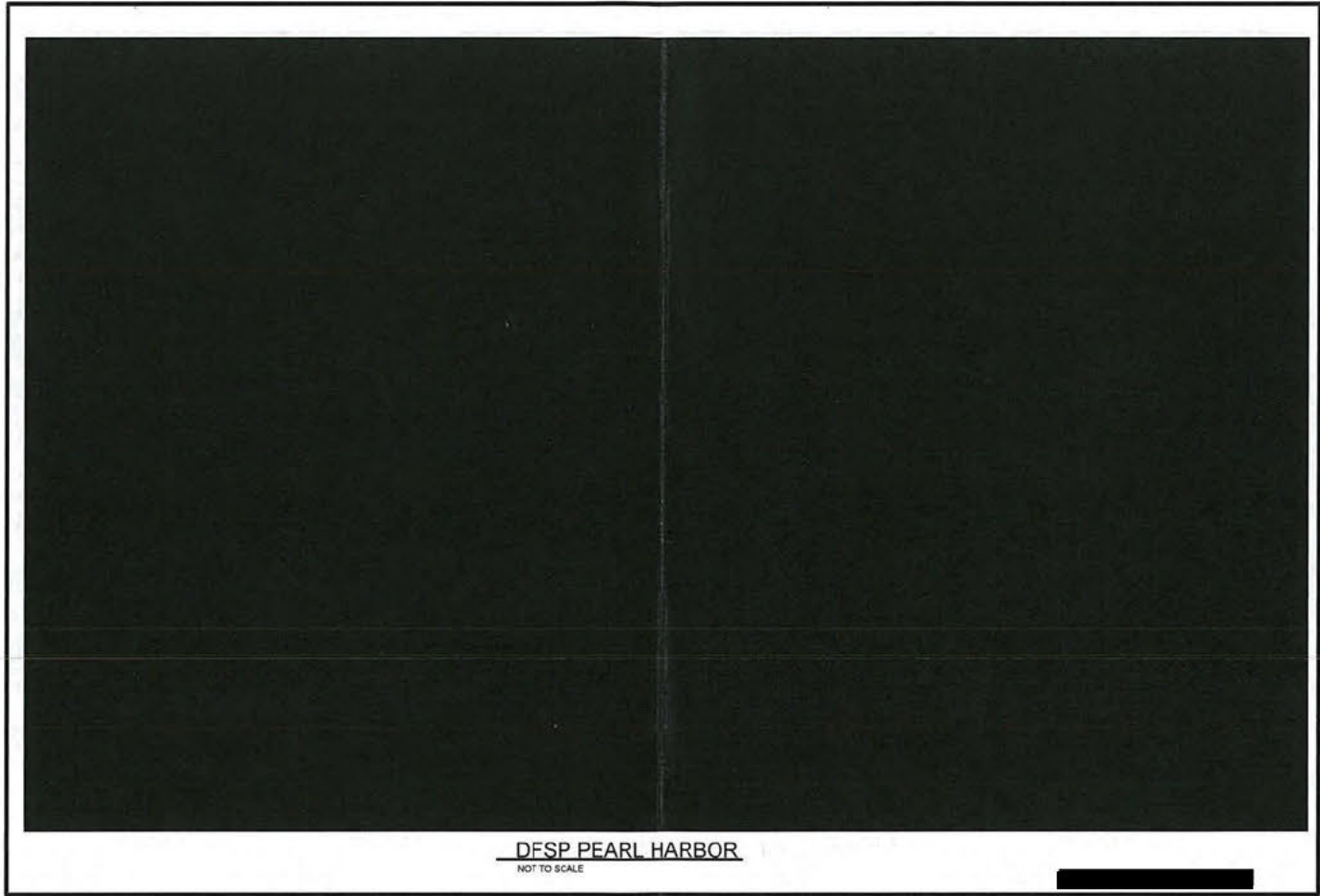


PREPARED BY:
Naval Facilities Engineering Command Hawaii
Asset Utilization Branch AM4
DATE August 28 2018
Contact: GeoReadiness Center (808) 471-3871



Enclosure 5

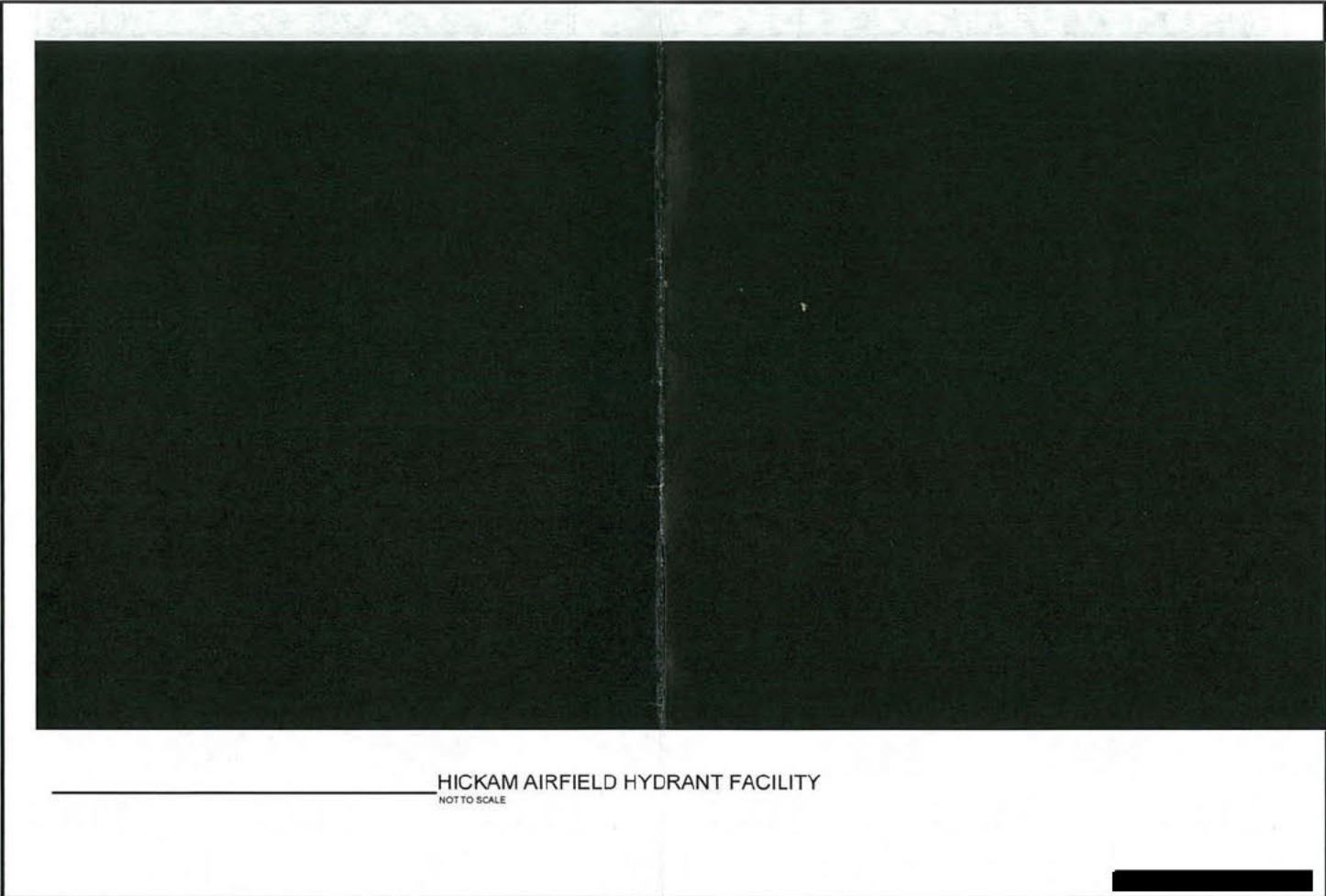
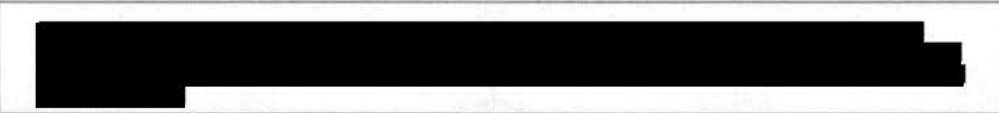
[REDACTED]



DFSP PEARL HARBOR

NOT TO SCALE

Date: 23 Feb 2017



HICKAM AIRFIELD HYDRANT FACILITY

NOT TO SCALE

Date: 23 Feb 2017

Enclosure 6



**2019 ANNUAL LEAK DETECTION
TESTING REPORT OF (b) (3) (A)
SECTIONS ((b) (3) (A)) OF
PETROLEUM PIPELINES**

(b) (3) (A)

**JOINT BASE PEARL HARBOR -
HICKAM, HAWAII**

Prepared for:
**Defense Logistics Agency Energy
Fort Belvoir, Virginia**

Prepared under:
**Naval Facilities Engineering Command Atlantic
Contract N62470-16-D-9007,
Delivery Order N6247019F4016**

Submitted by:
**Michael Baker International
Virginia Beach, Virginia**

Date:
14 March 2019

**Michael Baker
INTERNATIONAL**

*Project: 170482
Task: 4.1.071A*

EXECUTIVE SUMMARY

The purpose of this project is to perform the annual leak detection testing of (b) (3) (A) sections of petroleum pipelines at Joint Base Pearl Harbor-Hickam, Hawaii. At Hickam Air Field Facility and NS Pearl Harbor Facility, testing of (b) (3) (A) sections of petroleum pipelines, associated with underground storage tank systems, is performed in accordance with Hawaii Administrative Rules, Title 11, Chapter 280.1 (HAR 11-280.1), Subchapter 4, §11-280.1-44(4)(A)(i). At NS Pearl Harbor Facility, testing of six sections (3,305 feet) of petroleum pipelines, associated with aboveground storage tank systems, is performed in accordance with Defense Logistics Agency (DLA) Energy's Leak Detection Centrally Managed Program (CMP) as a pollution prevention Best Management Practice (BMP).

Upon mobilization and system review, the (b) (3) (A) sections were revised as follows:

- The following (b) (3) (A) sections were not tested due to being temporarily out-of-service:
 - VS (b) (3) (A) – VC (b) (3) (A)
 - Tank 55 Valve (b) (3) (A) – ADIT (b) (3) (A) PH (b) (3) (A)
 - Tank 54 – VS (b) (3) (A)
 - Truck Rack – VC (b) (3) (A)
 - VS (b) (3) (A) – VC (b) (3) (A) (FORFAC) (b) (3) (A)
- The length of one section (*Truck Fill Loop*) was permanently decreased from (b) (3) (A) due to a new isolation valve being installed.
- One section (*Hickam Transfer VS (b) (3) (A) – Filter Pad*) was temporarily separated and tested as two sections (*Hickam Transfer VS (b) (3) (A) – IVP (b) (3) (A)* and *Hickam Transfer IVP (b) (3) (A) – Filter Pad*).

The final 2019 annual leak detection testing event included (b) (3) (A) sections of petroleum pipelines.

The annual leak detection testing of (b) (3) (A) sections of petroleum pipelines was performed (b) (3) (A) between 8 and 28 January 2019, with no detectable leak above the test methods' minimum detectable leak rates (MDLRs), resulting in passing tests. The annual leak detection testing of the remaining one section, *Tank 47 – VS (b) (3) (A) (b) (3) (A)*, of petroleum pipeline was performed, (b) (3) (A), on 24 January 2019, with a detectable leak above the test method's MDLR, resulting in a failing test. A leak confirmation/leak locate is being performed under a separate project.

In accordance with HAR 11-280.1-44(4)(A)(i), leak detection testing of the following three sections (b) (3) (A)) of petroleum pipelines must be performed prior to returning to service:

- VS (b) (3) (A) – VC (b) (3) (A)
- Tank 55 Valve (b) (3) (A) – ADIT (b) (3) (A) PH (b) (3) (A)
- Tank 54 – VS (b) (3) (A) (b) (3) (A)

In accordance with DLA Energy’s Leak Detection CMP, as a pollution prevention BMP, leak detection testing of the following two sections (b) (3) (A) of petroleum pipelines should be performed prior to returning to service.

- Truck Rack – VC (b) (3) (A)
- VS (b) (3) (A) – VC (b) (3) (A) (FORFAC) (b) (3) (A)

In accordance with HAR 11-280.1-44(4)(A)(i), semi-annual leak detection testing of the following four sections (b) (3) (A) et of petroleum pipelines, must be initiated on or before the semi-annual anniversary date of 10 July 2019 due to the MDLRs exceeding the maximum leak detection rate per section volume in accordance with HAR for annual testing.

- Hydrant Issue – Type III PH to IVP (b) (3) (A) and (b) (3) (A) to HSV Issue (b) (3) (A)
- Hydrant Return – IVP (b) (3) (A) to Type III PH (b) (3) (A)
- Hydrant Issue – IVP (b) (3) (A) to IVP (b) (3) (A)
- AMC Hydrant Loop Outlet Row (b) (3) (A)

In accordance with HAR 11-280.1-44(4)(A)(i), annual leak detection testing of (b) (3) (A) sections (b) (3) (A) of petroleum pipelines must be initiated on or before the anniversary date of 8 January 2020.

In accordance with DLA Energy’s Leak Detection CMP, as a pollution prevention BMP, the annual leak detection testing of (b) (3) (A) sections (b) (3) (A) of petroleum pipelines should be initiated on or before the anniversary date of 17 January 2020.

The semi-annual testing will be repeated in 2019 and the annual testing will be repeated in 2020 under the DLA Energy’s Leak Detection CMP, in accordance with HAR 11-280.1-44(4)(A)(i) and as a pollution prevention BMP; other regulatory obligations are the responsibility of the base and the service.

Figure 1-1: JB Pearl Harbor-Hickam Overview

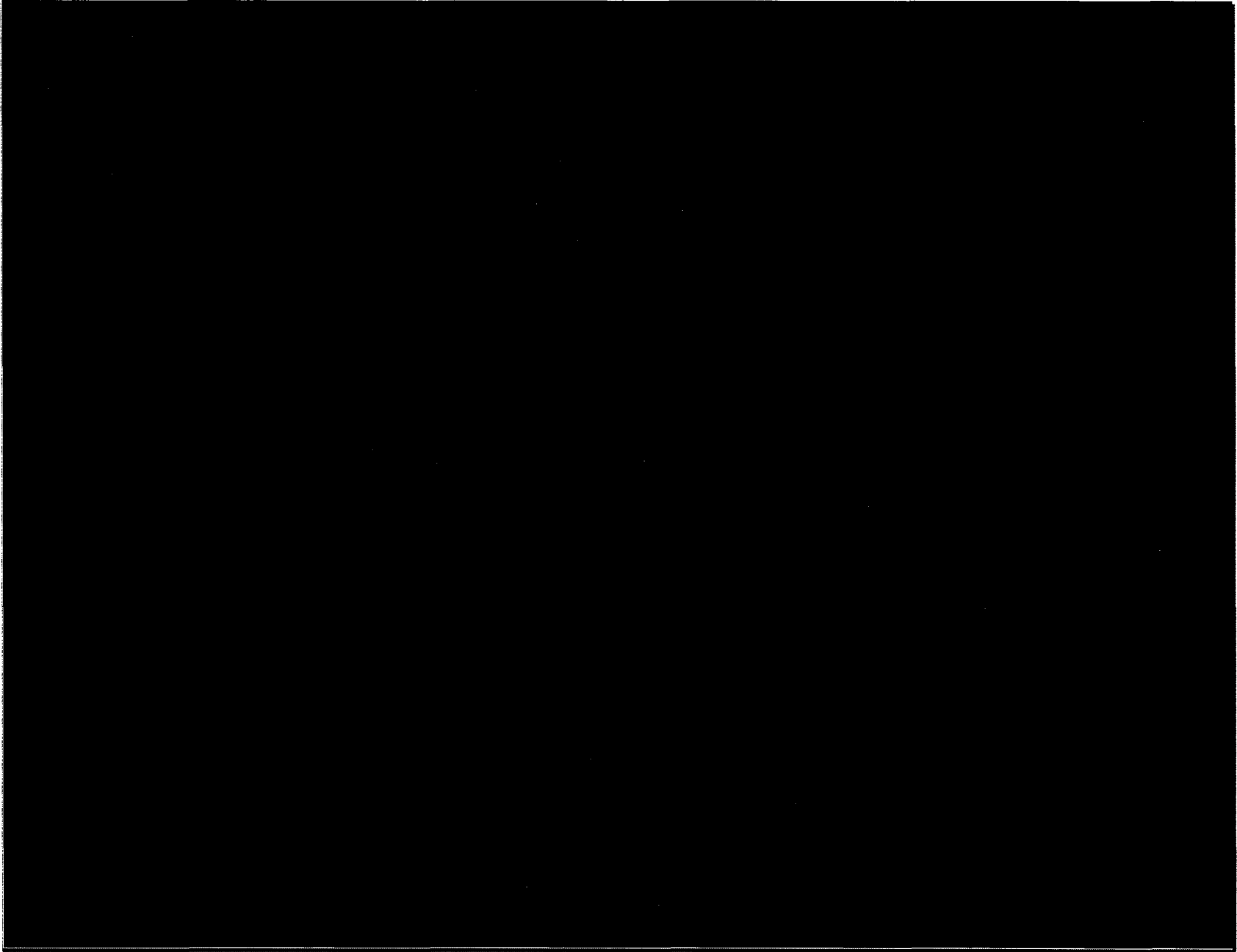


Figure 1-2: Hickam Air Field Facility Storage Overview

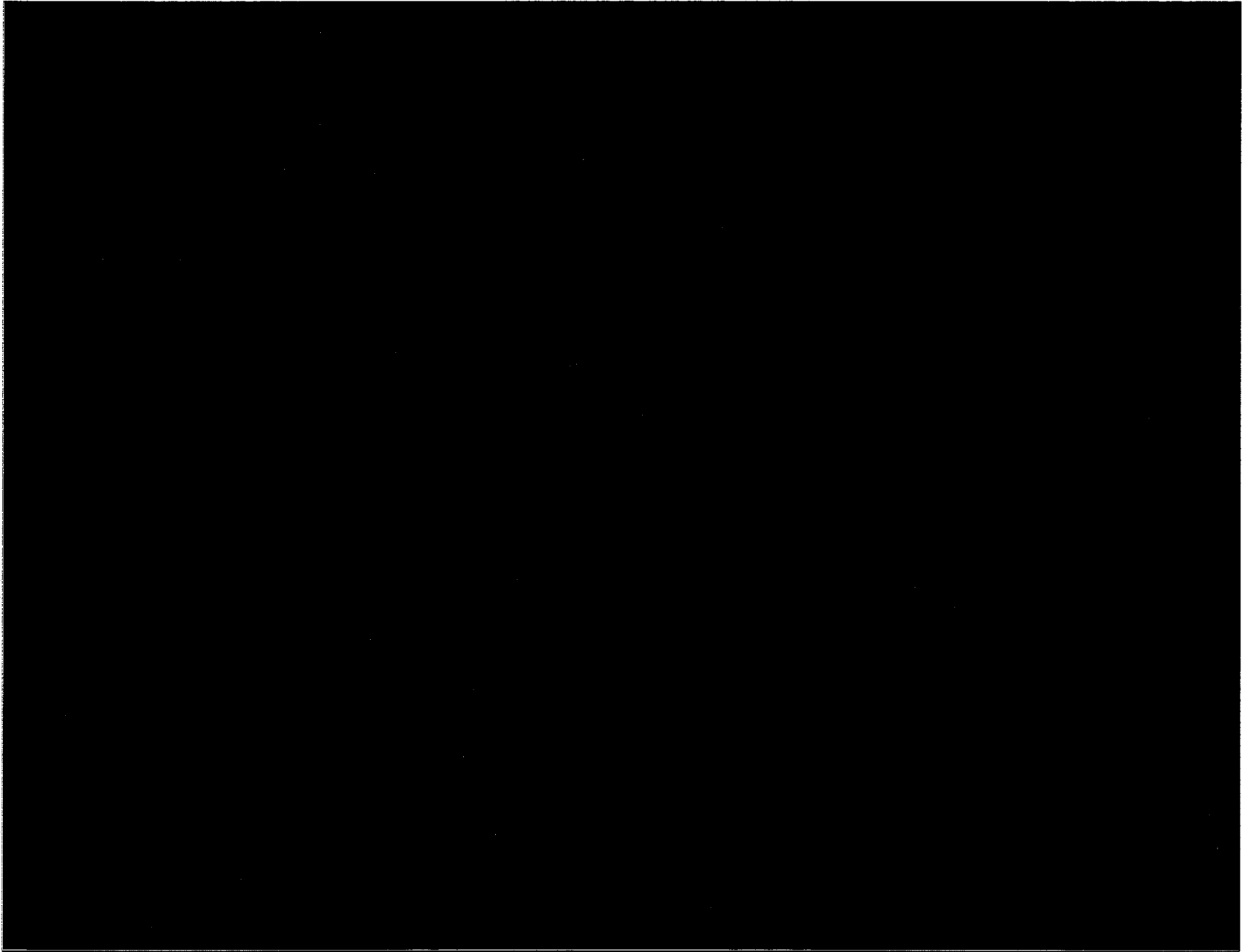


Figure 1-3: Hickam Air Field Facility AMC Hydrants Overview

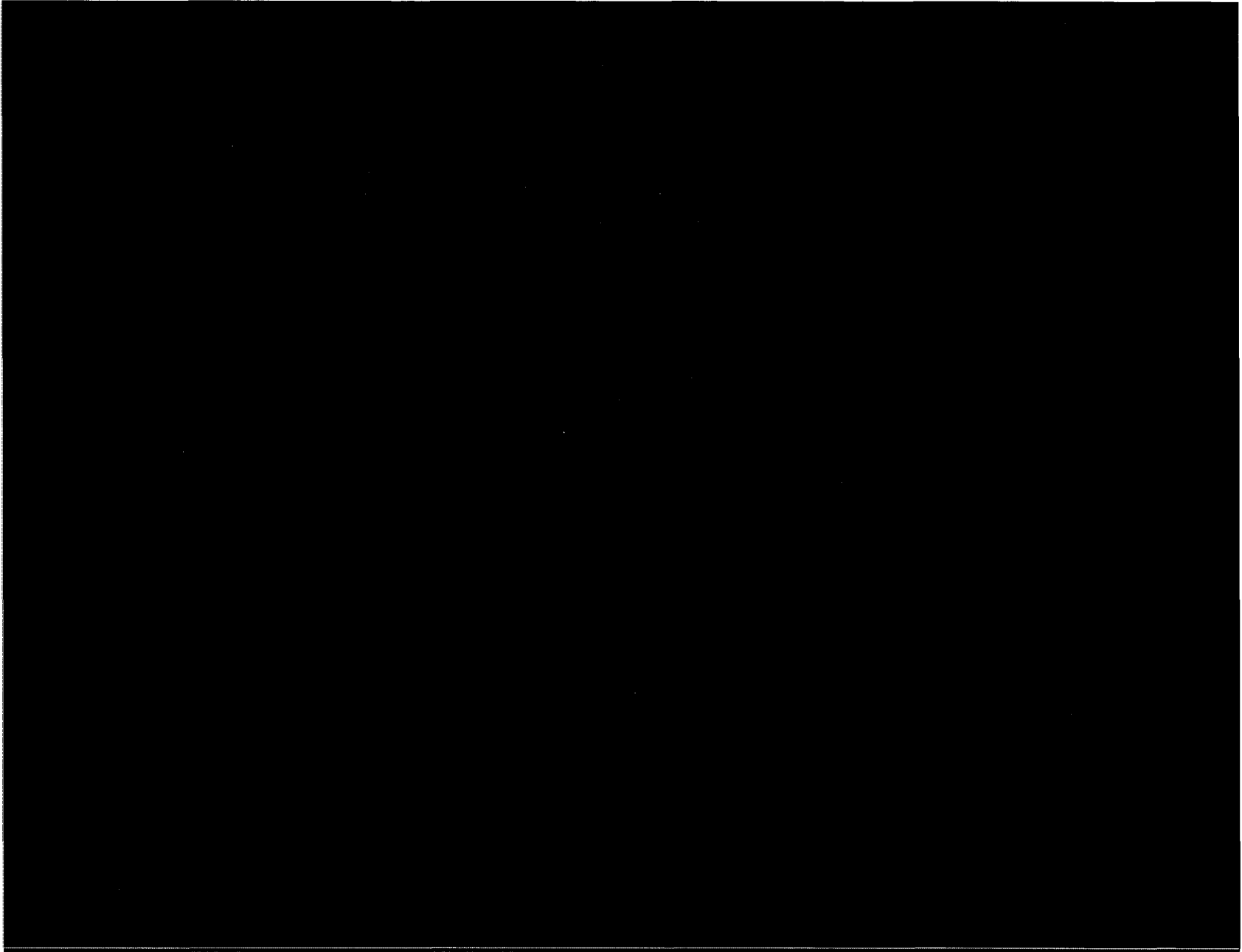


Figure 1-4: Hickam Air Field Facility Type III Hydrants Overview

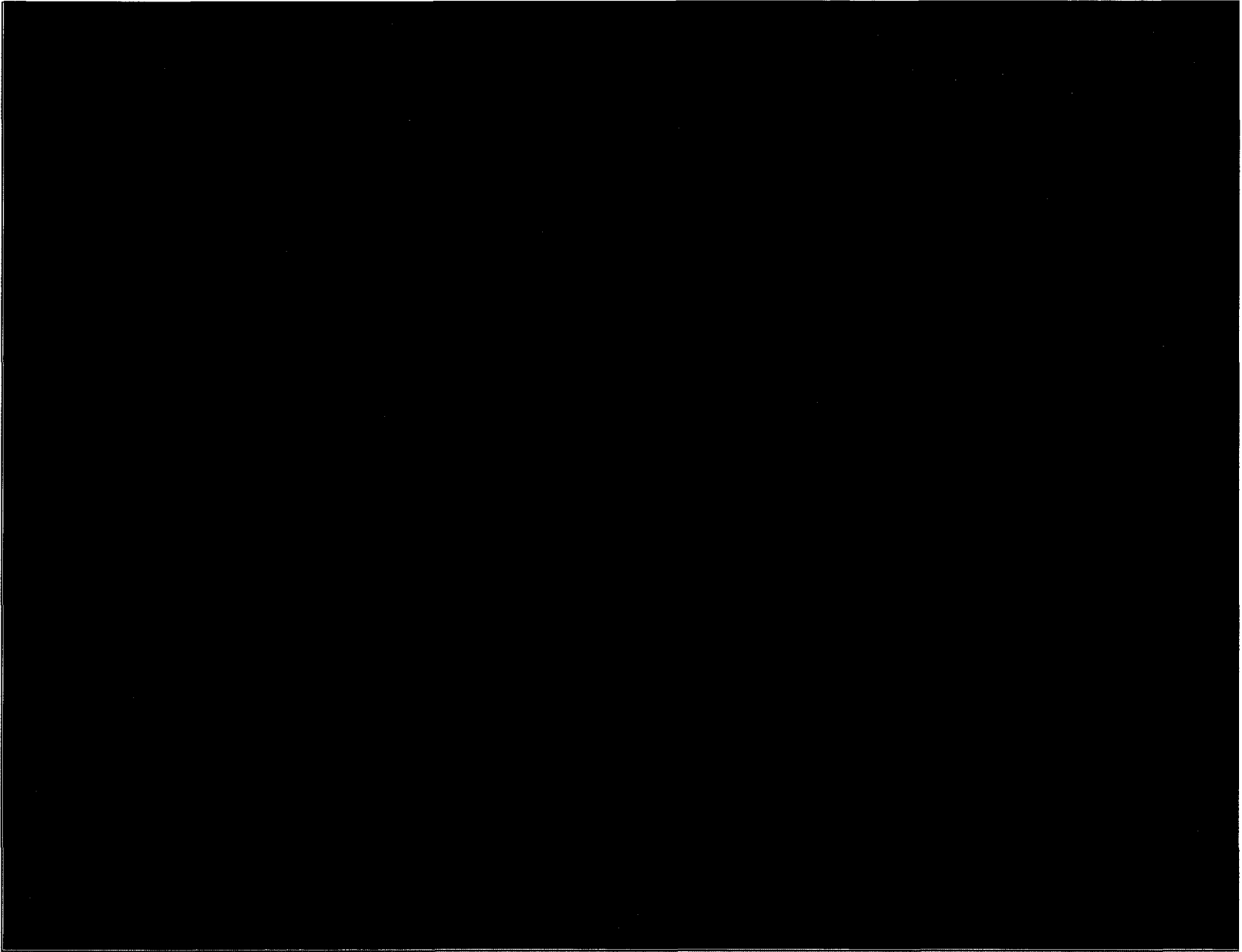


Figure 1-5: NS Pearl Harbor Facility System Overview

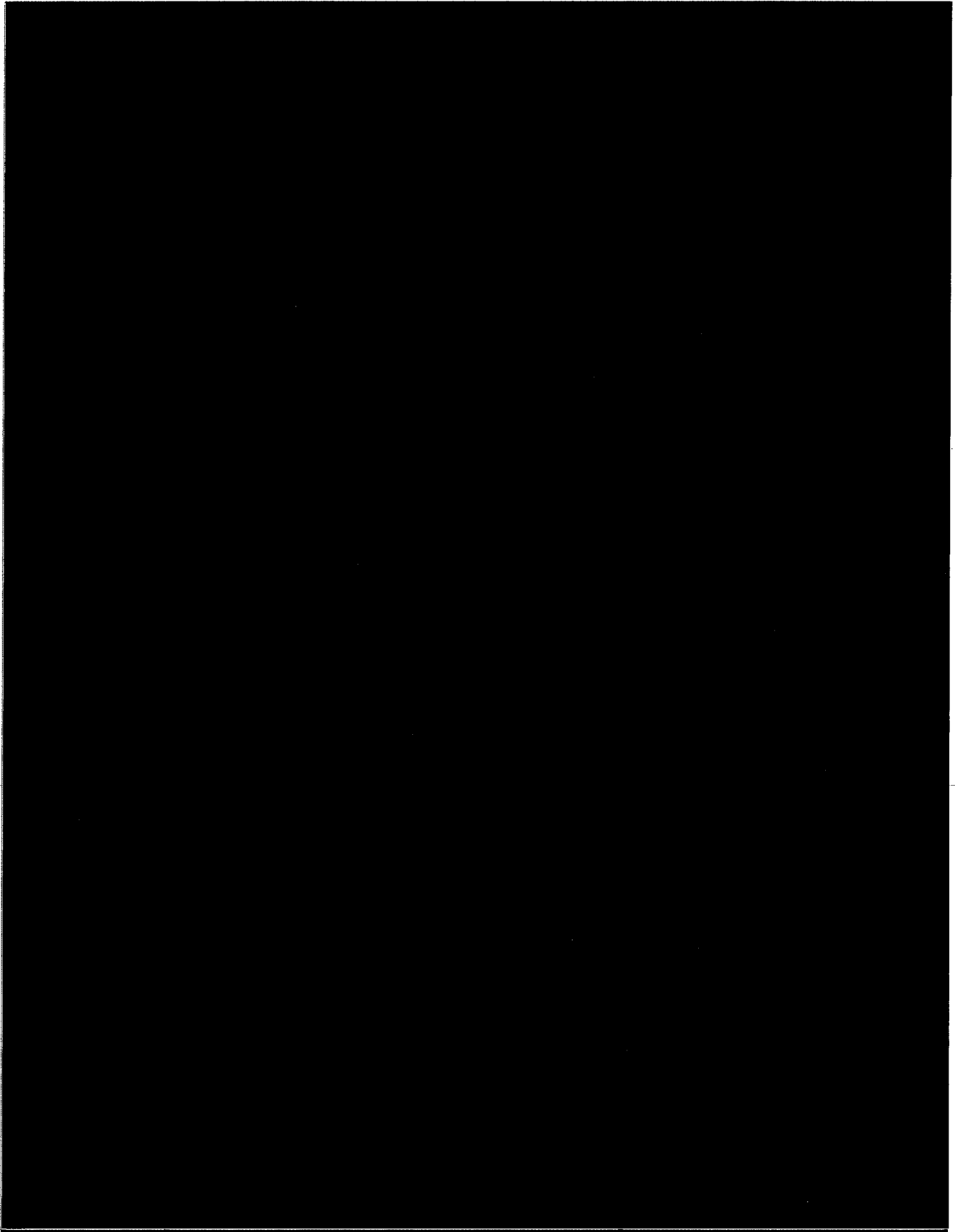
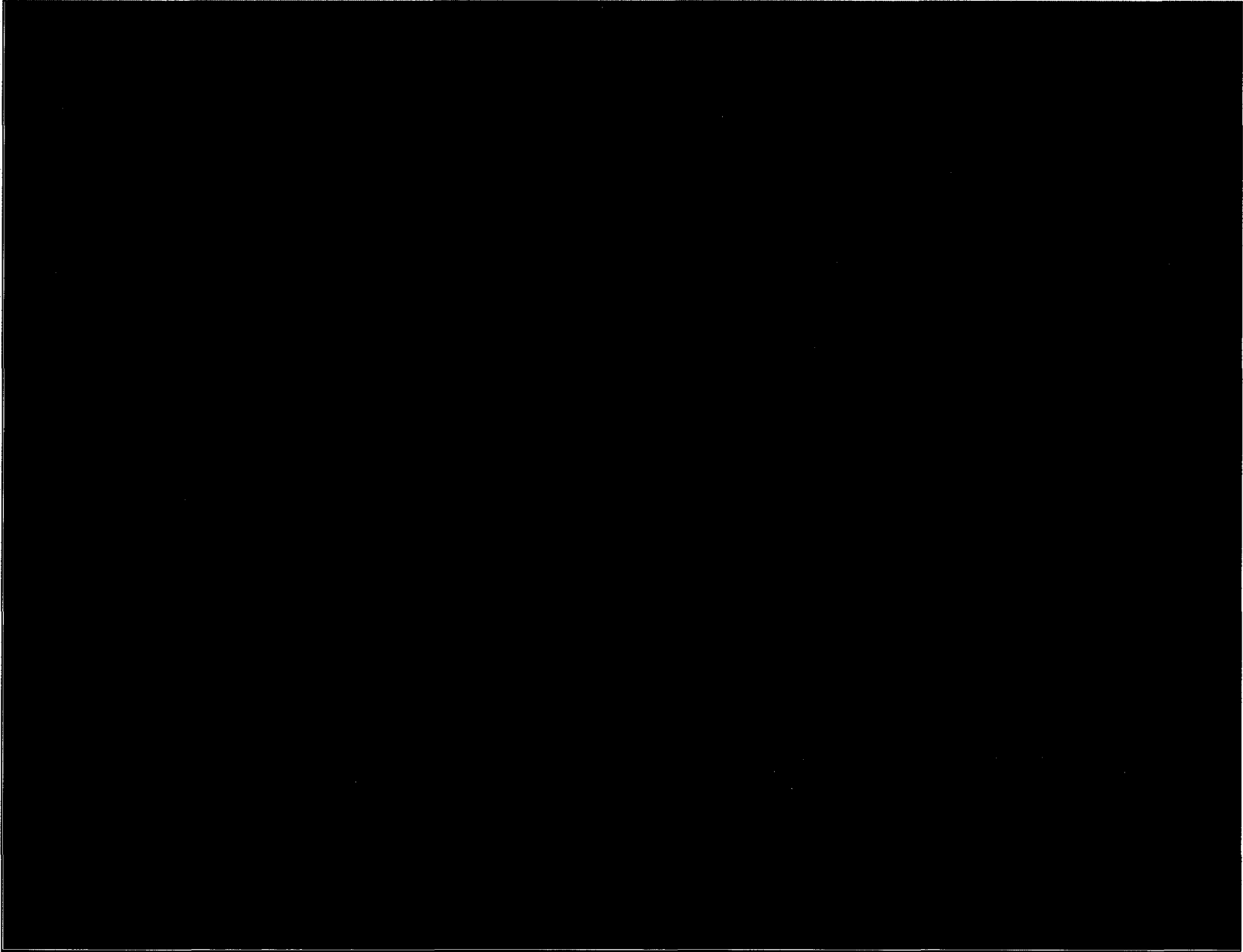


Figure 1-6: Red Hill (ADIT 3) Facility System Overview



1.5 Project Team

[Redacted]

1.6 Qualifications of Testing Procedures Used

[Redacted]

[Redacted]

- [Redacted]

- [Redacted]

Enclosure 7



**2019 ANNUAL STATIC LIQUID
PRESSURE TESTING REPORT
OF (b) (3) (A) SECTIONS (b) (3) (A)
OF PETROLEUM PIER
PIPELINES**

**JOINT BASE PEARL HARBOR -
HICKAM, HAWAII**

Prepared for:
**Defense Logistics Agency Energy
Fort Belvoir, Virginia**

Prepared under:
**Naval Facilities Engineering Command Atlantic
Contract N62470-16-D-9007,
Delivery Order N6247019F4016**

Submitted by:
**Michael Baker International
Virginia Beach, Virginia**

Date:
18 March 2019

Michael Baker
INTERNATIONAL

*Project: 170482
Task: 4.1.076*

Figure 1-1: JB Pearl Harbor-Hickam Overview

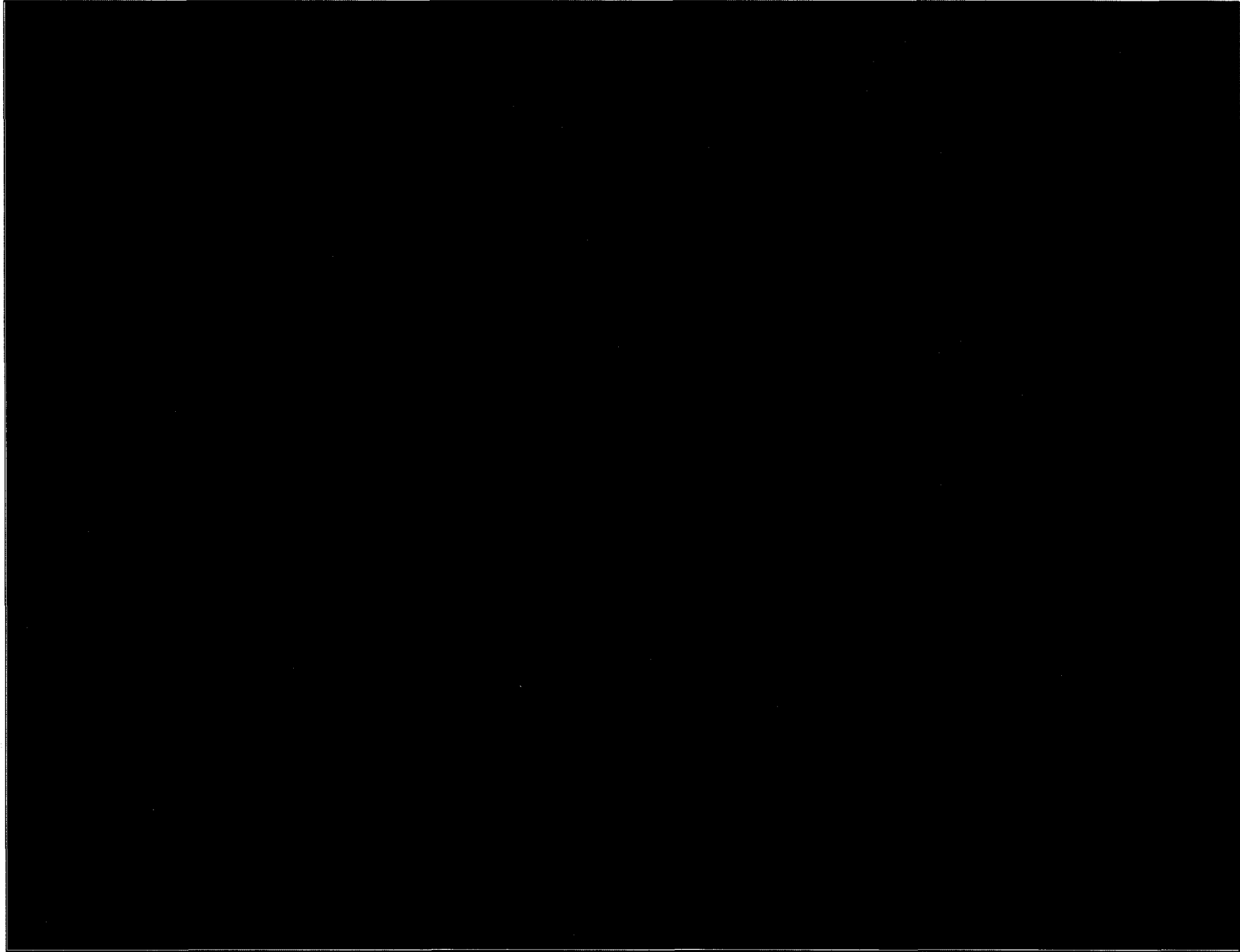
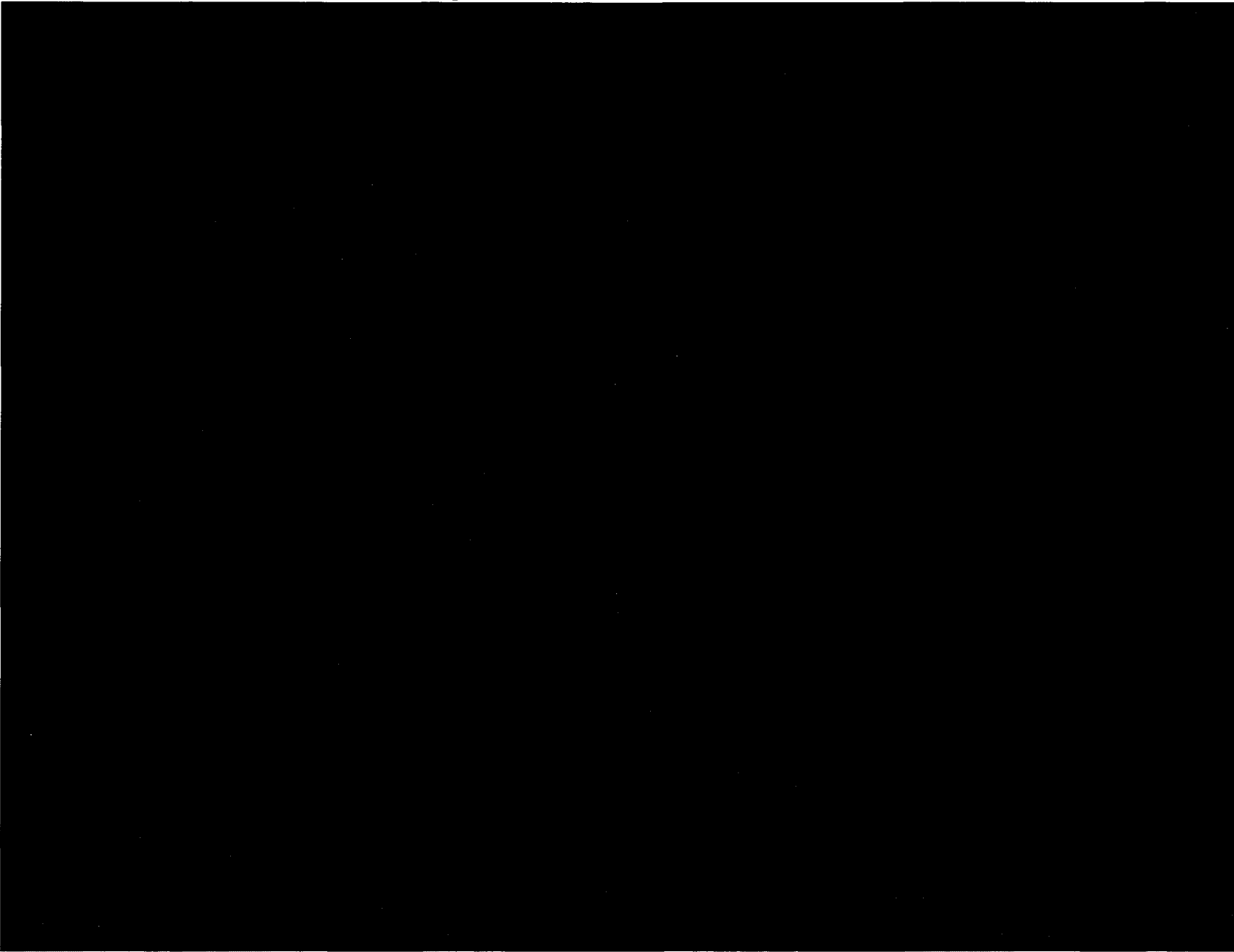


Figure 1-2: Hotel and Kilo Piers Overview



1.5 Project Team

[REDACTED]

1.6 Qualifications of Tester and Testing Procedures Used

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

[REDACTED]

Table 2-1: Results Summary

Fuel System	Designation	Product	Length (feet)	Volume (gallons)	Reference Pressure ¹ (psi)	Test Date	Result	Comments
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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3.0 CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

The three sections (b) (3) (A) of petroleum pier pipelines passed the 2019 annual static liquid pressure testing. Four sections (b) (3) (A) of petroleum pier pipelines were not tested.

3.2 Recommendations

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Michael Baker

INTERNATIONAL

Michael Baker International

TEST REPORT

Joint Base Pearl Harbor-Hickam, Hawaii

APPENDIX A

CITED REGULATIONS

under §§ 154.710 and 155.700 of this chapter, has filled out and signed the declaration of inspection form described in paragraph (c) of this section.

(b) No person in charge may sign the declaration of inspection unless he or she has determined by inspection, and indicated by initialling in the appropriate space on the declaration of inspection form, that the facility or vessel, as appropriate, meets § 156.120.

(c) The declaration of inspection may be in any form but must contain at least:

(1) The name or other identification of the transferring vessel or facility and the receiving vessel or facility;

(2) The address of the facility or location of the transfer operation if not at a facility;

(3) The date and time the transfer operation is started;

(4) A list of the requirements in § 156.120 with spaces on the form following each requirement for the person in charge of the vessel or facility to indicate by initialling that the requirement is met for the transfer operation; and

(5) A space for the date, time of signing, signature, and title of each person in charge during transfer operations on the transferring vessel or facility and a space for the date, time of signing, signature, and title of each person in charge during transfer operations on the receiving facility or vessel certifying that all tests and inspections have been completed and that they are both ready to begin transferring product; and

(6) The date and time the transfer operation is completed.

(d) The form for the declaration of inspection may incorporate the declaration-of-inspection requirements under 46 CFR 35.35-30.

(e) The vessel and facility persons in charge shall each have a signed copy of the declaration of inspection available for inspection by the COTP during the transfer operation.

(f) The operators of each vessel and facility engaged in the transfer operation shall retain a signed copy of the declaration of inspection on board the

vessel or at the facility for at least 1 month from the date of signature.

[CGD 75-124, 45 FR 7177, Jan. 31, 1980, as amended by CGD 86-034, 55 FR 36256, Sept. 4, 1990; CGD 93-056, 61 FR 41461, Aug. 8, 1996]

§ 156.160 Supervision by person in charge.

(a) No person may connect or disconnect a hose, top off a tank, or engage in any other critical procedures during the transfer operation unless the person in charge, required by § 156.120(s), supervises that procedure.

(b) No person may start the flow of oil or hazardous material to or from a vessel unless instructed to do so by either person in charge.

(c) No person may transfer oil or hazardous material to or from a vessel unless each person in charge is in the immediate vicinity and immediately available to the transfer personnel.

[CGD 75-124, 45 FR 7177, Jan. 31, 1980, as amended by CGD 86-034, 55 FR 36256, Sept. 4, 1990]

§ 156.170 Equipment tests and inspections.

(a) Except as provided in paragraph (d) of this section, no person may use any equipment listed in paragraph (c) of this section for transfer operations unless the vessel or facility operator, as appropriate, tests and inspects the equipment in accordance with paragraphs (b), (c) and (f) of this section and the equipment is in the condition specified in paragraph (c) of this section.

(b) During any test or inspection required by this section, the entire external surface of the hose must be accessible.

(c) For the purpose of paragraph (a) of this section:

(1) Each nonmetallic transfer hose must:

(i) Have no unrepaired loose covers, kinks, bulges, soft spots or any other defect which would permit the discharge of oil or hazardous material through the hose material, and no gouges, cuts or slashes that penetrate the first layer of hose reinforcement as defined in § 156.120(i).

(ii) Have no external deterioration and, to the extent internal inspection

is possible with both ends of the hose open, no internal deterioration;

(iii) Not burst, bulge, leak, or abnormally distort under static liquid pressure at least 1½ times the maximum allowable working pressure; and

(iv) Hoses not meeting the requirements of paragraph (c)(1)(i) of this section may be acceptable after a static liquid pressure test is successfully completed in the presence of the COTP. The test medium is not required to be water.

(2) Each transfer system relief valve must open at or below the pressure at which it is set to open;

(3) Each pressure gauge must show pressure within 10 percent of the actual pressure;

(4) Each loading arm and each transfer pipe system, including each metallic hose, must not leak under static liquid pressure at least 1½ times the maximum allowable working pressure; and

(5) Each item of remote operating or indicating equipment, such as a remotely operated valve, tank level alarm, or emergency shutdown device, must perform its intended function.

(d) No person may use any hose in underwater service for transfer operations unless the operator of the vessel or facility has tested and inspected it in accordance with paragraph (c)(1) or (c)(4) of this section, as applicable.

(e) The test fluid used for the testing required by this section is limited to liquids that are compatible with the hose tube as recommended by the hose manufacturer.

(f) The frequency of the tests and inspections required by this section must be:

(1) For facilities, annually or not less than 30 days prior to the first transfer conducted past one year from the date of the last tests and inspections;

(2) For a facility in caretaker status, not less than 30 days prior to the first transfer after the facility is removed from caretaker status; and

(3) For vessels, annually or as part of the biennial and mid-period inspections.

(g) If a facility or vessel collects vapor emitted to or from a vessel cargo tank with a vapor control system, the system must not be used unless the fol-

lowing tests and inspections are satisfactorily completed:

(1) Each vapor hose, vapor collection arm, pressure or vacuum relief valve, and pressure sensor is tested and inspected in accordance with paragraphs (b), (c), and (f) of this section;

(2) Each remote operating or indicating device is tested for proper operation in accordance with paragraph (f) of this section;

(3) Each detonation arrester required by 33 CFR 154.2105, 154.2108(b), 154.2109, 154.2110, 154.2111, and 154.2204, or 46 CFR 39.4003, and each flame arrester required by 33 CFR 154.2103, 154.2105(j), and 154.2203 has been inspected internally within the last year, or sooner if operational experience has shown that frequent clogging or rapid deterioration is likely; and

(4) Each hydrocarbon and oxygen analyzer required by 33 CFR 154.2105(a) and (j), 154.2107(d) and (e), and 154.2110 or 46 CFR 39.4003 is calibrated:

(i) Within the previous two weeks, or

(ii) Within 24 hours prior to operation when the vapor control system is operated less frequently than once a week.

(h) Upon the request of the owner or operator, the COTP may approve alternative methods of compliance to the testing requirements of paragraph (c) of this section if the COTP determines that the alternative methods provide an equal level of protection.

(i) Notwithstanding the general provisions of 33 CFR 156.107(a) relating to the authority of the Captain of the Port to approve alternatives, the owner or operator may request the written approval of the Commandant (CG-ENG), U.S. Coast Guard, 2100 2nd St. SW., Stop 7126, Washington, DC 20593-7126, for alternative methods of compliance to the testing and inspection requirements of paragraph (g)(3) of this section. The Commandant (CG-ENG) will grant that written approval upon determination that the alternative methods provide an equivalent level of safety and protection from fire, explosion, and detonation. Criteria to consider when evaluating requests for alternative methods may include, but are not limited to: operating and inspection history, type of equipment, new

Enclosure 8



**CONTRACT REPORT
CR-NAVFAC EXWC-CI-18134
OCTOBER 2017**

**CATHODIC PROTECTION OF POL SYSTEMS
2016 ANNUAL SURVEY & REPAIRS**

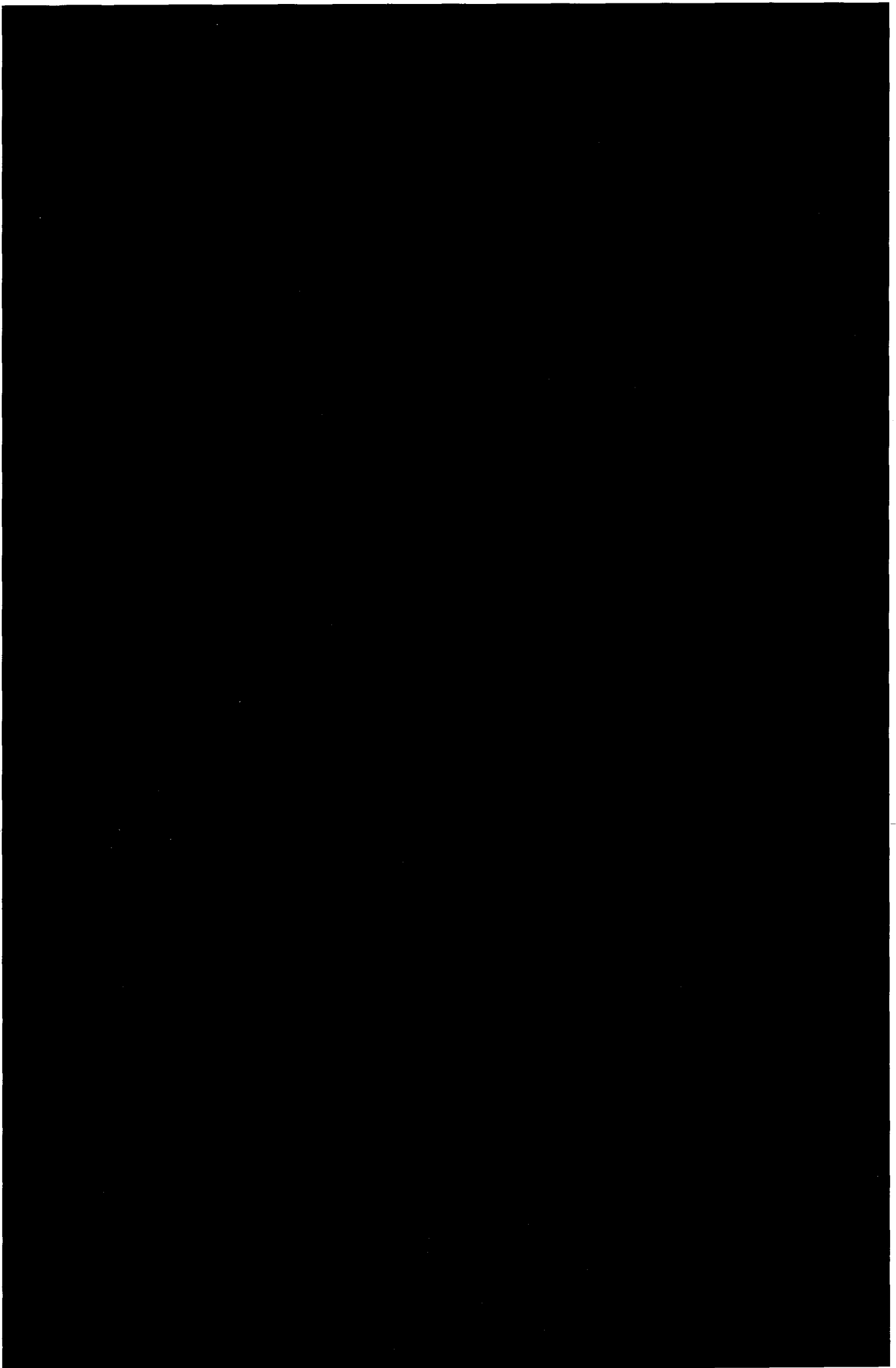
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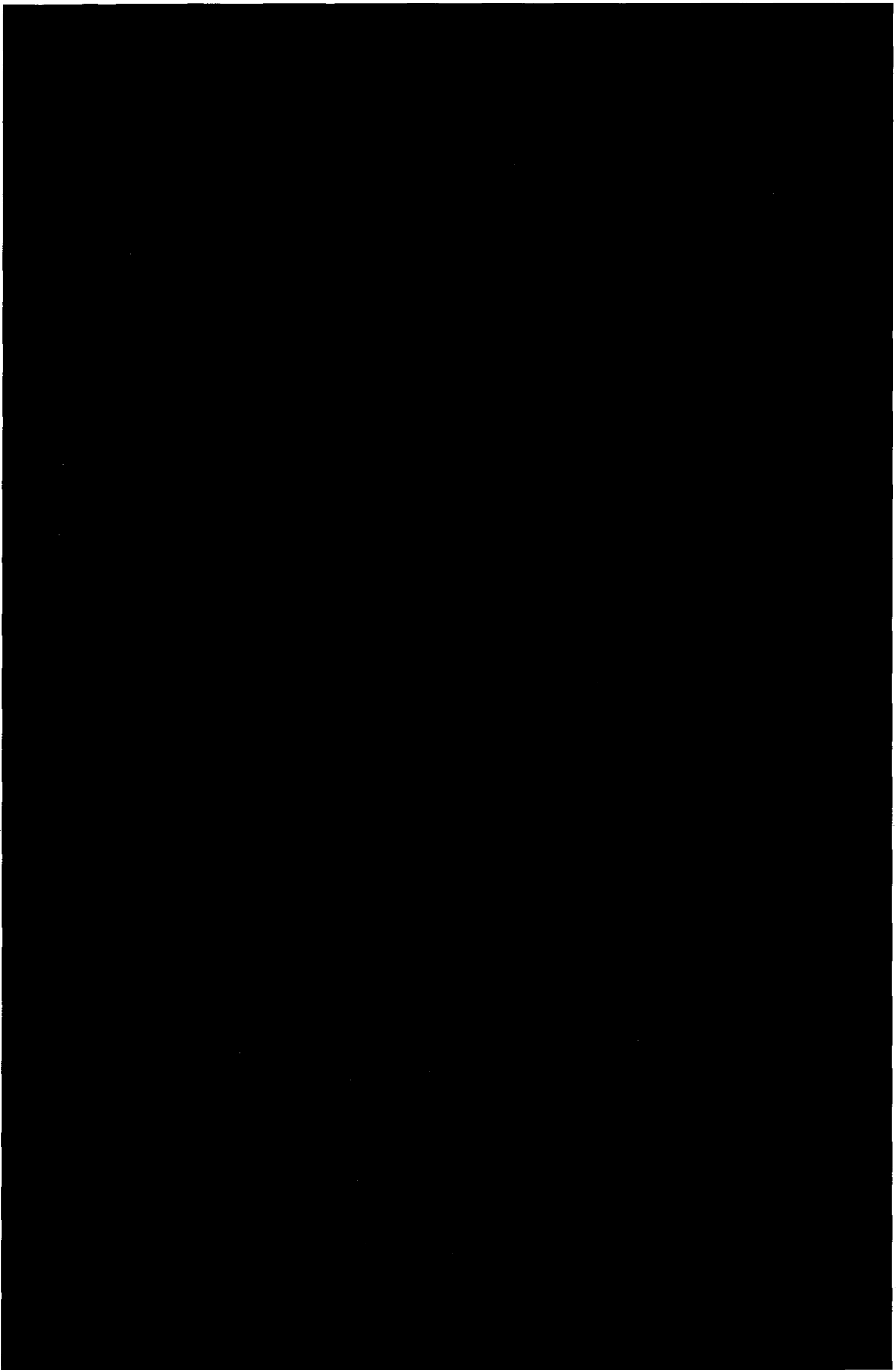
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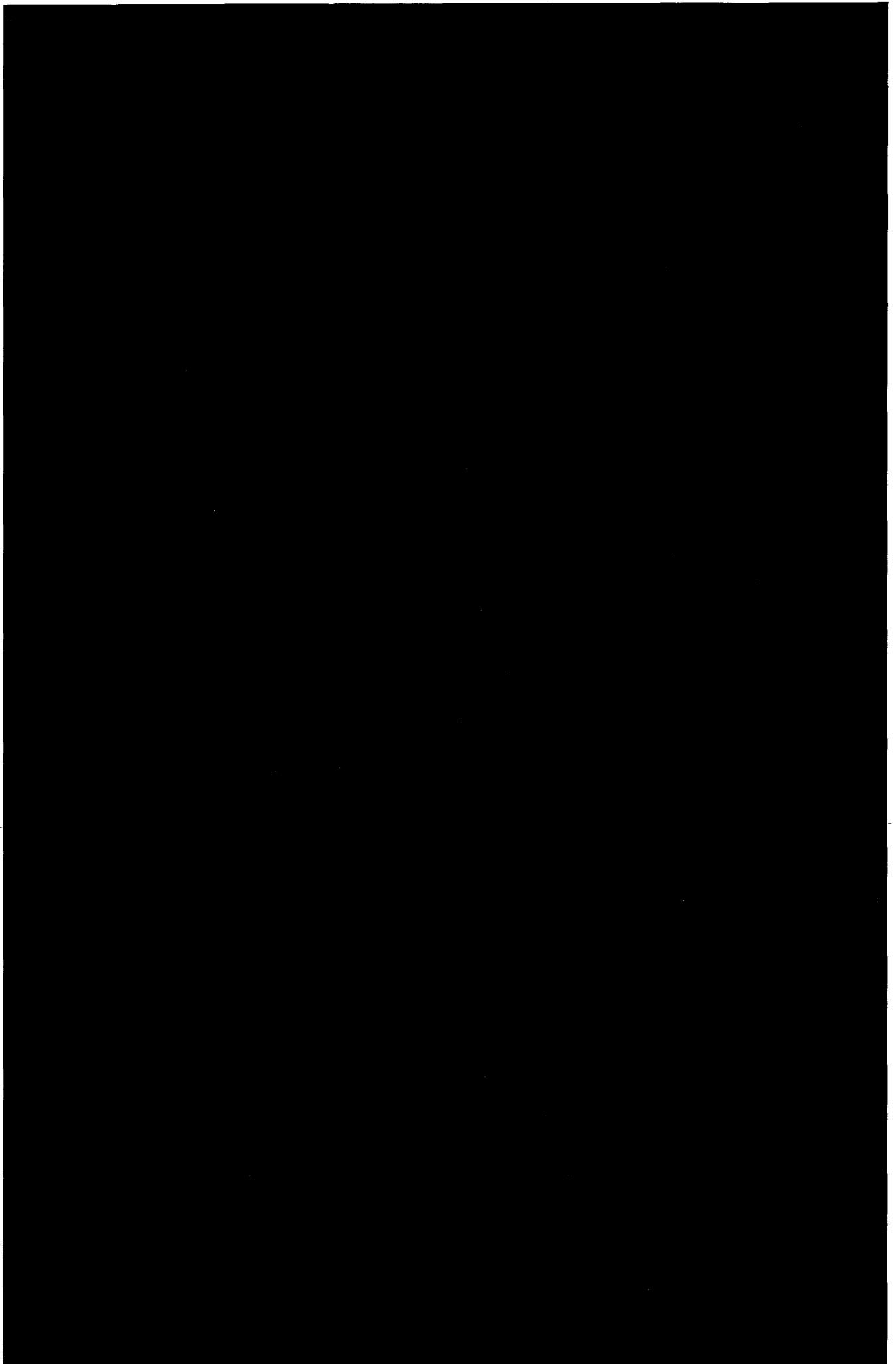
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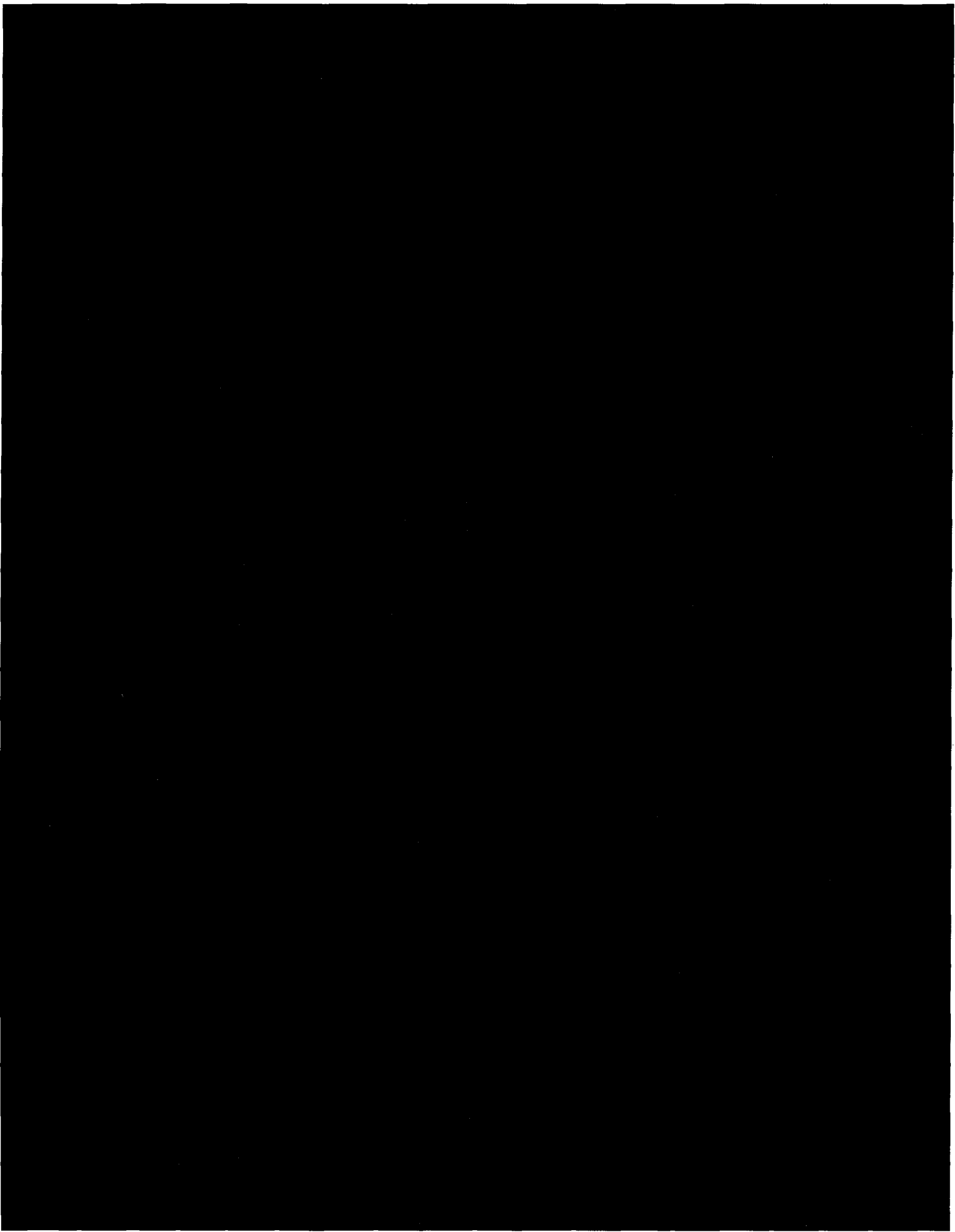
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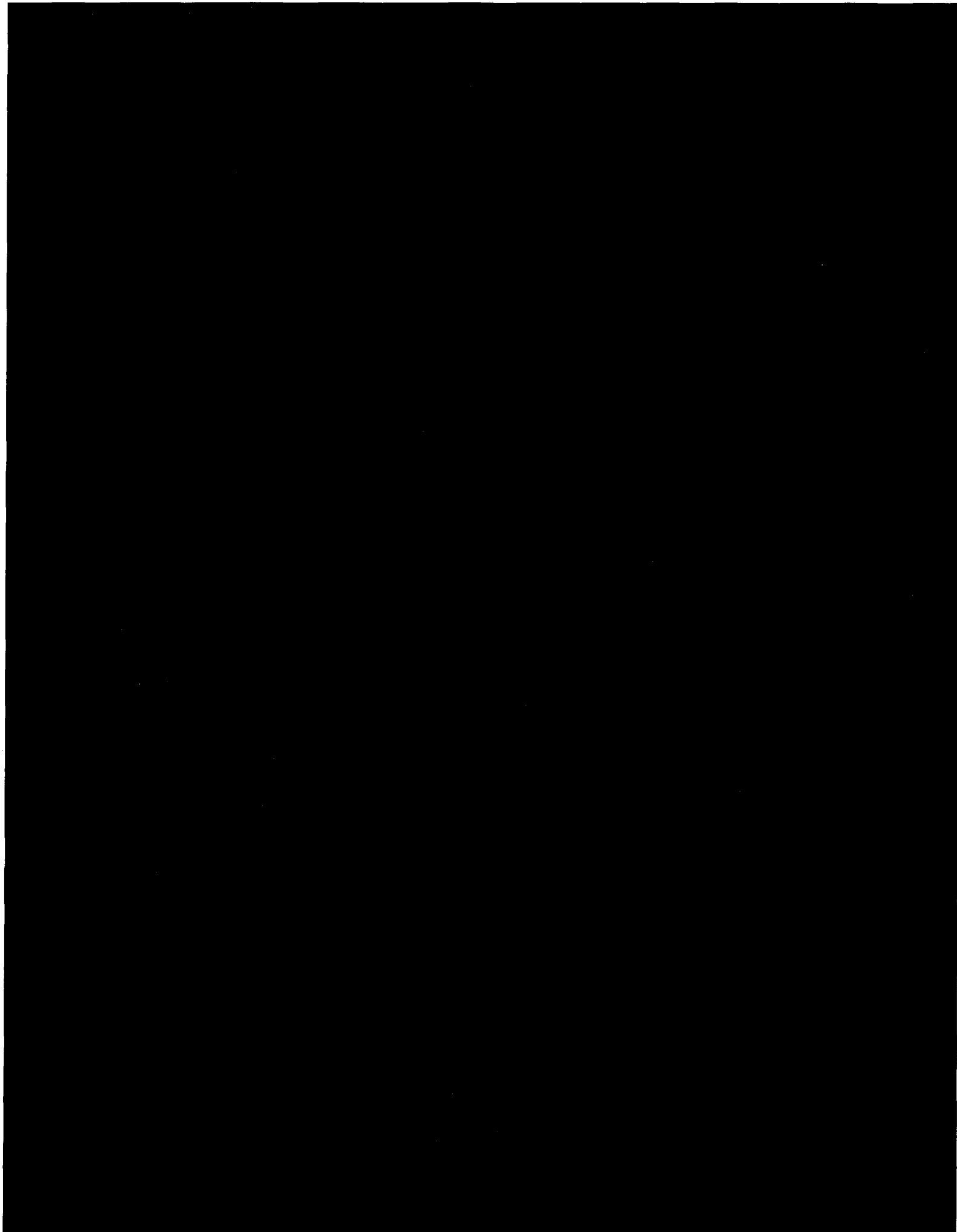
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Kansas City, MO 64114

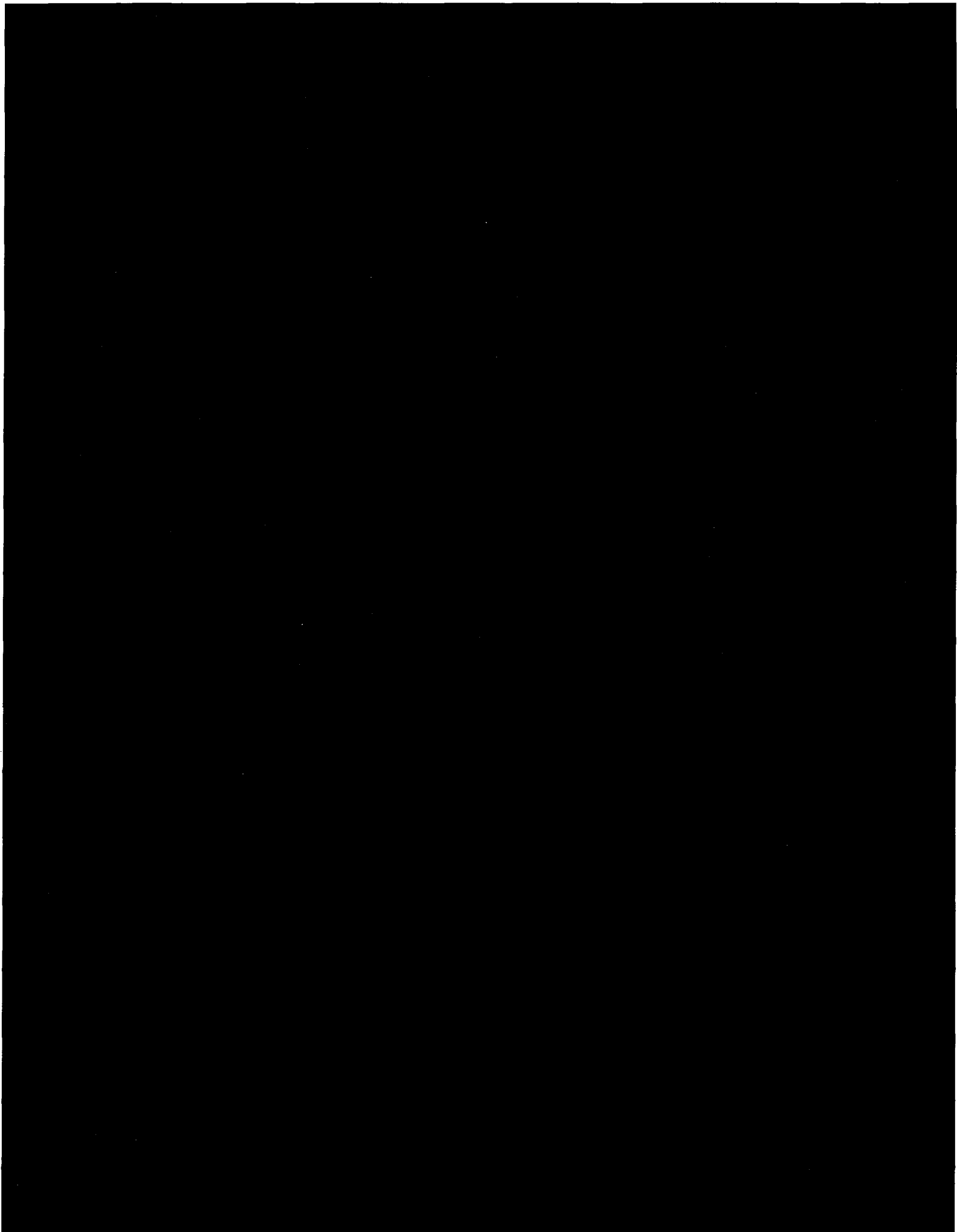


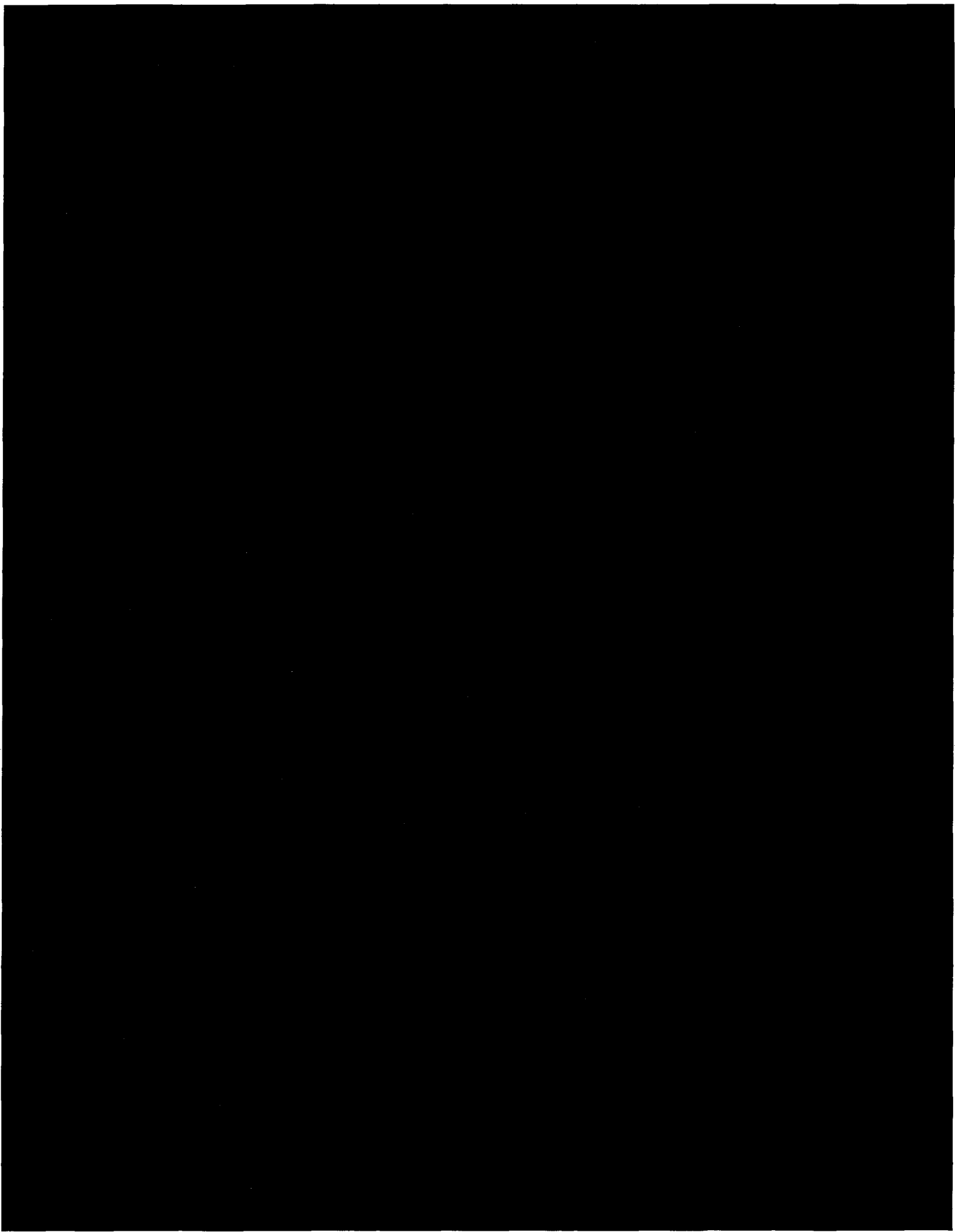


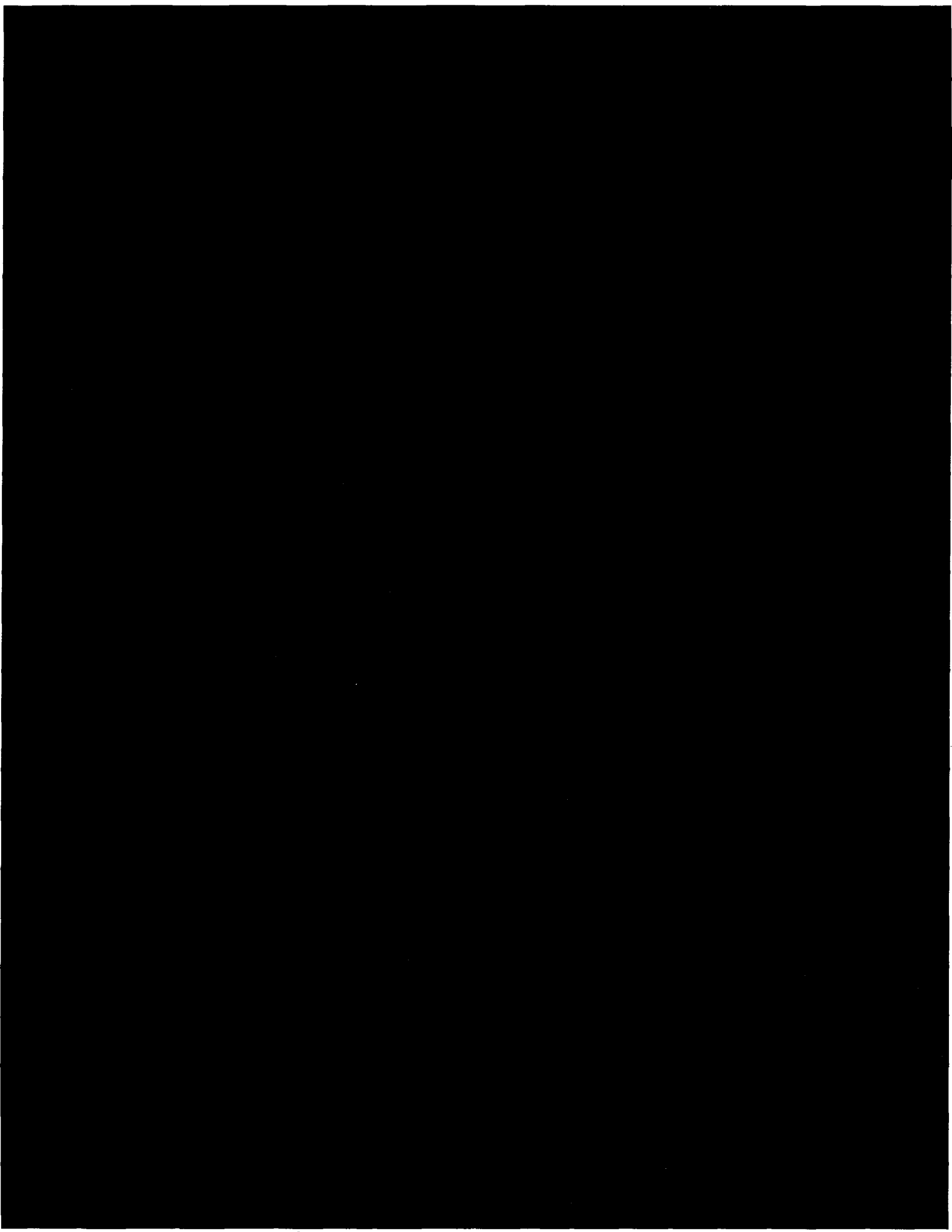


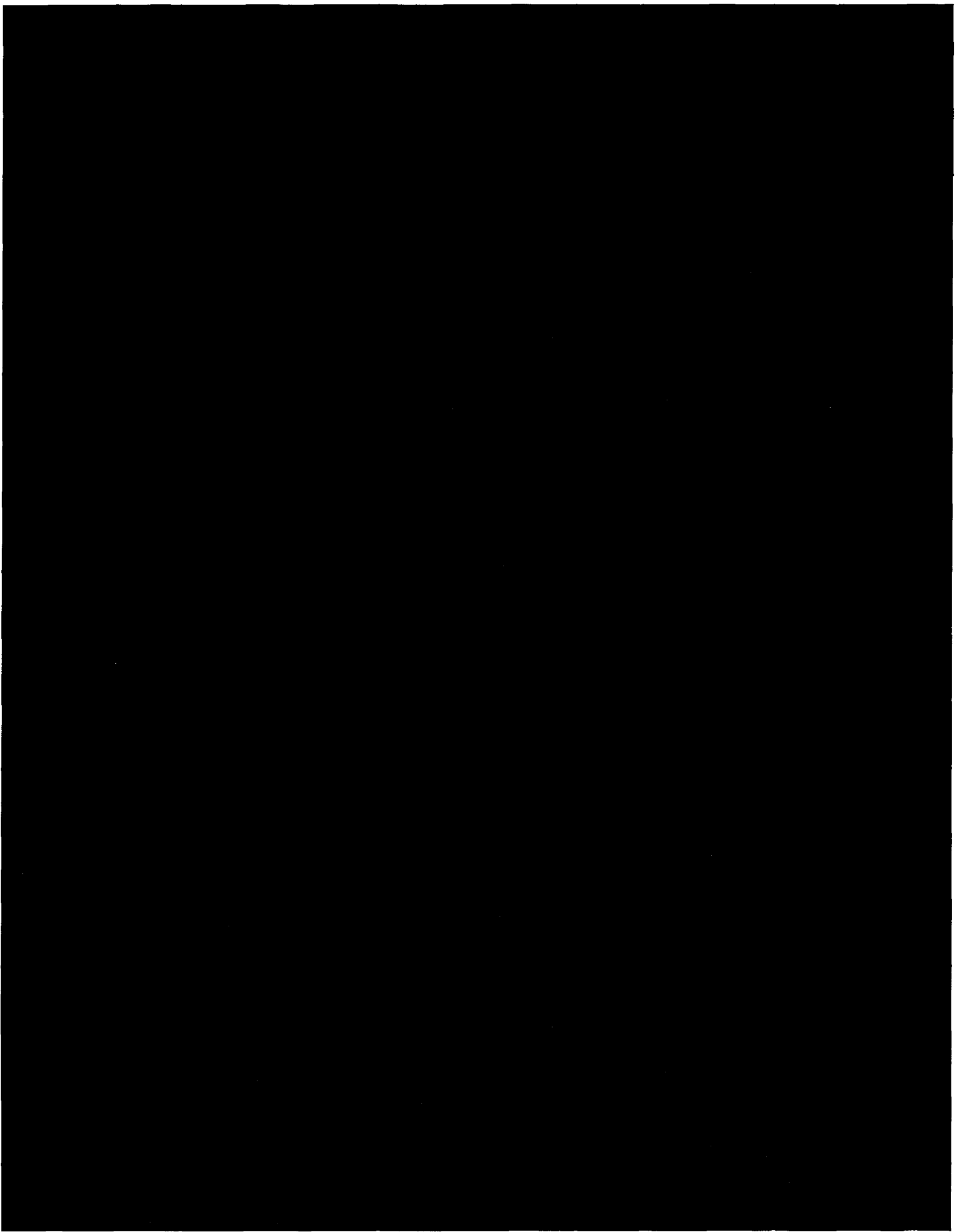


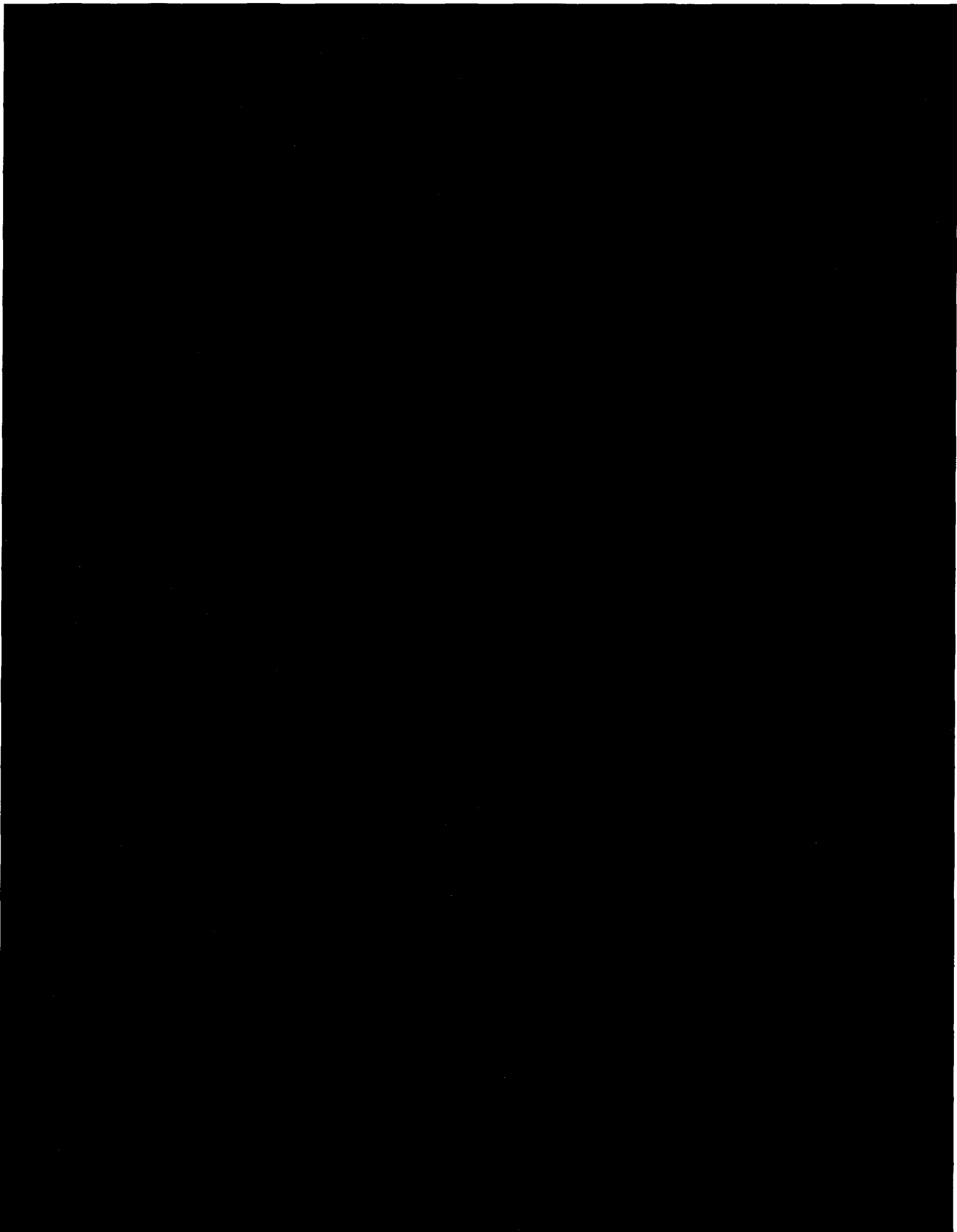


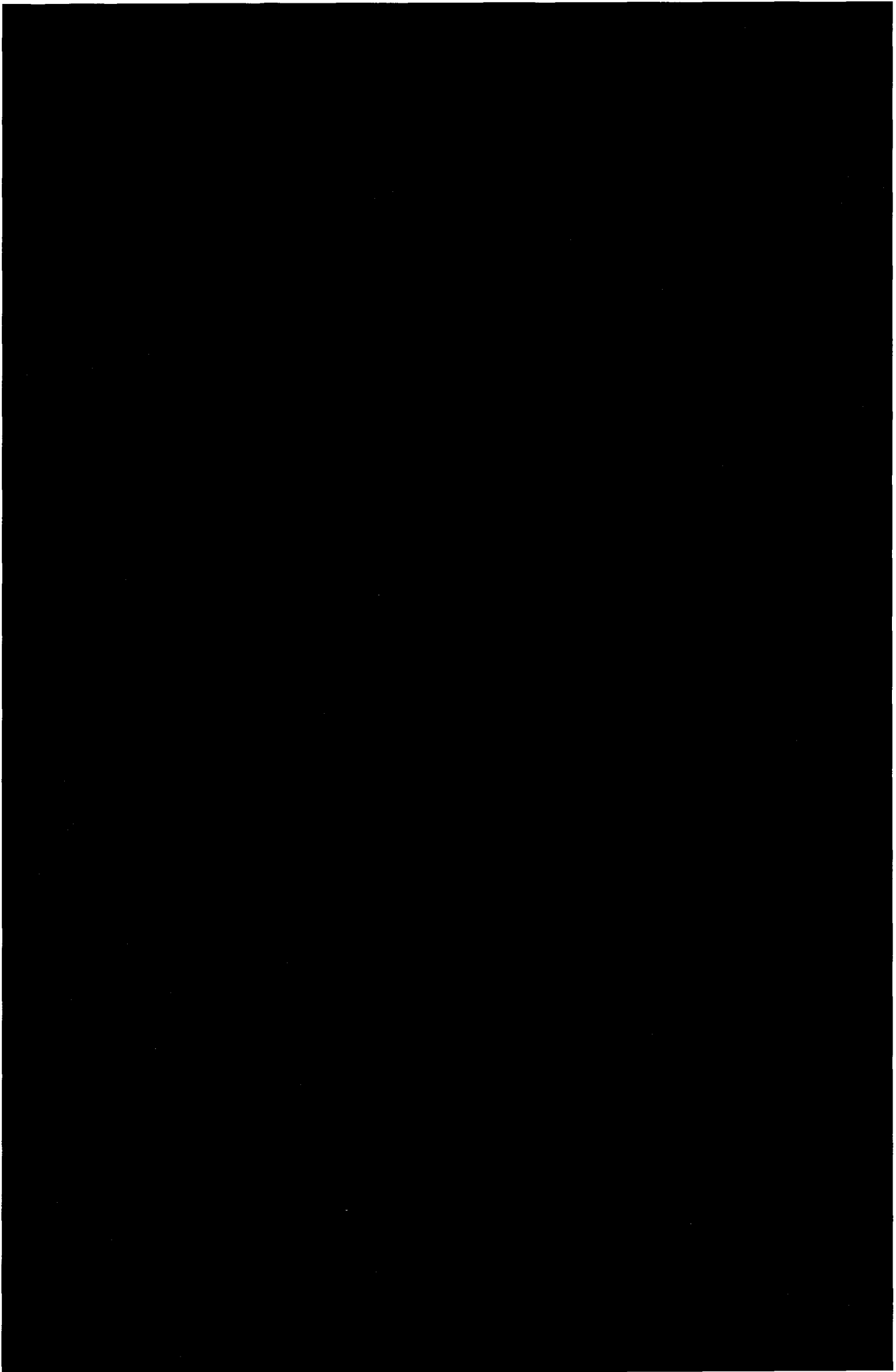














**CONTRACT REPORT
CR-NAVFAC EXWC-CI-XXXX
CATHODIC PROTECTION OF POL SYSTEMS
2018 ANNUAL SURVEY & REPAIRS
Naval Supply Fleet Logistics Center Pearl Harbor
Honolulu, Hawaii**

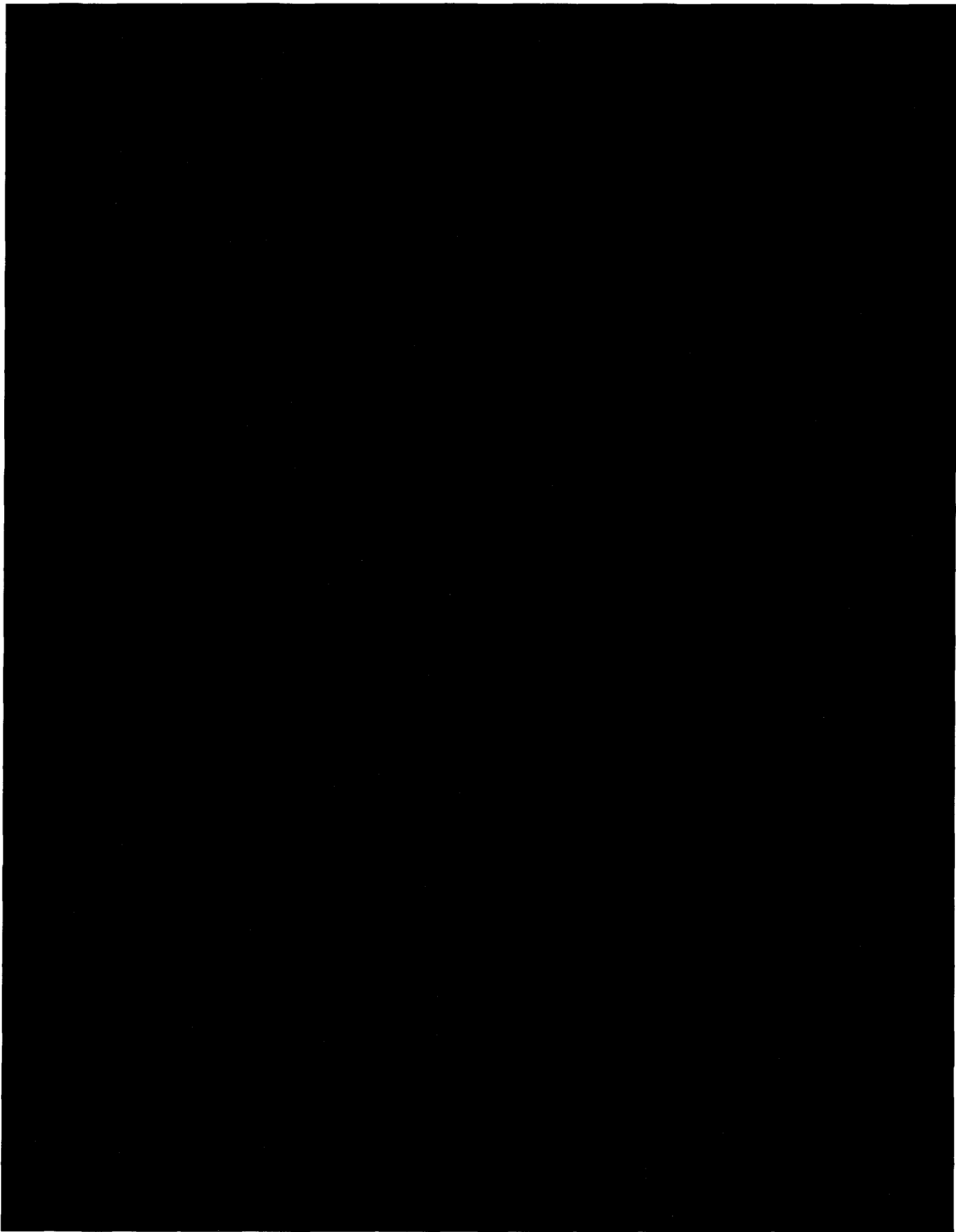
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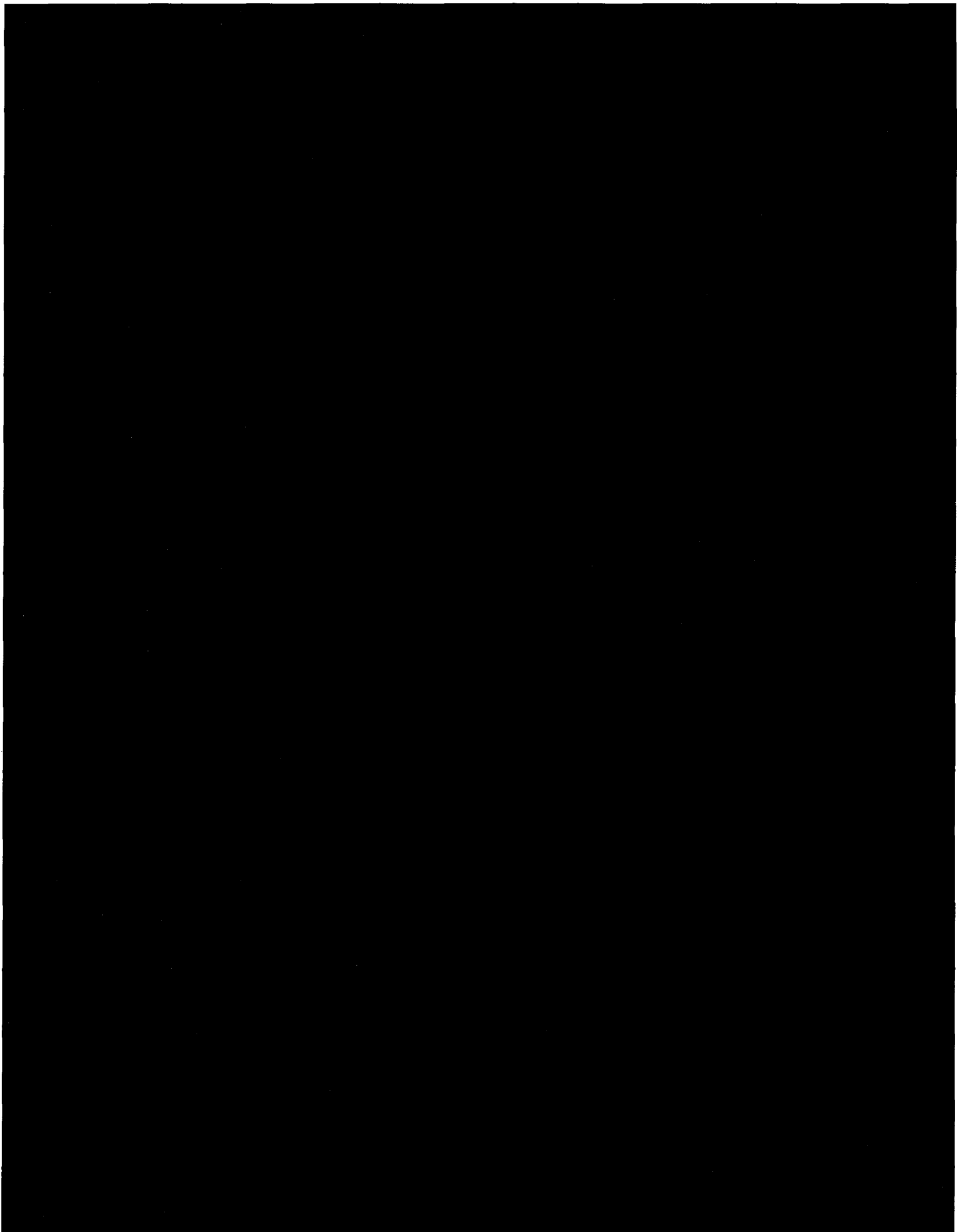
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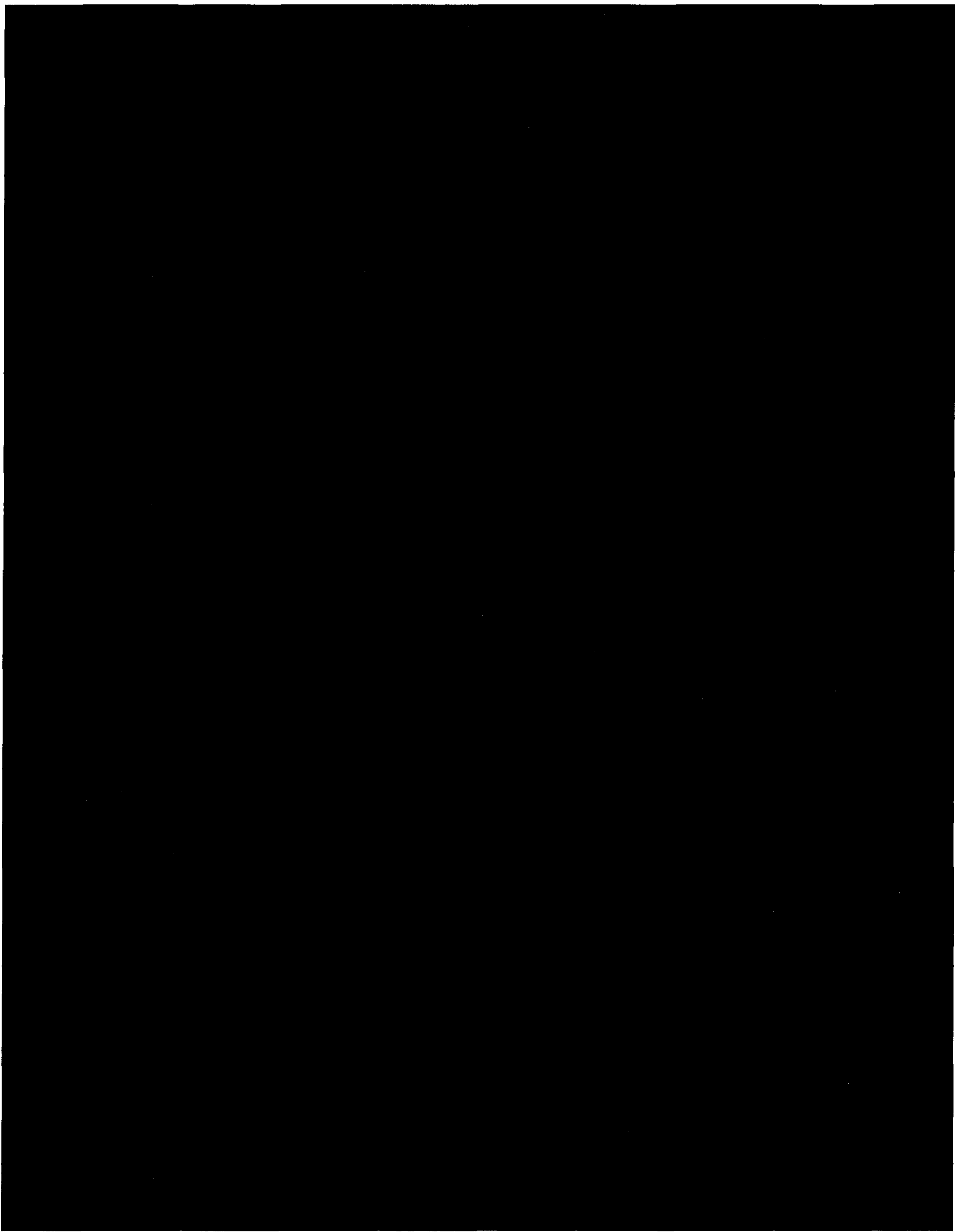
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Naval Facilities Engineering and Expeditionary Warfare Center

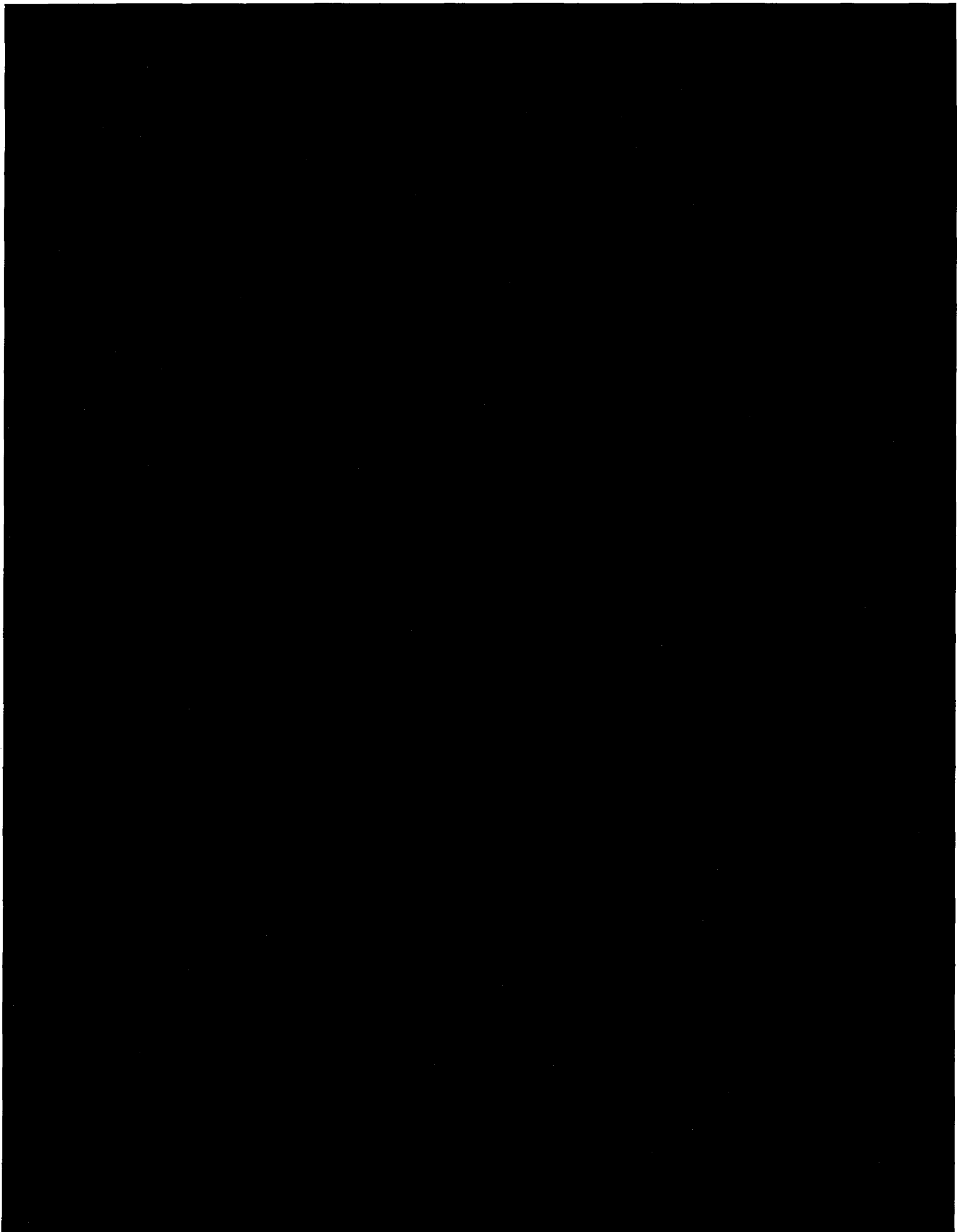
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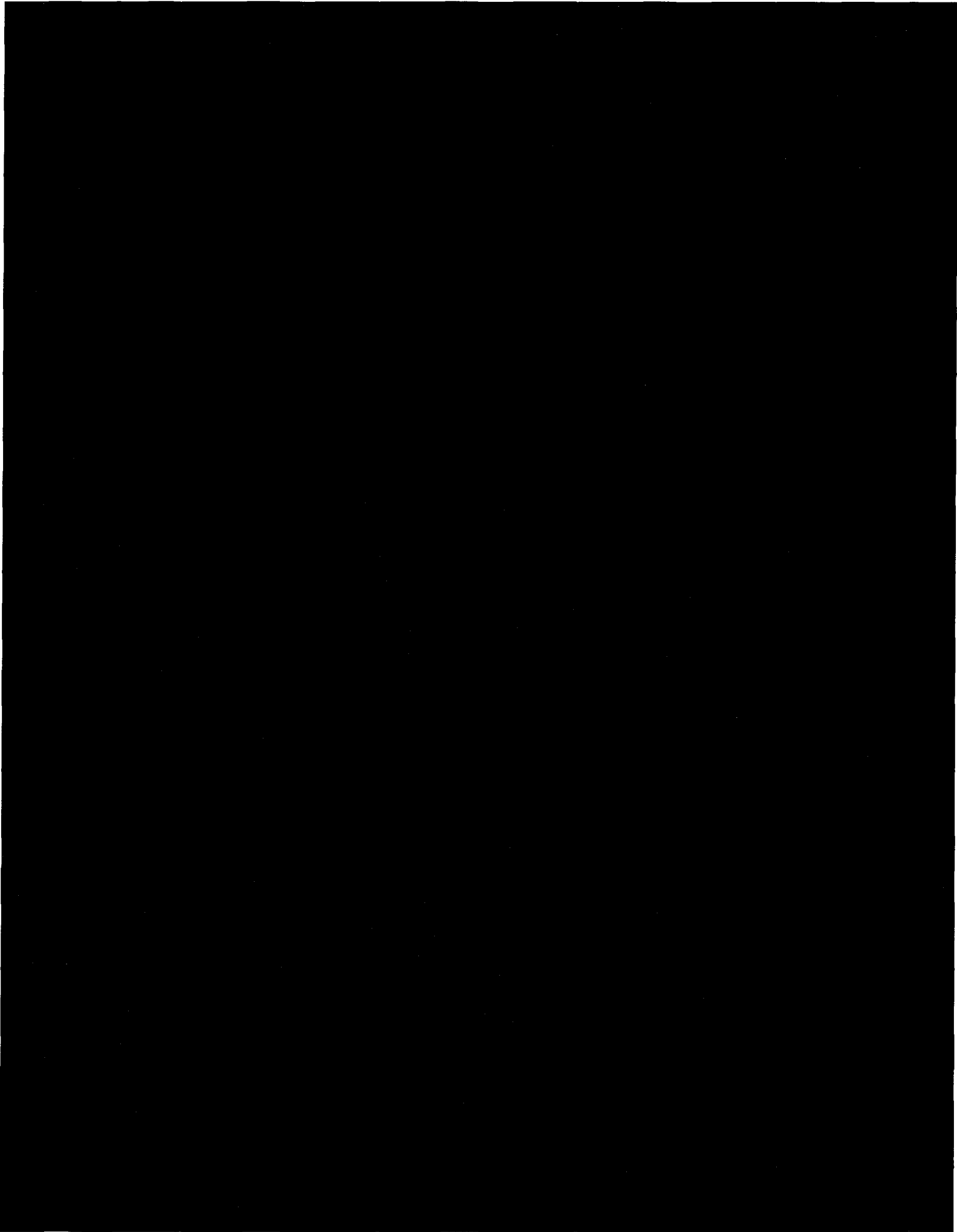
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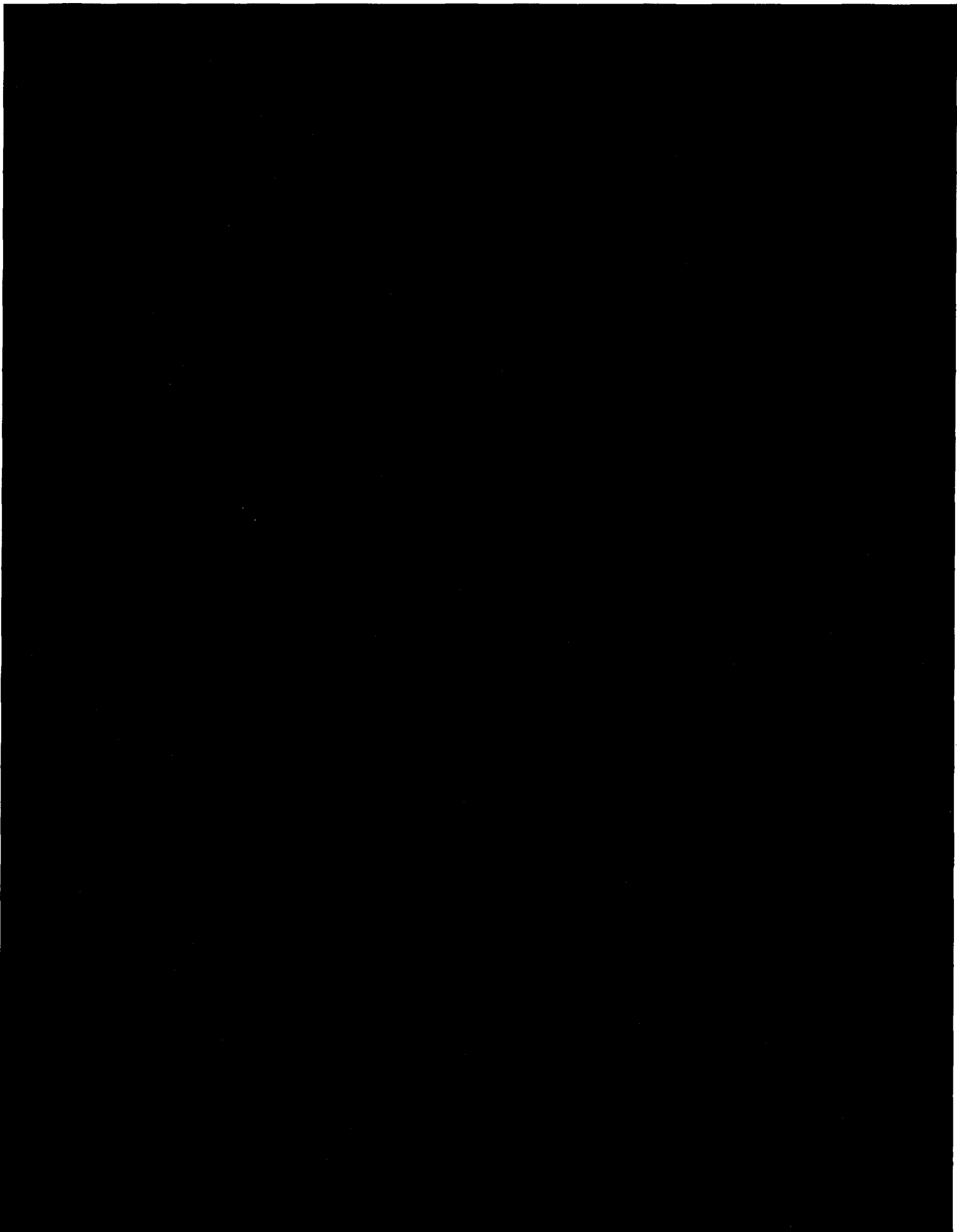


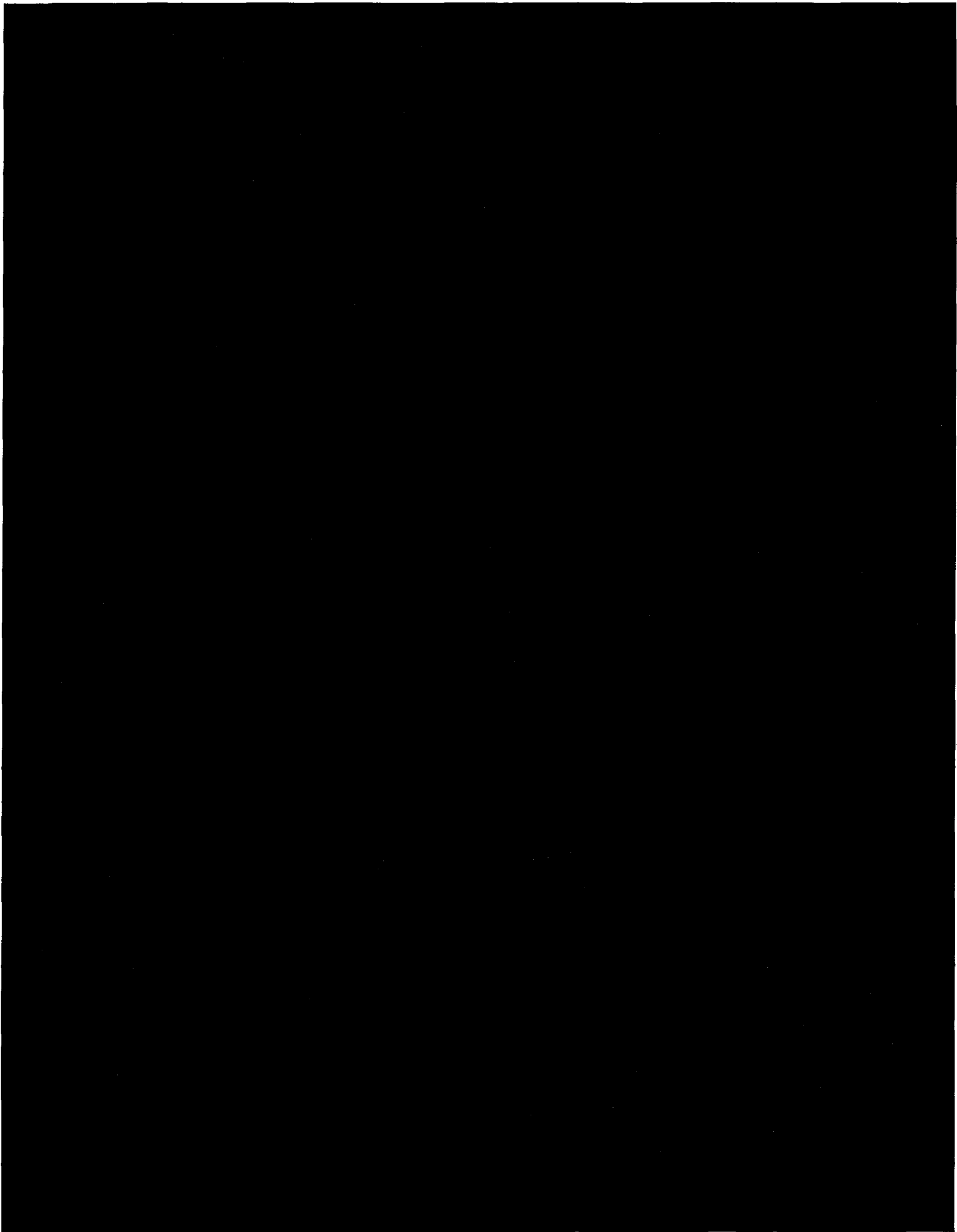


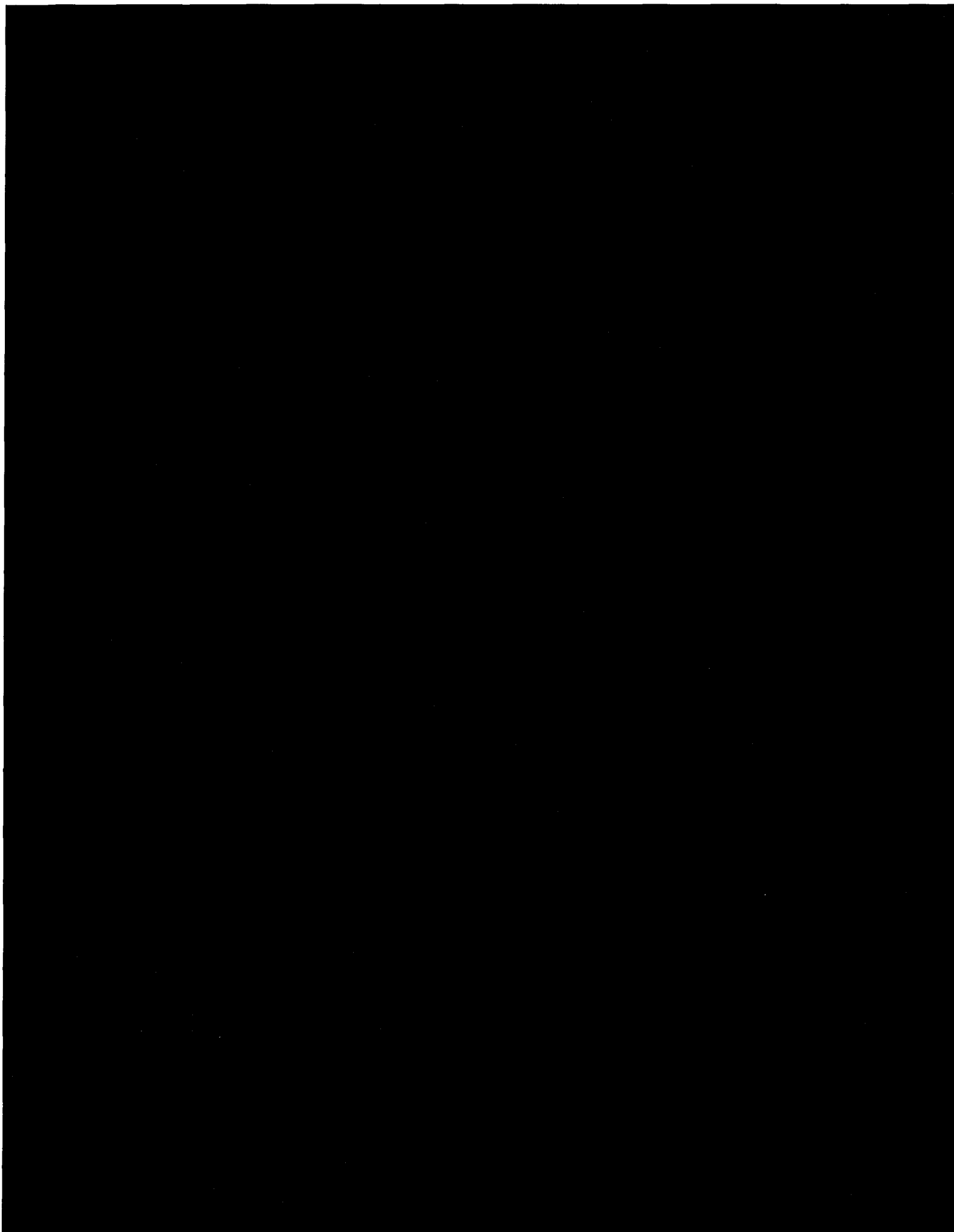


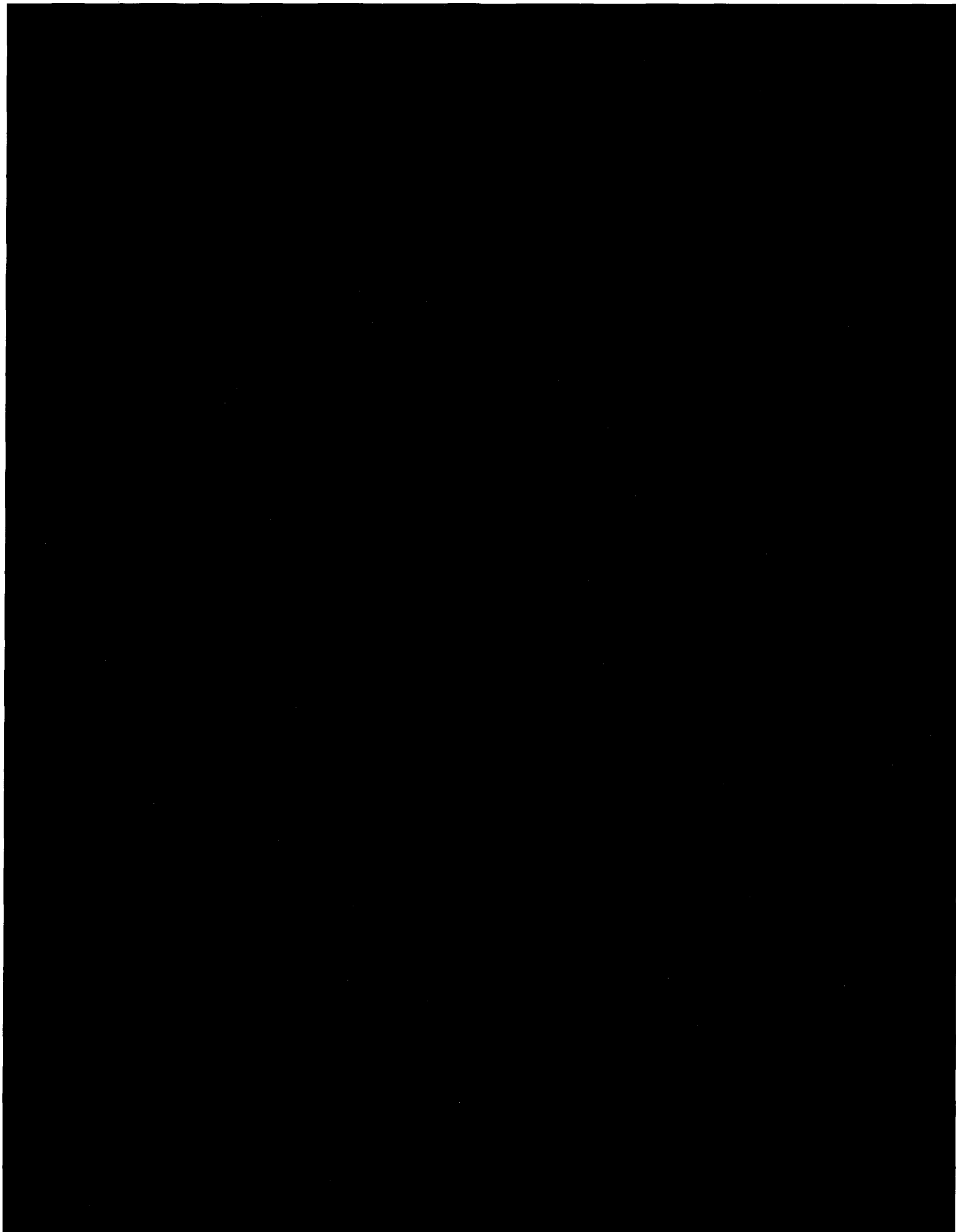


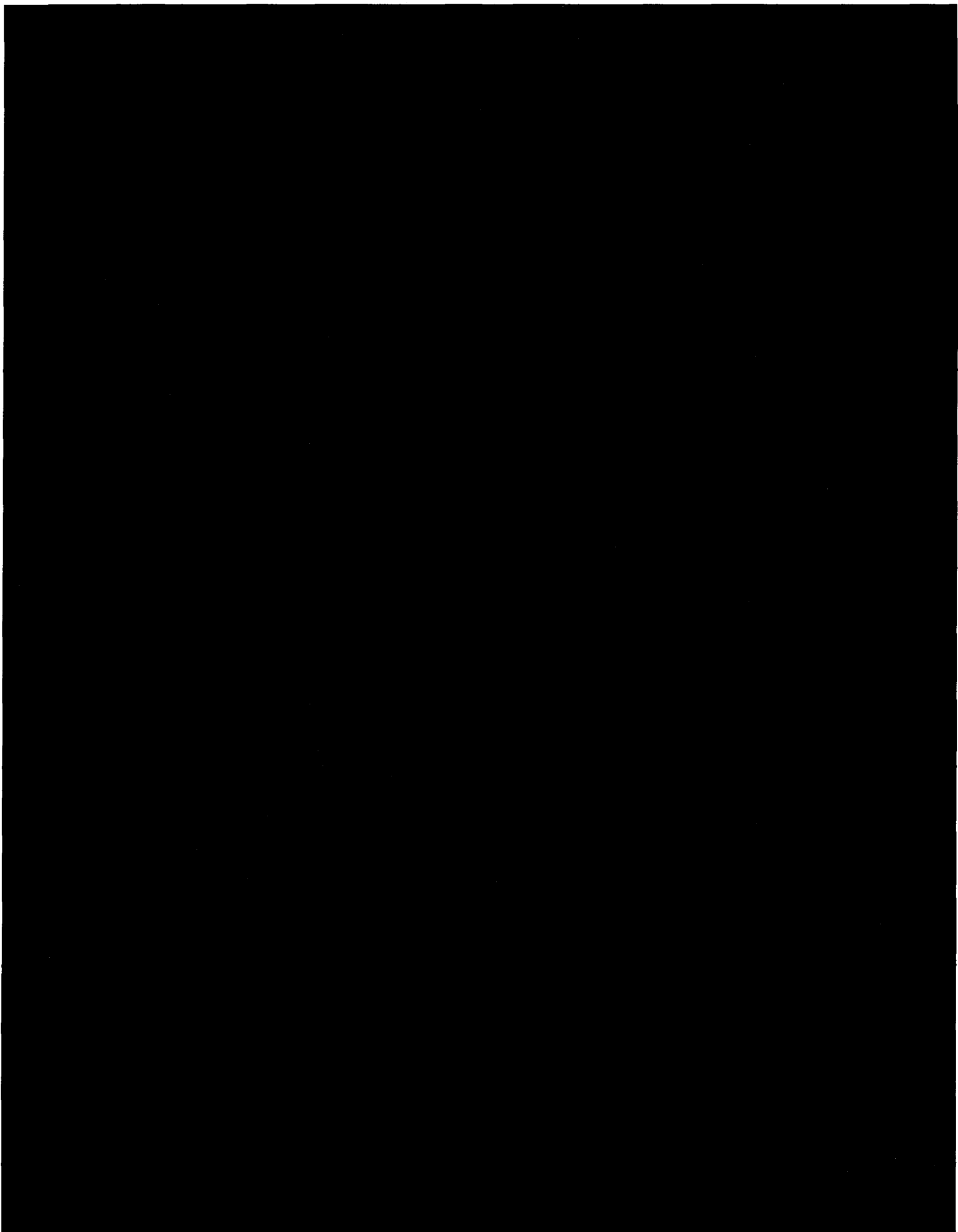












Enclosure 9



**CONTRACT REPORT
CR-NAVFAC EXWC-CI-XXXX
JUNE 2017**

**CATHODIC PROTECTION OF POL SYSTEMS
2016 ANNUAL SURVEY**

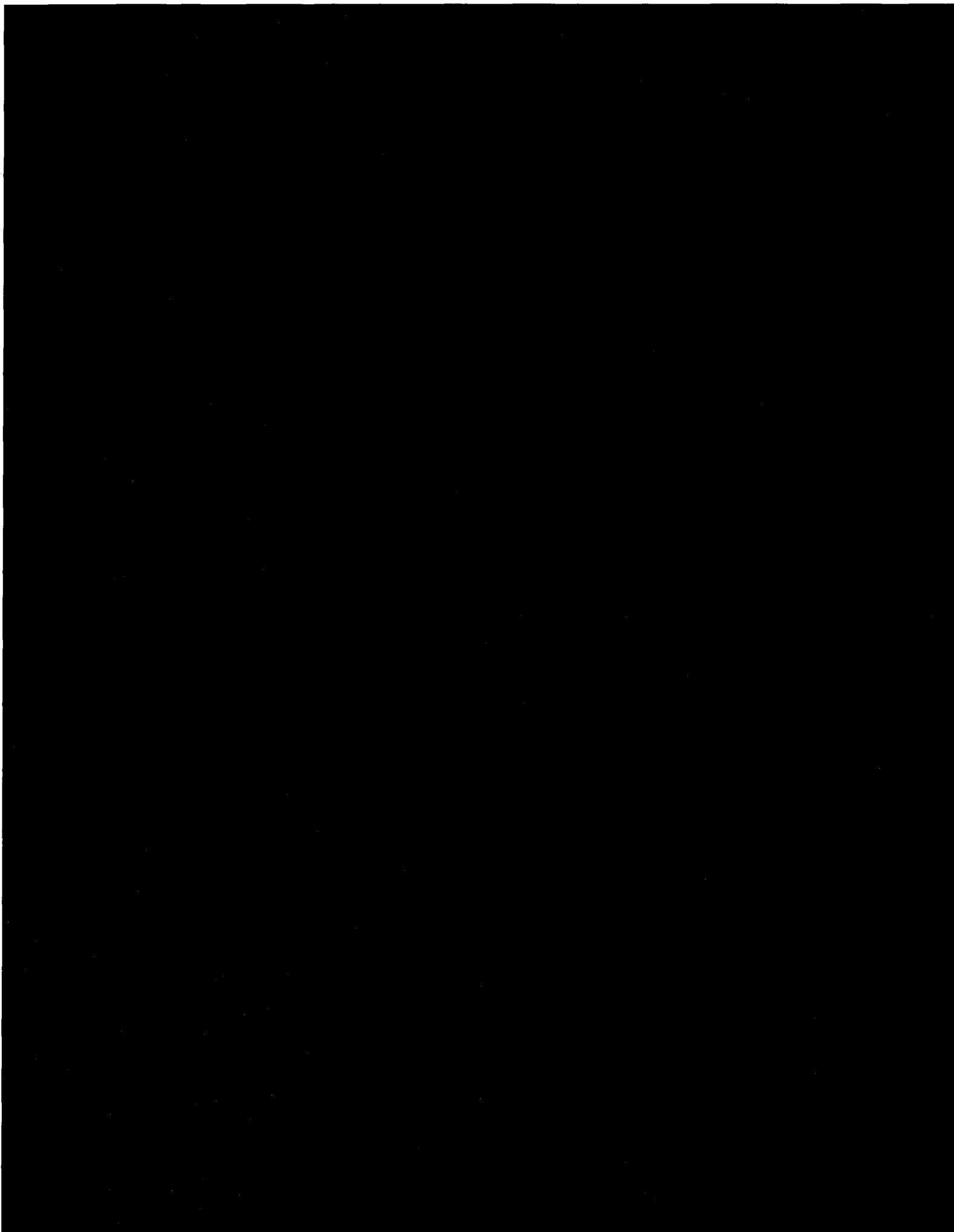
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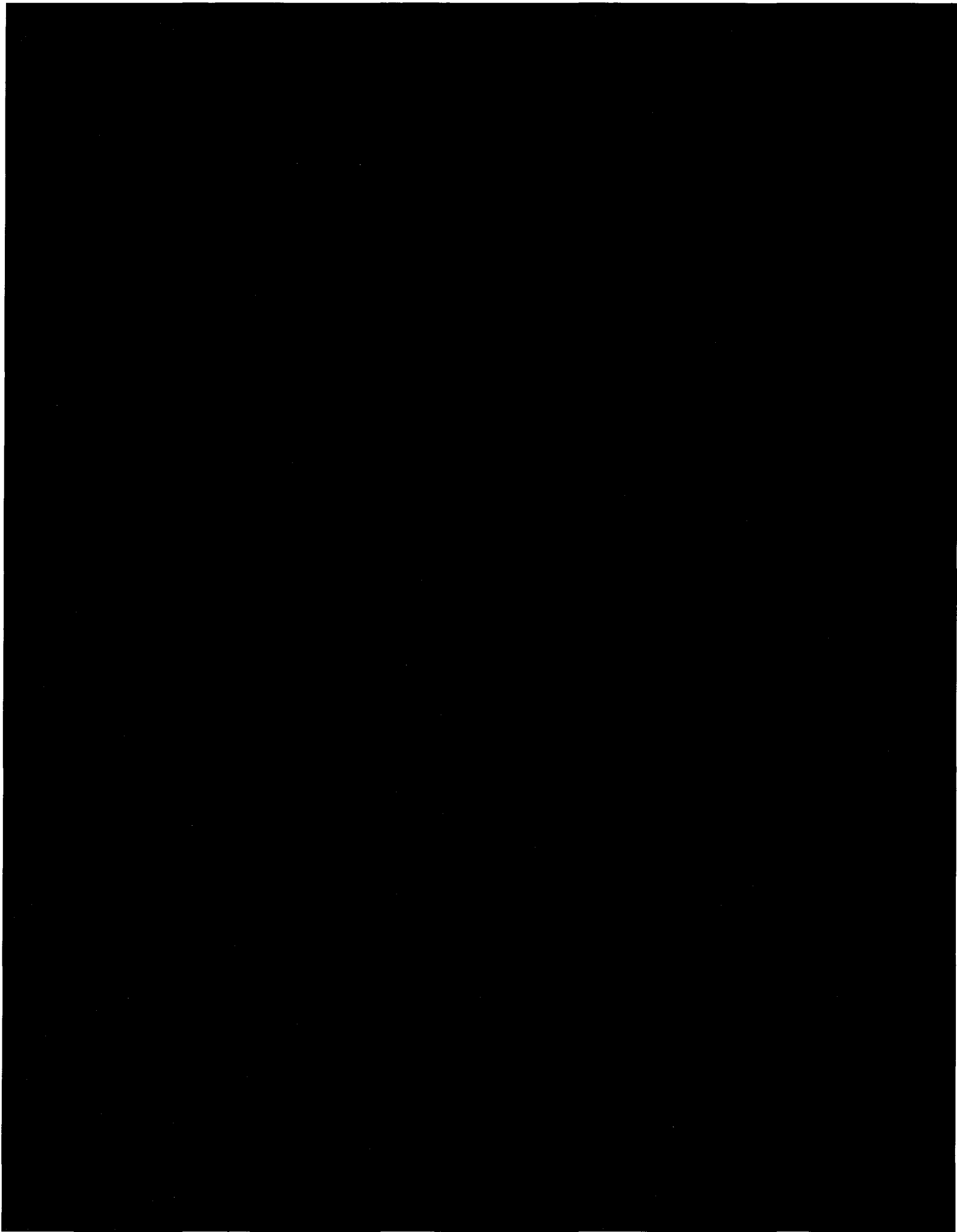
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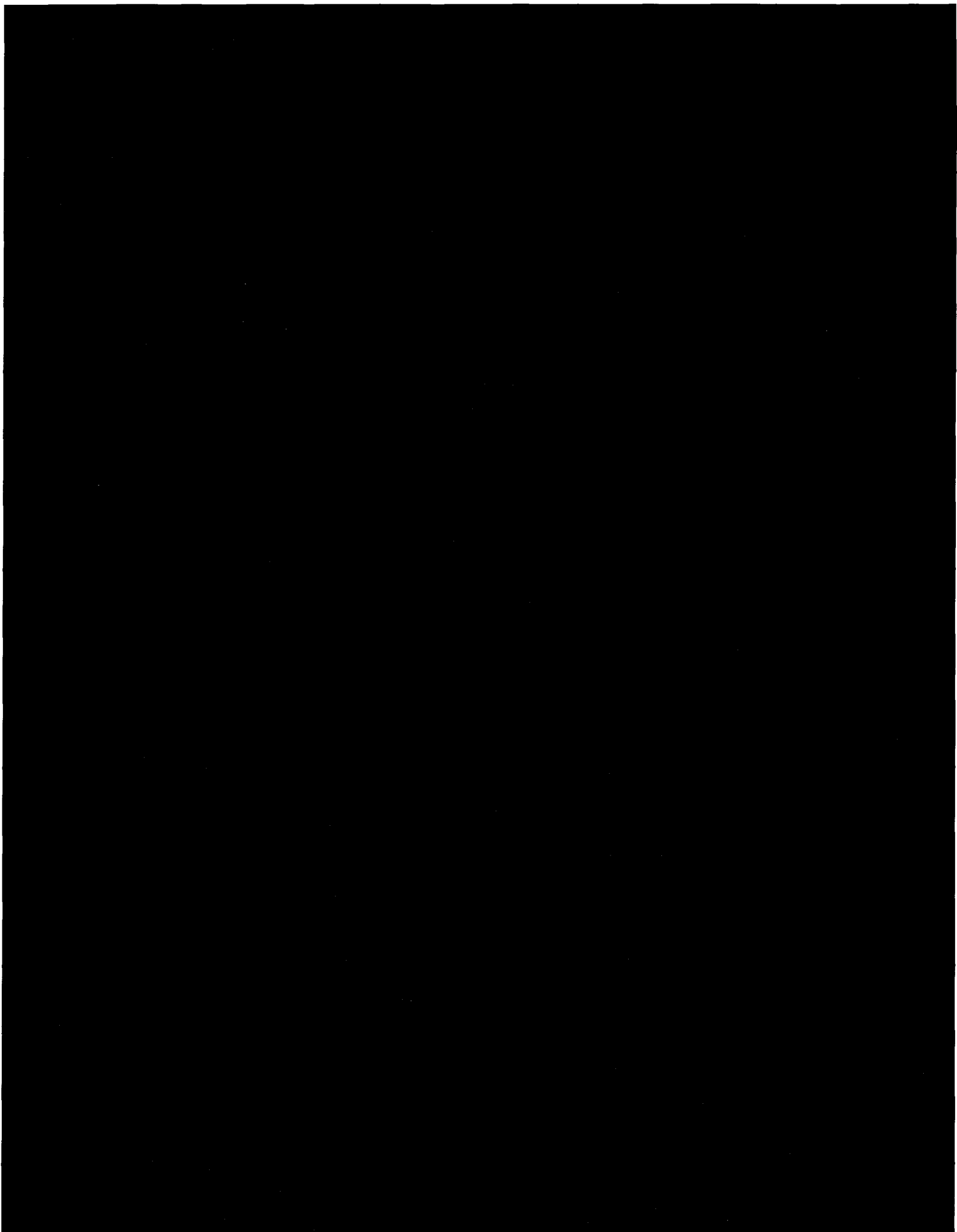
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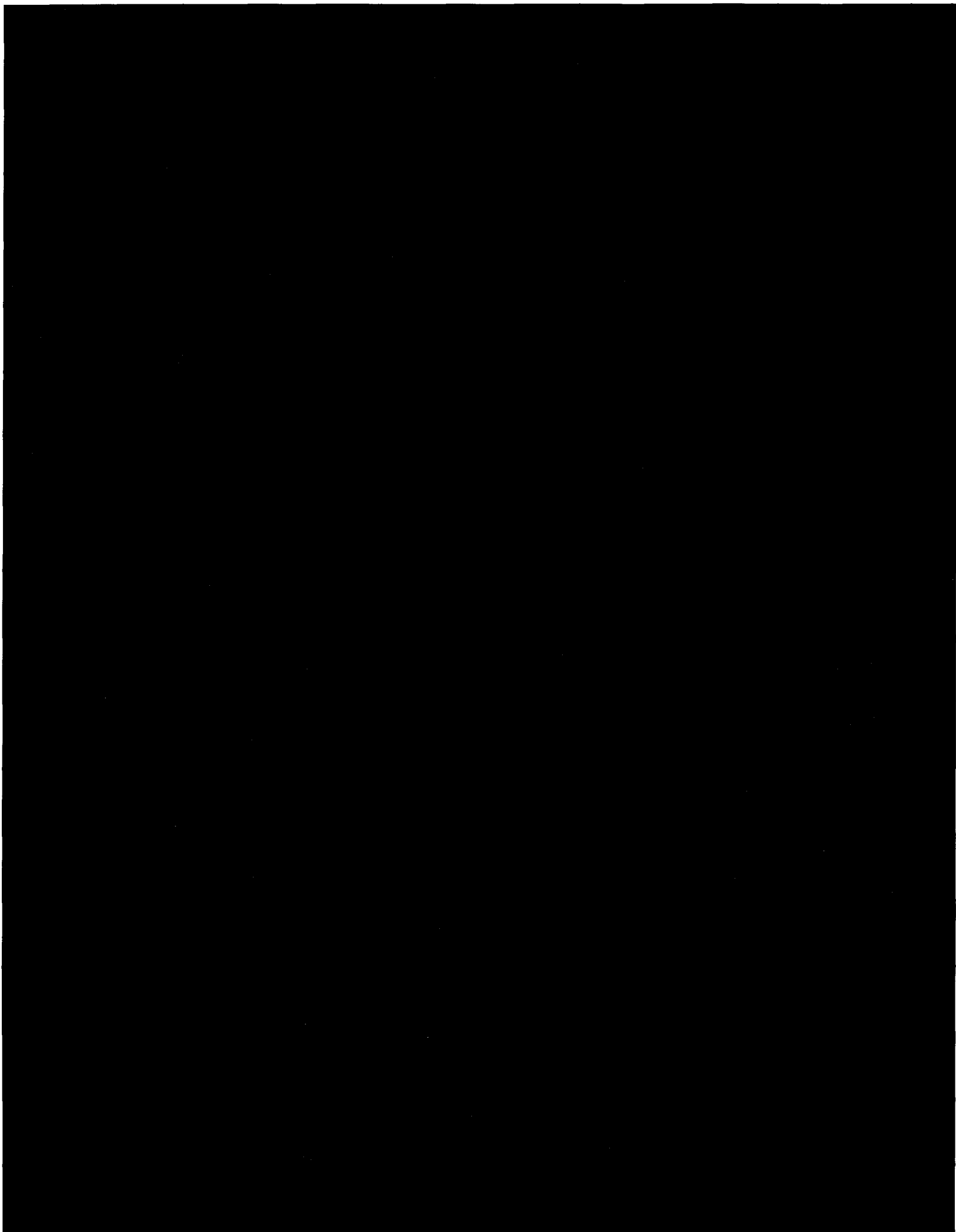
Prepared For:
Naval Facilities Engineering and Expeditionary Warfare Center

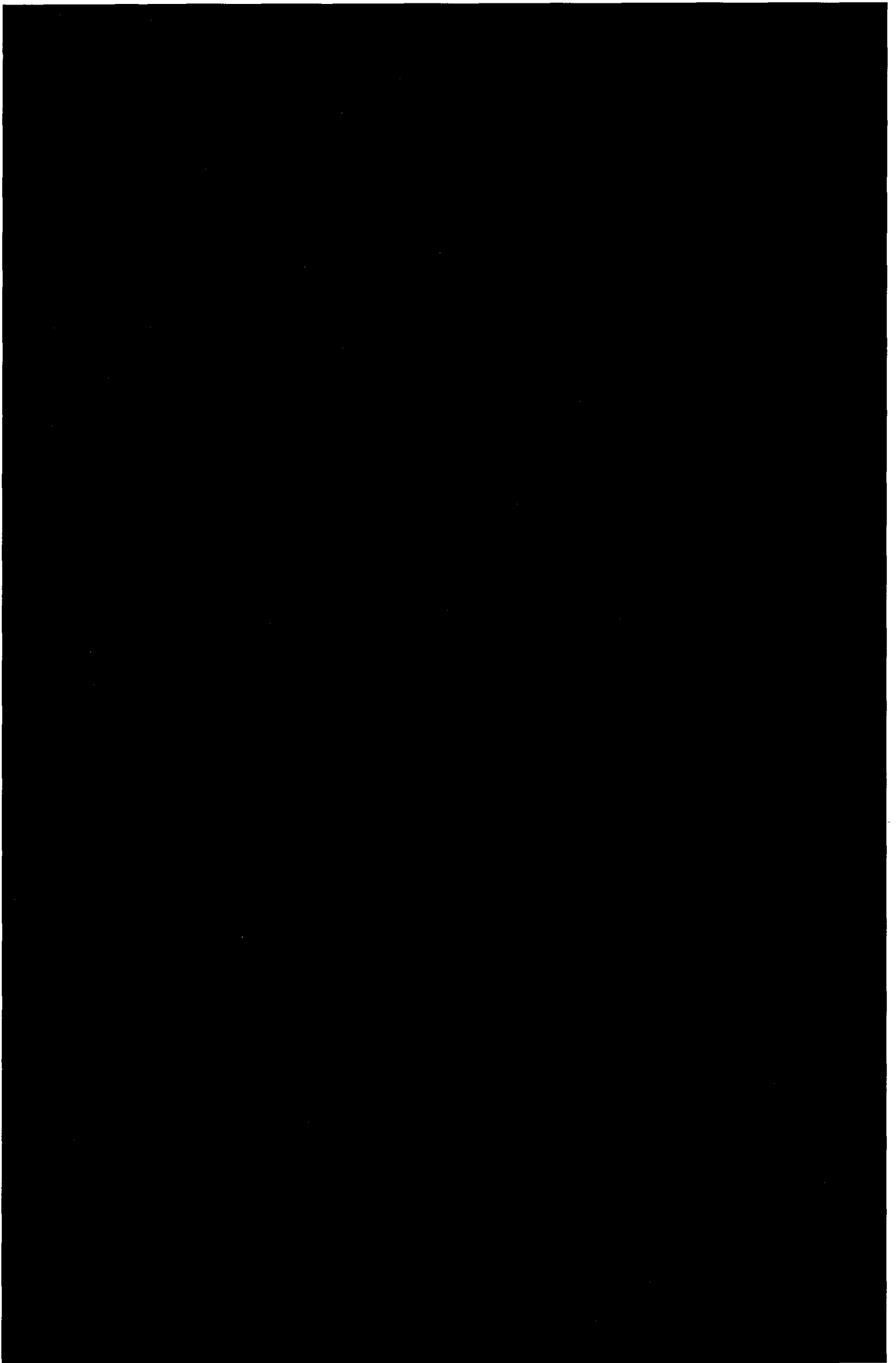
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9400 Ward Parkway
Kansas City, MO 64114

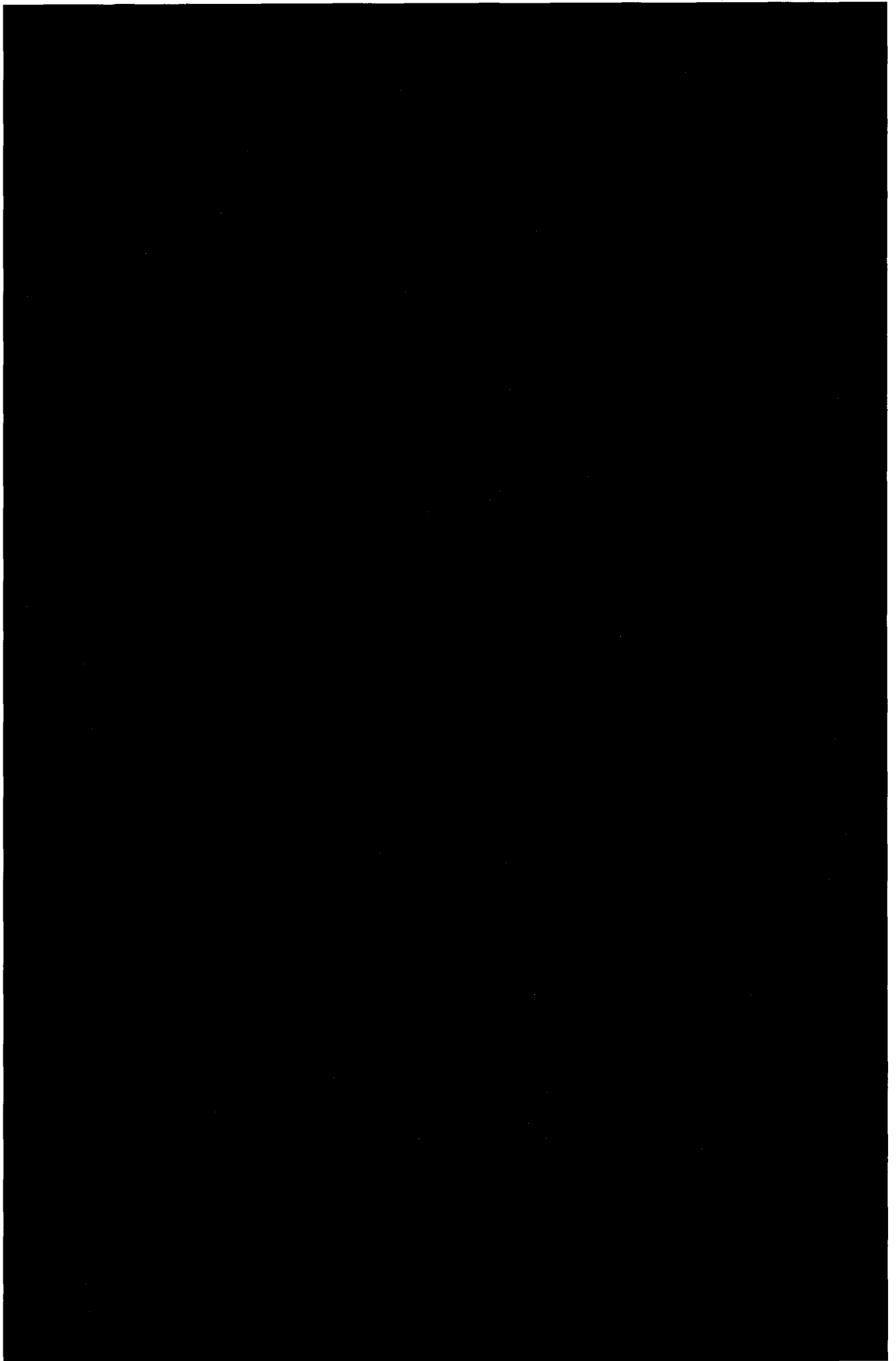


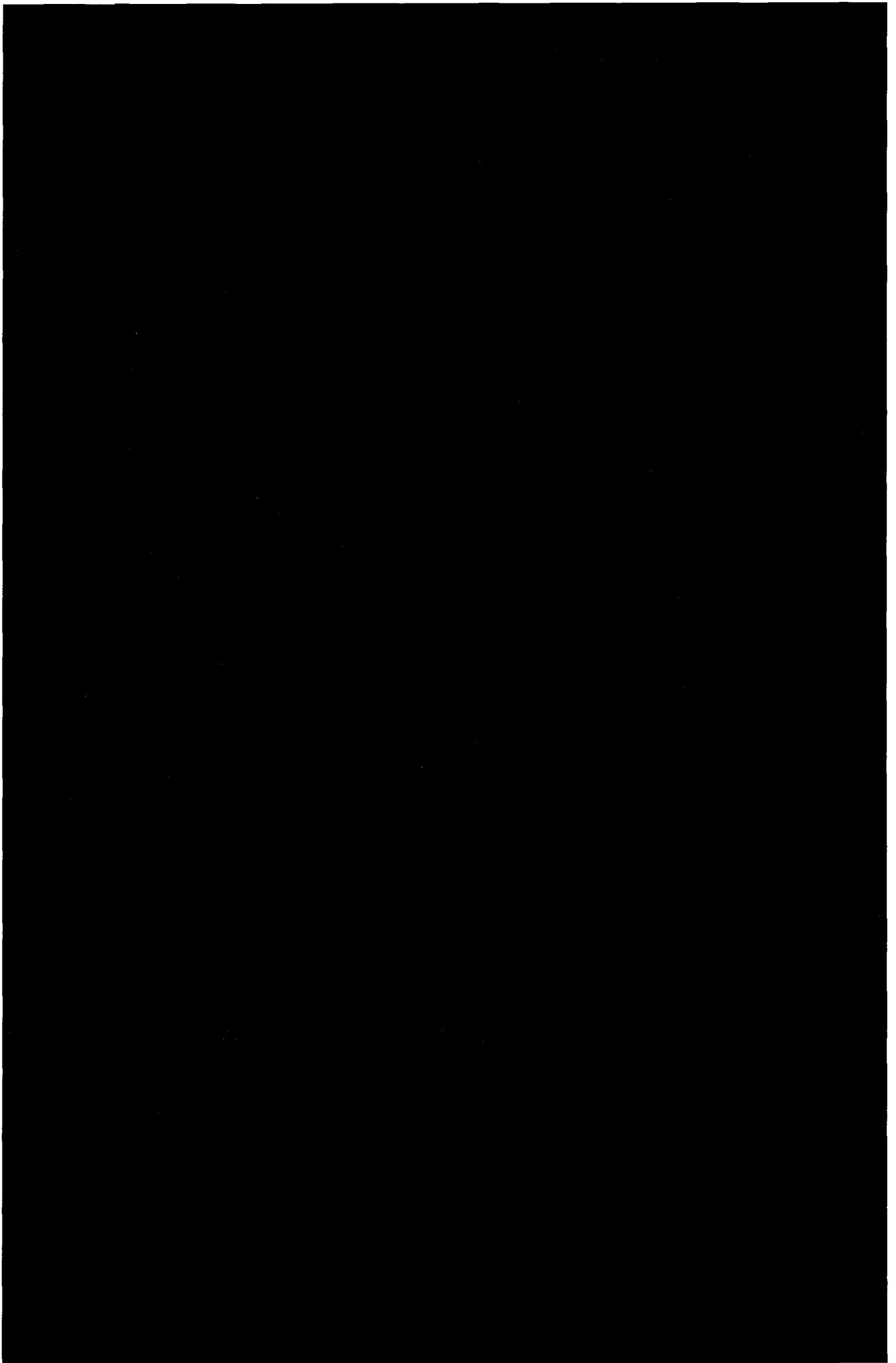


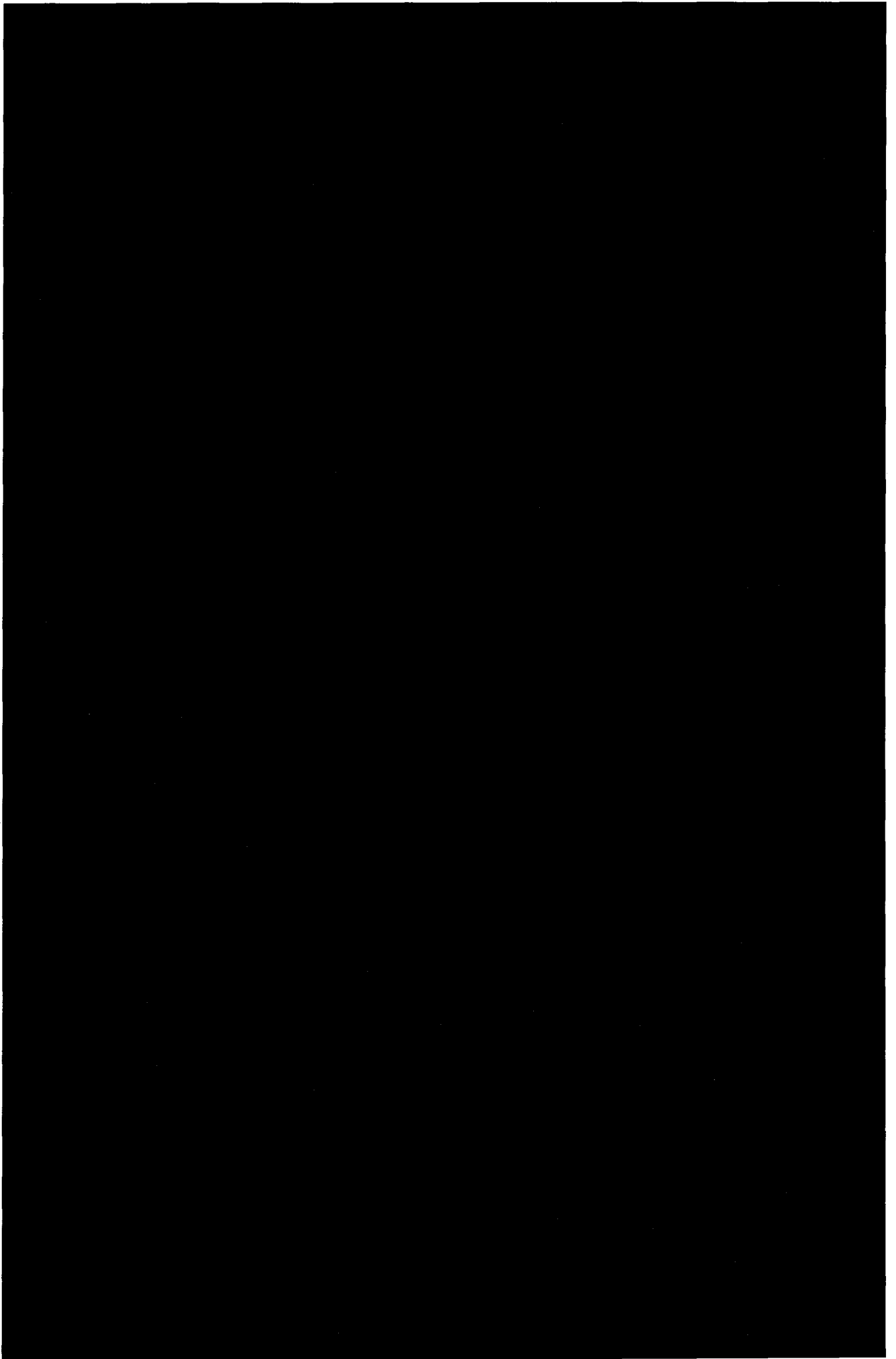


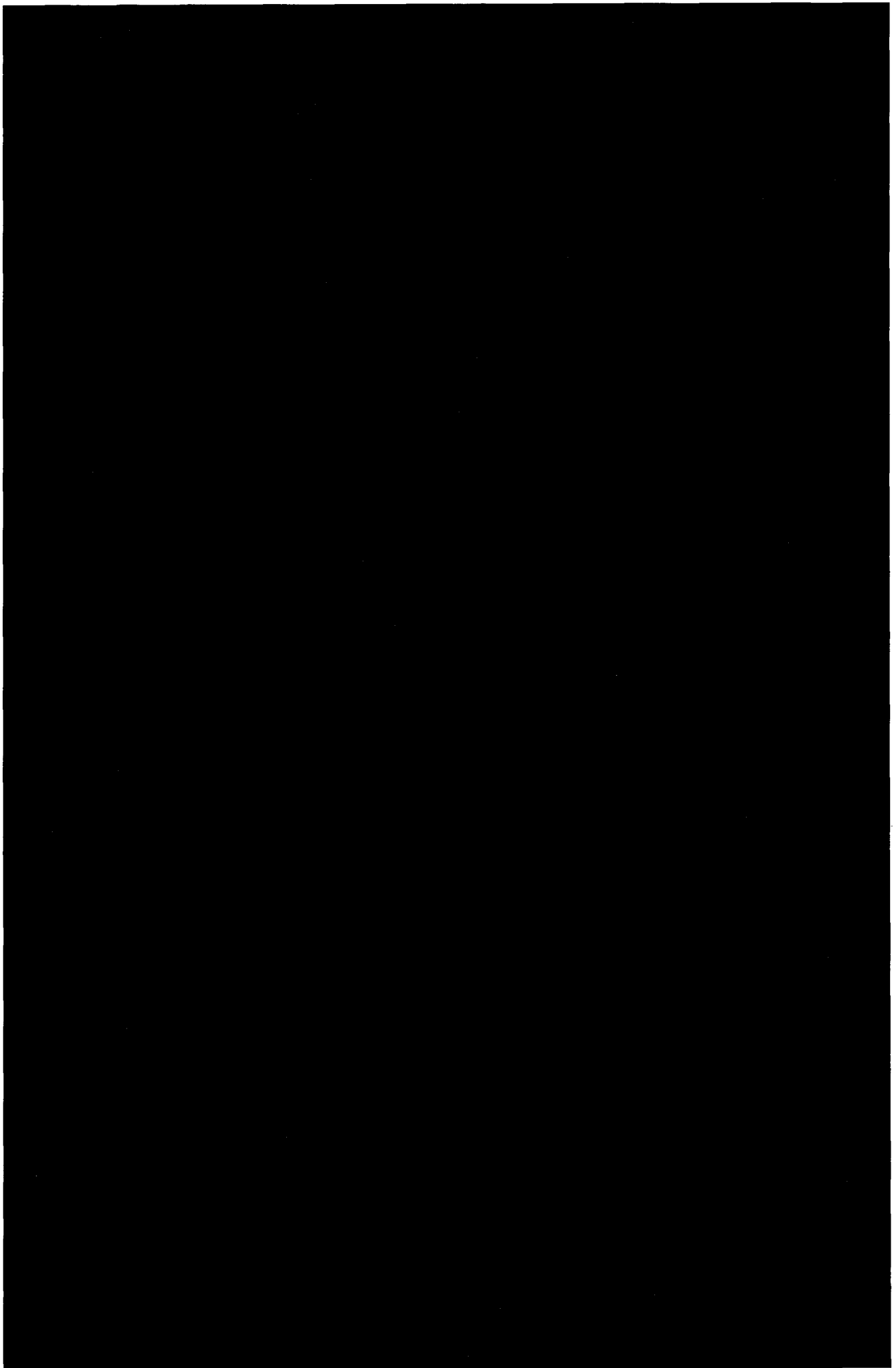


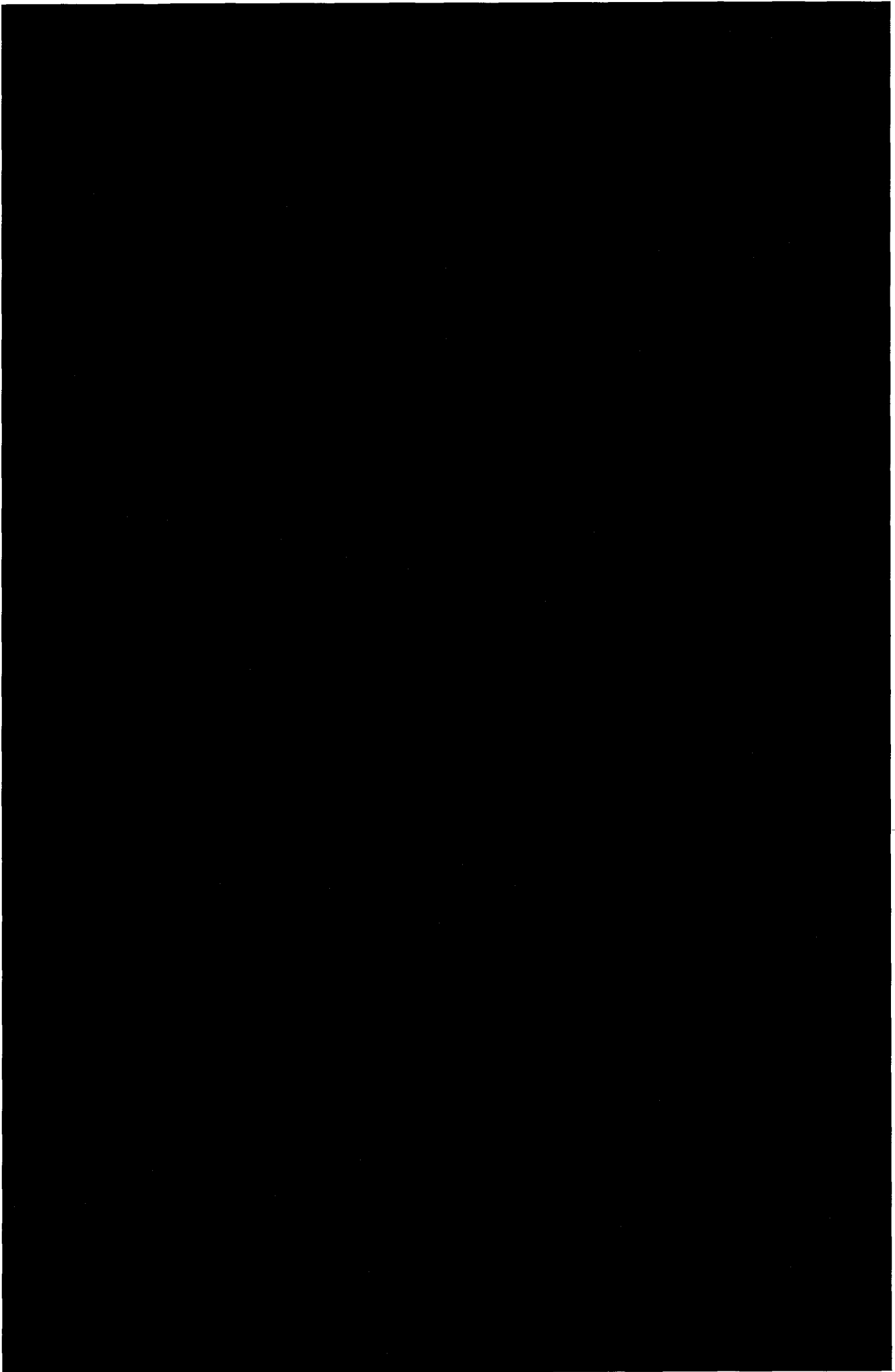


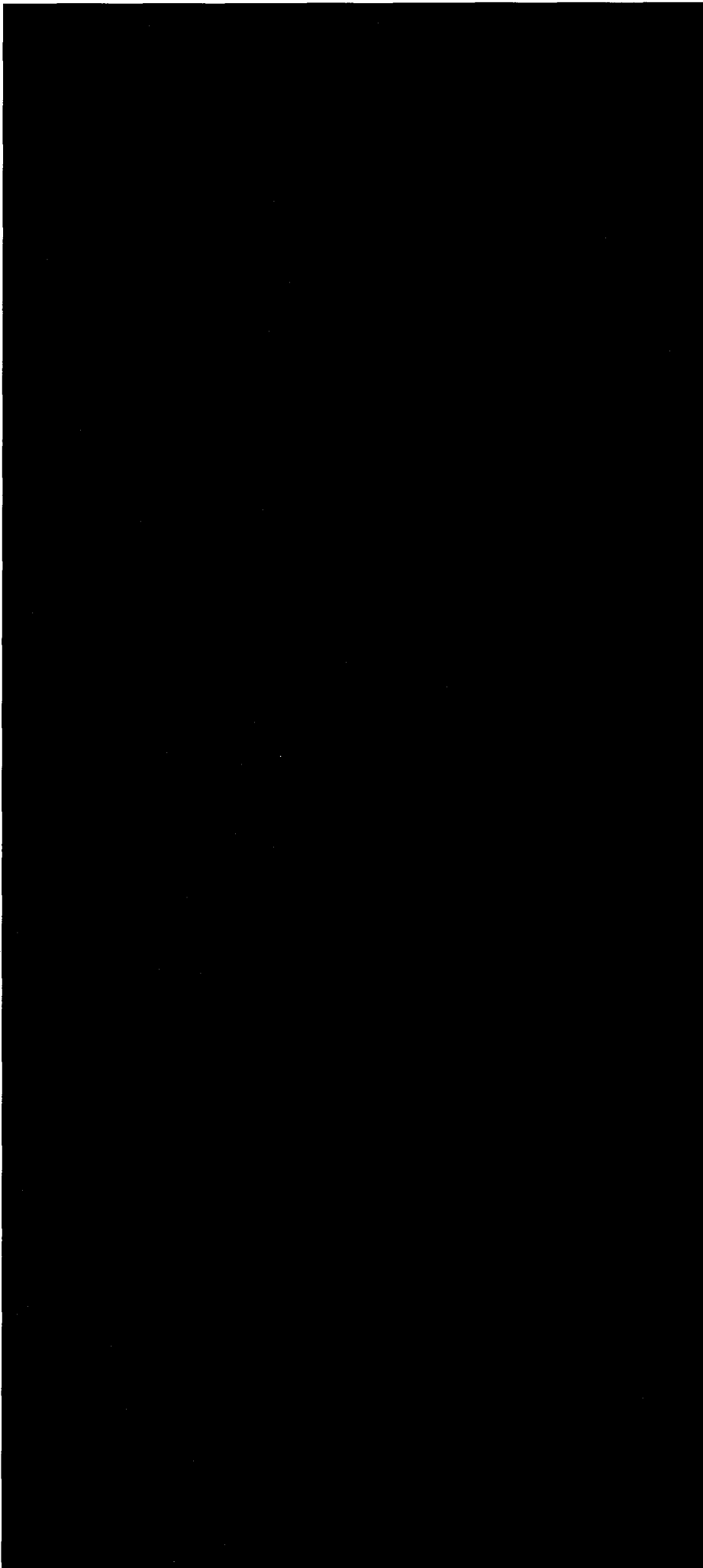


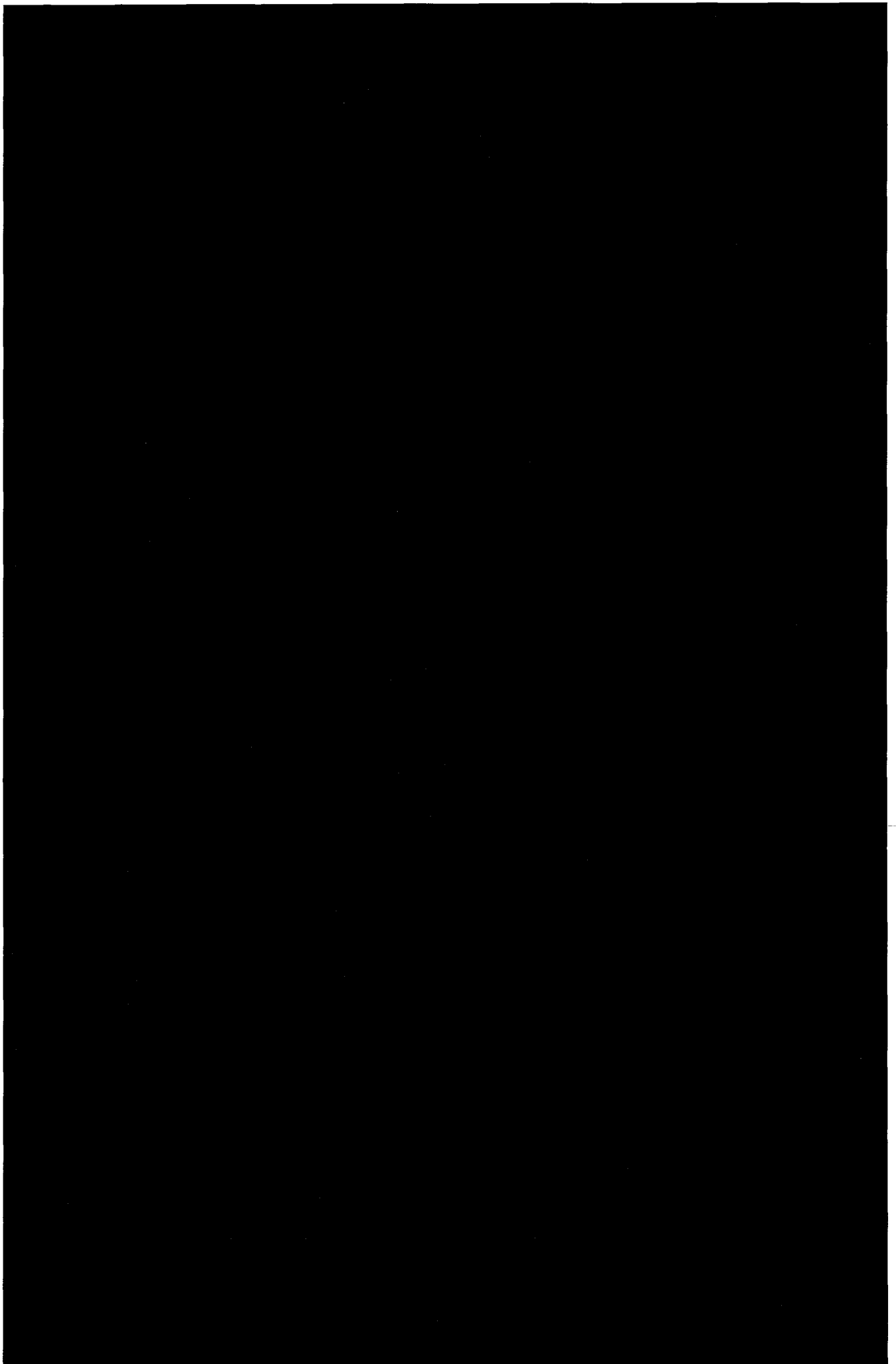














**CONTRACT REPORT
CR-NAVFAC EXWC-CI-18200**

**CATHODIC PROTECTION OF POL SYSTEMS
2017 ANNUAL SURVEY & REPAIRS**

**Joint Base Pearl Harbor-Hickam
Honolulu, Hawaii**

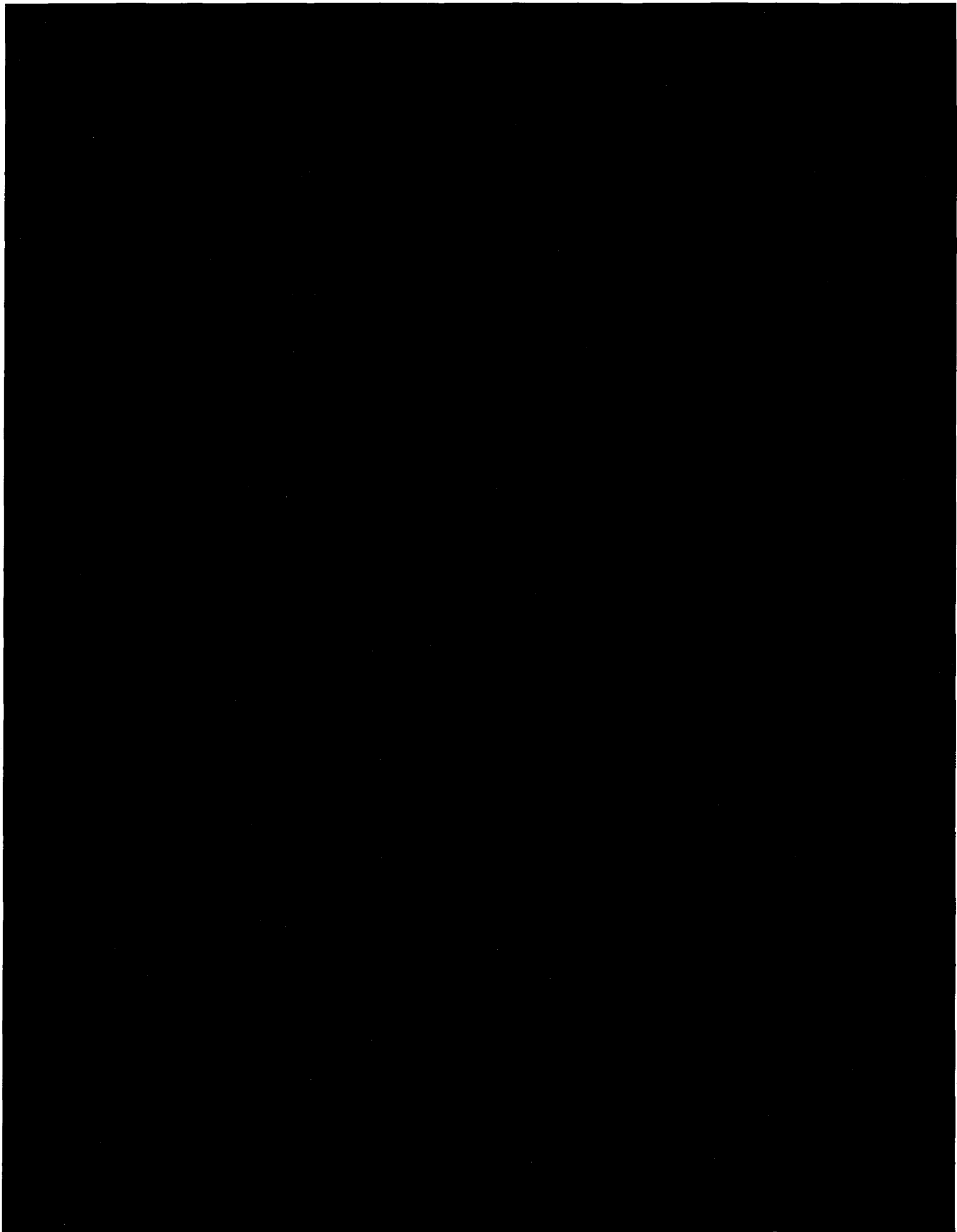
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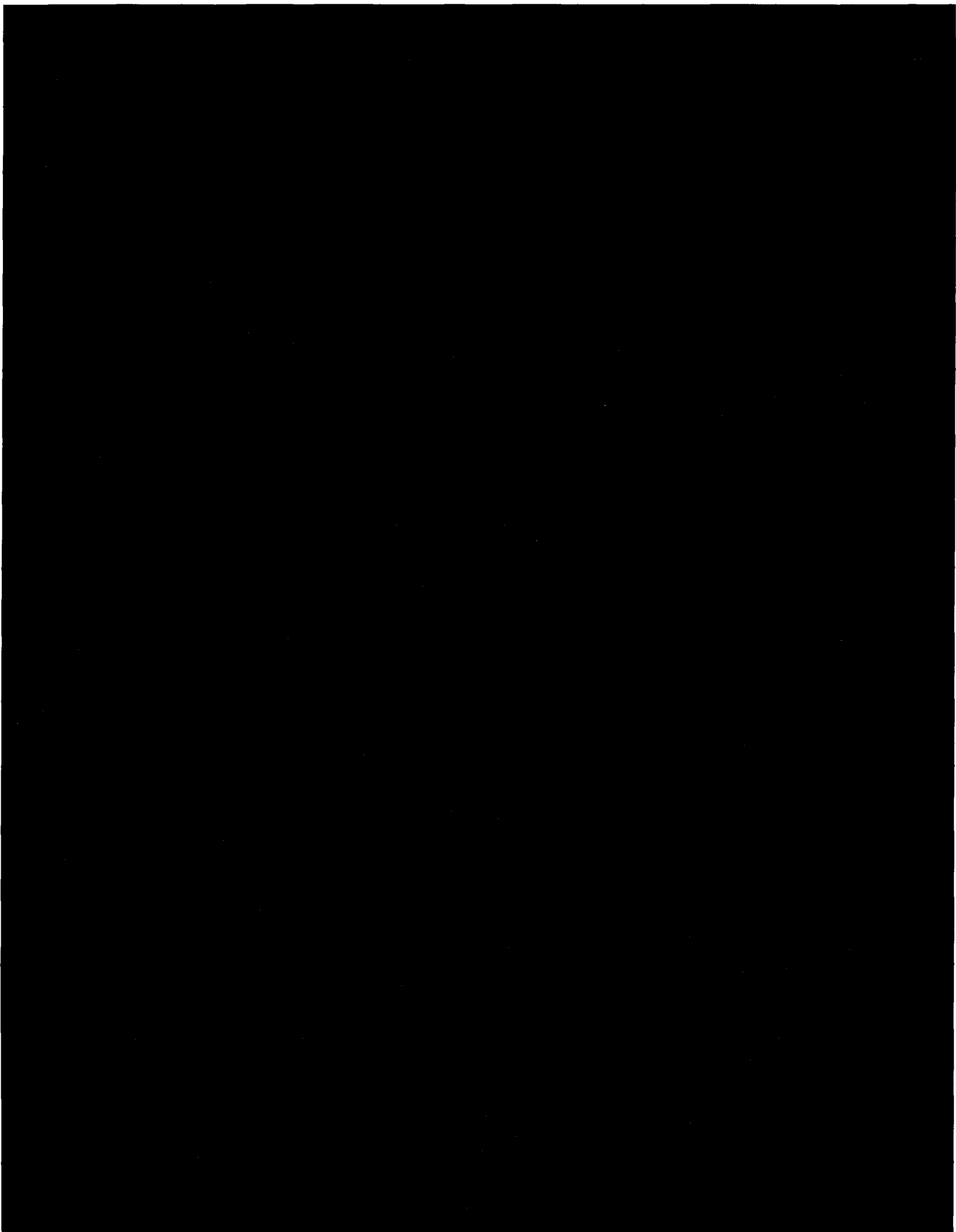
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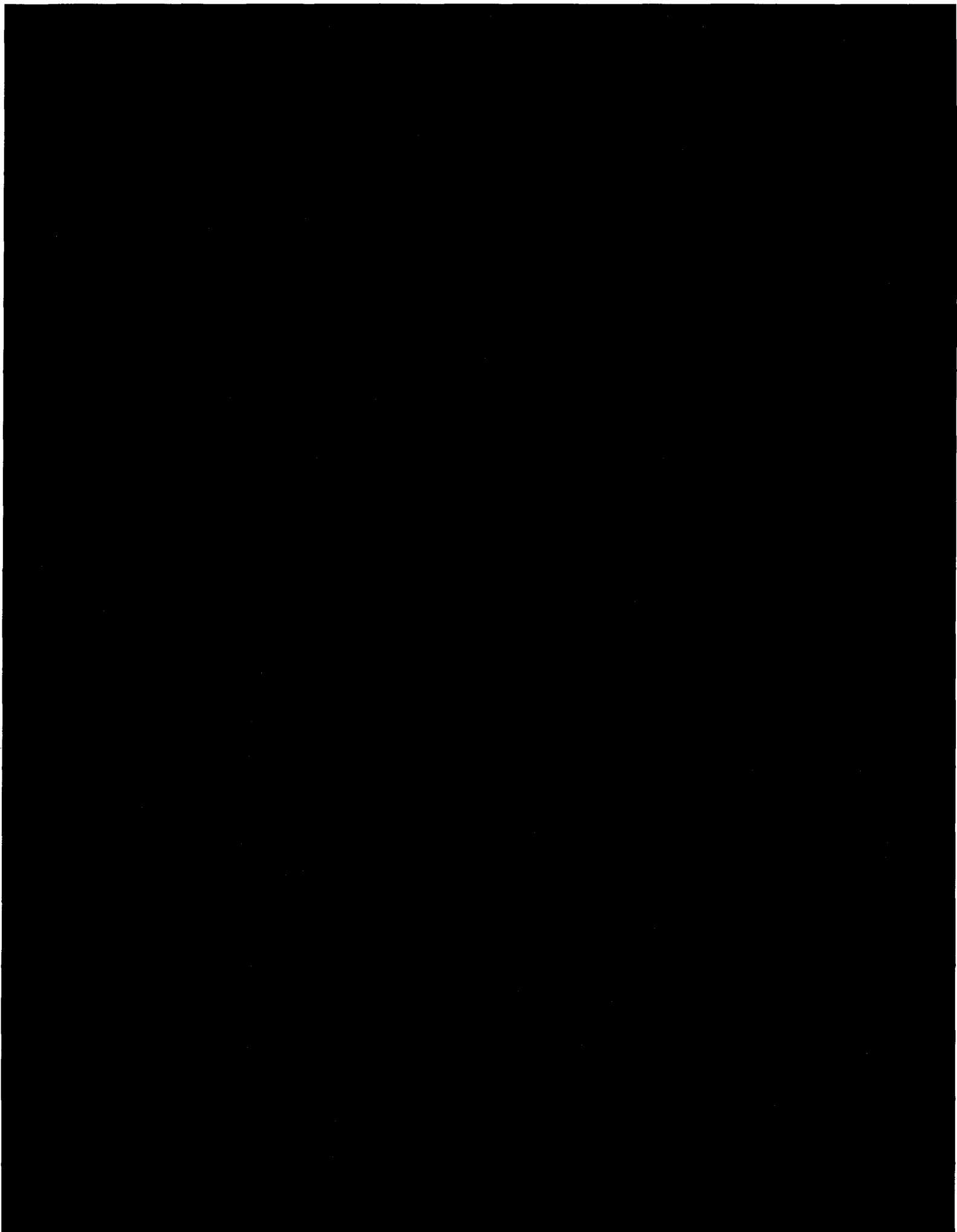
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Naval Facilities Engineering and Expeditionary Warfare Center

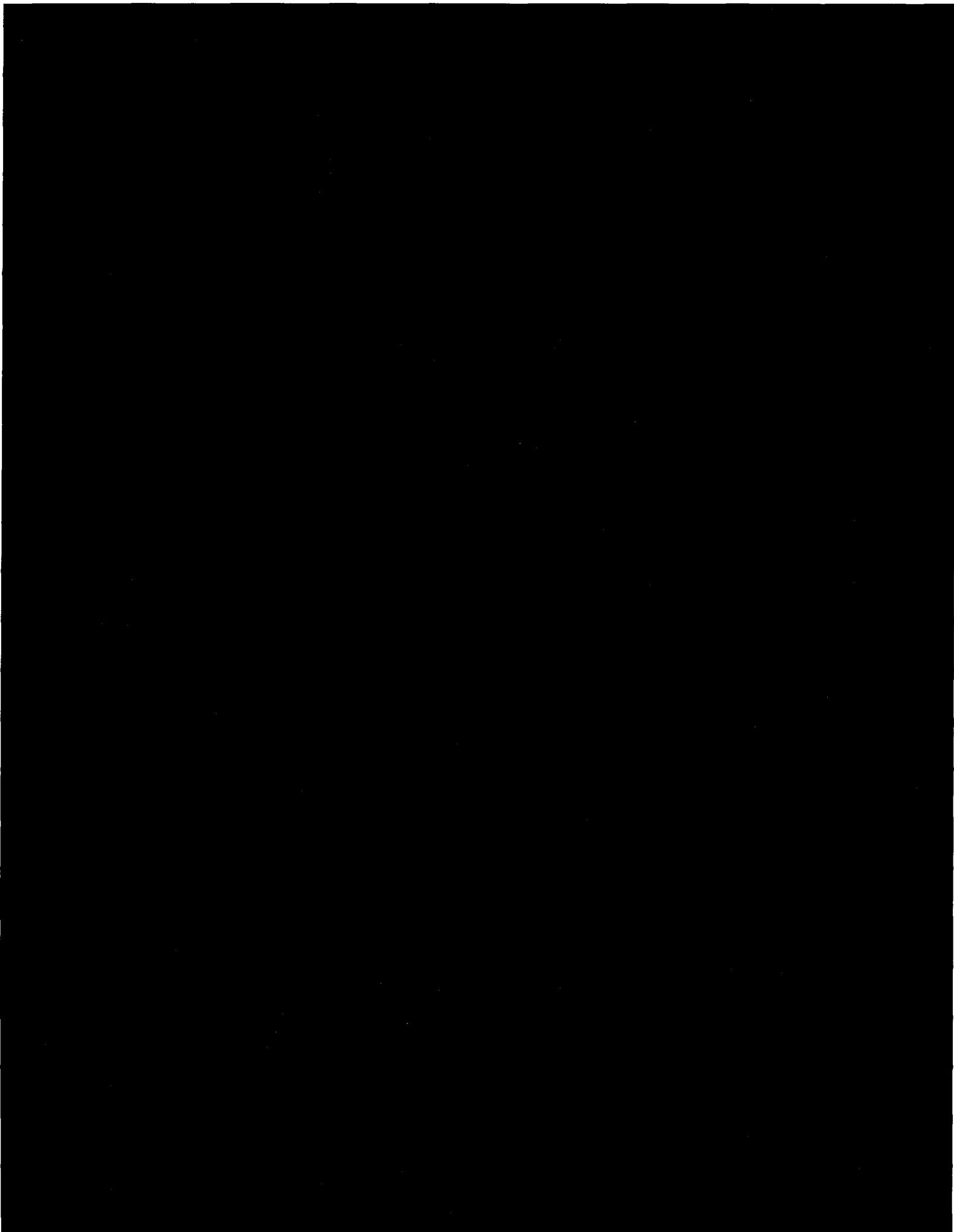
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ENTERPRISE ENGINEERING INC
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Anchorage, AK 99503

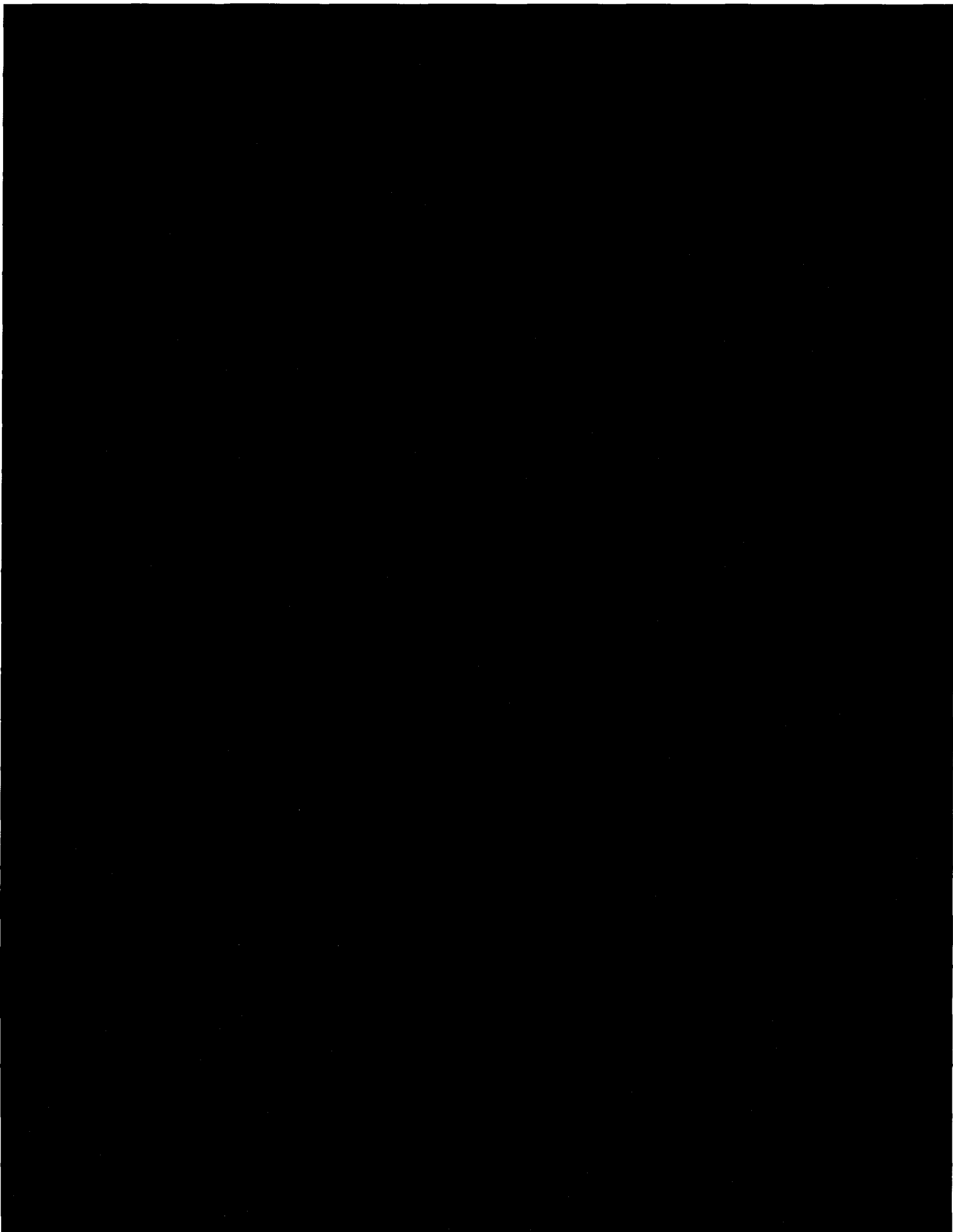
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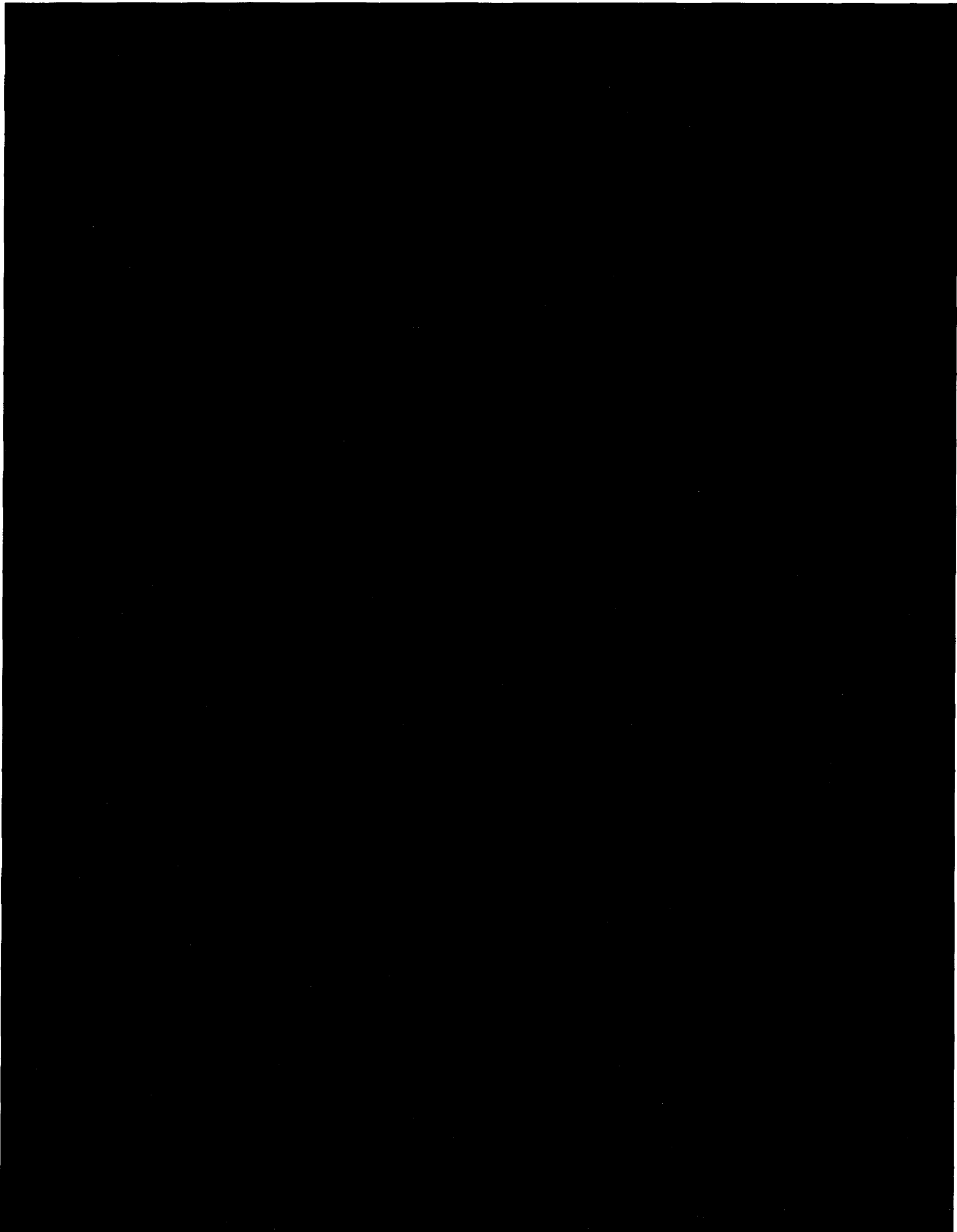


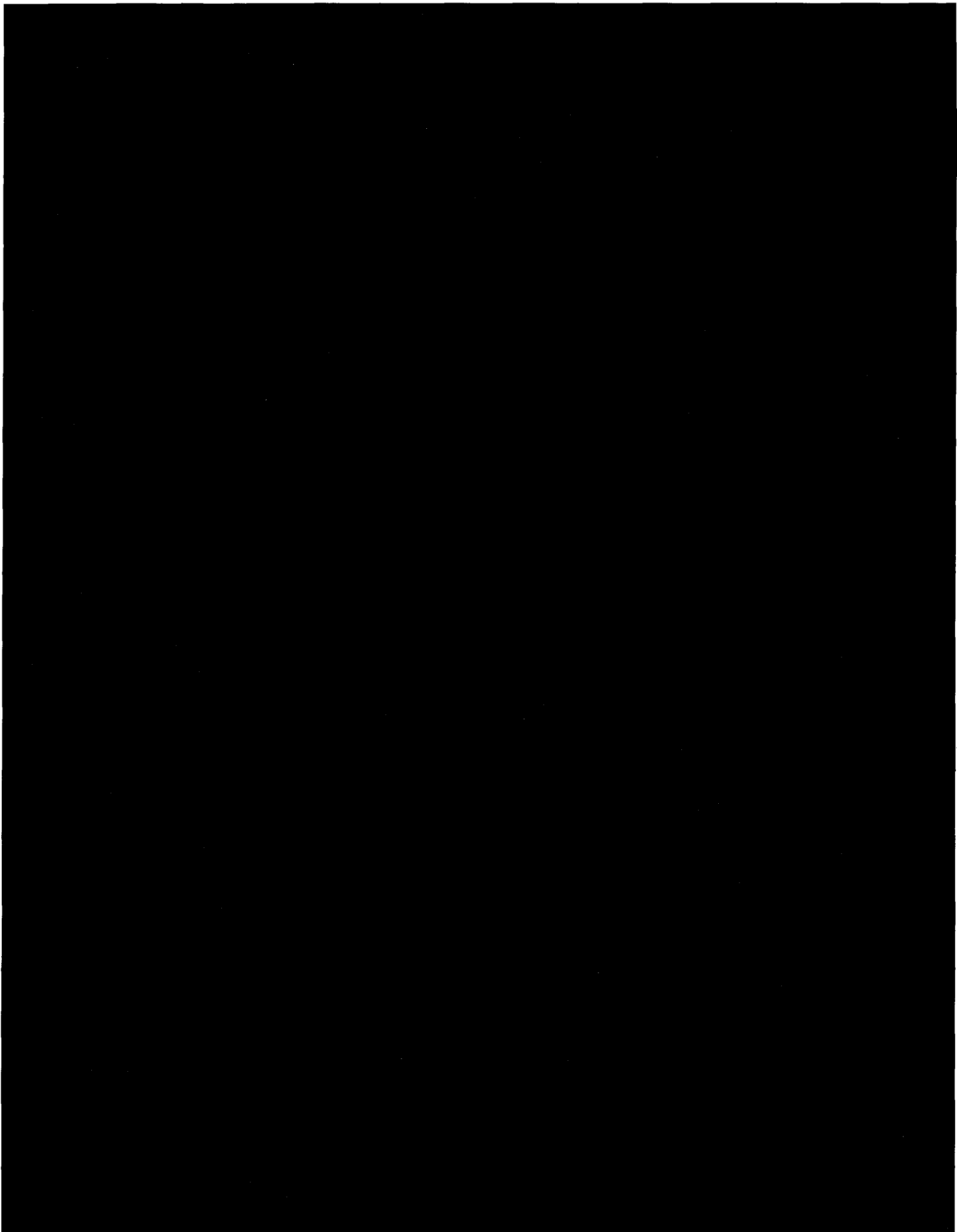


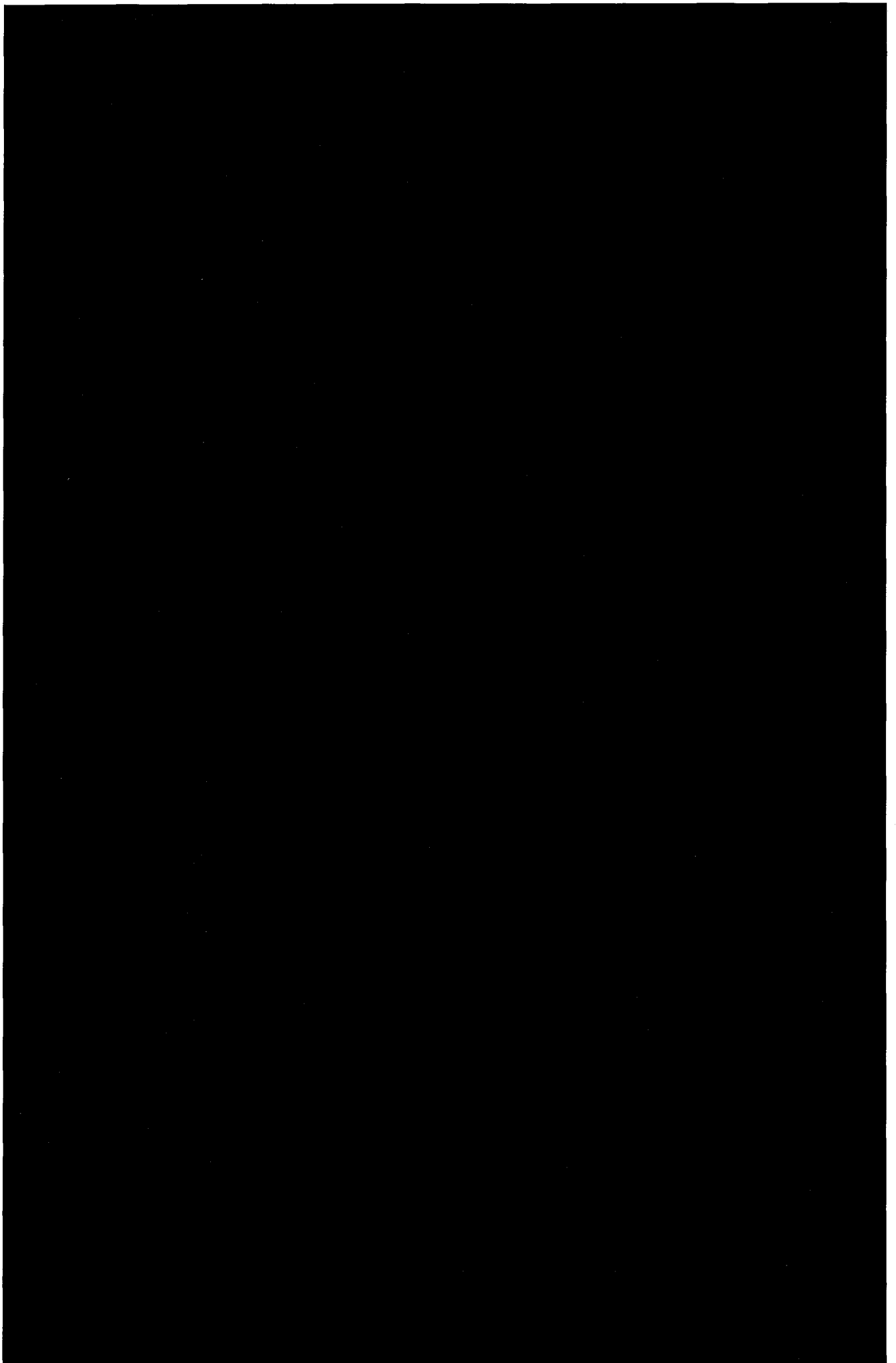


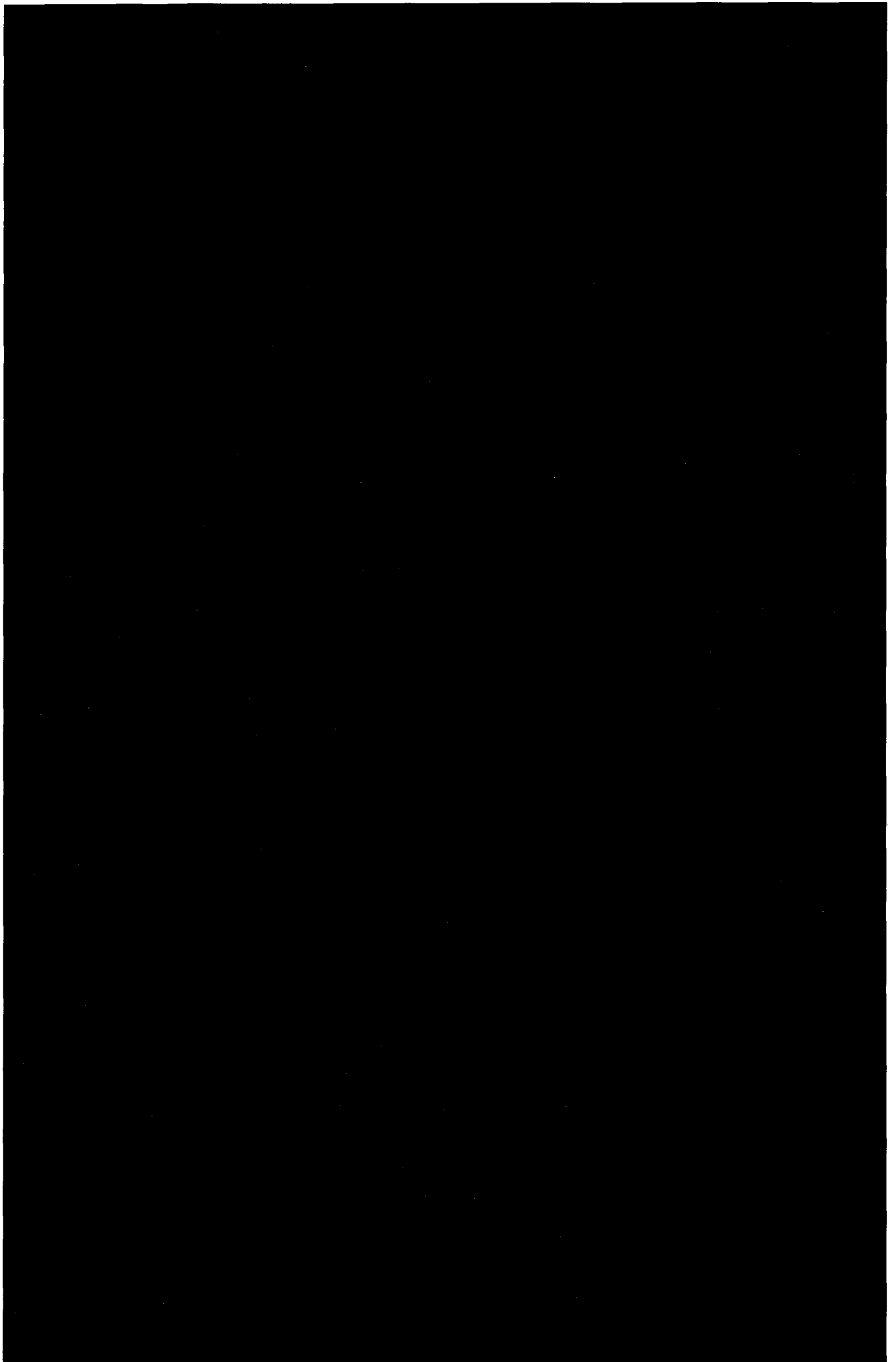


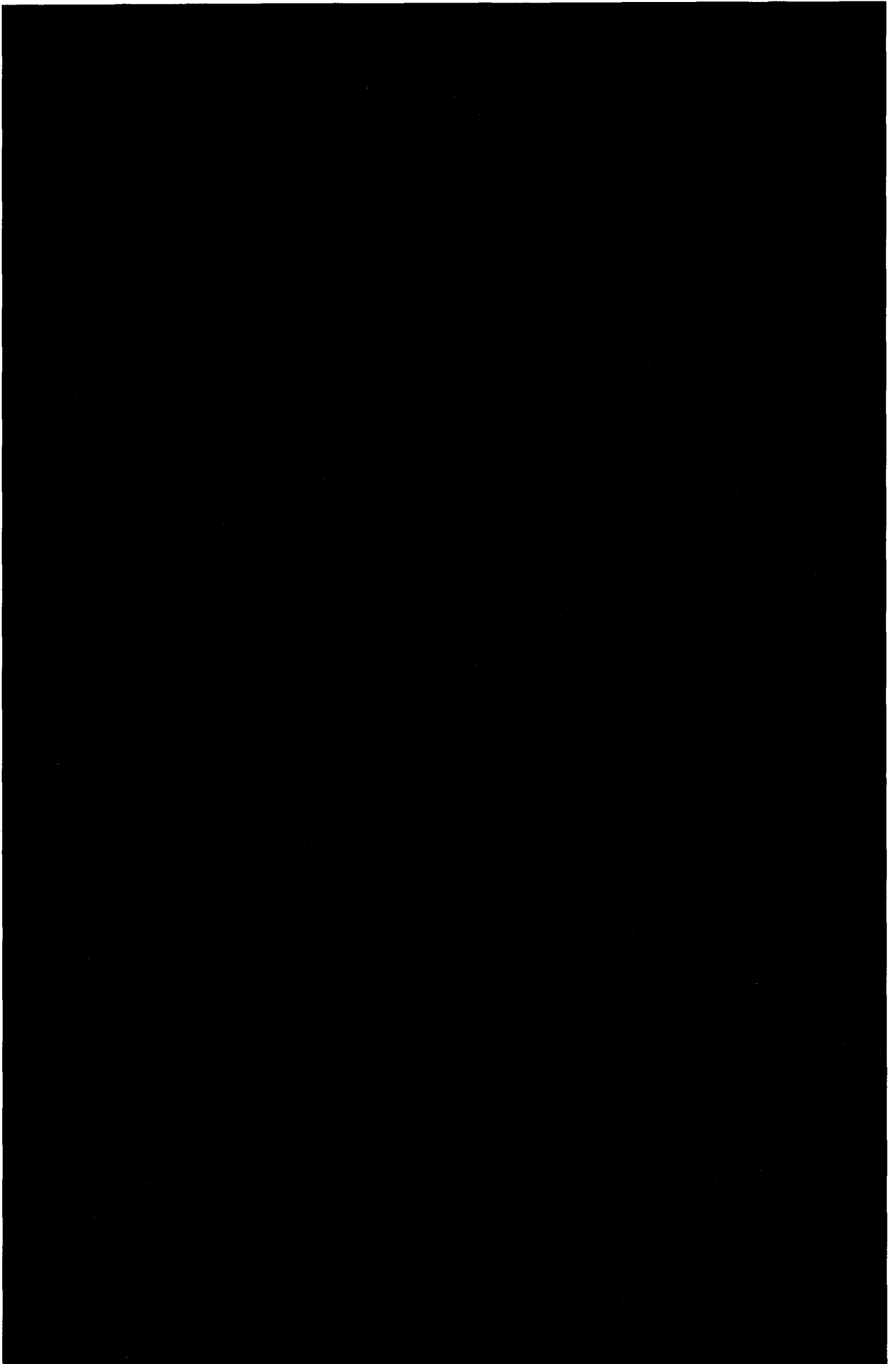


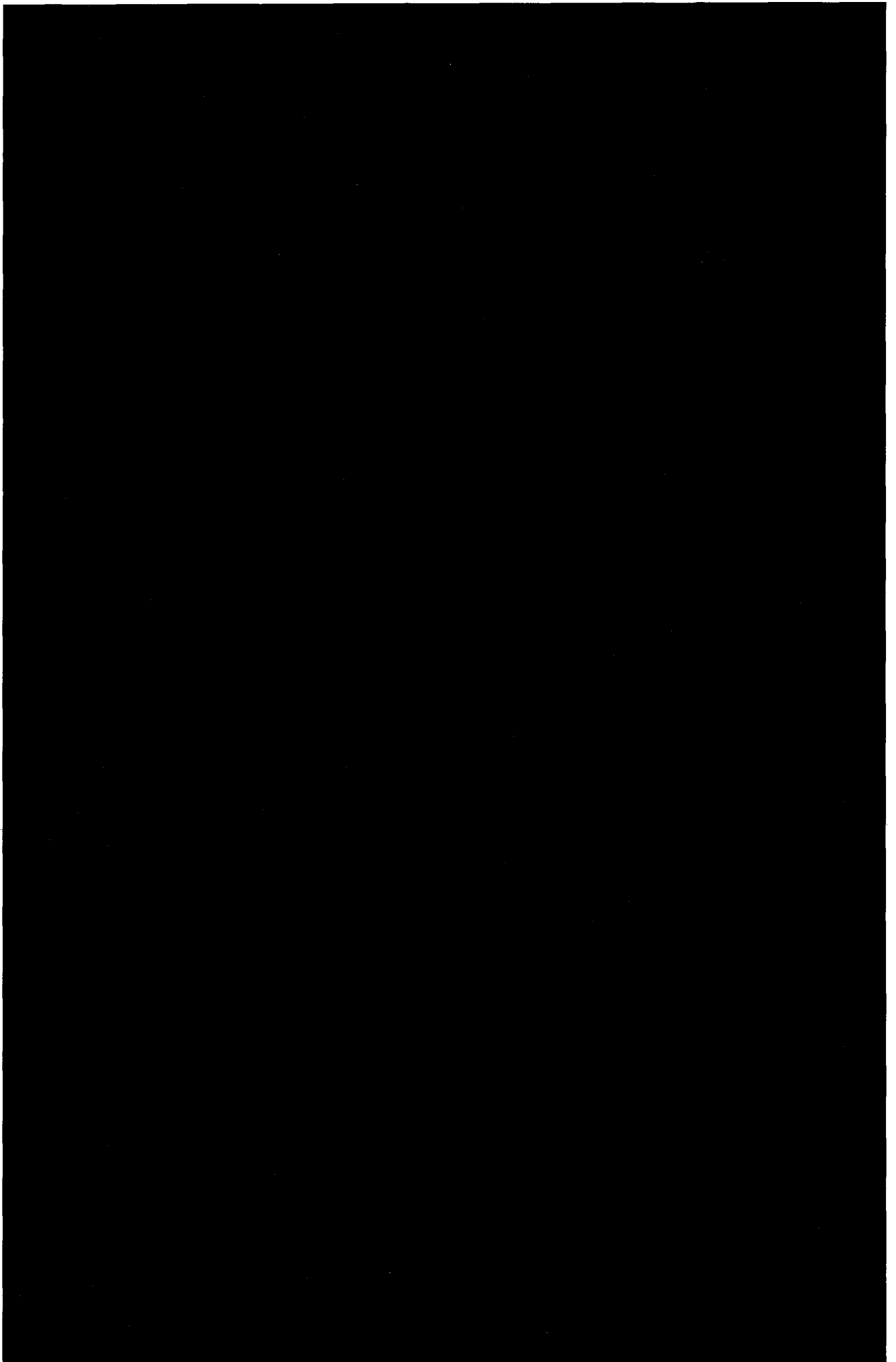


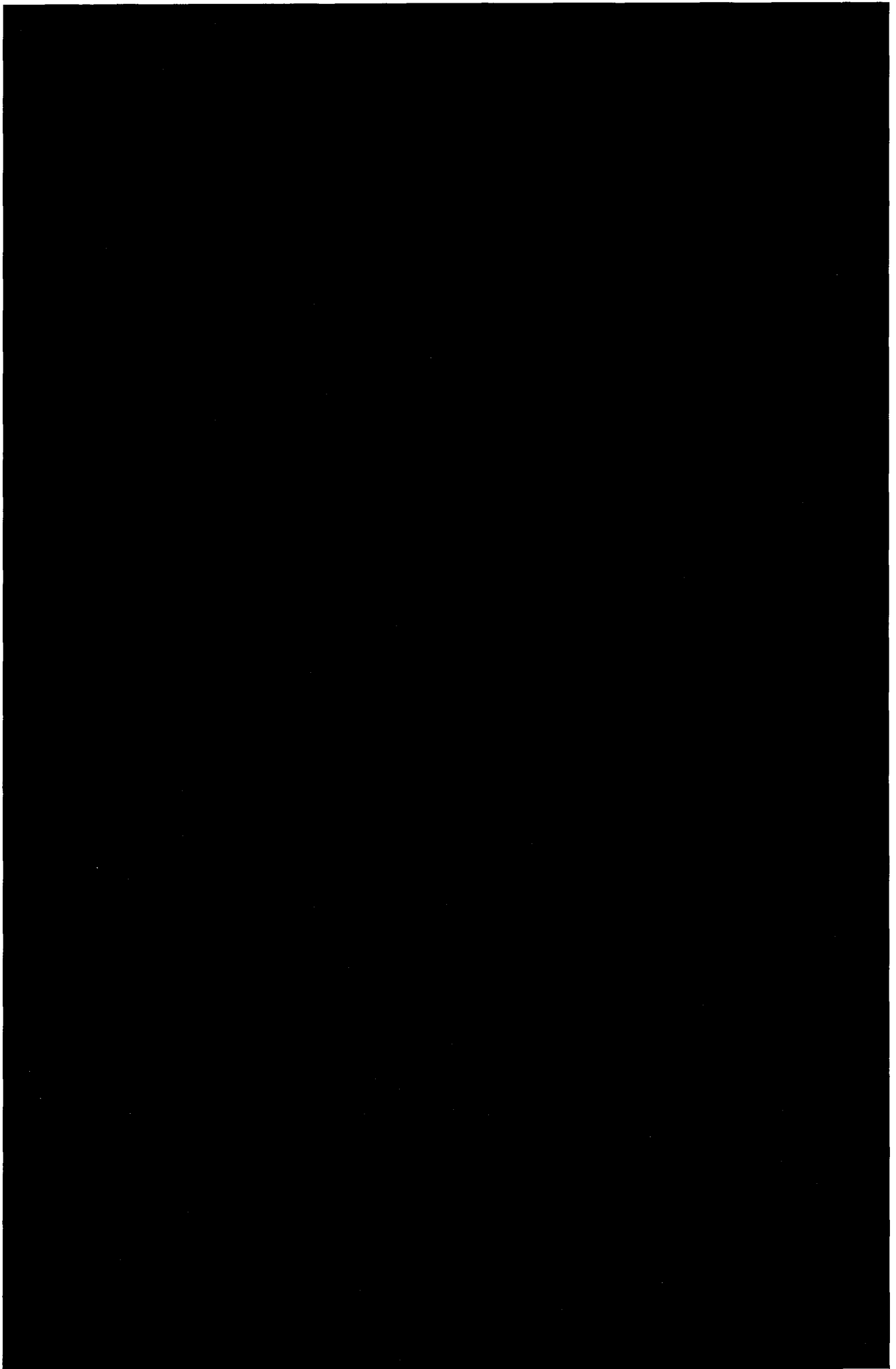


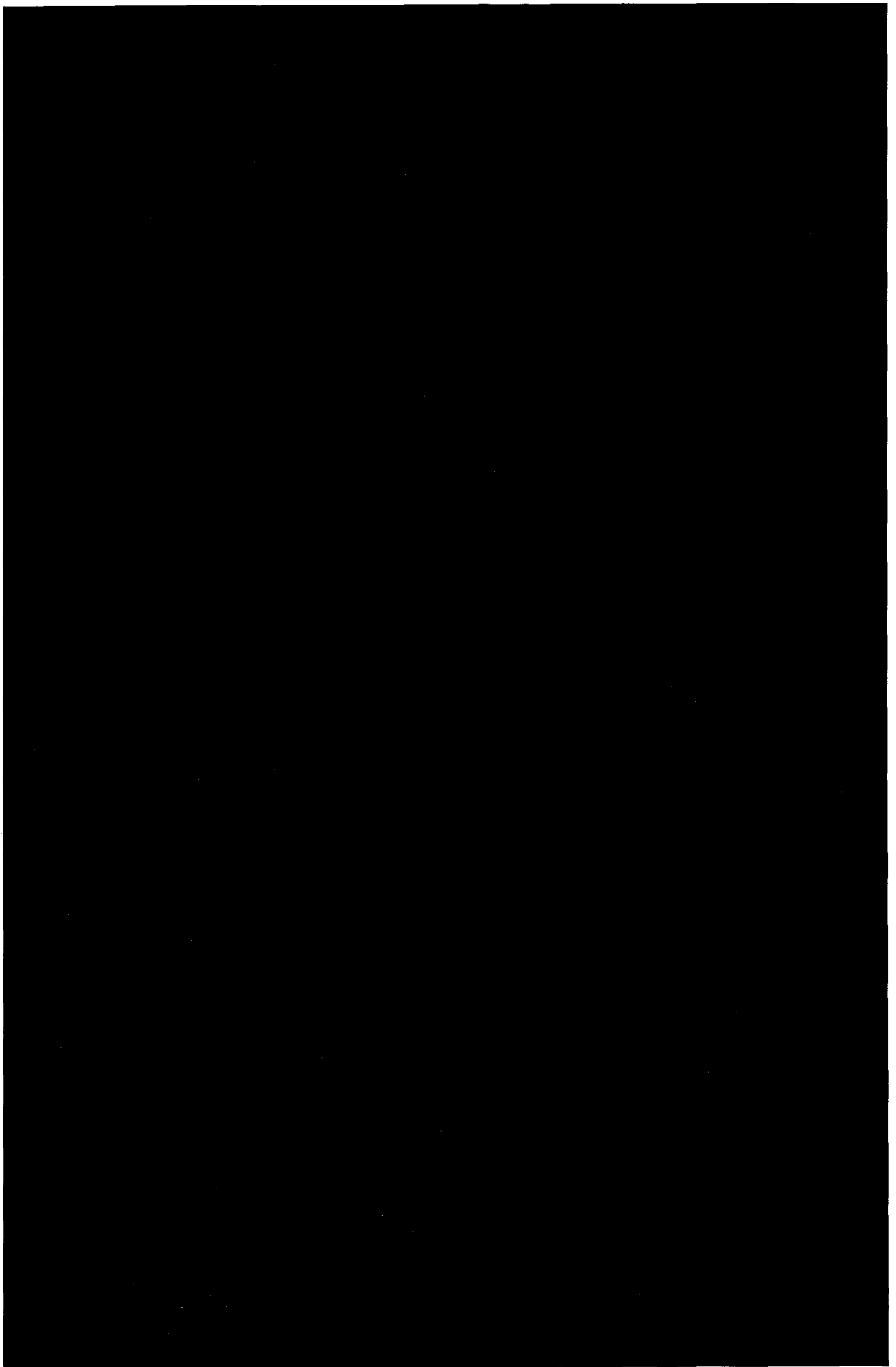


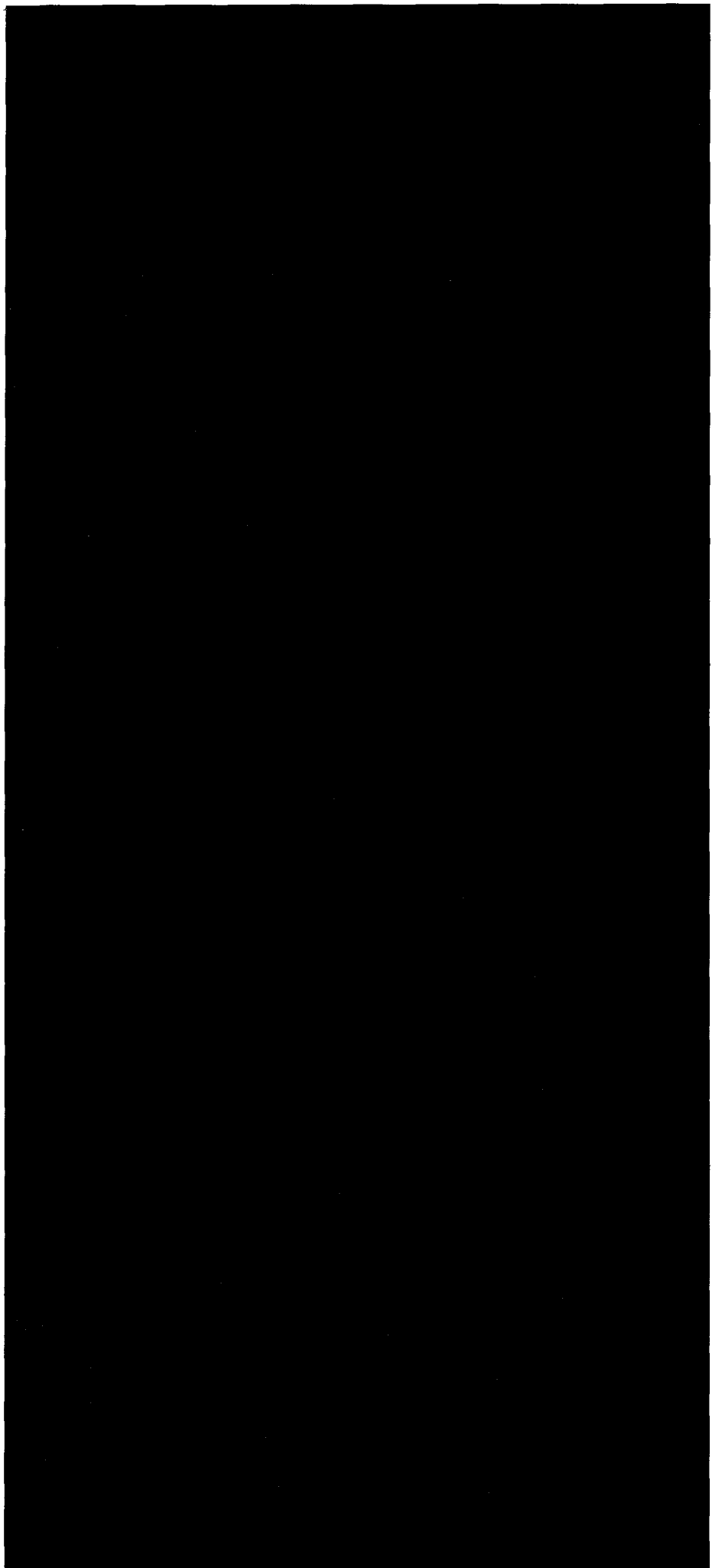












Enclosure 10



**FINAL 2018 ANNUAL LEAK
DETECTION TESTING REPORT
OF 17 BULK FIELD-
CONSTRUCTED UNDERGROUND
STORAGE TANKS AT RED HILL
FUEL STORAGE COMPLEX**

**JOINT BASE PEARL HARBOR-
HICKAM, HAWAII**

Prepared for:

**Defense Logistics Agency Energy
Fort Belvoir, Virginia**

Prepared under:

**Naval Facilities Engineering Command
Atlantic Contract N62470-16-D-9007
Delivery Order N6247018F4143**

Submitted by:

**Michael Baker International
Virginia Beach, Virginia**

Date:

23 January 2019

1.5 Project Team

[REDACTED]

1.6 Qualifications of Testing Procedures Used

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

4.0 REFERENCES

4.1 “Final 2017 Annual Leak Detection Report of 18 Bulk Field-Constructed Underground Storage Tanks at Red Hill Fuel Storage Complex, Joint Base Pearl Harbor-Hickam, Hawaii”; Prepared for: Defense Logistics Agency Energy, Fort Belvoir, Virginia; Prepared under: Naval Facilities Engineering Command Atlantic Contract N62470-16-D-9007-0004; Submitted by: Michael Baker International, Virginia Beach, Virginia; Date: 23 January 2018.

4.2 “Final 2018 Annual Leak Detection Report of Two Bulk Field-Constructed Underground Storage Tanks at Red Hill Fuel Storage Complex, Joint Base Pearl Harbor-Hickam, Hawaii”; Prepared for: Defense Logistics Agency Energy, Fort Belvoir, Virginia; Prepared under: Naval Facilities Engineering Command Atlantic Contract N62470-16-D-9007, Task Order N6247018F4006; Submitted by: Michael Baker International, Virginia Beach, Virginia; Date: 15 June 2018.

4.3 [REDACTED]